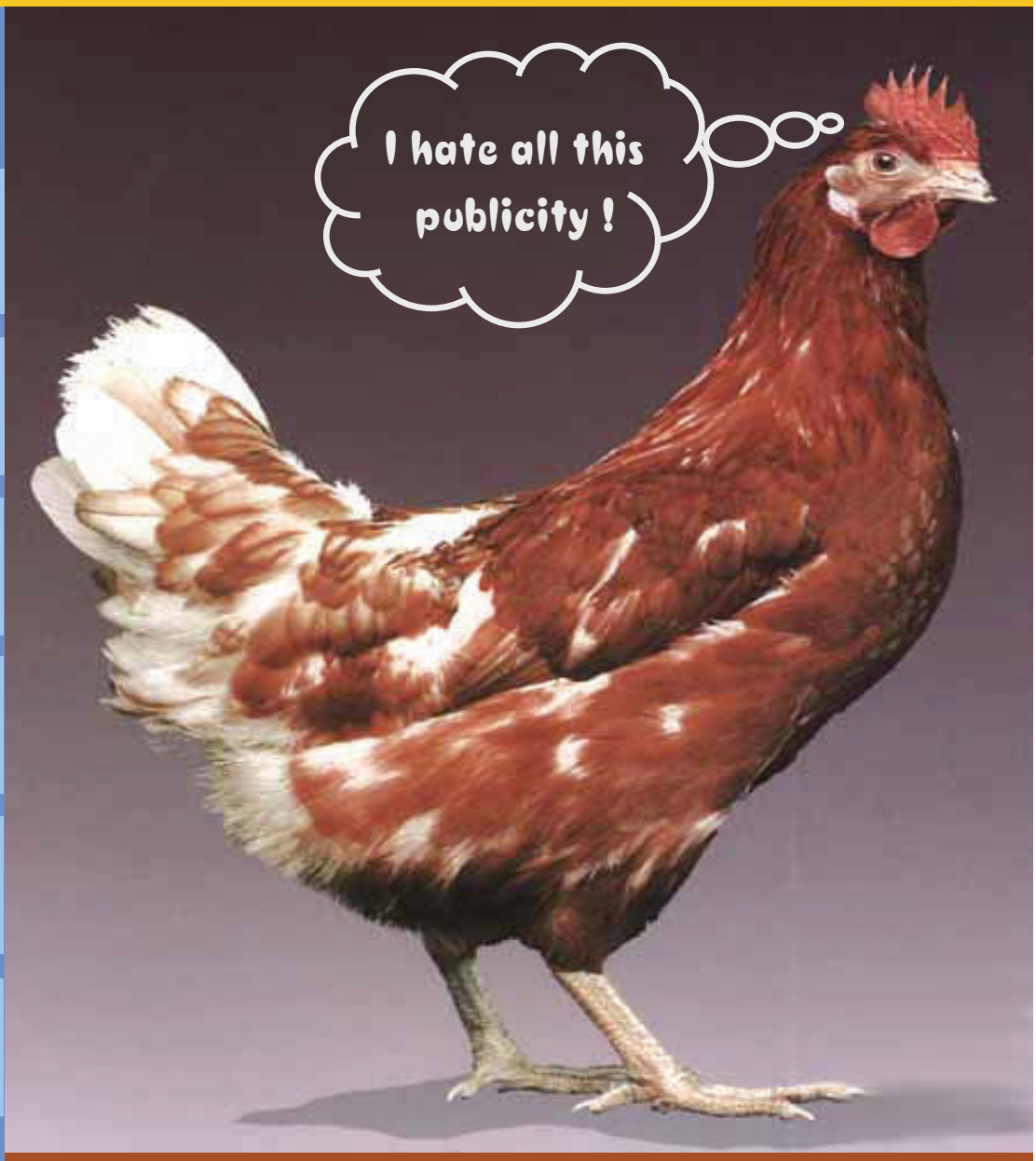
Caduceus

A Publication of the Medical Divison of the American Translators Association

Summer 2006

CONTENT: Part Two



FLU

What's in a name?

