

# *Interpreters in Emergency Ward: An Empirical Study of Doctor- Interpreter-Patient Interaction*

(Raffaella Merlini)

# *THE AUTHOR*

## Who is Raffaela Merlini?

- Graduated from the University of Trieste (SSLMIT) in 1993
- Degree in Conference Interpreting (English, French, German)
- Currently associate professor at the University of Macerata
- Recently focused her researches on Cultural Linguistic Mediation in the healthcare and social care sector

*Fairclough*

distinction between powerful and non-powerful participants

*ten  
Have*

notion of phase-specific conversational patterns

*Hall*

theory of contexting

*Different theoretical approaches:  
asymmetry is a shifting variable*

Explore the behaviour of participants from the point of view of their contribution to and control over the ongoing activity

Starting point: view of the dialogue interpreter as an **active participant**

Here the interpreter is seen to behave as a fully-fledged social actor

# *One of a kind*

**01 /**

Confidential nature of most of these face-to-face encounters

**02 /**

Difficulty in obtaining the authorization to record

# The setting and the data

01

Data collected over a one-month period (**July 2004**)

NHS hospital in a seaside resort in **Northern Italy**

02

03

From May to September an **additional A&E Ward** specifically reserved for tourists is operated

# *Corpus of tape-recorded interpreter-mediated encounters*

**01 /  
Italian medical staff**

**02 /  
Patients:**

- English-speaking tourists
- Away from home
- They feel vulnerable

**03 /  
Interpreters:**

- Employed on a seasonal basis ('*administrative assistants*')
- No academic qualification required

# *THE INTERPRETERS*

Posts for "Administrative Assistants-Interpreters" are advertised every **2** years

*01*

## Administrative tasks

Hospital reception work,  
filing patients' details,  
providing information

*02*

Interpreting tasks

*03*

No academic  
qualifications  
required

*04*

On-the-job training  
is provided only in  
the administrative  
field

# *UNCLEAR ROLE OF THE INTERPRETER*

## **Interpreters:**

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- Wear the same white uniform as the medical staff
- Prepare the patients' case notes, inquiring about the nature of the complaint and the symptoms
- Give the patients technical instructions
- Direct them to another hospital facility

Place	A&E Ward for Tourists, Italian NHS Hospital		
	Transcript 1 (T. 1)	Transcript 2 (T. 2)	Transcript 3 (T. 3)
Date	14 July 2004	14 July 2004	22 July 2004
Duration	10' 49"	6' 31"	14' 27"
Interpreter	Tina	Tina	Tina
Patient	Polish baby girl with her parents	English woman	English woman
Complaint	High temperature and red dots	Eye problems	Swollen ankles
	Transcript 4 (T. 4)	Transcript 5 (T. 5)	Recording 6
Date	27 July 2004	27 July 2004	19 July 2004
Duration	6'	11'	6' 22"
Interpreter	Teresa	Teresa	Tina
Patient	English girl with her parents	Polish baby boy with his parents	Young Dutch woman accompanied by her employer
Complaint	Ear pain	High temperature	Sore knee
	Recording 7	Recording 8	Recording 9
Date	22 July 2004	22 July 2004	27 July 2004
Duration	9' 10"	14'	4' 35"
Interpreter	Tina	Tina	Teresa
Patient	Danish boy with his parents	Young Danish woman	Young English man
Complaint	Nasal herpes	Stiff neck	Sore throat

**01** General structure followed by doctor-patient encounters

**02** The structure applied to A&E medical encounters

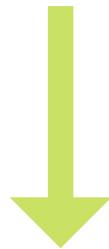
**03** Concept of asymmetry

**04** Examples

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# *GENERAL STRUCTURE OF A DOCTOR-PATIENT MEDICAL ENCOUNTER*

Many studies on the topic (Byrne and Long  
1976; Heath 1986; Waitzkin 1991)



Six-phases structure (conventionally accepted today).

# *Six phases*

*01*

Opening

*02*

Complaint presentation by the patient

*03*

Verbal and physical examination by the doctor

*04*

Diagnosis

*05*

Prescription of treatment (+ advice on what to do / not to do)

*06*

Closing

In a single phase = different sequences of conversation

These sequences are called «episodes» (ten Have, 1991)

They can be classified according to their «conversational quality», i.e. their topic.

