

**070SL - INTERPRETAZIONE DI  
TRATTATIVA INGLESE 2018**  
*Comunicazione Interlinguistica Applicata*



*Professoressa E. Dal Fovo*

*A.A. 2018/2019*

*Gruppo 4*

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# **MEDICAL INTERPRETING**

## **SOME SALIENT FEATURES**



# BERND MEYER



- 1999-2005 → Researcher at the **Research Centre of Multilingualism** of the **University of Hamburg**, Germany.

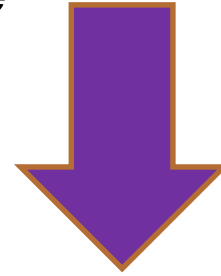
- 2005 → Professor for **Intercultural Communication** and **Cultural Studies** at **Mainz University**, Germany.

*“My research focuses on multilingual communication in public service institutions, especially in relation to migrant languages”*

- 2002
- Project **Interprering in hospitals** of the **Research Centre of Multilingualism** of the **University of Hamburg**, Germany.
- German, Turkish and Portuguese
- Unit for internal medicine, Germany + clinic, Turkey
- 78 monolingual and multilingual interactions → 13 minutes → focus on medical interviews and briefings for informed consent.
- two important features:
  - 1) communicative function of **modal verbs** in briefings for informed consent
  - 2) **switches** between monolingual and multilingual modes of interaction

*“The task of interpreting between patient and health care provider is very difficult, not just because of the **specialized terminology** involved and the already **complex nature** of the patient-provider relationship, but also because of the **linguistic** and **cultural barriers** that must be bridged”.*

*Monterey Institute of International Studies' website*



4 important issues in multilingual doctor-patient communication:

- 1) specialized terminology
- 2) complex nature of the relationship between doctor and patient
- 3) linguistic barrier
- 4) cultural barrier

# MEDICAL INTERPRETING IN GERMANY:

- multilingualism is not the norm
  - social, political and medical institutions are not multilingual
  - high percentage of immigrants → 20%
  - Ad hoc, unpaid interpreters
    - Bilingual staff members
    - Bilingual relatives
- } Not “professionals” but their gained expertise does not have to be ignored.
- interpreters’ lack of familiarity with the institutional background

# FOCUS:

language as tool for communication

# AIM:

find out how linguistic forms and institutional demands fit together and how the former are shaped by the latter

# MEDICAL DISCOURSE IN HOSPITALS: THE CASE OF BRIEFINGS FOR INFORMED CONSENT

- Doctor-patient communication **sphere of care** two procedures: **diagnosis and therapy**
- Strauss (1985:20) → concept of «**illness trajectory**»: course of events is based each time on a trajectory scheme, which comprises potential events and predictable actions. Although the normal course of events may differ for specific illnesses, a repetitive structure can be defined. One potential event [...] is the **briefing for informed consent**



# THE INSTITUTIONAL PURPOSE(S) OF BRIEFINGS FOR INFORMED CONSENT

Types of briefings for informed consent:

- 1 – pre-diagnostic
- 2 – pre-operative
- 3 – pre-anaesthetic

All obligatory by law +  
institutional purposes

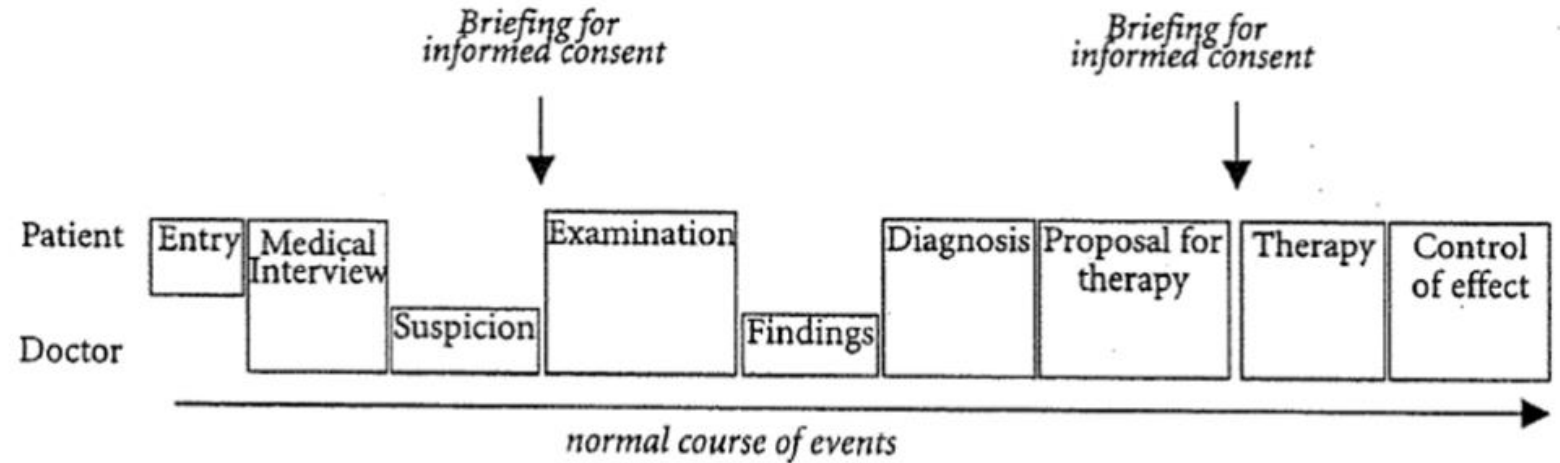


Figure 1. Trajectory scheme and location of briefings for informed consent.

