Journal of International Education and Development
2022, VOL. 6, NO. 9, 201-204
DOI: 10.47297/wspiedWSP2516-250038.20220609

The Dual Role of Interpreters in Health-care Settings

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ABSTRACT

In recent years, public service interpreting, or community interpreting has gained popularity with the increase of migrants. Unlike conference interpreting, which is usually connected with national or international issues, public service interpreting involving various settings, including social work, education, health care, law, business, etc. is closely linked to people's personal life. The interpreter's performance seems to have a great influence on the life of the client. As a result, much attention is devoted to the role of community interpreters who work in different settings for the reason that the role of the interpreter may alter with changes of settings. Health-care is one of the main settings in public service interpreting in which the interpreter's behavior may affect diagnosis and treatment of the patient. Therefore, during the interaction among the interpreter, the provider and the client, the patient's health should be given a priority. In this sense, the interpreter acts as a dual role in health-care settings, namely both a message converter and facilitator. This essay will discuss the dual role of health-care interpreters by analysing the visibility and invisibility of them in the process of interpreting.

KEYWORDS

Health-care interpreting; The role of interpreters; Visibility; Invisibility

1 The Purpose of Health-care Interpreting

According to Pöchhacker and Shlesinger (2007: 1), as an important part in community interpreting, health-care interpreting is likely to be one of the most common settings. Regardless of age, nationality, and gender, people tend to confront the doctor-patient relationships during their lifetime. Hence, medical consultations are quite prevalent in people ' s daily life, which aim to help patients solve their health problems with the best way (Hale 2007: 41). It is argued that attention should be placed on health issues of the patient during the process of consultations (Pauwels 1995: 69). Health-care interpreting is needed when the doctor and the patient from different cultural backgrounds cannot communicate with each other. Although there is a third interlocutor, namely the interpreter, as Gentile et al. (1996: 40) point out, the interpreting should produce the same effect as the situation where there is no interpreter required. In this sense, the purpose of health-care interpreting is consistent with that of normal medical consultations without interpreters. In other words, it is to help the patient by promoting the communication between the health-care professional and the patient who do not share the same language.

2 The Role of the Health-care Interpreter

Swabey and Mickelson (2008: 51) describe interpreting as "a complex linguistic, social, cognitive

and cultural process" which takes place in settings of law, education, social work, health care and to name a few. Therefore, according to Hale (2007: 25-6), the interpreter is involved in "the most private spheres of human life" in which the interpreter's behavior may influence the client's life. Gentile et al. (1996: 57) also argue that liaison interpreting often affect lives of people involved directly. Complex interaction among the three parties brings challenges for community interpreters (Swabey and Mickelson 2008: 51).

Due to a variety of settings, the role of community interpreters cannot be solely defined. Instead, it may be changed from one setting to another. And in most times, the interpreter may serve as more than one role in a certain setting according to the specific requirements or unexpected situations. Increasingly, studies shed more light on roles of community interpreters under different circumstances and from various perspectives (Gentile et al. 1996, Cambridge 1999, Davidson 2000, Bolden 2000, Roy 2002, Wadensjö 2002, Leanza 2007). In terms of health-care interpreting, since community interpreting is "a combination of two separate professions: interpreting and social work" (Gehrke 1993: 420), the interpreter plays a dual role for the sake of the patient's health. On the one hand, the interpreter is expected to accurately transmit messages between the professional and the patient for the reason that whether the interpreter can promote linguistic understanding between them may produce an effect on the doctor's diagnosis (Hale 2007: 36-7). On the other hand, the interpreter cannot be only regarded as a translator who literally converts messages from one language into another, but also the interpreter plays the role of a facilitator. In fact, there are a series of factors, including "contextual factors, status differential and language issues" (Gentile et al. 1996: 32-4) which appear to create barriers between the professional and the patient. It is the interpreter who should remove those barriers.

3 Visibility vs. Invisibility

(1) Invisibility of the interpreter

Garber (2000: 19) argues that the working fields of community interpreting attach the interpreter more risks and more responsibilities compared with conference interpreting. Also, according to Hale (2007: 26), if community interpreters understand the importance of their profession for their clients, they are aware of their responsibilities. As is mentioned, in health-care settings, the patient's health is supposed to be placed in first place. As a message converter, the interpreter is responsible for the patient. In other words, it is imperative that the interpreter ensure the accuracy of the contents that he or she interprets. In this sense, the interpreter is invisible who is seen as "the instrument rather than the focus of the communication" (Gentile et al. 1996: 54), and it is inappropriate to act beyond his or her profession (ibid.: 54-5). As Byrne and Long (1976: 137) argues, there is much doubt about the interpreter's decisions with regard to contents because it is supposed that it is the health-care professional who has the right to judge or decide the content. The interpreter's addition, omission or any random change of language may result in misdiagnosis.

(2) Visibility of the interpreter

Angelelli (2004: 11) points out that aside from linguistic issues, the health-care interpreter plays an important role in bridging cultural gaps, establishing trust among people involved, promoting respectful relationships, eliminating ease, etc. It means that the interpreter is not a passive translator but a facilitator who is expected to take actions which can contribute to the patient's health. In this respect, the health-care interpreter is visible. If the interpreter can play corresponding roles when required, interactions mostly seem to obtain better results (Meyer et al. 2003: 78).

In health-care settings, as Hale (2007: 61) argues, satisfactory consultations may be realised by good cooperation between the interpreter and the professional. In other words, the interpreter is part of consultations rather than an invisible translator. Despite the fact that the interpreter should convert source messages as accurately and completely as possible, it does not mean that the interpreter is excluded from the doctor-patient relationship. In practice, the interpreter is supposed to try his or her best to facilitate the communication with possible ways. When there are cultural differences which may cause some misunderstanding between a doctor and a patient, the interpreter may be expected to give an explanation for the patient to ease conflicts. Clearly, to facilitate doctor-patient communication the health-care interpreter is visible in medical consultations to some extent.

4 Conclusion

The role of community interpreters is multiple and not unchangeable. Under different circumstances, the role may accordingly change. In terms of health-care settings, the purpose of medical consultations requires interpreters act as both message converters and communication facilitators. In other words, the interpreter can neither only focus on literal translation, nor intervene with the professional's field to great extent. The degree to which the interpreter involves in interaction between the health-care professional and the patient is likely to decide the outcome of a consultation. Therefore, the dual role impels the interpreter to strike a balance between visibility and invisibility.

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