Caduceus

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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.

Editor
Rafael A. Rivera, M.D., FACP
bukrak@bellsouth.net

Assistant Editor
Elena Sgarbossa, M.D.

Editorial Staff
José R. Marti, M.D.

Proofreaders
Suzanne Couture
Esther Diaz
Maria Rosdolsky

Graphic Design
Deborah Sales

Please mail all correspondence and contributions to:
bukrak@bellsouth.net

This issue should arrive early enough for you to be informed about what the Medical Division has planned for this year's annual conference. Our participation in the overall Conference Program is noteworthy. Please refer to the Administrator's Note for this year's lineup and don't miss the Medical Division Networking Breakfast Session at no extra cost.

In this issue I examine the growing varieties of healing practices - an expanding spectrum of unconventional ministrations and contributions from other healing methods and medical philosophies - in addition to the recognized conventional medical practices and some very recent developments.

Dr. José Martí completes his breast cancer overview addressing: a) Staging system, b) Use of chemotherapy and hormones, and c) Early detection and screening.

The Glossarium and Bits and Pieces are, as usual, full of interesting news, look-alike words, and confusing words or phrases. Zarita Araujo and Vonessa Williams delve into an interesting situation in the field of Medical Interpretation and Maria Rosdolsky, *et al*. bring us a Spanish - English - German mental status glossary which is part of their pre-conference presentation at this year's Annual Conference. Elena Sgarbossa deals with three recently developed emerging terms.

As you attend Annual Conference sessions, consider writing a short note or a longer article to share with your colleagues in the Spring 09 issue of Caduceus.

Enjoy the issue, the Annual Conference and remember, you will be part of the Magic Kingdom.

Rafael

Instructions to Authors

Submissions for publications must be sent electronically in Word format. The deadline for submissions for the Spring issue of ***Caduceus*** is 1 February, 2009.

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

Fall is here and it's time to register for the ATA Conference in Orlando. We have many interesting medical sessions planned for you, including a pre-session workshop you won't want to miss. While you're thumbing through the preliminary program, check out these sessions:

Mental Health Terminology A pre-conference seminar presented by Maria Rosdolsky - who worked as a physician in Europe and specialized in neurology and psychiatry - with language-specific breakout sessions in German (Maria Rosdolsky and Eve Hecht), French (Anne Chemali), Portuguese (Zarita Araujo-Lane), and Spanish (Linda Joyce). As a preview, a mental health glossary from this presentation appears in this issue.

Battered and Abused Children: A Pediatrician's Perspective by Matthew Cox, M.D., a child abuse pediatrician from the University of Texas Southwestern Medical School and our distinguished speaker for this year.

Speaking Together: Findings from a Hospital Disparities Collaborative by Melissa Stegun and Catherine West describing quality improvement techniques and performance measures to improve the quality and efficiency of language services.

The Effects of Translating and Interpreting Trauma by Kathi Fanning, LPC, Kathy Phelps and Janice E. Rhyne from the Denver Center for Crime Victims.

The Challenge of Interpreting in a Pediatric Facility by Liliana Ballesteros and Ingrid Y. Wood from Cincinnati Children's Hospital Medical Center.

Anatomy of a Pediatric Heart Surgery: What's So Special About the Heart of a Child? by Graciela Zozaya from the Texas Children's Hospital Heart Center.

National Coalition on Health Care Interpreter Certification: A Progress Report by Izabel Arocha (IMIA), Shiva Bidar-Sielaff (NCIHC), Elizabeth A. Nguyen (CHIA), and Virginia Perez-Santalla (ATA)

A Collaborative Approach to Interpreting the Mental Status Exam by Zarita Araujo-Lane and Aida Cases. Cross Cultural Communication Systems.

Translating Japanese and Chinese Medical Receipts by Robert C. Albon former chief of the U.S. Patent and Trademark Office Translation Department and freelance translator of Chinese, Japanese, and French into English.

For great networking, plan to attend the Medical Division Networking Breakfast on Friday morning, at no additional cost. Later in the day, join us at the Annual Division Meeting where we will discuss next year's Medical Division Mid-Year Conference.

In the meantime, stay tuned to the MD Listserv for the results of the Medical Division survey.

See you in Orlando!

Esther Diaz

Caduceus
A PUBLICATION OF THE MEDICAL DIVISION OF ATA

by Rafael A. Rivera, MD, FACP

How many varieties of medical practices are there?

This question deserves revisiting and updating from time to time, particularly for those who are not familiar with the fundamental differences or the confusing terminology that seems to expand continuously.

Allopathic Medicine, also referred to as scientific medicine, is the type of medicine practiced in the US by physicians who have the initials **MD** after their name. The majority of medical schools in the US and Canada are allopathic medical schools, though the term allopathy (Gr *allos* ~ against, and *pathy* ~ disease) is rarely used, only appearing in medical documents. The initials MD stand for the Latin *Medicinae Doctoris*, which appears on the diplomas of US medical (allopathic) schools. There are 129 accredited MD degree-granting medical schools in the US and 17 in Canada - all represented by the Association of American Medical Colleges (1).

Osteopathic Medicine is the closest to allopathic medicine, though osteopathy is based on the belief of its founder, Andrew Taylor Still, that most diseases are related to problems in the musculoskeletal system (bones, muscles, and nerves). The founder of osteopathy devised and taught manual manipulations to restore proper musculoskeletal function that are still taught and used. Otherwise, MDs and DOs in the US practice medicine the same way. There are 24 osteopathic medical schools in the US (2) that grant a **DO** (Doctor of Osteopathy) degree. MDs and DOs are equally recognized by the various US certifying Boards of medical specialties and subspecialties upon successful completion of the appropriate examinations.

Conventional medicine is the overall title given in the US to the type of medicine practiced by MDs and DOs and their allied health professionals, such as nurse practitioners, physician assistants, registered nurses, physical therapists, psychologists, dietitians and other certified therapists.