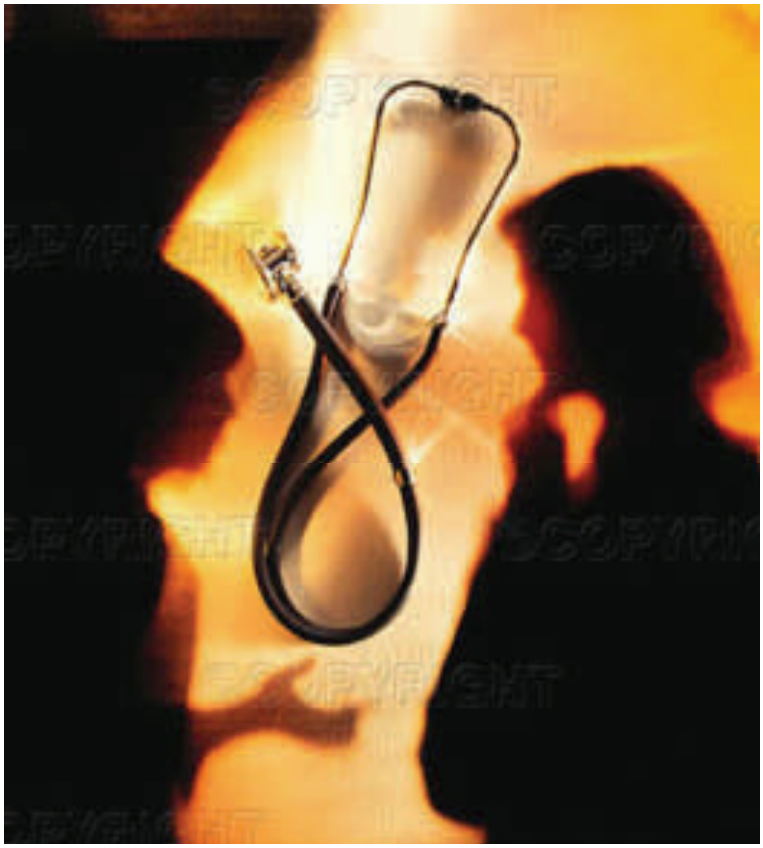
by Zarita Araujo-Lane
Edited by Vonessa Williams

United States Spoken-language Healthcare Interpreters Need State Regulation

As an owner of an interpreting company and a nationwide trainer of medical interpreters, I have been faced with ethical issues regarding the supervision of interpreter services. At our company, we have a team of staff members that oversees any critical incidents reported by interpreters, customers or office staff. "Critical incidents" are defined as out-of-the-ordinary situations, events or behaviors. A sampling of recent critical incidents includes an interpreter who was late, a provider who was rude, an interpreter who walked out of an appointment and left the patient without language services, and an interpreter who sent a relative to cover an assignment without permission from our company.

Although critical incidents constitute less than 1% of our caseload, we take each and every incident quite seriously. We interview to uncover both sides of the story and within one business day, we issue a recommendation. Recommendations vary. They can be as simple as assisting an interpreter to manage his or her schedule, or as complex as addressing an irate provider who clearly carries anti-immigrant sentiment.

None of these critical incidents are taken lightly and some of them require an immediate termination of services with a freelancer or with a provider who refuses to follow professional protocol. The issue is that even if we take a drastic measure, the interpreter (or the provider) will most likely continue with their behavior because in this country there is no board that oversees disciplinary matters related to interpreter services.



As a licensed social worker, I always knew that my colleagues in mental health could contact the state that licensed me, or even the National Association of Social Workers (NASW), and report any concerns regarding my professional actions, behaviors, or clinical thinking. Although several of our great interpreter associations have done an excellent job developing standards and opening a professional path for all healthcare interpreters, I believe that we now need to take a step forward and ask that each state develop its own interpreter review board and invite to the table representatives of professional interpreter associations as well as of organizations that hire interpreters.

A first step for an interpreter review board would be to set the standards that will serve as a backbone for recommendations of disciplinary actions for providers of interpreter services, both companies and

individuals. Right now, any information on companies and interpreters is based on "rumors", and is often poorly represented. Often, directors of interpreter programs informally counsel others to refrain from hiring a certain interpreter, for whatever reason. For example, one director of interpreter services was told by another, director to watch out for a certain interpreter's "lack of boundaries". It happened that this interpreter was engaged to a provider, and her supervisor had perceived this as a "lack of boundaries". In truth, this interpreter had not carried on any inappropriate behavior, but she was thus "blacklisted" and never got the chance to present her side of the story.

