

# The Role of Medical Translator/Interpreter in Bringing Satisfaction to Health Tourists at Razavi Hospital

Meisam Fallah,<sup>1,\*</sup> and Omid Akbari<sup>2</sup>

<sup>1</sup>Student, English Language Department, Imam Reza International University, Mashhad, Iran

<sup>2</sup>Professor Assistant, English Language Department, Imam Reza International University, Mashhad, Iran

\*Corresponding author: Meisam Fallah, M.A, Student, English Language Department, Imam Reza International University, Mashhad, Iran. Tel: +98-9151241501, Fax: +98-5136098517, E-mail: Meysam66@yahoo.com

Received 2016 March 10; Accepted 2016 November 27.

## Abstract

The purpose of this research was to investigate the role of specialized translators and interpreters of medical discourse in bringing satisfaction to health tourists. The goal was to find the effect of non-professional medical interpreters (translators) in breaking efficient patient-physician relationship. Nowadays, most foreign patients are accompanied by someone who is not familiar with medical terminology and just thanks to knowing a language he/she becomes an interpreter of a foreign patient. Ten foreign patients from different countries were investigated in this report. Based on the gathered data, three findings could be concluded: Firstly, non-professional interpreters could not usually interpret medical terminologies accurately. Secondly, trained specialized translators can bring satisfaction to health tourists and help them with successful course of treatment. Thirdly, patients themselves were aware of non-professional translators' misinterpretations which lead to dissatisfaction and considering other destinations for treatment.

**Keywords:** Translation, Specialized Translator and Interpreter, Non-Professional Interpreter, Health Tourism

## 1. Background

The world aging population, long waiting lists for treatment, and continuous rise in out-of-pocket medical costs are among the issues indicate health tourism as a growing market. So it is noteworthy to devote our meticulous attention to this developing industry.

Like any fast growing industry, many different factors affect health tourism among which quality of service is the most important one. Obviously, the presence of medical translator plays an important role in the quality of translation as it has its leading role in sharing the results of a medical research, publication of new discoveries in the global scientific community and marketing new products of medicinal and medical equipment (1). Therefore, it seems that attracting health tourists is a new important role of translation.

Health tourism has been long viewed as a lucrative business for developed countries, but thanks to Iran's recent medical developments, there is a growing tendency among foreign patients toward receiving medical treatment in Iran. The existence of shortcomings in health tourism market may cause low level of tourists' satisfaction and low tendency toward Iranian hospitals. It seems that availability of specialized translators in health care service is one of the essential factors in providing better opportunities in this field. Furthermore, written materials, such as health surveys, patient consents, patient's

surgery summary and patient's discharge summary, etc are all among the vital documents that should be precisely translated and given to the patients for future follow up. Further investment is needed for developing health tourism industry as a whole and training of professional medical interpreters/translators should be considered as the main part of this investment. The importance of this subject appeared in an article by Karwacka who believed that translation and interpretation are infrequently considered as health care researchers' focus unless a bad translation causes very serious clinical consequences, including health or life threat, or becomes the reason for lawsuit or economic claims (2).

There have been several studies on medical translators and interpreters. In an article, Karwacka argues the quality of medical translation, the qualifications of a good medical translator, trainings that we can provide for a medical translator, and managing the translation quality for medical sectors (2). She continues that it is essential to certify adequate standards of quality in medical interpreting and translation (2).

Heine cited that if a physician is unable to obtain vital information from a patient due to failure in communication, health or life-threatening situations may be the result (3).

Therefore, based on what mentioned earlier, there is a growing real need for trained medical interpreters and translators to ease the communication between patients

and physicians and to introduce new medical equipment and new medical services. As it was mentioned earlier, by training specialized translators in important fields like medical translators, we can benefit and boost our economy. However, as Karwacka pointed out, medical translation quality needs to be increased, particularly qualification of translators' and training methods of translators.

Flores studied the errors which were made during interpretation; he also studied their regularity, categories and possible clinical results in medical sector. Data obtained from audio recordings and transcripts of a hospital outpatient polyclinic revealed that errors in medical interpretation are fairly common (4).

The average number of errors was thirty-one per session, and potential clinical consequences were seen in 63% of all errors. Among all the errors, the five following categories were obtainable- "omission, addition, substitution, editorialisation, and false fluency". She argued that the random intermediaries who are not educated in translation or medicine, e.g. children, other members of family or hospital staffs who are bilingual, make the most numbers of mistakes. Moreover, the most frequent type of error was omission (4).

