

Healthcare Professionals as Language Mediators

Maureen Ehrensberger-Dow and Gary Massey speak of the need for extreme care to be taken in the training of medical interpreters.

In our ever more multi-ethnic, multilingual society, translation and mediation have become increasingly important – often via the *lingua franca* of English. But are healthcare professionals equipped to deal with the challenges, responsibilities and risks that go with their mediatory role?

The [3rd International Conference in Non-Professional Interpreting and Translation](#) in 2016 highlighted the need to professionalise and certify interpreters and translators working in healthcare settings. Research presented there and elsewhere (cf. Antonini *et al.*, 2017) reveals a widespread lack of awareness of the competences, roles and responsibilities essential to mediated healthcare communication, which ranges from non-professionals – even children – translating interactions between health professionals and patients, to the professionals themselves explaining procedures and medication regimes to patients unable to understand the dominant language of the community. The risks and potential harm to the patients involved cannot be underestimated, spanning misdiagnosis, lack of informed consent, restricted or no access to mandatory services, non-compliance of medication or treatment as well as liability claims.

The true complexity of mediating between languages is frequently obscured by reductive conceptions of what it actually involves. These foster a view of translation and interpreting as simple acts of transcoding from one language system to another with a unique solution for each message conveyed. Yet, like language itself, translation and interpreting cannot be isolated from the cultural environments in which they are used, from the purposes for which they are used or from the people who use them. Since translation and interpreting constitute acts of intercultural mediation, they depend decisively on their setting and on the way in which those requiring such services want and need them to function. Acquiring skills in understanding and producing a foreign language is not synonymous with the ability to mediate between it and your native language, as the substantial body of cognitive research on translation competence amply demonstrates. Empirically validated models (e.g. PACTE 2005) show it to comprise multiple components, among which language competence forms just one alongside intercultural, textual, thematic, technological,



information-literacy, professional, service-provision and interpersonal constituents. Central importance is given to translators' self-concept and awareness of their multiple roles and responsibilities to their users and other stakeholders, which our research has shown to be a main distinguishing feature between professional translators and non- or pre-professional students (Ehrensberger-Dow & Massey, 2013). Those models have had a major impact on translator and interpreter education, finding their way, for instance, into the influential competence profile of the European Commission's European Master's in Translation (EMT) network.

So it was with considerable misgivings that leading supranational associations representing the translation professions and their educators, including the EMT, received the new descriptors for the CEFR (2017). These contain many additional descriptors covering mediation skills, and in doing so convey the wholly unwarranted impression that language courses alone, and teachers without specific training in translation or interpreting, can educate students in the skills needed to mediate successfully in community settings, including healthcare. The ambitiously formulated descriptors for overall mediation and mediation of written texts (CEFR, 2017, 101, 110), namely '*Can mediate effectively and naturally, taking on different roles according to the needs of the people and situation involved, identifying nuances and undercurrents [...] conveying evaluative aspects and most nuances precisely, and pointing out sociocultural implications*' and '*Can translate into (Language B) technical material outside his/her field of specialisation written in (Language A), provided subject matter accuracy is checked by a specialist in the field concerned*', are outcomes normally expected of graduates of MA courses in translation and interpreting; as such, they go far beyond the scope of C2 language courses and teachers trained in second-language teaching. Significantly, no translation studies specialists are referenced in the report on how the mediation descriptors were developed (North & Piccardo, 2016).

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In our view, there should be a structured approach to incorporating key components of language mediation into language-teaching syllabuses for healthcare professionals. For this to work effectively, the teachers themselves will also need training in the fundamental concepts, competences and practices of translation and interpreting. They should be familiarised with the specific challenges, techniques and strategies of the many sub-forms of language mediation, from sight translation to consecutive interpreting, from equivalence-orientated translation with its focus on word equivalents to user-centred, functionally adequate adaption with a focus on the needs of the reader, within their diverse socio-technical contexts. Above all, they should be made aware of the roles and responsibilities necessary to enabling effective, low-risk communication in healthcare settings. Only then will they acquire a solid grounding in the core aspects and skills of translation and language mediation that have become so necessary to delivering healthcare services in our globalised world.

Part of our Institute's mandate is to provide continuing education and other services tailored to the needs of professional groups and the communities in which they operate. By working together with healthcare professionals and those who train them, we can promote inclusion and the quality of care by improving mediation skills in this vital field. We would welcome any suggestions, requests or initiatives the

English language teaching community may have in this regard.

References

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