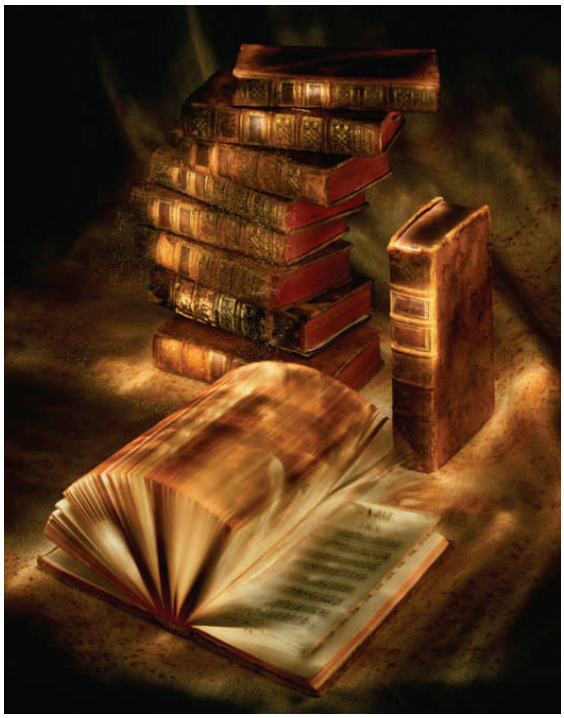
On another occasion, a company found out that a freelance interpreter was conducting a side business by sending her friends on assignments she had personally accepted from the company. Although her services were terminated with this company, she is still active as an interpreter with another agency. Whether she continues to engage in this illegal practice is unknown and legally the company that terminated her services cannot warn the second agency about her behavior.

At a training session a few years ago, I heard of an interpreter who had impregnated two of his female patients. Apparently, he continued to serve as interpreter to both women during their pregnancies. It appears that this interpreter had first met the patients while interpreting for them and had pursued inappropriate relationships with them. As far as I know, he is still working as an interpreter and has not been disciplined.

At the same organization that hosted this training, I also heard from providers who did not want to be perceived as "politically incorrect", but were concerned with the fact that the interpreters at their organization would freely start the medical interview without waiting for the provider to speak. When the providers confronted the interpreters about this problem, the interpreters accused them of discrimination.

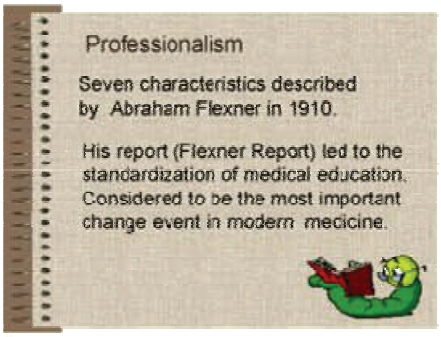
On the flip side, translators and interpreters are now posting complaints on websites geared towards identifying companies and agencies that do not pay their freelancers on time. However, there is no room on these sites for a rebuttal. While abuse of freelancers does occur and should be addressed, there is the possibility that an unjust posting on such a site could forever tarnish the name of a company. Could it be that the company had not paid because the interpreter had not provided the service? We may never know, since all we hear (or read) is one side of the story.

All the cases mentioned above, no matter how horrible they sound, deserve a dual process, a representation of both sides of the story. As professional healthcare interpreters of spoken language, we have two choices: isolate ourselves and pretend there is not an issue; or begin to push for the guidance and supervision of an interpreter review board. While this task may sound daunting, we are not obligated to reinvent the wheel. Why not begin to look at the culture of ASL interpreter regulation and see what we can learn?



safe and effective - these two words define the world of pharmaceutical products. Simply put: every single product that comes into the market for use by the public must be scientifically proven to be both **safe** - without harmful effects, and **effective** - capable of doing what it is intended to do. A contraceptive must prevent pregnancy; a laxative must induce elimination of intestinal contents; an antibiotic must kill infectious organisms; all other "anti"-medications are expected to reduce, eliminate, weaken the enemy - all without harming the host.

to kill, always - medical language is militaristic in nature. It speaks of *killing* bacteria and viruses, *attacking* cancer cells, *fortifying* the immune system. We have a *drug czar* whose job is to eradicate illicit use of street drugs. Anything ***anti*** is expected to eliminate, eradicate. It is not by accident that such is the case. It all goes back to the early years of modern American medicine when the basic tenets were laid down. In 1910 the American Medical Association tasked the Carnegie Foundation to conduct an exhaustive survey of American medicine - this is known as the Flexner Report. Therein, the canons of our medical educational system were laid. Also, a theoretical basis for scientific medicine was generated. The fundamental tenets were that: a) all diseases are of organic origin, whether the etiologic mechanism is know or not b) the patient is an entirely passive agent, and c) the use of any treatment is justified to restore a state of normality (known as health). Thus, the origins of our 'disease is the enemy' campaign survives intact today.



fellow, once again - the word fellow is always the subject of frequent query. The word has a variety of meanings, to wit: a) **the most common** use in medical circles is to identify a physician who is pursuing training in a subspecialty area of Medicine. He/she would be known as a fellow-in-training or simply a "fellow" in said area. But, perhaps, it would be wise to line up the clinical training path of a physician after graduation from medical school, since the terminology has changed.