Homeopathic Medicine is the product of the observations and theories of German physician Samuel Hahnemann (1755-1843), founder of homeopathy. Homeopathy is a method of treating diseases or symptoms by administering infinitely diluted natural compounds in the smallest amounts that would bring about or mimic the patient's symptoms. This is referred to as the Law of Similars ("like cures like"). Critical examination of homeopathic products finds that these infinite dilutions of the purported substances have no detectable active products. Advocates have proposed the "memory of water" theory, whereby, for example, the structure of a water-alcohol solution altered in the process of dilution still retains curative properties, even after none of the actual substance remain. All homeopathic remedies are made of naturally occurring plant, animal, or mineral substances. Homeopathy is practiced worldwide, including the US. (3), (4).

Naturopathic Medicine, also called naturopathy, deals with nutrition, botanical medicine, hydrotherapy, psychology, and counseling (5).

Traditional Chinese Medicine (TCM) relies primarily on the use of herbs and acupuncture. Acupuncture has gained full acceptance by the Western medical community, particularly the specialty of anesthesiology (6). In addition, trigger point therapy for relief of pain arising from specific definable musculo-skeletal areas has a correspondence of approximately 90% with classic acupuncture sites (J. of Alternative and Complementary Therapy, May 10, 2008, Mayo Clinic).

Traditional Hindu Medicine (THM), also known as Ayurveda, is the ancient Hindu science of health and medicine in which diseases result from disharmony between the person and the environment (7). Beneficial effects of yoga and meditation are regularly reported by those who practice them regularly; both have become integral parts of most comprehensive rehabilitation programs.

Chiropractic practitioners are not medical providers. Under current law, chiropractors are considered "limited providers" (8) (9) (10) who perform spinal "manipulations" and "adjustments" to correct vertebral column misalignments referred to as "subluxations." This is an area of controversy, since conventional medicine defines subluxation as a partial dislocation of a joint structure for which any "adjustment" or "manipulation" would be strictly contraindicated. In addition to spinal manipulations, chiropractors prescribe nutritional products, homeopathic products, and various types of physical therapy. For an in-depth look at this practice, refer to (7) (8) (9).

The National Institutes of Health (NIH) maintains a National Center for Complementary and Alternative Medicine (11) that provides information on this subject.

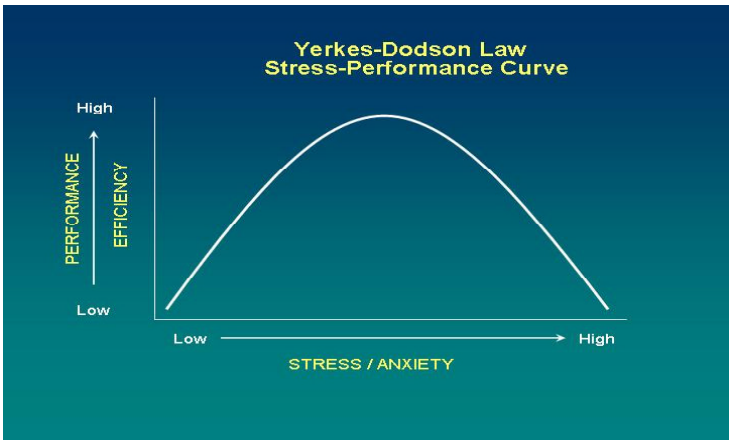
Complementary Medicine and Alternative Medicine (**CAM**) - refers to a group of diverse health related practices and products that are *not*, per se, currently considered to be part of **conventional medicine** (see above)(9). Specifically:

- **complementary practices** are used **together with** conventional medicine. Using aromatherapy to lessen a patient's postoperative discomfort or relaxation techniques during the rehabilitation from a heart attack or stroke are examples of complementary practices.
- **alternative practices** are those used **instead of, or in place of**, conventional medicine, for example a special diet to treat cancer instead of conventional treatments such as surgery, radiation, or chemotherapy.

Integrative or **Integrated Medicine** combines treatment modalities from conventional medicine and CAM for which there is, at least, some evidence of safety and effectiveness.

Mind-Body Medicine is associated with the pioneering work and the writings of Dr. Herbert Benson, a Harvard-trained American cardiologist who is currently the Director Emeritus of the Benson-Henry Institute (BHI), the Mind/Body Medical Institute at the Massachusetts General Hospital, Harvard Medical School. His early work was captured in the 1975 best-selling book, *The Relaxation Response* (15). The body's response to acute stress has been traditionally referred to as a "fight-or-flight response" which results in a cascade of biochemical events led by the release of adrenaline and a predictable cardiovascular response. The perception of chronic stress, however, is difficult to assess until some catastrophic event like a heart attack or cancer occurs. Through the process of rehabilitation one can learn to recognize stress and work through a relaxation response, where all systems reach a steady state that promotes healing and well-being (12). Dr. Benson's clinical research, (www.mbmi.org/benson/bio.asp.) is extensive and crosses over into spirituality and mysticism, as his bibliography shows (13).

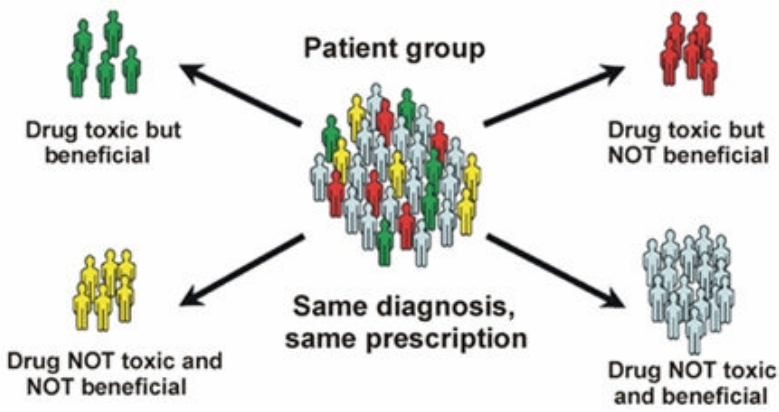
Personalized Medicine - is a recent healthcare concept being talked about in medical circles. The basic premise is that a person's genomic information can be used to determine the kinds of treatments



most beneficial to a particular person – be they preventive measures before a disease presents or actual therapy for an existing condition. **Personalized medicine** is also called **genome-based or genomic medicine** (16) (17). The Food and Drug Administration (FDA) fully supports this new approach (18). Medications have traditionally been prescribed only after clinical trials show benefits. After that, individual physicians, decide on the usefulness, or lack thereof, of the medication for their own patients. If a particular medication doesn't

work, another will be tried. Via the use of genomic information, specific treatment can be "personalized" or specifically selected before treatment is started by identifying the specific genomics involved in the biology of the disease. Another offshoot of genomic medicine is the ability to identify biological markers in order to enroll individuals at high risk for developing a disease in special early detection trials.

