

Caduceus

A PUBLICATION OF THE MEDICAL DIVISION OF THE AMERICAN TRANSLATORS ASSOCIATION

FALL / WINTER 2007-08

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BEST WISHES FOR 2008

Fall / Winter 2007/08



Caduceus is a quarterly publication of the Medical Division of the American Translators Association, a non-profit organization dedicated to promoting the recognition of translating and interpreting as professions.

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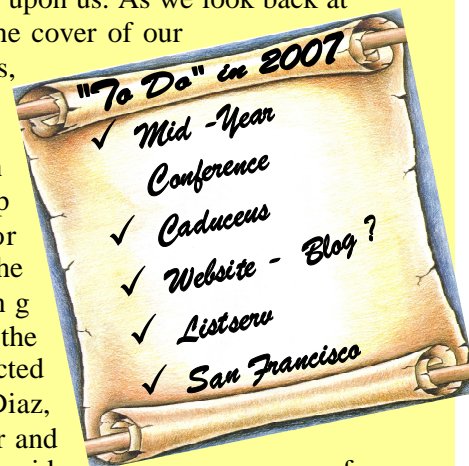
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The end of a fruitful year is upon us. As we look back at last year's To Do List in the cover of our

2007 Fall-Winter *Caduceus*, we realize that we have accomplished everything set in our To Do list, in spite of my unexpected step down as administrator followed by that of the appointed acting administrator. Enter into the spotlight our newly elected Administrator, Esther Diaz, who, joined by Jill Sommer and others, turned our inaugural mid-



year conference into a resounding success. See our 2007 Summer issue for details. *Caduceus* welcomes Esther officially as our new Medical Division Administrator as well as Patricia Thickstun, our new Assistant Administrator.

The unveiling of our new division website www.ata-divisions.org/MD/ by Dina Tchikounova, creator and webmaster, brought new excitement and completed our mission. The possibility of a blog was postponed for further discussion at a later time.

Caduceus welcomes a new physician member, Dr José R. Martí, a surgical oncologist who wasted no time in introducing himself to all via this issue and promises to be a regular contributor. Dr Jim McAninch is with us again in his series on hematology for the medical translator. Lastly, we resume our series on "Health Care Glossary - WHAT."

Once again, we remind members that we are always in need of contributions, small and large, for *Caduceus*, which can be submitted at any time.

Instructions to Authors

Submissions for publications must be sent electronically in Word format. The deadline for submissions for the Spring issue of *Caduceus* is 15 March, 2008.

Caduceus carefully reviews its content in order to eliminate any textual errors. Nevertheless, we apologize for any errors in grammar, punctuation, typography and the like which may inadvertently appear on our pages.

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by Esther Diaz

HAPPY HOLIDAYS! It's hard to believe another year has flown by. It has been a very eventful year for the Medical Division and its 2,345 members.

As reported in the previous issue of Caduceus, the first Medical Division Mid-Year Conference in Cleveland was a great success. That experience will serve as a springboard for a bigger and better conference in 2009.

It was great to see Mid-Year Conference participants again at the ATA Conference in San Francisco. The Medical Division met over breakfast one morning and participated in a fun networking activity. Later that day, 25 members participated in the Medical Division Meeting, where we established the following priorities for 2008: planning for the 2008 ATA Conference in Orlando and the 2009 Medical Division Mid-Year Conference.

The group proposed that Medical Division sessions at the ATA Conference sessions be evenly-divided between translation and interpreting topics. Interest was expressed in topics related to the training of medical interpreters; preferably advanced topics. For the 2009 Mid-Year Conference, there was support for holding it at a medical center to facilitate recruiting physicians and other healthcare providers to speak. Several sites were proposed: Toronto, Philadelphia, St. Louis, Minneapolis, and Washington, DC. The month of June was proposed as a possible date, and we decided to work around dates and locations of other conferences and ATA Professional Development Seminars.



Each participant at the meeting received a color copy of the latest edition of *Caduceus*. Participants were very impressed and commented on what a great newsletter it is. At the Division Directors meeting, it was praised as the best Division newsletter! Our thanks go to Dr. Rafael Rivera, Editor, for maintaining such a high standard of quality for our newsletter. Participants were encouraged to submit articles for Caduceus and several volunteered on the spot.