The time honored designations of **intern, resident and fellow** have changed into a **PGY- postgraduate year** - categorization. The word intern has lost favor with American Medical Association, it is no longer used in official correspondence. Interns are now PGY-1 = postgraduate year -1. **Internship** is followed by **residency**, the PGY-2-5 years of primary specialty training, i.e., for example Internal Medicine, Pediatrics, Surgery, others. From there we go into the further branches of the primary specialties which are called **subspecialties** - PGY 6-9-10 and so on. These would be, for example, cardiology, hematology, gastroenterology, rheumatology, infectious diseases - all subspecialties of Internal Medicine.

Fellow is also a category designation for physician members of medical organizations, usually titled American College of …, or American Academy of…. followed by the specialty i.e, Physicians, Surgeons, Ophthalmologists, etc. Upon entry one is an associate, as in any other organization. Upon completion of certain requirements such as Specialty Board certification, publication of articles in peer reviewed journals, teaching, public service, etc. one is advanced to fellowship. In this case, fellow would mean something like a distinguished member.

There is yet another area where the word fellow is used and is heard quite frequently in the news. It is a categorization of certain members of scholarly institutions or think tanks. Highly experienced individuals in certain fields are designated as fellows or senior fellows of, let's say, the Brookings Institution or the Rand Corporation and the like.

medical examiner and coroner - a medical examiner is a Doctor of Medicine with specialties in Anatomic and Surgical Pathology and a subspecialty in Forensic Pathology. Forensic pathology is the specialty of pathology that focuses on the medico-legal investigation of sudden or unexpected deaths.

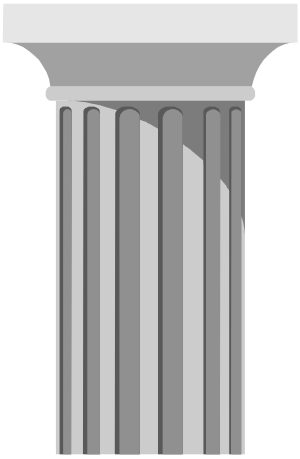
A **coroner**, on the other hand, is a public official who deals with the administrative aspects of the inquest into any death not due to natural causes.

Caduceus
A PUBLICATION OF THE MEDICAL DIVISION OF ATA

by Michael McCann, MA MITIA

Ethics and Professionalism in Internet Interactions — Part I

Tempora mutantur et nos mutamur in illis.
— Anonymous



Though specific actions change with the passing of every hour in the flow of our individual timeline, there are some matters which do not change. These are the principles under which we conduct ourselves.

In more ancient times, it was held by common wisdom that *times change and we change with them* in the sense that we adapt or are forcibly adapted to change over time. Whether we adapt perceptibly or not, voluntarily or not, there is within our mental framework an overarching umbrella of thought which influences that adaption which we call *conscience*. It is a 'studied observation of things together' etymologically from the Latin *cum scientia,* and that knowledgeable observation is guided by a set of internal principles which, depending on your background and education, we call *ethics* or *morals*.

Our *ethics* (*Gk*. *ητικη,* customs) are not something which we have invented but rather come down through generations. They are not handed down in word-perfect format, though some principles may so be passed on as a Decalogue of religious and social commandments learned by rote whose internal values are perceived, appreciated and accepted.

Similarly to shared words of a language for communication, our ethics are principles about actions and works shared with others who interact with us.

Many ethical principles we accept internally and immediately, recognising them as being relevant to our conduct. Our Roman forbears accepted these principles calling them *morals* (*Lat*. *mos, mores*) which influenced good conduct.

No nation or civilization has been able to develop without ethics or a moral value system. It is particularly significant, from a historical perspective and time span, that those transient civilizations which did not have a strong ethical fibre in their conduct, particularly of public affairs, declined very quickly. We merely have to look at those nations which sprang up and disappeared in the last century alone, within a short number of years, where so-called 'cultures' quite literally halved populations such as the Pol Pot *régime* in Cambodia or crippled a nation economically as the Third Reich did to Germany. While populations may be forced to endure such civilisations, at the earliest opportunity, populations will move, not just fleeing a persecution, towards a better and fairer moral value system.