Genomic medicine should not be confused with *genetic* medicine. Genetics is the study of heredity. Genetic medicine examines individual genes as they relate to biology and medicine. Genomics identifies



specifics: likelihood of responsiveness and toxicity. (*see illustration above*)

Concierge medicine - also known a boutique medicine, retainer medicine, platinum practice or executive health plans - is an arrangement between physicians and a limited group of patients wherein, for a fixed annual fee, these practices offer special, amenities and services not now provided by most medical practices. These include nicer, less crowded reception areas, priority same day / guaranteed next day / extended / Saturday appointments, home access, cell phone access and a 24-hr pager to the physician, Also, telephone and email consultations, free check ups, preventive care, weight loss, nutrition, wellness advice. It is possible to maintain coverage from Medicare and other third party payors while participating in these arrangements that do not include major surgery or major diagnostic or interventional procedures (19).

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by José R. Martí, MD

BREAST CANCER -- Part II

- Staging System
- Use of chemotherapy, hormones, genetics
- Early detection and screening

The size of a breast tumor and the number of regional lymph nodes affected, among other features, are elements that helped to design a **staging system** that recognizes several prognostic factors, suggesting various forms of breast cancer treatment, besides surgery and /or radiation therapy. To achieve the best chance for survival or cure, this system is divided into four separate stages, with Stage I being the earliest phase and stage IV the latest. Each stage calls for a different treatment plan to provide the best chance for an actual ***cure*** for a particular individual.

Chemotherapy has existed for many years, but recently it had been reserved as palliative treatment for advanced disease only. Now it is being used as an integral part of breast cancer treatment with newly discovered agents, such as 5 fluorouracil (5-FU) and methotrexate, among others. **Adjuvant chemotherapy** emerged and it is now a standard part of treatment.

Researchers discovered that hormonal changes play a key role in the development of breast cancer and that estrogen or progesterone may trigger or promote breast cancer development. That is how hormonal manipulation emerged. Hormone receptors were discovered and are now routinely used to determine the best treatment modalities for breast cancer. The treatment philosophy started to shift from traditional localized procedures on the breast, such as surgery and radiation therapy, to a more contemporary approach that includes chemotherapy and hormones. It became obvious that the earlier a breast cancer was found and treated, the better the chances for a cure.

This opened a new era in breast cancer history focused on breast cancer awareness, early detection, and screening. Terms such as breast self examination and **screening mammography** became very popular and stimulated an entirely new approach. The goal: **discover breast cancer before it becomes a palpable breast tumor**. The guidelines for these practices vary among different cultures and organizations; they also differ from one social or ethnic group to another. This is still a work in progress that is beyond the scope of this article.

Next, a new player came into the field: genetics. A family history of breast cancer became very relevant. Researchers discovered a group of Ashkenazi Jewish women, with ethnic roots in Eastern Europe, who were particularly prone to breast cancer. They recognized that there was a familial predisposition and discovered the genes related to this chain. These genes were called **BRCA I and BRCA II**. This genetic mutation became significant enough that it has been added to the modern staging system and to the prognostic factors, areas that also go beyond the scope of this article.

Finally, I would like to capture the highlights of this historic evolution in breast cancer treatment to help you —fellow interpreters and translators— put certain terms into perspective. It started with radical surgery and now we are contemplating breast conservation therapies, where the affected breast can, in fact, be saved – not always, but most of the time. Due to a better understanding of the various etiologic factors and the treatment rationale, life expectancy has increased exponentially and it is now measured in decades rather than years. The quality of life for breast cancer patients has also improved tremendously. Societal resources have blossomed; there are plenty of support groups and social interaction.

Unfortunately, prevention is not yet a realistic aim. Yet, it's fair to say that we may be closer now than ever before.

Breast cancer terminology English - Spanish

• chemotherapy	quimioterapia
• adjuvant chemotherapy	quimioterapia complementaria
• screening mammography	mamografía para detección temprana
• staging system	sistema de estadificación

by Elena Sgarbossa, M.D.

Emerging terms:

Biosurgery, virtual water, connectome

biosurgery. Translators may encounter the term "biosurgery," which has two very different meanings. One is the topical treatment of wounds with maggots, or *larval therapy* — a very old technique rediscovered in the 1990s. The larvae of certain flies (usually *Lucilia sericata*) are applied directly to wounds or ulcers. Over a few days, the maggots remove necrotic tissue by releasing an enzyme that reacts with necrotic tissue components and transforms them into a liquid, which is subsequently digested by the maggots. The surrounding healthy tissue is not affected.

Biosurgery is an ideal adjunct technique to the treatment of chronic wounds and wounds infected with antibiotic-resistant bacteria. Larval therapy is safe and effective and improves debridement, disinfection, and healing time.

On the other hand, biosurgery can also refer to any surgical technique that relies on biomaterials. Biomaterials are nonviable materials used in a medical device intended to interact with biological systems. Biomaterials can be natural or synthetic, solid or liquid, and are implanted to replace natural body tissues either temporarily or permanently. Examples include prosthetic heart valves, catheters, intraocular and contact lenses, synthetic mesh grafts, cadaveric tissue grafts, autologous tissue grafts, and hydroxyapatite-coated hip implants.

