

Information Slippage In Medical Interviews

Jan Cambridge

Interpreters' skills can reduce the risks involved for both patient and healthcare practitioner in bilingual diagnostic interviews.

Abstract:

Interpreters working in our healthcare systems are very often untrained, and frequently related to the patient. Where training has been provided it is likely to be sketchy, and have almost no applied linguistics content. Added to the fact that the healthcare professionals with whom such interpreters work have no understanding of the interpreting process, the situation is fraught with risks.

Public service interpreting is different in significant ways from other branches of the interpreting profession.¹ Factors related to the type of discourse involved, and the interpreter's footing within the triad place pressures on her which can lead to serious errors in output. Interpreters entering this branch of the profession need to be made aware during their training of, for example:

- Interlocutor roles, as they affect the Impartial Model of interpreting
- Issues of 'face', and the risk of inadvertent filtering of information owing to face threats.
- Questioning strategies built into the very specialised form of transactional discourse used in western medicine.
- The importance of paying attention to register.

This brief look at such issues draws on examples taken from video recordings of General Practitioners interviewing non-English speaking patients through an untrained interpreter.

¹ Nathan Garber. Second International Critical Link Conference, Vancouver 1998