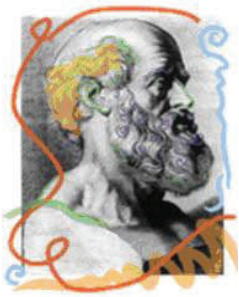
If a significant number of private moral or ethical values were not transposed into public affairs, then that particular nation would soon slip into decline. Those nations which have had important and meritorious principles of ethical conduct have always attracted attention and support.

For nations, please now read 'groups', 'associations', 'communities', etc. For historical times, now read the 'present day'.

In modern times, professional groupings take unto themselves a code of conduct which they call 'ethics'. It is not that they have invented the principles of the code, but rather they have taken many, but at times not all, of the principles and applied them to their profession. Hence, we talk, for

example, of 'medical ethics' or the 'ethics' of the nursing, legal or accounting professions.

At the worst, such ethics are an external system of rules and regulations for which some members of that profession may have little regard. If that happens, it is not the fault of the system or of the principles, but rather of the individual who may have less sensitivity for the values which the principles offer.



HIPPOCRATES

GALEN

The medical profession, in most countries of the world, follows the principal tenets of the ancient physicians, Hippocrates and Galen, in the observance of various medical principles, of which of '*first, do no harm'* to the patient is but one. It does not mean that harm will not come to the patient with the treatment, but that, in theory and in adherence to respected practice, the medical professional will attempt not to permanently hurt the individual.

For modern translators, there also has to be a corpus or body of ethical or moral principles which apply daily to the work of translation. These principles are becoming increasingly important in the modern world due the problem caused by the immediate and instantaneous communication of the Internet.

The Internet is with us for less than a quarter of a century, if one takes the first basic TCP/IP network of 1983 as its starting point. It is now impossible to imagine the modern world without the Internet. It provides communication at many levels from private one-to-one emails, public mailing lists, confidential and secret transmission of sensitive coded data of all sorts, down to injurious and annoying spam. In the centre of this apparent maelstrom of communication transmission, the translator is becoming increasingly important. Where importance occurs, values follows and principles trail.

In the pre-Internet era, translators were almost a different species of professional where the urgency and in-your-face immediacy of present day translation did not apply to the same degree. The translator had either to write out by hand—for others to typeset—or to use manual typewriters to recreate the format of the text.

The electric typewriter was a subsequent short-lived invention. It was a slower pace of life and the translator was able to nurture the text with time-honed skills.

Nowadays, the translator uses that professionalism to 'type over' an electronic text, or using optical character recognition (OCR) software will extract a text for processing with ease from a document. The translator is using another set of skills, but the underlying ethical principles must still apply. The Internet interaction between client and translator is immediate to everyone's advantage. An unavailable translator can recommend other colleagues with a couple of keystrokes. The 'letter' stating unavailability is back with the client in minutes as an 'email'. What is amazing compared to pre-Internet eras is the speed of the various transactions from setting up the translation to its final delivery and payment.

While on the one hand the Internet may appear anonymous in that clients are not seen face to face, or the translators applying their skills to effect the translation do not meet the client, if we stand back and look at the situation it is no more anonymous that buying a tin of beans from a producer whom we have never met. The bottom professional and ethical line must be in the terms of a hypothetical 'Sale of Goods and Services Act' that the translation must serve the purpose for which it is meant.

The translation must be true, fair and accurate to a professional degree, otherwise the translation is unethical. It is a simple as that. A manufacturer not seeing the end user of his tin of beans has no reason for it to be any less perfect. So too, with the translator, who does not see the Internet client. There

can be no complacency for infringing an ethical boundary merely because of present day limitations of the Internet.

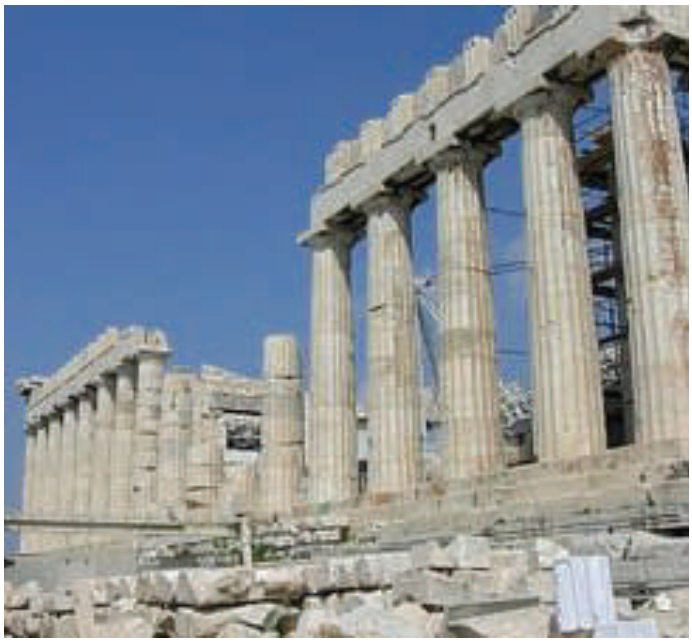
This present article is not meant to be prophetic, but it is not beyond the bounds of imagination that standard emails from clients in some years time will have a clickable link where the client in a movie clip will explain, verbally and visually, the terms and conditions of the required translation.