Occasionally the term biosurgery is used to refer to techniques such as gene and cellular therapies.

virtual water. This term has recently begun to appear in scientific documents. "Virtual water" is the water embedded in a product, i.e., the water consumed during the production process. Some products require more water than others. Food needs the most: it takes 2 to 4 liters per day to satisfy the biological needs (drinking water) of a human being and about 1000 times as much to produce the food. When the embedded water is considered at the individual level, it is referred to as the "water footprint." One cup of coffee needs 140 liters of water to grow, produce, package and ship the coffee beans. One liter of milk needs 800 liters of water, and one kilogram of wheat requires 1,100 liters. The per capita consumption of virtual water varies with the type of diet. It is $1m^3$/day for a survival diet, $2.6m^3$/day for a vegetarian diet, and more than $5m^3$ for a diet containing meat. US residents consume around 6,800 liters of virtual water per capita every day—more than triple that of China residents.

The concept of virtual water was introduced by University of London Professor John Anthony Allan, who studied water scarcity in the Middle East. He advanced the notion of measuring all water embedded in the production of food and commodities, since their international trade implies a virtual flow of water between countries. Nations such as the US, Brazil, and Argentina annually "export" billions of liters of water, while others like Egypt and Japan "import" them. Virtual water is thus relevant to agriculture, climate change, economics, and geopolitics.

For example, the virtual water content (in m^3/ton) of potatoes is 160; of milk, 900; of wheat, 1000; and of beef, 16,000. A country that imports 1 million ton of wheat is importing—and therefore enlarging its water resource by—1 billion m^3 of water.

The concept of virtual water increases awareness on a vital but finite resource. It also emphasizes that some of the critical problems of water scarcity can be relieved outside the water sector.

connectome. The human "connectome" is a map or matrix of the cerebral network formed by the millions of anatomical connections among the

cortex's white matter tracts, the axon fibers that relay messages between neurons. Neuroscientists Olaf Sporns and Patric Hagmann[1] proposed the name connectome in semantic analogy to an organism's full complement of genetic information, the genome. The connectome is, however, significantly more complex. The human genome is composed of approximately 3×10^9 base pairs, with 20,000 to 30,000 genes. It is relatively straightforward—or one-dimensional—in its structure of base pairs and genes. The connectome, instead, is four-dimensional. It includes space and time. The information it depicts is highly complex. Our brains contain approximately 10^{11} neurons and 10^{14} possible connections that form an intricate maze of trajectories for neurotransmitters that determine mental activity and actions.

The method used to map the brain cortex was a scanning technique called diffusion spectrum imaging (DSI), a highly sensitive variant of diffusion MRI technology. DSI can detect fiber orientation and generate hierarchical maps at each location. The connectome emerged from the systematic search of brain regions that could play a central role in the connectivity (the physical wiring) of the cortex. Computational analyses were then conducted. (Figure 1). Surprisingly, these analyses revealed a single densely connected structural core or hub in the brain of all study subjects. The core is located in the medial posterior portion of the cortex and it straddles both cerebral hemispheres. (Figure 2). This was not known before.

Sporns and Hagmann consider the connectome a first step towards building large-scale computational models of the human brain that will provide insight into processes that are currently difficult to observe. These include diseases and recovery processes to injuries. It also opens the door for other scientists to continue mapping the trillions of neural connections in the brain at even greater resolution, a new field of science termed "connectomics."

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[1] http://biology.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pbio.0060159

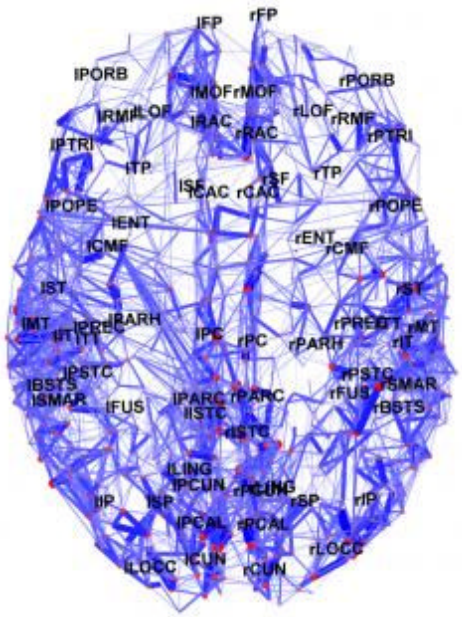


Figure 1 Reconstructed structural brain network

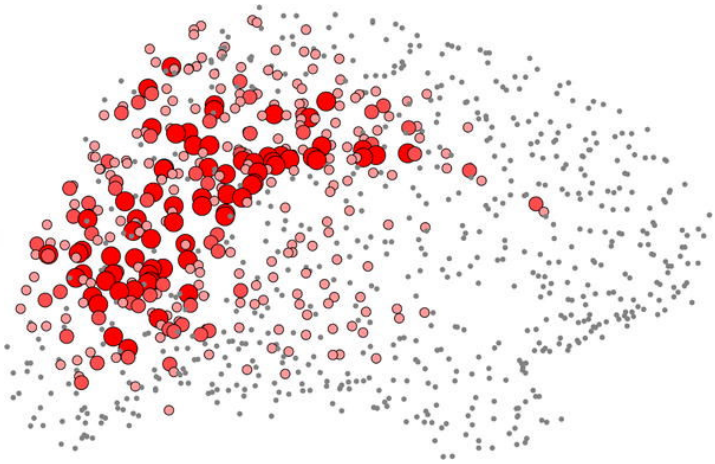
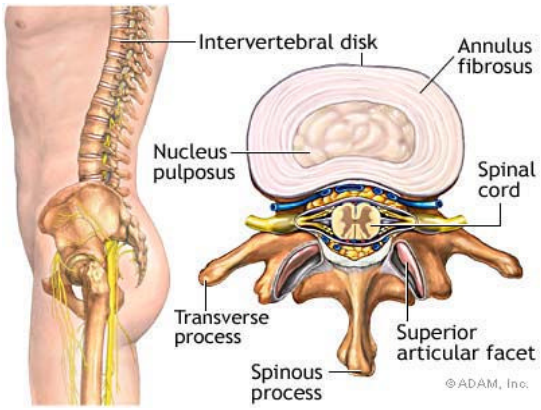