# *Types of episodes*

01 /

**Non medical topics** (Usually just to establish a relationship between the parties)

02 /

**Marginal medical topics**, not strictly related to the main agenda

03 /

**Medical topics** strictly linked to the main agenda

# *Examples*

- 01 /** Small talk, Greetings... → Phases 1 and 6, but sometimes also Phase 3
  
- 02 /** Questions by the patient after the doctor has made a diagnosis («What medicine did you say I have to take?», «Can I drink wine during the recovery?») → Phases 5 and 6
  
- 03 /** Symptoms, Description of what the patient feels, instructions for the examination, Diagnosis... («When did you first feel this sharp pain?», «I believe it's flu») → Phases 2, 3 and 4

*Shifting from one Phase to another and importance given to each Phase vary according to each case and its context. Possibly, the interaction may even end before Phase 6.*

### **A visit for a minor complaint**

Phase 1



Phase 2

Phase 3

Phase 4

Phase 5



Phase 6

### **The doctor requires further exams**

Phase 1



Phase 2



Phase 3



Phase 4

Phase 5

Phase 6

# Features of doctor-patient encounters in A&E

- Emergency consultations
- Diagnosis as soon as possible
- Fast pace and fast shifting between Phases
- Phase 1 minimised or totally absent
- Type 1 episodes minimised or totally absent
- Type 2 episodes less frequent than in other types of encounters
- Type 3 episodes are dominant.

# Patients

- Tourists feeling sick far from home
- No knowledge of the language of the country in which they are
- Can not consult their family doctor
- Concerned and often also scared
- Vulnerable (= immigrants and refugees)
- Depend psychologically on the interpreter (only person that speaks their language)

# *ASYMMETRY*

Kinds of asymmetry (ten Have, 1991)

- Asymmetry of logic (the patient's condition is under investigation, not the doctor's)
- Asymmetry of knowledge (doctor = expert VS patient = non expert)
- Asymmetry of tasks (doctor = asks questions, patient = replies)



Patient = little to no possibility of taking the initiative

# *PATIENT VS DOCTOR*

## **Patient** (in general):

- Submissive
- Can only answer questions
- Can only talk when invited by doctor
- Can not interrupt the doctor

## **Doctor** (in general):

- Dominant
- Decides topics and questions
- Can change topic
- Can interrupt the patient

Paradox: even the few times the patient manages to take the initiative, it is only thanks to the doctor, who allows them to do so.

«(...) the initiative for yielding a measure of control to the patient in medical interviews (...) comes from the doctor. (...) Doctors do still exercise control at some point, even if in the paradoxical form of ceding control».

(Mishler, 1984)



# *WHAT IS THE ORIGIN OF ASYMMETRY?*

- Consequence of institutionalised power?
- Merlini refuses that
- Variable caused by different factors, that changes many times throughout the interaction, and even within the different Phases of the encounter. (ten Have, 1991)