The long-awaited Medical Division Website became a reality! Website designer Dina Tchikounova created a sleek and very useful website featuring a description of the Division, current and past issues of Caduceus, a link to the MD listserv in YahooGroups with instructions for joining, links to medical translation resources, a list of language combinations of our members, and links to other divisions' websites for language-specific resources. With your help, we hope to add glossaries and links for other languages. Check out the new site at www.ata-divisions.org/MD/.

Here's wishing you a very prosperous 2008!

NOVEMBER 2008						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	November Holidays Daylight Savings Time Ends - 2 Veterans Day - 11 Thanksgiving - 27					

PLAN AHEAD

ATA Annual Conference
Hilton & Disney World, Orlando, FL

by José R. Martí, M.D.

I just came back from attending the 48th ATA annual meeting in San Francisco. This was the first time for me and it was also my first participation at the Medical Division of the Association. I joined the ATA about two years ago, when I was changing careers. I had been an academic Surgical Oncologist in Brooklyn, New York for more than 27 years when I realized that it was time for me to step down and change directions. I had choices. I could have moved on to hospital administration, teach, or just simply stay home and watch TV every day; but I stopped and reflected for a minute.

A large part of my patients were Hispanic and I had a cultural, ethnic and linguistic relationship with each and every one of them. I functioned as my own interpreter within my own practice; yet I was still blindfolded about their needs. I discovered that they were left to their own devices, once I referred them to see other specialists. Specialists, in general, are mainly monolingual (English) and I was totally unaware about the growing need for interpreters/translators in clinical/academic medicine. This raised my awareness regarding significant gaps and *needs* within the health care delivery system; particularly about language barriers. It was then, in 1990, that I joined the National Hispanic Leadership In Cancer (NHLIC). This is a large initiative program funded by the National Cancer Institute (NCI), providing money to improve health disparities among minorities. This program progressed a few years later into *Redes En Acción* and it continues to provide access for health care information for Spanish speaking people across the country.

There is plenty of information to support this issue as it opens a whole new field about health care information for minorities. The Office of Communication and Education of the NCI published these facts recently in one of their Spanish websites:

- About 42 million (14% of the total US population) identify themselves as Hispanic or Latino.

- The NCI recognizes the importance of reaching the Hispanic/Latino community with accurate cancer information and has responded by creating a culturally and linguistically-appropriate Spanish language website (NCICancer.gov en español).
- There has been a surge of online users in the Hispanic/Latino population; especially in the last 2 years.
- 30 million of the 40 million Hispanics in the U.S. speak Spanish.

This Web site provides cancer information addressing cultural myths and beliefs, types of cancer, as well as support and resources in the community and a dictionary of cancer terminology that provides culturally relevant materials on cancer in Spanish.

Similarly, the **Robert Wood Johnson Foundation**, jointly with the UCSF Fresno Center for Medical Education & Research also developed a very inspiring program called: *Hablamos Juntos*. It collaborates closely with the NCIHC (The National Council on Interpreting in Healthcare) to improve Patient-Provider communications for Latinos by developing quality Spanish Language Material. It aims to establish policies and procedures related to translation providing excellent language material and evaluating the quality of Spanish material in this field. Both of them together, offer ample opportunities to develop and participate in this growing field. You can learn more about this through the ATA www.atanet.org. Medical Division, or the NCIHC www.info@ncih.org which partners with us; or with the Robert Wood Johnson Foundation at www.robertj@gymr.com and also to *Redes en Acción* at redesenaccion.org

All of this brings the biblical passage of the Tower of Babel back to my mind; describing how “all *hell* broke loose and *everybody parted speaking a different language, not communicating with each other and everyone going their own way*”. Maybe

this is the right time for all of us to regroup and reconnect together, with government, academic institutions and the private sector for the betterment of all of us, including our profession and that of our clients as well.

I feel very privileged to have joined ATA and the Medical Division of this organization. I am changing professions and just as I started as a *lowly* intern in Surgery in 1971, I am back on track once again at the beginning. I know that I have a lot to learn from all of you, seasoned translators and interpreters but I

am also asking for your advice so that I may contribute to our profession to the best of my ability.