Figure 2 Structural and functional analyses combined with computational analyses. The imaging represent the brain's structural larger dots core

Words about words and related words

"LOOK-ALIKE WORDS":

disc / disk - in medicine there are two different anatomic structures that relate to these two words, though the words are often used interchangeably. The classic **disK** is the intervertebral disk, a cartilaginous cushion between vertebrae of the spinal column that can wear out or slip out creating pressure over the



Optic disc in center

nerves that run nearby on either side of the spinal cord. The classic **disC** is in the back of each eye, which corresponds to the active terminal of the first cranial nerve (C-1) - the optic nerve. The optic nerve carries all visual stimuli to the brain for instantaneous processing of visual images. The American Medical Association Manual of Style advises the use of **disk** only for the intervertebral one and **disc** only for the optic one, as described above. Derivative words, like: a) diskectomy / discectomy (surgical removal of a disk) favor discectomy in usage (see Google), or b) diskography / discography - the instillation of a dye into the intervertebral space to outline the disk and take films of it. On this latter one there is similar usage if we compare explicitly lumbar (lower spine) discography and lumbar diskography. Discography alone brings up the world of CDs, videos and the like. There is no equivalent discography procedure associated with the ocular disc. Ophthalmologists have other ways of imaging the optic disc.

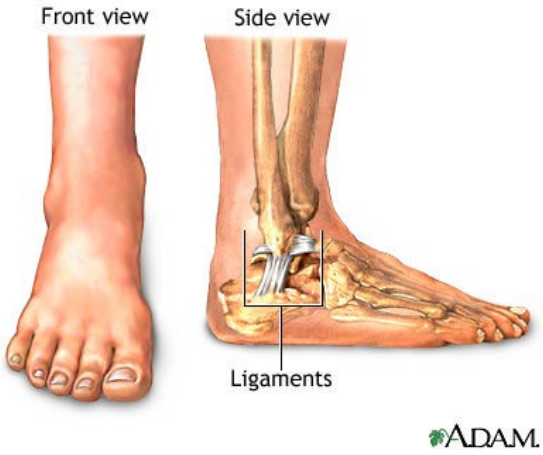
node and nodule - node is most frequently used as a short expression for a lymphatic node, usually preceded by its location e.g., cervical (neck), axillary (underarm) or inguinal (groin) nodes. Node may also refer to a small collection of nervous tissue such as the AV (atrio-ventricular) node located between the atria and ventricles. A **nodule** is a small mass or lump of tissue palpable under the skin. Closely related is the word **ganglion** which refers to a benign cystic tumor that grows on the dorsum of tendon of the wrist or foot. Ganglion is also heard colloquially referring to lymph nodes.

episodic and epizootic - an episode is an occurrence, a happenstance. In medicine it usually refers to a symptom or symptom-complex, usually of limited duration, such as: headache, dizziness, blurred vision, confusion, etc. **Episodic** means having episodes, usually occurring at irregular intervals or associated with specific activity. **Epizootic** is an outbreak of disease affecting many animals, the animal version of an epidemic.

ocular and **occult** - **ocular** refers to the eye proper or to what has been perceived by the eye (ocular testimony). **Occult**, literally means hidden from view, as is the presence of occult blood in stool determined by laboratory methods. It also refers to 'occult' beliefs or practices such as satanism (worship of the devil), necromancy (communication with the dead) or prophetic divination, phrenology (the relation between the shape of the head and mental faculties, character traits and others.

affect - as a noun, means the conscious subjective aspect of an emotion; a set of observable manifestation of a subjectively experienced emotion. Women are said to display affect more that men. Blunting of affect is an observable sign of schizophrenia. As a verb, it refers to involvement of a body part; e.g., chronic cigarette smoking affects pulmonary function.

strain / sprain - both, strains and sprains occur as the result of a forceful overstretch by twisting or pulling of a muscle or joint and the corresponding tendons and ligaments attached thereto. **Sprain**



includes a tear of one or more of the involved ligaments. Sprains are divided in types I,II and III depending on whether the ligaments are torn slightly or completely. (Spa, *esguince*). **Strain** is used when there is an uncomplicated muscle distension with

spasm, swelling and tenderness. (Spa, *estiramiento, distensión muscular*)(See ankle strain and sprain at Medline Plus: www.nlm.nih.gov/medlineplus.

Strain has other uses in medicine. For example: straining (Spa. *pujar*) at defecation or during labor); eye strain (Spa, *fatiga ocular*); viral or bacterial strains (Spa. *cepas*)

From pills to monoclonal antibodies

pill / *píldora*, name used for a usually round mass of medicated material before the advent of tablets and capsules. Though there are differences between them, the word "pill" is often used colloquially in reference to all.

tablet / *tableta* is usually a powered form of medication compressed or compacted along with binders, lubricants and other additives. It can be administered orally, sublingually or rectally. Normally, an inactive ingredient called an excipient or binder (lactose, cellulose, others) holds the tablet together

capsule / *cápsula* is a shell of gelatin containing the pharmaceutical product in the form of powder, granules or pellets.

caplets are tablets in the shape of capsules.

dose / *dosis,* smallest amount of a substance required to produce a measurable effect

dosage / *posología o pauta posológica,* refers to the amount, frequency and number of doses per day / unit of time

Drug delivery systems in development at the present are far reaching, for example:

- **Smart drugs**, also known as **prodrugs** are designed to work only when activated by certain components in the body; for example, the release of an enzyme. So the drug will be activated only in tissues that produce a particular enzyme.