## STRUCTURE OF BRIEFINGS:

Two parts:

- 1- Description of medical intervention
- 2- Description of possible risks and complications

Finally: doctor gets the patient to sign the form

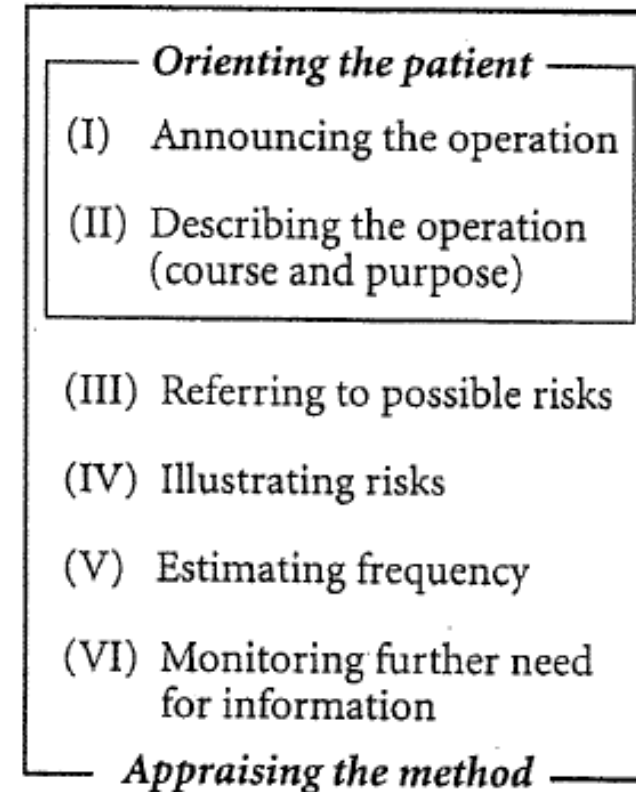


Figure 2. Institutional demands and constitutive speech actions in briefings for informed consent.

# MODALITY IN ANNOUNCEMENT

- Rebhein 1981: modal and/or deictic temporal expressions e.g. «tomorrow»
- Redder 1984, 1992: modals refer to stages of action processes
  - Doctors tend to use «wish to», «would like to», «want to» → decision in which the patient can intervene
  - Interpreters tend to use forms like «will» → action which will undoubtedly take place → Patient is just a passive participant

Excerpt 1

- (1) DOC Gut • •ähm, Herr Gomes, wir wollen • bei Ihnen zwei Untersuchungen noch • durchführen.  
Well • •uuhm, Mister Gomes, we want • to do two more check-ups in your case.
- (2) DOC Und zwar einmal eine Magenspiegelung und einmal • ein Ultraschall des Herzens durch die Speiseröhre.  
One is a gastroscopy and one • an ultrasound of the heart performed through the throat.
- (3) DOC ((2s)) Hm
- (4) INT O tio percebeu?  
Did you understand that, uncle?
- (5) INT Ou...  
Or...
- (6) PAT Percebi.  
I understood.
- (7) INT Ach so, soll ich jetzt immer alles übersetzen • direkt, oder?  
Oh, shall I translate everything directly, or...
- (8) PAT Disse que eu/ que...  
She said that I...
- (9) INT Oder wenn er jetzt verstanden hat ähm • •wie...  
If he understood this now, how...
- (10) PAT Não, não.  
No, no.
- (11) PAT Eu/ eu/ eu percebi.  
I/ I/ I understood.
- (12) INT Oder wenn er jetzt verstanden hat ähm • •wie...  
If he understood this now, how...
- (13) PAT Disse/ disse que já me fizeram...  
She said/ she said that they have already done...
- (14) DOC Übersetzen, würd ich sagen.  
I would suggest you translate.
- (15) INT Ja?  
Yes?
- (16) PAT Disse que äh äh...  
She said, that uh uh...
- (17) DOC Das ist am einfachsten.  
That would be the easiest.
- (18) INT Okay.

- (19) PAT Disse que já me fizeram do/ do/ do/ do/ do(is) Spiegelungs.  
She said that they have already done two/ two/ two/ two/ two (two) scopes to me.
- (20) INT Não, não fizeram.  
No, they have not done that.
- (21) INT Vai/ vão fazer.  
She will/ they will do that.
- (22) INT •Ainda mais dois exames.  
Two more examinations.