In light of the above and since October was Breast Cancer Awareness month, I am following with a short summary about the current status of breast cancer in the USA, followed by an equally brief English < > Spanish glossary of Breast Cancer terminology. I hope that you will find this useful. I would appreciate some feedback regarding this piece and others to follow. ■

Levels of Care

Levels of care are usually divided in three separable but related units of care - primary, **secondary** and **tertiary**.

Primary care refers to the activity of healthcare providers who serve as the **initial medical contact** of a patient. Generally, this is accomplished by primary care physicians, nurse practitioners and physician assistants in the community. The alternative name for **primary care** is **general practice**. Even though primary care involves or extends to all members of the family, keep in mind that Pediatrics, Family Practice and Internal Medicine are considered separate specialties that require specific training and Board certification requirements.

Secondary level refers to medical services provided by medical specialists who generally are not the first medical contact with patients. Cardiologists, urologists, dermatologists, ears-nose-throat and others are in this category. Even though these specialists can be accessed by anybody who can defray the cost of their services, some limit their practices to referrals from primary care physicians.

That is usually how managed care works. (see Glossarium: GP vs PCP - page 8).

Tertiary care refers to specialized consultative care by specialists working in large medical centers, usually with teaching responsibilities, where state of the art medical care and some form of research is



by José R. Martí, M.D.

Current Status in the US

Breast Cancer continues to affect 1 out of 9 women across the USA. The pattern of this disease has changed with time. It is different now than what it was even less than 25 years ago. It used to affect mainly women over the age of 60, now it appears with increasing frequency among younger women. It is not uncommon among women in their early 40's or even in their late 30's. It was also considered more prevalent among Caucasian women, but now it affects Black women as well.

The portrait of breast cancer is changing, yet one factor remains elusive: **It is still not a preventable disease.** The truth is: we really do not know what causes breast cancer. There is a small subpopulation of women with breast cancer linked to a specific genetic factor; this segment represents less than 25 % of the population of all women with breast cancer. This is why early detection is so important! It has improved prognosis significantly. The main model of detection, up to the late 70's to early 80's, was breast self-examination. A woman would find a lump in her breast first, before seeking medical advice. Imaging studies have changed all that and **most breast cancers are now found through screening mammograms.** The guidelines regarding screening mammograms are still not fixed in stone, but they are crucial for an early diagnosis. Imaging studies are progressing at a rapid pace; there are other studies, besides mammograms, under investigation, such as high definition ultrasound, MRI and even

PET scans; but it is somewhat premature to talk about them here and now.

Treatment modalities have also changed and continue to change rapidly. A **radical** mastectomy was the gold standard in the 60's and 70's. This procedure involved removing the entire breast, along with the underlying chest wall muscles and the axillary lymph nodes. Then, the **modified** radical mastectomy became the gold standard in the late 70's. This procedure still implied removing the breast and the axillary lymph nodes, while sparing the chest wall muscles - while not ideal, either cosmetically or functionally, it opened the way for even more conservative approaches without compromising the prognosis. Now, when this disease is diagnosed in the early stages, terms like **lumpectomy** or **breast-sparing surgery** are replacing those other gold standards.

We also realized that breast cancer is a systemic disease amenable to systemic treatments, like chemotherapy or hormonal manipulation therapy. We also learned that radiation treatment often offers similar benefits as surgery, reducing the need for extensive surgical procedures. However, breast cancer continues to be an elusive disease with individual characteristics; not all of these options are available to every woman. We are also starting to understand more about environmental and dietary factors which may contribute to the development of breast cancer. There is a lot of information about this out there, but not all of it is scientific or sound and the scope of that research goes beyond this article.