One could say that, with an international tool like the Internet, English as a language will dominate as it does in music and in international business. In one sense, this is partially correct as English as a language, at the last count, accounted for 55% of Internet transmission, with some two hundred principal other languages vying for small percentages of the 45% balance.

What one does see as a professional translator is the continuous flow of translation of subject matters into English, far, far in excess of the flow towards any other language. This in itself is not a cause for concern, because the translator is not there to influence the marketplace, but what is of concern, at the quality control level, is the lack of standards applied to translation into proper English. Not just the text, but the language itself, must be treated as that Hippocratic patient to whom no harm must be done, causing mongrel versions of the language to be created by carelessness.

The immediacy of work obtained and transmitted via the Internet does give rise to a series of concerns. Gone are the days when an enterprise would request the translation of a text and be willing to wait a week to see if any translator applied for the job. Nowadays, through the Internet, an enterprise will have a number of translators electronically queuing up before close of the day's business, ready, willing and able to translate the text in question.

In this context, we are talking of a text without problem as to its content and we are talking of translators without problem as to their professional competence. The quaint picture of an erudite St. Jerome patiently labouring over the translation of a biblical text from Greek to Latin, penning each word with an old fashioned quill, without a shelf of hardcopy dictionaries to hand for reference, without the facility of a Google search for a comforting confirmation, is well removed from modern reality. The modern translator has tools undreamt-of in the past to hand, and strangely enough, with these tools come new ethical and professional responsibilities.



Michael J. McCann is a graduate of the Gregorian University (Rome) and of the University of Dublin (Trinity College). He is a professional member of the Irish Translators' and Interpreters' Association and presently, secretary of its professional membership sub-committee. He is married, with one son, and resident in Celbridge, Ireland. He is the owner of the InfoMarex translation agency.

SWEAR by Apollo the physician, and Æsculapius, and Hygeia and Panaceia, and all the gods and goddesses, that, according to my ability and judgment, I will keep this oath and this stipulation- to reckon him who taught me this art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this oath, may the reverse be my lot!

Throughout the course of time, the Oath has been modified or modernized to conform to the historical moment; however, its basic tenets remain unchanged. A 1995 version drafted by a large group of representatives from academia can be found at www.wecke.com/webra/jur_e_03.shtml. This version, now called an Oath and Stipulation, changes the Greek gods and goddesses for the Almighty, is shorter and easier to follow. It is of interest to note that at the beginning it was not a violation of ethics to do what the Oath forbade. It is today. **Ed.**

The Medical Division will be "rolling along" in the 2006 Annual Conference in New Orleans. Here's a listing of accepted presentations:

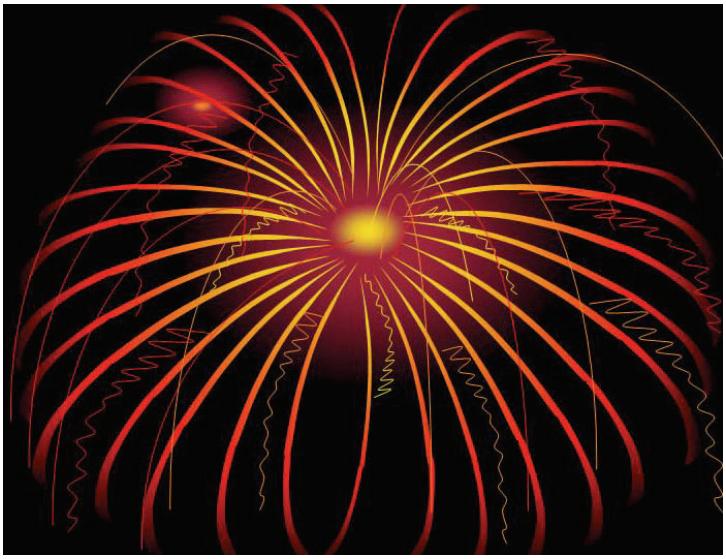
1. **Role of Medical Linguists in Disease Preparedness, Outbreaks, and Epidemics: Avian Influenza**
   Patricia M. Thickstun