- **Monoclonal antibodies** - these are attached to the drug in order to guide it to a specific cell. For example, cancer drugs can be attached to a monoclonal antibody made against tumor cells only. This would reduce the toxic effects of cancer drugs.

http://biobasics.gc.ca/english/View.asp?x=785

FROM MEDICAL SCHOOL TO PRACTICING SPECIALIST

National Boards - refers to a set of examinations given to medical students in the US as part of their professional education. These exams - known as the **USMLE**, United States Medical Licensing Examination - are intercalated at different points in the medical curriculum, as follows. Part 1 is given at the end of the first two years (Basic Years). Part II is given at the conclusion of the next two years (Clinical Years). Part III is taken at the end of the first postgraduate year of unsupervised medical practice. This used to be called internship, a word no longer in use. Graduates of foreign medical schools must pass a version of the USMLE as a requirement to practice in the US.

State Medical Boards - **the licensing process.** After completion of medical education and the board examinations, the State Medical Board in coordination with the State Board of Licensing and Registration verify the physician's credentials and grant the new physician a license to practice. Every state has its own Board of Licensing and Registration which will review the documentation mentioned and grant their own state license. In other words, being **licensed** in a particular state only grants permission to practice in said state.

Specialty Boards - specialty and subspecialty Board examinations for physicians (MD and DO) in the US are the responsibility of the American Board of Medical Specialties (ABMS) (www.ambs.org) There are certain terms related to specialty board examinations, as follows:

Board certified - applies to physicians (MD or DO) who have successfully passed the examinations given by the applicable American Medical Specialty Board, *e.g.*, Internal Medicine, General Surgery, Pediatrics, others. **Diplomate** - is another way of saying the physician is Board Certified. He/she is a **diplomate** of the Board. Certification by an American Board of a particular specialty is the highest standard attainable by a practicing medical specialist.

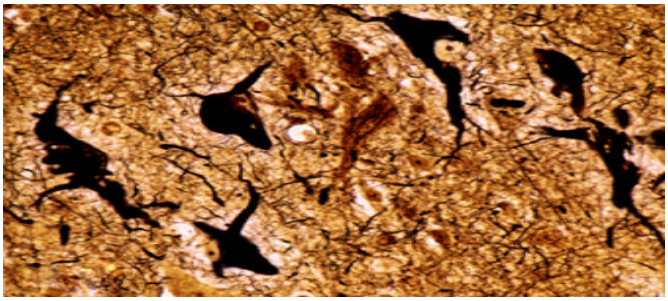
Board eligible means the physician has completed all necessary specialty training to take the Board exams in a particular specialty, if he/she so desires; board certification is voluntary.

Board candidate is a physician who has submitted all the necessary information to the American Board of the specialty or subspecialty in question and can take the examinations at the next convenient available date. In preparation for Board examinations physicians usually participate in preparatory courses and intense review of what has been published in the leading journals of the specialty in recent years.

Registered - is a term that certain professionals carry in their title after successfully complying a similar educational pathway. They all have a) Bachelors degree in their profession and b) have successfully passed a certifying exam administered by a representative national organization at which time they receive a 'registered' diploma. Registered applies to nurses (RN-registered nurse), pharmacists (RPh - registered pharmacists), dietitians (RD- registered dietitians); also, occupational therapists, and other allied health professionals.

A little bit of everything ...

Good news about Alzheimer's Disease - In the Summer 08 issue of Caduceus we mentioned the characteristic microscopic features found in the brains of Alzheimer's disease (AD) patients; namely, amyloid plaques and neurofibrillary tangles (see illustration). Recently, attention has been focused on the tangles that are made up of a protein named Tau. An investigational drug named Rember - a Tau aggregation inhibitor - has shown the most dramatic results yet obtained in a preliminary study of two years duration. The drug in question, developed from a common dye, methylene blue, is an old drug previously used for urinary tract infections (Urolene Blue). The reformulation of methylene blue by the company TauRx Therapeutics as methylthioninum (Rember), proved, in this initial study, to have twice the beneficial effect as presently available drugs for AD, even though the study was aimed primarily at toxicity and dosing. A phase III trial that addresses specifically the issue of efficacy is next.



Dietary fiber, what exactly is it? It's the indigestible, unabsorbed portion of the plant foods we eat. Fiber continues to travel down the GI tract absorbing water and improving transit through the large bowel; thus, alleviating constipation. The term fiber is somewhat of a misnomer inasmuch as the so-called 'dietary fibers' are not really fibers in the strict sense. It seems that the term was incorporated to replace the old colloquial standby: *roughage*. Ref: Wikipedia is an excellent resource for this topic.

controlled data - readers of medical articles will find this phrase quite often. It refers to data derived from scientifically controlled studies. **Controlled studies** are those wherein a comparison is made between patients that receive a certain treatment or medication and another group which receives a perfectly similar but inert pill (a placebo) or a similar manipulation without actual treatment. Otherwise, all participants are followed and subjected to the same routine, visits, questionnaires, testing, etc. Often, neither physicians nor patients know who is taking what, until the study ends and data is collated. This is what is called a 'double blind study'. Needless to say, controlled clinical studies take years to complete before data is collated and presented to the reviewing scientific organizations, such as the Food and Drug Administration who may recommend further testing or release the product for marketing to the public.

evidence-based medicine - another much used phrase, is a short way of referring to medical ways of diagnosing and treating that are based on scientifically controlled studies (see above). Not everything that physicians say, do, or recommend is entirely and solidly backed by controlled data. Personal experience with a particular test or a particular medicine also weighs into physician's recommendations.

anecdotal data - this is the term used for information based on personal experiences of patients usually with supplements, diets, herbal remedies or treatments used by members of the family or offered at off shore clinics.

the "golden standard" - is today a consecrated phrase applied in clinical medicine to the diagnostic test with the greater sensitivity and greater specificity to reveal a particular medical problem. There is some confusion about the origin of the term that seems to be borrowed from economics where it was first used as the "gold standard", a monetary standard under which the basic unit of currency was defined by a stated quantity of gold. The first use in medical writing appeared in the British medical journal The Lancet in 1962, where it appeared as a plea to set a gold standard for the use of gold salts in the treatment of rheumatoid arthritis. This may well have been the original use in a medical sense. Since 1995 the phrase has appeared in over 1000 medical publications in English and in many other languages. However, it seems to have been replaced at some point by "golden standard" as currently used. This appears to be more suitable for a standard that can never be achieved permanently, only temporarily to be superseded by another one as medical knowledge advances and diagnostic techniques improve.