BREAST CANCER GLOSSARY



Breast Cancer	Cáncer del seno o de mama
Early detection	Detección temprana
Self breast examination	Auto exámen
Breast lump	Tumor (bolita) en el seno
Imaging studies	Estudios nucleares (<i>see Glossarium p. 9</i>)
Mammography	Mamografía
Screening Mammogram	Mamograma para la detección temprana
Ultrasound	Ultrasonido
Cancer Stage	Estadío del cáncer
Prognosis	Pronóstico
Prognostic factors	Factores (elementos) pronosticadores
Hormone receptors	Receptores hormonales
Estrogen receptors	Receptores del estrógeno
Genetic factors	Factores genéticos
Progesterone receptors	Receptores de la progesterona
Radical Mastectomy	Mastectomía radical
Modified radical mastectomy	Mastectomía radical modificada
Lumpectomy	Tumorectomía
Axillary dissection	Disección de los ganglios linfáticos de la axila
Breast reconstruction	Reconstrucción del seno
Breast implant/s	Implante/s mamarios
Chemotherapy	Quimioterapia
Hormonal replacement therapy	Terapia con agentes hormonales substitutos
Intravenous medication	Medicinas administradas por vía intravenosa
Oral medication	Medicamentos administrados por vía oral
White blood cell count	Recuento de glóbulos blancos
Radiotherapy	Radioterapia
External beam radiotherapy	Radioterapia con rayos al pecho
Recovery	Recuperación
Recurrence	Recurrencia (reaparición)

Words about words and related words

GP vs PCP - the designations general practitioner, GP and primary care physician, PCP are often confused. Traditionally, a GP is the name given to a physician who chose not to train in a medical specialty, but simply have a 'general practice' meaning a practice opened to all types of patients. There is no specialty of General Medicine or General Practice as such listed in the American Boards of Medical Specialties (<http://www.abms.org>). On the other hand, there are physicians with specialty and even subspecialty training who choose, at some point, not to limit their practices but engage in a general kind of medical practice. A primary care physician is a designation developed by managed care companies to identify physicians who contract with them (HMO, others) to serve as the physician in charge of members of said HMO. Members who live in a particular geographic location are assigned to this physician who will be their PCP. PCPs are the initial contact of the member whenever he/she needs medical care. If there is a need for a specialist the PCP will arrange for that referral to other specialty physicians who are also members of the particular network of physicians in all specialties who also contract with the managed care company. In that way continuity of care and a central medical record is insured. A PCP is often referred to as a gatekeeper in the managed care terminology.

Potter's field - also known as the city cemetery, is the burial place for unknown or indigent people. Its origin



has been linked to the biblical gospel of St. Mathew 27:7, as follows: "*Then Judas, which had betrayed Him, saw that he was*


condemned, repented and brought again the thirty pieces of silver to the chief priests ... and they took counsel, and bought with them the potter's field to bury strangers in". It was originally a source of potter's clay. (<http://www.correctionhistory.org/html/chronicl/hart/html/hartbook2.html>)

See also: *From Potter's Field*, a novel by author Patricia Cornwell and the Book Review section of the Summer 2004 issue of *Caduceus* - *Death's Acre: Inside the Legendary Forensics Lab - The Body Farm*, another book authored by Patricia Cornwell.

"wear-and-tear" arthritis - a colloquial way of referring to osteoarthritis, also known as degenerative joint disease arthritis. It is the most common form of arthritis affecting to some degree up to 80% of individuals above the age of 60 who manifest aging changes in their cartilage and bony tissues.

santería - this topic is a matter of interest to those involved in medical interpretation as it often arises in the traditional medicine lore of Spanish speaking patients who may also secure medical advice from *santeros*, or believe that a hex or bewitchment may be the cause of their complaints. *Santería* is form of syncretism, the blending of two religious belief systems, found today in the Caribbean islands. African slaves brought to America blended their West African, primarily Nigerian, Lukumi beliefs into the existing Catholic tradition. A prime example is the Cuban Lukumi Babalu Aye, of which there is a 'church' in the Hialeah section of Miami. There are ceremonies, music and dance offerings to deities known as *orishas* and, on a closer look, there are similarities between the Catholic and *santería* ministerial structure. Animal sacrifices (goats and chickens) is the area that attracts criticism and action by local authorities. The term *santería*, also known as "the Way of the Saints", was originally a derisive term applied by the Spaniards to followers of the African traditions and their perceived excessive devotion to their Lukumi saints and neglect of the Catholic God and saints. Haitian voodoo is another example of syncretism.