# *VARIABLES*

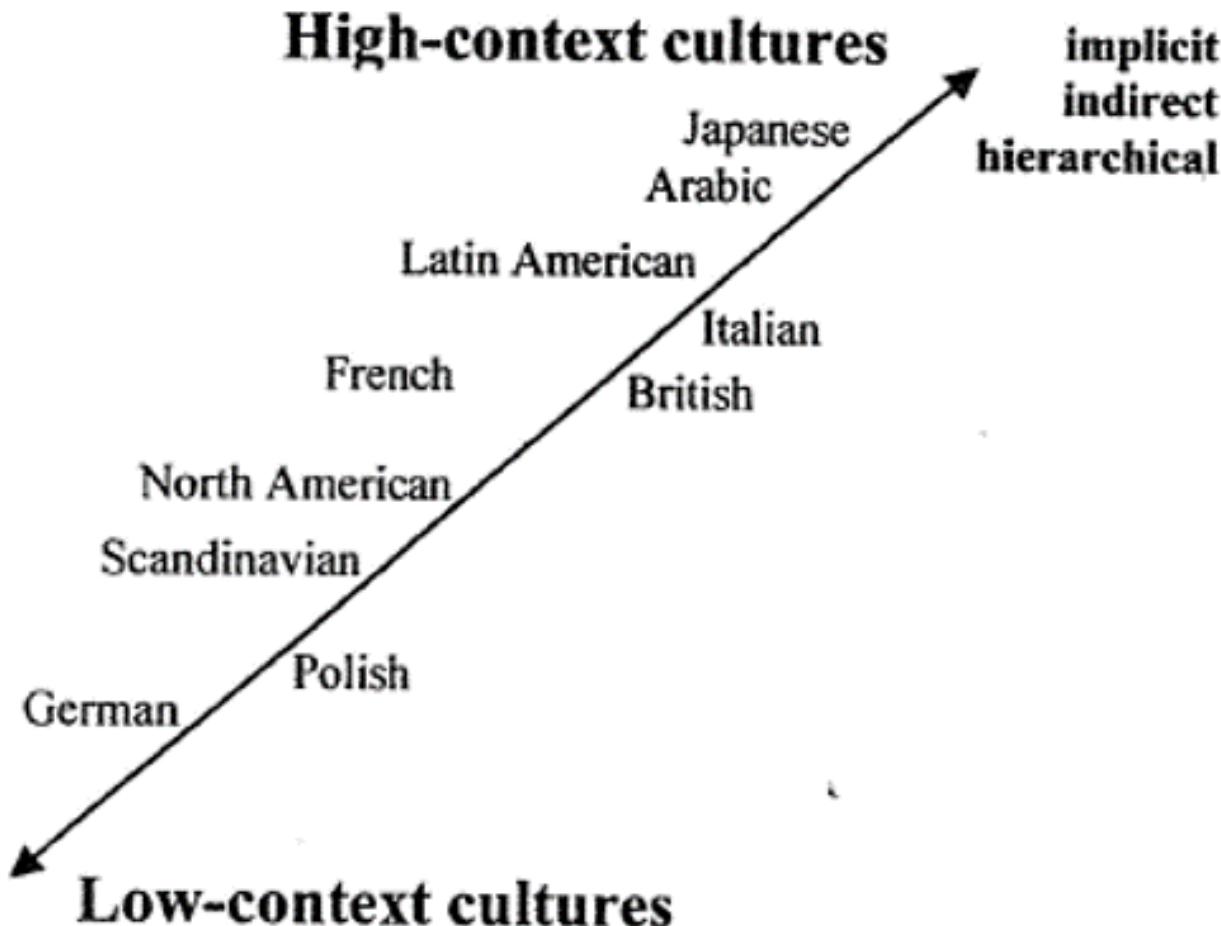
## **PATIENT'S BEHAVIOR**

- The conduct kept by the patient can strongly influence asymmetry
- Submissive patient → Doctor asserts his dominance more easily
- Assertive patient → The asymmetry can be rebalanced into a symmetry or even become in favour of the patient

# VARIABLES

## HIGH-CONTEXT CULTURES VS LOW-CONTEXT CULTURES

Hall, 1976



# *VARIABLES*

## **ROLE OF THE INTERPRETER**

- Only person that can speak both languages
- Plays therefore a major role in handling and directing the interaction, as well as handling situations of asymmetry

# *EXAMPLES*

# *EXAMPLES GATHERED BY MERLINI*

Three sections

01 /

The **doctor** leads the interaction at the moment

02 /

The **interpreter** leads the interaction at the moment

03 /

The **patient** leads the interaction at the moment

*THE DOCTOR LEADS*

T.1 Polish little girl  
High temp. and red  
dots  
Interpreter: **Tina**

[1] T. 1(121-133)<sup>10</sup>

121 D: **allora la bambina ha pianto durante la notte**↑  
*now did the girl cry during the night*

122 I: did she cry during the night↑ ((the question is first addressed to the mother

123 who does not speak English then to the father)) did she cry during the night↑=

124 F: =no not at all=

125 I: =no not at all

126 F: she is rather silent because=

127 I: =è abbastanza silenziosa la bambina  
*the girl is rather quiet* ><sup>°</sup>non ha pianto<sup>°</sup><  
*she did not cry*

