

Interdisciplinary Knowledge. Interpreting in medical settings

Connaissance interdisciplinaire. L'interprétariat en contexte médical

Cunoaștere interdisciplinară. Interpretariatul în context medical

Stăncuța Ramona DIMA-LAZA

Universitatea de Vest "Vasile Goldiș" din Arad, str. Unirii, nr. 3

E-mail: lazastancuta@yahoo.com

Abstract

The present paper is focused on the main problems interpreters are faced with when having to interpret in medical settings. The methods employed, the language used, the cultural knowledge or the interpreter's experience and training have a major contribution when establishing a relationship between a physician and a patient, or a treatment plan. The paper also highlights the impact of the interpreter's skill on the outcome of the medical act. The interdisciplinary character of this profession affects the patients' welfare directly. Therefore, interpreters must possess a good knowledge of medical terminology and procedures, reasoning and mode of delivery in different settings, being aware of the complexity of the task and of the responsibilities they undertake.

Résumé

La présente recherche s'axe sur les problèmes principaux des interprètes, quand ils doivent offrir leurs services d'interprétariat dans le domaine médical. Les moyens utilisés, le langage, les connaissances de culture ou d'expérience et l'expertise de l'interprète contribuent de manière significative à la définition de la relation médecin – patient ou à la composition du plan de traitement. Notre recherche met en évidence aussi l'impacte des aptitudes de l'interprète sur le résultat final de l'acte médical. Le caractère interdisciplinaire de ce métier affecte directement le bon état des patients. En conséquence, les interprètes doivent connaître très bien la terminologie et même les procédures médicales, les raisonnements et les modalités de transposition de ceux-ci dans des divers contextes médicaux, étant conscients de la complexité de leur tâche et de la responsabilité assumée.

Rezumat

Lucrarea de față se axează pe principalele probleme cu care se confruntă interpreții când trebuie să își ofere serviciile de interpretariat într-un cadru medical. Metodele utilizate, limbajul, cunoștințele referitoare la cultura sau experiența și pregătirea interpretului contribuie în mod semnificativ la definirea relației doctor-pacient sau la alcătuirea planului de tratament. Lucrarea de asemenea evidențiază impactul abilităților interpretului asupra rezultatului final al actului medical. Caracterul interdisciplinar al acestei profesii afectează bunăstarea pacienților, în mod direct. În consecință, interpreții trebuie să cunoască foarte bine terminologia și chiar procedurile medicale, raționamentele și modul de transpunere al acestora, în diverse contexte medicale, conștientizând complexitatea sarcinii și a responsabilității pe care și-o asumă.

Key words: *interdisciplinarity, communication, interpreting, code of ethics, medicine*

Mots – clé: *interdisciplinarité, communication, interprétariat, code d'éthique, médecine*

Cuvinte cheie: *interdisciplinaritate, comunicare, interpretariat, cod de etica, medicina*

During the past thirty years, translation studies have emerged as a new academic and interdisciplinary field. Translation and interpreting studies include not only conveying one message from the source language into the target one, but also, possessing skills in intercultural communication. This discipline has grown rapidly, due to the numerous translation programmes that offer training either in commerce and law, or in medicine and anthropology. Being a translator or interpreter does not only mean to master a foreign language very well – it demands personal competence and linguistic skills, the ability to define contexts and situations. One may never say that one translation is perfectly correct and another one is not. There are always several possible renditions of a text according to the circumstances and to the persons involved. There are certain rules or patterns involved by any type of conversation, be it a simple one or a complex act of intercultural communication. Scientifically speaking, the activities necessary for a simple model of communication are: encoding (uttering the message); decoding (understanding it); mediation (or the transfer to the target language); encoding (expressing the idea in the target language); decoding (understanding the message in the target language). The other elements included in the above-mentioned process are the sender, the message, the translator and the recipient. The term “Translation studies” refers to the academic discipline concerned with the study of translation at large, including literary and non-literary translation, various forms of oral interpreting, as well as [dubbing and subtitling]. ... Translation studies is also understood to cover the whole spectrum of research and pedagogical activities, from developing theoretical frameworks to conducting individual case studies to engaging in practical matters such as training translators and developing criteria for translation assessment.” [1]. A translator’s job is very difficult because he must always have an answer. He cannot tell the members of a conference that he did not understand a term. The translation of individual words offers to the people a general idea about the whole message. When studying a foreign language it is important to use books that provide examples and show us how to use a word in context. As Cay Dollerup says in his book entitled *Basics of Translation Studies*, translating a word does not mean finding a perfect equivalent in the target language but operating, manipulating and interpreting the vocabulary, the syntax and the cultural values. However, there are situations in community interpreting, when having to translate a technical, medical or legal term: and this means that there can be one single appropriate word in order to avoid misunderstandings.