 (<http://en.wikipedia.org/wiki/Santer%C3%ADa#History>)

 Sun Sentinel Sept 15, 2007

 *Santería - The Beliefs and Rituals of a Growing Religion in America* by Miguel A. DeLaTorre

color blindness - also known as acromatopsia or Daltonism, refers to a person's inability to perceive color differences that most people are able to distinguish. It is most often of a genetic nature, though specific damage throughout the visual pathway i.e., the eye, the optic nerve or the brain, or exposure to certain chemicals may be the cause. Sir Isaac Newton was the first to observe that light passing through a glass prism is reflected into seven named colors: red, orange, yellow, green, blue, indigo and violet (often memorized by children and medical students with the initials ROY G. BIV. He chose seven colors under the belief promulgated first by ancient Greeks that the objects in the solar system, days of the week and the musical notes (remember also the deadly sins) were interconnected by the number seven. From the clinical



perspective partial color blindness is much more common than total and the two major categories are red-green (protanopia) or blue-yellow (tritanopia). The Greek suffix *..opia* means visual defect. For more information visit wikipedia and <http://www.wrongdiagnosis.com/p/protanopia/intro.htm>

x-rays or images - if you walk about a hospital these days you may not only find a radiology department but also an even larger imaging department or section. X-rays are still the diagnostic means of choice for solid structures, namely the skeleton, also the lungs and an overall look at the abdomen. As well, the gastrointestinal tract after a contrast material, usually barium, is given by mouth for an exam of the upper GI tract or by enema to examine the lower GI or colon. Imaginology (*imagenología*), is not only the world of imagination, but the world of diagnostic nuclear medicine. There are no x-rays but scans. A radioactive substance injected into the patient travels through the body and accumulates in the organ to be studied - brain, breast, liver, heart. The scanner then picks up the radiation emissions outlining the soft tissue details of the organ under study. The most common form of imaging is the PET scan or positron emission tomography (*see below*).



Don't worry Sir, being colour-blind is not much of a problem around here...



A little bit of everything

Cholera - the recent film *Love in the Time of Cholera*, based on the book by Colombian author and literature Nobel laureate Gabriel Garcia Márquez reminds us of the dreaded disease. Whatever happened to cholera? It is alive and well in areas where contaminated water and food reaches human consumption. As late as January 1991,

epidemic appeared in South America and quickly spread to various countries. A few cases have occurred in the US among



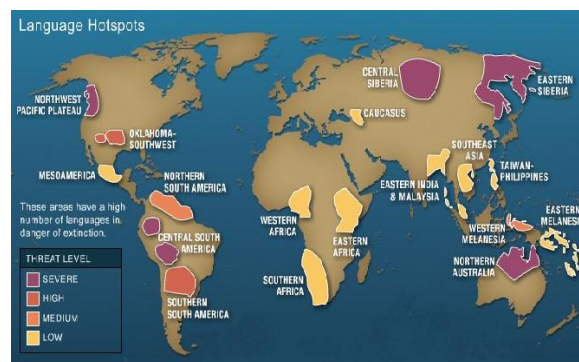
Quarantine Flag

persons who traveled to South America or ate contaminated food brought back by travelers. Otherwise cholera has been very rare in industrialized nations for the last 100 years. The disease is common today in the Indian subcontinent and Sub-Saharan Africa. Cholera is produced by the water-borne bacterium *Vibrio cholerae* which produces an enterotoxin whose action on human intestinal mucosal surfaces is responsible for the massive, lethal diarrhea that follows. Typically the disease progresses from the first liquid stool to hypovolemic shock in 4-12 hours with death following in 18 hours if rehydration is not carried out. If prompt hydration is possible less than 1% of patients die. With such a fulminant course antibiotics are not as important as rapid hydration. A recently developed oral vaccine for cholera is licensed and available in other countries. However, our CDC, Center for Disease Control, does not recommend cholera vaccine for most travelers, nor is the vaccine available in the US.