2. **Medical Interpreter Services From A To Z: Learning Experiences From a Children's Hospital Medical Center**
   Liliana Ballesteros and Patricia W. Wells

3. **When a Child Is Dying: The Unique Role of the Medical Interpreter in Helping Design Culturally Competent Care**
   Liliana Ballesteros

4. **The Pediatric Liver Transplant Experience: Providing Language Access for the Hispanic Family**
   Edna Morales and Gerhardt Smith

5. **Converging and Diverging Issues in Legal and Medical Translating and Interpreting**
   Alexander Rainof



6. **Interplay of the Agents Involved in the Revision of a Medical Translation**
   Sergi Casals

7. **An Introduction to Dental Translation**
   Maria D. Cernello De Herbert

8. **Medical Division Annual Meeting**
   Rafael A. Rivera

9. **The Collaborative Approach in Medical Translation**
   Jacques Roland

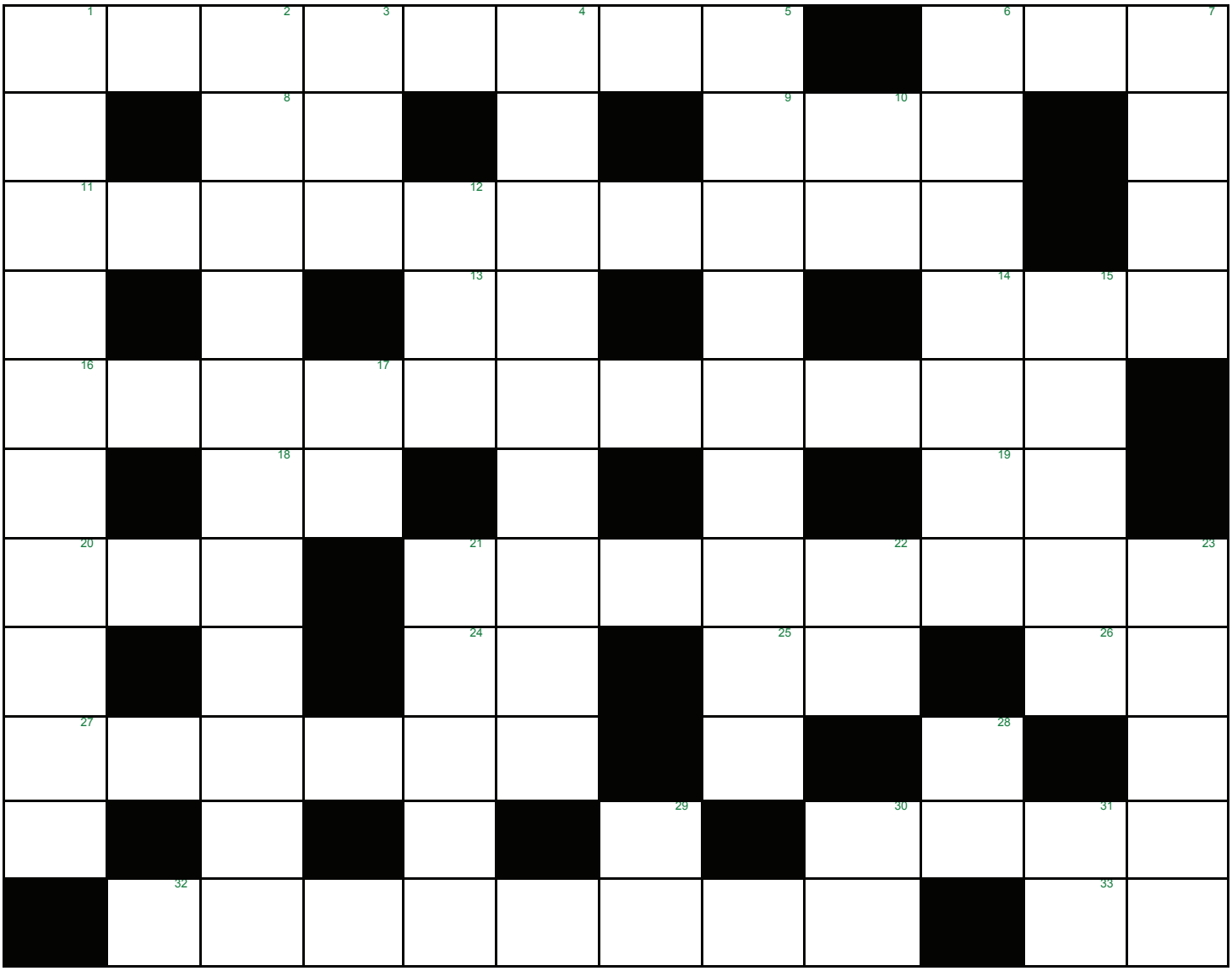
10. **Problems of Traditional Chinese Medicine Translation from Semantic and Syntactic Perspectives**
    Pinfan Zhu