128 D:

va bene vorrei vedere un attimo questo  
*alright I would like to examine this*

129 I: °she" wants to°

130 F: [ we know that she's ill

131 D: **le tiene ferma la testa**  
*can you keep her head still*

132 I: °could you keep please the head°

133 D: **va bene comunque la bambina ha in atto una una rinite**  
*okay in any case the girl has an inflammation of the nose*

[2] T. 2 (50-67)

50 I: **L**insomma **J** lei vede una forma ner **a:=**  
*so she sees a black shape*

51 D: **sì**  
*yes*

52 I: **=rotonda::**  
*round*

53 D: **mhm**

54 I: **a black shape** **round**

55 D: **okay okay**

56 P: **yes round**

57 D: **la signora soffre di ipertensione la signora↑**  
*does the lady suffer from hypertension*

T.2 English woman  
Eye problems  
Interpreter: **Tina**

*THE INTERPRETER LEADS*

[3] T. 3 (1-7)

1 D: sì  
yes

2 I: **le si è gonfiato un po' le caviglie**↑  
*her ankles are a little bit swollen*

3 D: come si chiama la signora ↑  
*what's the lady's name*

4 I: **S. ((spells the surname))**

5 D: sì (.)la signora soffre di ipertensione ↑  
*yes does the lady suffer from hypertension*

6 I: umm suffer do you suffer hypertension↑

7 P: no

**T.3 English woman**  
**Swollen ankles**  
**Interpreter: Tina**

T.4 English girl

Ear pain

Interpreter : **Teresa**

[4] T. 4 (16-21)

16 D: si siede qua un attimo↑  
*would she come and sit here*

17 ((the doctor starts examining the girl))

18 I: °**how old are you C.**↑°

19 P: °seven°

20 I: °seven°

21 D: è la prima volta che le capita  
*is it the first time that she has had*

└ questo problema↑┐  
*this problem*

T.3 English woman  
Swollen ankles  
Interpreter: **Tina**

[5] T.3 (53-56)

53 I: °do you think they are very swollen or (.) they don't seem to be very swollen ( )°

54 P: [yeah o-on ( )

55 I: [non sembrano tanto gonfie=  
*they don't look so swollen*

56 D:=un pochino qua mi sembra un po' gonfie qua  
*a little bit here I think they are a bit swollen here*

[6] T.3 (94-107)

94 D: **L** qua si è gonfia:ta > perché la signora < è stata punta da un  
*here it is swollen because the lady was bitten by an*

95 insetto sicuramente  
*insect for sure*

96 I: **in his opinion he says you have been bitten by an insect**

97 P: and would that make both ankles to swell↑

98 I: yes we-w- yes we suppose >this is the< the reason why you are why your  
99 ankles are so swollen

100 P: right

101 I: tu pensi che sia così gon **fio↑=**  
*do you think it is so swollen*

102 D: **è molto probabile** **il polso↑**  
*it's very likely* *her pulse*

103 I: **=per una puntura**  
*because of the puncture*

104 d'INSETTO↑  
*of an insect*

105 D: perché il problema circolatorio adesso le misuro anche la pressione **però il polso**  
*because the circulation problem now I'll also take her blood pressure* *yet her pulse*

106 I:

107 probably says you have been bitten by an insect

**T.3** English woman  
Swollen ankles  
Interpreter: **Tina**

[7] **T. 2(68-84)**

68 D: eventualmente la mandiamo a fare una visita urgente specialistica da un oculista  
*possibly we should make an urgent appointment for her to see an eye specialist*

69 perché potrebbe essere un distacco della retina °per cui° adesso vediamo  
*because it could well be a detached retina so now*

70 I: so please sit here (.) how long are you staying↑  
71 D: >dove la mandiamo↑<=  
*where shall we send her*

72 P: ( )  
73 D: >dove la mandiamo a XX X<sup>14</sup>↑  
*where shall we send her to XX X*  
74 P: back home on Saturday °go home on

75 Saturday°

76 D: può stare seduta  
*you can sit down*

77 I: you can sit

78 D: >sit down<

79 I: yes sit down here yes just-just NOW sit può star seduta vero:↑ (.) **relax yourself**  
*she can sit down can I she*