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/cholera_g.htm

Languages disappearing - of the estimated 7,000 languages spoken in the world today, linguists say, nearly half are in danger of extinction and are likely to disappear in this century. They seem to be falling out of use at the rate of about one every two weeks. In some cases a language will instantly

disappear upon the death of the sole surviving speaker, others are lost gradually in bilingual cultures, as indigenous tongues are overwhelmed by the dominant language at school, the marketplace or television. The “hot spots” of immediate language extinctions are northern Australia, North America’s upper Pacific coast, eastern Siberia and an area that includes Oklahoma and the southwestern United States. Forty American Indian languages are still spoken in Oklahoma, Texas and New Mexico. (www.languagehotspots.org). The languages at risk have no written form. When they disappear they leave behind no dictionary or text, thus no history of a vanished culture. In Australia, the languages



spoken by nearly 231 aboriginal cultures are endangered. Many of the 113 languages spoken in the Andes mountains and the Amazon basin are poorly known and giving away to Spanish or Portuguese. The dominance of English threatens the survival of 54 indigenous languages of the Pacific Northwest.

References:

- National Geographic magazine Oct 2007 issue
- <http://www.mw.com/table/dict/language.htm>
- For a list of current languages by number of native speakers visit:
- http://en.wikipedia.org/wiki/List_of_languages_by_number_of_native_speakers
- For a glossary of terms related to Languages and Language endangerment visit: <http://www.nationalgeographic.com/mission/enduringvoices/glossary.html>

Where should your belly button be? - It is a fact that abdominal circumference (waist girth) is usually measured, by the tailor or the nurse, or the investigator at the level of the umbilicus or at a mid

point between the lowest rib on either side of the body and the iliac crest, which is the top of the pelvic bone on either side. The most common reason



for increasing waist girth is an increase in abdominal fat (visceral fat), which we now know is linked to an increased risk for coronary heart disease

ADAM.

and diabetes. The navel / belly button / umbilicus may be displaced downward (umbilical ptosis / drop) in patients with advanced cirrhosis of the liver and fluid accumulation in the peritoneal cavity called ascites. In pregnancy the navel usually stays in its usual position or moves upwards a bit as the abdomen enlarges. Medically speaking, the abdomen is divided into four quadrants by means of two lines. The horizontal moves from side to side over the umbilicus. The vertical goes from the xyphoid bone (lower tip of the sternum) to the pubic bone where the inguinal areas meet. The lines intersect at the belly button.

📖 Merck Source: www.mercksource.com

📖 www.babylon.com/definition/Abdominal_Girth

Anatomical directions - are specific directional terms used to describe or locate structures in the human body. **Anterior** and **ventral** mean toward the front of the body, while **posterior** and **dorsal** mean to the back of the body. **Superior**, **cranial** and **cephalic** all mean toward the head or the upper structures, while **caudal** refers to the lower part of a structure. **Proximal** means closer to the trunk (torso) while **distal** means away from the trunk. **Medial** describes a structure towards the midline of the body whereas **lateral** means away from the midline. **Superficial** means close to the surface of the body while **deep** means away from the surface.

Why bank cord blood? Cord blood (sangre umbilical) is the blood that remains in the baby's umbilical cord after it has been cut. It is rich in stem cells which are genetically unique to the baby and can only be collected a few minutes after birth. Preserving a newborn's cord blood could potentially be life saving should the child, in later years, develop a life threatening disease. The cord blood will be stored in a storage bank until the need arises, if ever. Remarkable results have been obtained in animals with experimental brain injuries as well as isolated human cases with cerebral palsy. <http://www.stemcellresearchnews.com/>

Certain cord blood banks collect and store donated cord blood which is later made available through the National Marrow Donor Program Registry for patients in need of a lifesaving blood or marrow transplant.

📖 <http://www.cancer.duke.edu/ccbb/>

📖 <http://parentsguidecordblood.org/content/usa/start/index.shtml>

What is a “doula”? The word comes from the Greek for the most important female slave or servant in an ancient Greek household, who probably helped the lady of the house through her childbearing experience. A present day doula is an experienced, non-medical assistant who provides the expectant mother with information emotional support, and help, a person who ‘mothers the mother’, a person trained to help during labor, delivery and beyond. She is also called a birth assistant, birth companion, childbirth assistant. DONA (Doulas of North America) the largest doula association in the world provides information as to how to become a certified birth doula and a postpartum doula. Doulas assist in hospitals, in birthing centers and deliveries at home. The word *doula* seems to be the most common in Spanish usage according to a large internet search.

📖 www.dona.org / www.doulas.es