Community interpreting, unlike conference interpreting occurs in different situations when people discuss about everyday issues or professional stuff: law, medicine, economy. They translate confidential information and therefore, that must comply with a specific code of ethics which assures both correctness and impartiality. Such interpreters are essential in the communicative process, as people might not be able to conclude businesses or to operate patients without them. That is why their responsibility is much higher than that of conference interpreters. They must be, first of all competent as many lives in a hospital, for example, may depend on them. Scientists have reached the conclusion that there is no professional or adequate training for community interpreters and they are often misunderstood or even lack prestige. Community interpreting has nothing to do with charity, as some researchers tend to believe; it is a separate profession, in its own right and its importance should not be minimized just because interpreters have to deal with refugees or other individuals with a low social status. Hale, finds four reasons for this: first of all, the whole industrial structure seems to be disorganized; then, people lack strong professional identities and a general awareness of how important their task is; and last but not least, academic education is not compulsory. All these factors have contributed to the weakening of the profession, together with a certain division that has occurred and which classified the interpreting services into several categories like simultaneous and consecutive for example. Sandra Beatriz Hale found the following definition for Community Interpreting: “...the overarching term for the type of interpreting that takes place within one country’s own community, and between residents of that country, as opposed to Conference Interpreting which takes place between delegates who are residents of different countries, in the context of an international conference or meeting. Although Community Interpreting is the blanket term, clear differences determined by the context will be highlighted. The

two main specializations that fall under the umbrella term Community Interpreting are medical interpreting and legal interpreting. The other types that take place under the name of Community Interpreting are too diverse to warrant specialized names. These include welfare, immigration, education, to name just a few. Sign Language and Aboriginal Language interpreting, although with specific particularities not shared by other languages, also fall under the umbrella term of Community Interpreting.” [4]

However, in some countries it represents just an unpaid work performed by volunteers while in others, it refers to the medical field strictly. It deals with interpreting services performed in institutional settings where the individuals do not speak the same language. It includes both different social identities and diverse social groups. It also focuses on consecutive translation, unlike Conference Interpreting which is conducted in the simultaneous mode, even though, sometimes it involves both simultaneous and consecutive methods, being a much more complex process. The two types of interpreting vary in the level of formality, register proxemics, language directionality, participants, number of interpreters. “Mikkelson proposes that one major difference between Conference and Community Interpreting is the way each activity is perceived by the clients and interpreters themselves. [...] one very important difference [...] is the various consequences of the interpreting intervention. Without any intention to undermine the role of the conference interpreter, the significance of achieving the highest level of accuracy in Community Interpreting is much greater than in Conference Interpreting. Whereas in most conferences the interpreter’s purpose is to enable delegates to understand the content of papers presented by the speakers, if the interpreter misses or distorts a point, the papers will usually be published and confusing issues clarified.” [4]. The tone and the affect of the message conveyed also influences the subject of a discussion. Therefore, participants in a conference often choose to use a common language, also known as *lingua franca*, instead of expressing themselves in their mother tongue. Unlike Conference Interpreting, in Community Interpreting, the persons involved have no time or opportunity to check what has been said and whether or not an error had occurred – manner is equally important as context or form. “ Liaison interpreting is a profession where, like medicine, teaching and the law, the client’s welfare is usually affected directly. This is not only because most liaison interpreting takes place in the context of other professions, such as medicine, teaching and the law, but also because interpreting has its own particular kinds of knowledge, skills and practices which require particular ethical considerations. Liaison interpreting is, then, subject to ethical considerations both along the lines of any other profession and along the lines of its own. And because liaison interpreting takes place in the context of so many other professional institutional settings, ethical conflicts often arise for the interpreter.” [3]