80 don't worry

81 P: ((smiles))

82 I: maybe you need a specialist to visit you

83 P: all right

84 I: you need you need to be visited by a specialist ( )

**T.2 English woman**  
**Eye problems**  
**Interpreter: Tina**

# *THE PATIENT LEADS*

[10] T.2 (132-157)

132 P: is it urgent is it urgent↑

133 I: yes the doctor says it's urgent=

134 P: =urgent ((she turns to the doctor for confirmation))

135 D: sì ((whispered))  
yes

136 P: [ [ where's ] X=

137 I: [ facciamo: ]  
let's

138 P: =where's X- where's this place X-↑

139 I: >XXX< but come here sit down here

140 P: (my pressure)

141 I: it's light high than usual è un po' dico lievemente  
shall I say it is a bit

142 D:

T.2 English woman  
Eye problems  
Interpreter: **Tina**

più elevata

higher

si::

yes

143 I: just a little bit

144 D: =centoquarantanove su novanta diciamo  
*one-hundred and forty-nine over ninety* >dunque< considerando l'età:↑  
*so considering her age*

145 I:

*one-hundred and forty-nine over*

[11] T. 1 (30-44)

30 D: e gli ha dato quanti millilitri↑  
*and how many millilitres did you give her*

31 F: [ two point two point five ]

32 I: [ due punto cinque ] ogni sei ore ha detto due virgola cinque  
*two point five* *every six hours he said twopoint five*

33 °milligrammi° ogni sei ore  
*milligrams every six hours*

34 ((background noise))

35 F: and in the night in the night=

36 I: =yes=

37 F: =we were on the beach after uh afternoon because he we asked if we can go=

38 I: =°mhm°=

39 F: =outside ( ) so we were afternoon on the beach=

40 I: mhm

41 P: =there were no: higher [ temperatures

42 I: ah so you-you-you went to the beach with the

43 child↑

44 P: yes

T.1 Polish little girl  
High temp. and red  
dots  
Interpreter: **Tina**

[13] T. 1(150-157)

150 D: allora umm per il momento l'unica cosa da fare >se vuol tener la bambina< è  
*now for the time being the only thing you can do can you hold the baby still is*

151 quella di fare una terapia antifebbre dandogli l'ibuprofene  
*to treat her with Ibuprofen for fever relief*

152 I: what we can do now is a therapy against the fever and=

153 F: against the fever

154 I: =that's all

155 F: **mhm mhm and the dots↑**

156 I: e queste macchioline che dice perché è venuto principalmente per quello  
*and what about the dots because he says that he's come here mainly for them*

157 D: sì sì eh le macchioline vediamole meglio un attimo alla luce  
*yes yes the dots let's have a better look at them by the light*

T.1 Polish little girl  
High temp. and red  
dots  
Interpreter: **Tina**

[14] T. 1(243-248)

243 I: devo stampare↑ venticique e ottantadue non hanno titolo  
*shall I stamp twenty-five eighty-two they have no title*

244 F: **air conditioned can we use in the room↑ air conditioned can**

245 **[we use (in the room)]**

246 I: **possono usare l'aria condizionata**  
*can they use air conditioning*

**nella stanza↑**

*in the room*

247 D: **ecco meglio evitare**  
*no better not*

248 I: it's better to avoid it (.) for the moment all right↑

**(257-259)**

257 F: **and vitamin vitamin C**

258 D: **vitamina se vuole**  
*if he wants to give her the vitamin*

**gliela può dare**  
*he can*

259 I: **yes these vitamins you can**

**T.1** Polish little girl  
High temp. and red  
dots  
Interpreter: **Tina**

# *ASYMMETRY*

*01*

Institutionally  
determined  
function?

*02*

Function of a  
given phase in all  
medical  
consultations?

*04*

Function of the  
interpreter's  
independent assessment  
of the goals and  
requirements of the  
ongoing activity?

*03*

Cultural-oriented  
preference for  
directness or  
indirectness?

# *CONCLUSIONS*

## **In medical consultations:**

- Complex interplay of different factors
- Symmetrical configurations interchange continuously with asymmetrical ones
- Much depends on turns at talk by all participants

Consultations zigzag between conversations and interrogations “in a way that is negotiated on a turn-by-turn basis by the participants themselves”  
(ten Have)