## 2. Methods

To investigate the role of trained medical translators, 10 outpatients of Razavi hospital including seven males and three females were investigated during 10 days. Four of the patients were heart cases, four were orthopedic and two of them had internal diseases. All of them had their own interpreters with them. Dialogues of foreign patients, their interpreters and physicians were studied. Moreover, three interpreters who were hospital staffs, at least since three years ago, accompanied the patients in doctors' offices. The hospital's interpreters were Bachelor's in English language translation. Moreover; they were trained with some useful medical terminologies. The reason of choosing Razavi Hospital for this experience was the relatively high rates of medical tourist admission.

## 3. Discussion

The analysis of the audio recordings and transcripts of non-professional interpreters revealed that almost all of them were unable to interpret accurately. It also showed that the average number of errors in each examination were 15 errors that possibly could have clinical consequences. The most common errors that were committed by non-professional interpreters were including omission, personal interpretations, replacement, and wrong usage of medical terms.

There were plenty of errors committed by non-professional interpreters. One of the errors was that in the pediatric clinic, doctor told the newborn's parents that their child has "jaundice" (a condition that a newborn baby's skin and eyes become yellow) and he should be hospitalized. Physician used the Persian word "Zarđi" But the interpreter translated "Zarđi" to "yellowness" instead of "jaundice".

The interesting point of the experience was that even six out of ten patients realized the errors that were committed by non-professional interpreters. Their opinion about the quality of interpretation was poor. They pointed out that translators in many occasions were not able to translate all of the sentences spoken by the physician precisely and correctly. Omission of sentences needed to be translated was very common. Moreover, patient argued that they asked a question from the physician but the physicians' responses were irrelevant; therefore, it seems that the interpreter could not interpret the question correctly.

This is a fact that errors in the field of medical translation are rather frequent, it implies that we should improve both verification process and translator qualifications. Qualified professionals should be employed to produce medical translation and interpretation. Flores believed that whether to employ linguists with medical knowledge or medical professionals with linguistic knowledge is still a controversial issue (4). She insisted that designing a translation and verification system would be the most reasonable solution; a system in which texts would be translated by an experienced and high educated translator who specializes in the medical field and then the translated text would be verified by an expert, to finally undergo proofreading by a third person. The present situation is that the translator is often the only responsible person in the translation process, but such a process would change this situation. So the translation team members will be responsible not just the translator (4).

Therefore, it seems that hospitals should apply stricter rules in selecting interpreters. Hospital translators and interpreters should have good knowledge in both target and source language.

### 3.1. Conclusion

This report suggested that current translators/ interpreters who work in the field of health care services are not able to handle medical translation/interpretation properly for the patients who seek treatment in our country. Based on the statistics obtained from the foreign patients' dialogues, the level of satisfaction among health tourists is decreasing continuously and this could be a real threat for this new industry in the future.

It is obvious that other health care sectors which are involved in this industry should do their best in providing the higher quality of services for health tourists, but translator is the one who is in direct contact with the patient, even prior to his/her arrival to the country. Moreover, medical terminology was one of the major subjects that non-professional interpreters have problem with. It seems that strict rules should be established to prevent entrance of non-specialized translators to the field of health tourism industry.

### Acknowledgments

I would first like to thank my thesis supervisor Dr. Omid Akbari, head of English language department at Imam Reza International University. The door to Professor Akbari office was always open whenever I ran into a trouble spot or had a question about my research or writing. He consistently allowed this paper to be my own work, but steered me in the right direction whenever he thought I needed it. I would also like to express my very profound gratitude to my parents and to my partner for providing me with unfailing support and continuous encouragement throughout my years of study and through

the process of researching and writing this thesis. This accomplishment would not have been possible without them. Thank you.

### Footnotes

**Financial Disclosure:** There is no financial interest to disclose.

**Funding/Support:** There was no funding support for this study.

### References

1. Montalt V, Shuttleworth M. Translation and knowledge mediation in medical and health settings. II. Brussels: Artesis University College Antwerp; 2012.
2. Karwacka W. Quality assurance in medical translation. *J Spzd transl.* 2014;**1**(1).
3. Heine P. Best methods for increasing medical translators for limited English proficient patients: the carrot or the stick?. *J Law Health.* 2003;**18**(1):71-93. [PubMed: [16521892](#)].
4. Flores G, Laws MB, Mayo SJ, Zuckerman B, Abreu M, Medina L, et al. Errors in medical interpretation and their potential clinical consequences in pediatric encounters. *Pediatrics.* 2003;**111**(1):6-14. doi: [10.1542/peds.111.1.6](#). [PubMed: [12509547](#)].