Interpreter’s role in the treatment of patients

Interpreters work interferes with other fields of social life and therefore specialized training is required in order to avoid misunderstandings that may occur because of failure to understand certain medical or legal procedures for example. They must possess the necessary language, skills and code of ethics. The professionals working with interpreters must provide background information and the adequate conditions that are essential for interpreting, the preparation of materials. The interpreters, on the other hand must control the length of the speakers’ speeches and ask for breaks when necessary. When it comes to medical interpreting, in some countries, hospitals prefer to use the friends and family members to perform this task for the patient, even though there are the so-called health care interpreters. However, it is of utmost importance to make an accurate translation in the doctor-patient interaction. In order to be able to make informed decisions while translating the individual must possess a good knowledge of the medical discourse and terminology. The doctor’s duty is to be able to ask and answer questions in an effective way, to listen to the patient’s needs and to create a collaborative bond with the patient. The interpreter must not simply translate what he/she hears; the idea is to provide clues that might be crucial for the doctor. Cambridge researchers have reached the conclusion that when deciding upon a diagnostic, the

health care provider needs skillful questioning. The answer always depends on the way the question is formulated and it is essential in taking correct decisions related to the treatment scheme. Open questions have often been preferred to leading questions or tag questions as they determine a better understanding and self-confidence of the patient, and better clinical results as well. The patient feels included and the doctor may find out about symptoms that have no connection with the real problem but which might help spotting certain health problems. Nevertheless, physicians sometimes resort to tag questions in order to summarize the information provided by the patient, to make sure that he/she had understood the medical procedure. Patients must be encouraged to speak to the doctor and to relate all the facts and direct questions can often be regarded as a method of forcing them to do so. When interpreting in medical settings, individuals may ask questions freely, whenever they want, and most often than not, the data involved in the conversation are new. Ainsworth-Vaughn asserts that the questions asked by physicians or patients represent a means through which power is shared. Surveys have shown that in such conversations most of the questions are asked by the doctor because, as Ainsworth-Vaughn puts it, patients tend to be passive. Cordella, another researcher in the field claims that there are three types of patients: compliers, challengers and apologizers: “The level of patient participation, therefore, seems to be related to a number of factors, including the patient’s personality and social background, the context of the consultation, and the relationship between the physician and the patient. Nevertheless, the important finding is that a low level of patient participation leads to a sense of powerlessness, which contributes to unsuccessful communication and inappropriate medical provision. The subordinate role of patient is believed to be accentuated by doctors employing ineffective questioning techniques, by excluding the patient from the decision-making process, by talking about the patient to others in their presence, by disregarding their suggestions, by not answering their questions adequately and by using incorrect registers. A number of studies have shown that medical outcomes are concretely improved when the patient feels empowered.” [4]. It is advisable for health care providers to avoid using medical terminology so as to prevent misunderstandings and to facilitate the dialogue, even though some patients may feel offended by the fact that they are being treated as mentally inferior. An optimum doctor-patient relationship is rendered by full cooperation and by bilingual physicians. When the interpreter interferes in this relationship above-mentioned, the situation becomes more complex and the whole process may be endangered by an exacerbation of the communication problems. The interpreter must pay close attention to ethical, deontological, clinical or pragmatic problems. During medical consultations, interpreters don’t need to be impartial or adversarial. They just have to use the language in such a way as to help the patient. Therefore, when resorting to a patient in medical settings, one must take into account the way patients provide information about their situation, the manner in which physicians ask questions and the impact these elements have on the future treatment of the individual. Bolden identified two types of interaction: the mediated one and the directly interpreted interaction. In the first case, one witnesses one conversation between the physician and the interpreter and another between patient and interpreter. The interpreter’s role is to mediate the discussion deciding what is important to translate and what is not. He becomes thus, a decision-maker, unlike in the direct approach, where he presents the facts verbatim, word-for-word, and translates every turn. The first method of interpreting is considered to be more accurate as it focuses on conveying the meaning and the intention of the utterance in such a way as to produce a similar impact upon the listener, as the original would have. Literal translations, in most situations disregard cross-cultural differences and comply with grammar rules only, which might not be in the benefit of the patients.