# NUMBER OF OCCURRENCES:

Table 1. The different use of modals in announcements: number of occurrences

	Doctors	Interpreters
'want', 'would like to', etc.	12	1
'will', 'going to', etc.	4	12
No interpretation		3

- Not a grammatical constrain: German, Turkish and Portuguese distinguish between planning («we want to do x») and carrying out («we will do x»)
- Most convincing explanation: interpreters are not familiar with the institutional presuppositions of the doctor's talk

# **PARTIAL TRANSPARENCY AS A FEATURE OF MEDICAL INTERPRETING**

## **PARTICIPANTS IN MULLER DATA:**

- Italian migrants living in Germany

## **PARTICIPANTS IN MEYER'S DATA:**

- Doctors
- Patients
- Interpreters

Excerpt 1

- (1) DOC Gut • •ähm, Herr Gomes, wir wollen • bei Ihnen zwei Untersuchungen noch • durchführen.  
*Well • •uuhm, Mister Gomes, we want • to do two more check-ups in your case.*
- (2) DOC Und zwar einmal eine Magenspiegelung und einmal • ein Ultraschall des Herzens durch die Speiseröhre.  
*One is a gastroscopy and one • an ultrasound of the heart performed through the throat.*
- (3) DOC ((2s)) Hm
- (4) INT O tio percebeu?  
*Did you understand that, uncle?*
- (5) INT Ou...  
Or...
- (6) PAT Percebi.  
*I understood.*
- (7) INT Ach so, soll ich jetzt immer alles übersetzen • direkt, oder?  
*Oh, shall I translate everything directly, or...*
- (8) PAT Disse que eu/ que...  
*She said that I...*
- (9) INT Oder wenn er jetzt verstanden hat ähm • •wie...  
*If he understood this now, how...*
- (10) PAT Não, não.  
*No, no.*
- (11) PAT Eu/ eu/ eu percebi.  
*I/ I/ I understood.*
- (12) INT Oder wenn er jetzt verstanden hat ähm • •wie...  
*If he understood this now, how...*
- (13) PAT Disse/ disse que já me fizeram...  
*She said/ she said that they have already done...*
- (14) DOC Übersetzen, würd ich sagen.  
*I would suggest you translate.*
- (15) INT Ja?  
*Yes?*
- (16) PAT Disse que äh äh...  
*She said, that uh uh...*
- (17) DOC Das ist am einfachsten.  
*That would be the easiest.*
- (18) INT Okay.

(19) PAT

Disse que já me fizeram do/ do/ do/ do/ do(is) Spiegelungs.  
*She said that they have already done two/ two/ two/ two/ two (two) scopies to me.*

(20) INT

Não, não fizeram.  
*No, they have not done that.*

(21) INT

Vai/ vão fazer.  
*She will/ they will do that.*

(22) INT

•Ainda mais dois exames.  
*Two more examinations.*

# Excerpt 1

(6); (11); (19)



# Excerpt 2

## Excerpt 2

- (23) INT      É umaaa, uma  
*It is aaa, a*
- (24) PAT      Spiegelung.  
*Scopy.*
- (25) INT      uma Magenspiegelung, genau.  
*a gastroscopy, exactly.*
- (26) INT      Äähm • •ee • vão lhe tirar/ vão lhe fazer Ultraschall ((1s)) ao coração.  
*Uhm, and they will remove/ they will do an ultrasound of your heart.*
- (27) PAT      Hm
- (28) INT      Ultraschall, sabe o que é?  
*Ultrasound, do you know what that is?*
- (29) PAT      Sim.  
*Yes.*
- (30) PAT      Não sei.  
*I don't know.*
- (31) INT      Oh Gott!  
*Oh my God!*

# RESOURCE OR HINDRANCE?

- Unclear roles of the participants
- Uncertainty when it comes to the patient's understanding
- Patients misunderstanding what a procedure actually entails, or mistaking it for another process altogether

# CONCLUSIONS

## Use of modal verbs

Interpreters tend to shift modality:

- doctors «**want**» or «**would like to**» vs interpreters «**will**» or «**are going to**»

WHY? → lack of understanding of the institutional purpose of the briefings

The use changes according to whether the **patient's agreement** is needed

- (pre-anesthetic briefings, pre-operative briefings)
- It applies also to **other situations** (medical interviews, counselling, or explanatory talks)

# PARTIALLY TRANSPARENT BILINGUAL CONSTELLATION

- Continuous **change of the alignment** during the interaction (interpreter needs to ask whether translation is needed etc)
- It is not restricted to specific types of actions → it is a **general feature** and therefore requires to be studied more deeply
- **High skills** are required to cope with the situation. What kind of skills is still unknown

# TO WRAP IT UP

**SHIFT IN MODALITY** → unawareness of the institutional purpose of briefings  
use of modals changes  
it applies to other situations as well

**PARTIALLY TRANSPARENCY** → leads to problems in the communication  
more general feature: still needs to be studied  
specific skills are required