British Medical Journal Vol 330, 14 May 2005
Rudd,P. In search of the golden standard for compliance measurement. Arch Int Med, 1979;139:627-8

The patient speaks better English than the interpreter

by Zarita Araujo-Lane, LICSW
Edited by Vonessa Phillips Costa

Situation: A language company receives a call from a customer with a serious complaint, "The patient speaks better English than your interpreter!" Puzzled, the Quality Assurance Director reviews the freelance interpreter's file. Not only has the interpreter successfully completed a well-known interpreter training program, she has also passed a rigorous screening and testing process with the language company that included written and oral evaluations. The interpreter is called in for a meeting with the Quality Assurance Director and volunteers to undergo a second testing process, in which she receives high scores. The mystery of the customer complaint remains unsolved.

The interpreter is asked to describe, not the content of the interaction, but the general setting and environment of the interpreted session. The interpreter reports that the patient and family members involved spoke broken English, which they used to communicate with the provider. Out of respect, she allowed them to communicate as they so desired, and she would interject with an appropriate interpretation when she felt that the provider or patient was not getting the message. Since most of what the patient and family communicated in English was understandable, the interpreter said very little during the session.

So what we have is a qualified interpreter who struggled with managing the flow of communication as a result of not having established an agreement with all parties on how the interpreting would be performed throughout the session. She assumed that she could figure out on her own what needed to be interpreted, and this resulted in the perception that her English was not fluent.

According to current standards of practice for professional interpreters, it is the interpreter's responsibility to set the stage for a successful triadic encounter. For example, the International Medical Interpreters Association (IMIA) Standards suggest that the interpreter should "establish and assert the interpreter's role from the beginning." This means starting, when possible, with a pre-conference in which the interpreter briefly explains his/her role to the provider and patient and adjusts this introduction to the demands of the session. In the case outlined above, the interpreter did not negotiate a work environment in which there was agreement or understanding regarding her role.

As we dialogue with other health care professionals, situations like these can be used as teaching points and opportunities for collaborative growth. Although our professional standards empower us to create an environment where patients are respected and meaning is accurately conveyed, the reality is that most of the providers with whom we work have not been made aware of the directives that shape our performance. In addition, most interpreter training programs do not teach interpreters skills for managing this type of conflict without becoming the center of attention in the session.

Trainers and supervisors can help interpreters to build conflict resolution skills by involving them in role-play practice in which the mock interpreting environment is challenging and even hostile. Doing so will allow our interpreters to practice in a safe environment in which we can coach them on how to become educators for providers and patients in a timely, professional, and unobtrusive manner. We can also take the lead in initiating additional dialogue across professions. For example, this

experience and similar situations can be developed into case studies for interpreter and provider training, to be presented along with a roadmap of various approaches to resolution.

In situations where patients speak some English and wish to use this skill to communicate directly with providers, the interpreter may wish to tactfully establish agreement with all parties prior to the session. For example, the interpreter might say, "I want you to know that I am here as your interpreter and I am willing to interpret throughout the entire session. However, if you wish to communicate in English with your provider, I will interpret whenever I perceive a miscommunication. You can also ask me for assistance at any time. Is this a good arrangement for you?"

Sometimes, when communicating in English, a patient might use terms that neither the provider nor the interpreter understands. If this happens, the interpreter might politely say something like, "I would like to interpret, but I am not able to understand what is being said. Would you be so kind as to express it in our target language? In that way, I will be able to better interpret and your message will be accurately conveyed to the provider."

If you are a trainer or a supervisor, consider incorporating these situations into your curriculum or staff meetings and discuss with your students or interpreters ways of partnering with providers for a successful outcome. Advocate for the inclusion of interpreting vignettes and case studies in hospital grand rounds, and ask for feedback from the healthcare professionals with whom your interpreter team will work. Bring this feedback to your interpreters, see where it can fit with our professional standards, and consider publishing your experiences to share your knowledge with others.

TOP 10 MEDICATIONS IMPLICATED IN ADVERSE EVENTS REQUIRING VISITS TO EMERGENCY ROOMS

1. Insulin
2. Warfarin (anticoagulant)
3. Amoxicillin (antibiotic)
4. Aspirin
5. Trimethroprim (antibiotic)
6. Tylenol w Codeine
7. Ibuprofen (Motrin)
8. Tylenol
9. Cephalexin (Keflex) antibiotic
10. Penicillin

Source: Am Pharmacists Assn
2007 Annual Meeting

US - TOP 10 CAUSES OF DEATH

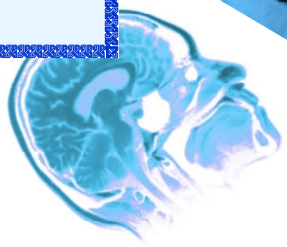
1. Heart disease
2. Cancer
3. Stroke
4. Chronic pulmonary disease
5. Accidents
6. Diabetes
7. Alzheimer's
8. Influenza / Pneumonia
9. Chronic kidney diseases
10. Septicemia

Source: US Census Bureau 2007

COMMON MEDICAL MYTHS

1. Drink 8 glasses of water a day
2. Reading in dim light ruins your eyesight
3. Shaving makes hair grow faster or coarser
4. Eating turkey makes you drowsy
5. We use only 10% of our brains
6. Hair and fingernails continue to grow after death
7. Mobile phones are dangerous in hospitals