There are arguments for and against both methods of interpreting: supporters of the direct approach claim that health care providers have the full responsibility for asking the right questions, identifying any significant clues in order to establish a relationship with the patient. Hale claims that when beginning a conversation that has the three parties involved, the interpreter should always explain the interpreting procedure to the speakers. “Ideally, there may also be briefing and debriefing sessions between the health care provider and the interpreter. Nevertheless, the bulk of

the question-and-answer sequence during the history-taking phase of the interview is interpreted directly, using the first and second grammatical persons. The proponents of the mediator-interpreter approach argue that the bilingual interaction cannot attempt to resemble a monolingual interaction and hence the direct approach of interpreting is not feasible. Interpreters become pseudo-health care providers by holding separate but related conversations with the physician and with the patient, later providing summaries of the original utterances in the other language.” [4]. In the interpreting process alterations often occur because translators consider them necessary in order to facilitate communication: for instance, they use the third person when conveying the doctor’s message instead of the first person. This might be detrimental for the patient because it somehow, excludes him from the decision-making process and the patient fails to comply with the treatment. Whether an interpreter should act as a mediator or resort to direct interpreting has often been debated by researchers and it is still questionable. Cambridge studies revealed the fact that impartiality is essential in medical interpreting because interpreters should not identify with one side or the other. They must always ask for clarification if necessary and the medical consultation should take place in a relaxed environment. The most frequent problems scientists have identified in the interpreting process are lack of fluency, inaccurate summary translations, deficient medical terminology which automatically lead to physicians’ impossibility of giving a proper diagnostic or of providing adequate care. The mediated method, even if more useful at a first look, might become very dangerous if the interpreter fails to filter properly the information conveyed by the doctor, and omits or add ideas.

To sum up, the interpreter’s role in helping doctors respectively patients to understand the meaning and significance of an utterance is of utmost importance in medical settings. The two methods the interpreter may employ, that is the mediated or the direct approach are still under debate. Both have positive and negative consequences. The most salient problems interpreters come across are difficulties in interrupting and taking turns, languages deficiencies, lack of proper cross-cultural information. There are no clear answers or statistical data whether an interpreter should simply interpret each turn accurately or decide what to rephrase and what not, assuming thus, a mediator’s role. As long as the code of ethics is complied with, as long as the patient is treated accordingly and as long as the physician understands perfectly the history and health situation of the patient, both methods may be employed by the interpreter – because a skilled and experienced interpreter will always know what to do and how to react when having to make a choice.

References

- [1] Baker, Mona, *Routledge Encyclopedia of Translation Studies: Translation Studies – Directionality*, Great Britain, 2001
- [2] Dollerup Cay, *Basics of Translation Studies*, Institutul European, Iași, 2006
- [3] Gentile, A., *Community Interpreting or not? Practices, standards and accreditation*. In S. Carr, R. Roberts, A. Dufour and D. Steyn, *The Critical Link: Interpreters in the Community*, Amsterdam and Philadelphia: John benjamins, 1997
- [4] Hale, Sandra Beatriz, *Community Interpreting*, Palgrave Macmillan, England, 2007