REF: Medscape.com/article 567853



PSYCHISCHER BEFUND, PSYCHISCHER STATUS	MENTAL STATUS, PSYCHIATRIC STATUS	ESTADO MENTAL ESTADO PSIQUIÁTRICO
Äußeres Erscheinungsbild Gepflegtes/ungepflegtes Aussehen Ernährungszustand Körperhaltung Bewegungen	**Appearance** Well/ poorly groomed appearance Nutritional state Posture Movements	**Aspecto físico** Buena/mala presencia Estado nutritivo Postura Movimientos
Orientierung Zeitlich, örtlich und persönlich orientiert Situativ orientiert	**Orientation** Oriented to time, place and person (oriented times three) Oriented to situation	**Orientación** Orientación temporal, espacial y personal (orientado en cuanto a las tres dimensiones) Orientación situacional
Bewusstsein Wachheit, Vigilanz Bewusstseinsstörung Getrübtes Bewusstsein	**Consciousness** Alertness, vigilance Impaired consciousness Clouding of consciousness	**Estado de Conciencia** Alerta, vigilante Estado de conciencia alterado Estado de confusión
Stimmung Ausgeglichene Stimmung Depressive Stimmung Gehobene Stimmung Stimmungsschwankungen	**Mood** Orthothymia Depressive mood Elated mood Mood swings	**Humor/Estado de ánimo** Equilibrado Depresivo Eufórico Oscilante
Affekt Im Deutschen für plötzlich auftretende, intensive Emotionen oder Ausdruck jeder Art von Emotionen gebraucht. Normaler Affekt Abgestumpfter Affekt Abgeflachter Affekt Inadäquater Affekt Affektinkontinenz Affektlabilität	**Affect** In English defined as: The feeling-tone accompaniment of an idea or mental representation (Robert Campbell, Psychiatric Dictionary) Euthymic (normal) affect Blunted (restricted) affect Flat affect Dissociated affect Affective incontinence Affective instability	**Emociones/Afectividad** En inglés definido como: el tono afectivo o emocional que acompaña a una idea o representación mental Afectividad normal Expresividad afectiva restringida Apatía emocional Disociación afectiva Incontinencia afectiva Inestabilidad afectiva
Konzentration und Aufmerksamkeit	**Concentration and Attention**	**Concentración y Atención**
Gedächtnis Kurzzeitgedächtnis (Merkfähigkeit) Langzeitgedächtsnis	**Memory** Short-term memory Long-term memory	**Memoria** Memoria a corto plazo Memoria a largo plazo
Aggressivität	**Aggressivity**	**Agresividad**
Suizidalität	**Suicidal tendencies**	**Tendencias suicidas**
Krankheitseinsicht	**Insight into disease**	**Comprensión de la propia enfermedad (el "darse cuenta")**

PSYCHISCHER BEFUND, PSYCHISCHER STATUS	MENTAL STATUS, PSYCHIATRIC STATUS	ESTADO MENTAL ESTADO PSIQUIÁTRICO
Denkablauf (Gedankenablauf, Denkakt) 1. Formaler Denkablauf Formale Denkstörung Denkhemmung Gedankenabreißen Gedankenhören (Gedankenlautwerden) Gedankenübertragung Gemachte Gedanken Gedankenarmut Gedankenentzug Ideenflucht Inkohärenz der Gedanken, (Zerfahrenheit) Paragammatismus Wortsalat, Schizophasie 2. Gedankeninhalt (Denkinhalte) Inhaltliche Denkstörungen Zwangsgedanken Wahnideen Überwertige Ideen	**Thought process** 1. Formal thought process Formal thought disorder Thought inhibition Thought-blocking Thought-echoing (thought hearing, audible thought) Thought transference Thought pressure Thought poverty Thought withdrawal Flight of ideas Incoherent thoughts Paraphasia Word salad, schizophasia 2. Thought content Thought content disorder Obsessive thoughts Delusions Overvalued ideas	**Proceso de pensamiento** 1. Proceso de pensamiento formal Trastorno de pensamiento formal Inhibición del pensamiento Bloqueo del pensamiento Pensamiento en eco (pensamientos escuchados, pensamientos audibles) Trasferencia de pensamientos Presión de pensamientos Pobreza de pensamiento Retirada de pensamiento Fuga de ideas Pensamiento incoherente Parafasia Ensalada de palabras, esquizofasia 2. Contenido del pensamiento Trastorno de contenido del pensamiento Pensamientos obsesivos Delirios Idea sobrevalorada
Wahn (eine inhaltliche Denkstörung) Wahnstimmung Wahninhalt Wahnidee Beziehungswahn Systematisierter Wahn Verfolgungswahn Eifersuchtswahn Größenwahn	**Delusion** (thought content disorder) Delusional mood Delusional content Delusional idea Delusion of reference Systematized delusion Persecutory delusion Delusional jealousy Megalomania, delusion of grandeur	**Delirio** (Trastorno de contenido del pensamiento) Humor delirante Contenido del delirio Idea delirante Delirio de referencia Delirio sistematizado Delirio de persecución Delirio de celos Megalomanía, delirio de grandeza
Halluzinationen (Sinnestäuschungen) Akustische Halluzination Stimmenhören Optische (visuelle) Halluzination Olfaktorische (olfactive) Halluzination (Geruchshalluzination) Gustatorische Halluzination (Geschmackshalluzination)	**Hallucinations** Auditory hallucination Hearing voices Visual hallucination Olfactory hallucination Gustatory hallucination	**Alucinaciones** Alucinaciones auditivas Escuchar voces Alucinaciones visuales Alucinaciones olfativas Alucinaciones gustativas
Antrieb Antriebsarmut, Antriebsmangel Antriebssteigerung Mutismus (beharrliches Schweigen) Logorrhoe (Redeschwall)	**Drive, impulse** Lack of drive (motivation) Impulsivity Mutism Logorrhea (tachylogia)	**Pulsión, impulso básico** Falta de pulsión (motivación) Aumento del impulso Mutismo Logorrea, taquilogia


Have A
Happy
Holiday!