11. **The Basics of Randomized Clinical Trials**
    Jo Ann K. LeQuang

12. **The National Council on Interpreting in Health Care: What are the Next Steps for the Healthcare Interpreting Profession?**
    Wilma Alvarado-Little, Joy Connell, and Maria Michalczyk

13. **Effective Continuing Education Design for Medical Linguists: Linking Objectives to Evaluation**
    Mary Esther Diaz and Patricia M. Thickstun

14. **Advanced Medical Interpretation - all day seminar**
    Holly Mikkelson and Rafael A. Rivera



Answers on page 27

ACROSS

1. Progressive proliferation of abnormal leukocytes found in hemopoietic tissues, other organs, and usually in the blood in increased numbers.
6. Abbreviation for chronic respiratory disease.
8. Symbol for nickel.
9. Inhibitor. Chemically heterogeneous group of antidepressant drugs that have in common the ability to block oxidative deamination of naturally occurring monoamines.
11. The theory in psychology that the objects of mind come as complete forms or configurations which cannot be split into parts; e.g., a square is perceived as such rather than as four discrete lines.
13. Symbol of a metallic bivalent element.
14. Abbreviation of the most common and most biologically active of the mammalian prostaglandins; it exhibits most biological activities characteristic of prostaglandins including vasodilation, immune modulatory effects, contraction or relaxation of smooth muscle, inhibition of gastric secretion and sodium resorption inhibition.
16. In chemotherapy, a drug used in combination with other drugs to deliberately produce a response greater than the sum of individual responses to each drug or agent.
18. Preposition.
19. In the way or manner indicated.
20. The organ of hearing.
21. Inflammation of a blood vessel or of a lymphatic vessel.
24. Same element as 8 across.
25. Suffix denoting that a substance is an alcohol or a phenol.
26. Abbreviation for Nurse Corps.
27. A portion of DNA that lies between two exons, is transcribed into RNA, but does not appear in that RNA after maturation, and so is not expressed (as protein) in protein synthesis.
30. The breast.
32. The process of uniting of two surfaces or parts, especially the union of the opposing surfaces of a wound.
33. Symbol for carbon monoxide.

DOWN

1. Paralysis of the organs of speech.
2. Denoting a solution in which the solvent is capable of dissolving more of the solute.
3. A set of tools, supplies, or materials for a specific purpose.
4. A substance formed by the mammalian pineal gland that appears to depress gonadal function in mammals and causes contraction of amphibian melanophores; a precursor of serotonin; it is rapidly metabolized and is taken up by all tissues; it is involved in circadian rhythms.
5. The introduction of an amine moiety into a compound.
6. Mixture of decaying organic matter, as decomposing leaves, manure, kitchen scraps, etc. used for fertilizing soil.
7. The quantity of a drug or other remedy to be taken or applied all at one time or in fractional amounts within a given period.
10. Abbreviation of a pervasive developmental disorder characterized by an inability to understand how to interact socially.
12. American College of Nutrition.
15. Inguinal region. Sometimes used to indicate just the crease in the junction of the thigh with the trunk.
17. Abbreviation of extraction procedure.
22. Abbreviation of the name given to cytokines once their amino acid structure is known.
23. Darkness.
28. Abbreviation for milliampere.
29. Prefix meaning twice or double.
30. Symbol for manganese.
31. Abbreviation for subcutaneously.

1 L	E	2 U	3 K	E	4 M	I	5 A	■	6 C	R	7 D
O	■	8 N	I	■	E	■	9 M	10 A	O	■	O
11 G	E	S	T	12 A	L	T	I	S	M	■	S
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Are you a brain teaser fan? Can you do:

WordGrams

ScatterGrams

Jumbles

Put your own ideas to work -- Create a teaser and submit it to *CADUCEUS*

The dates, times and location are set for our inaugural Medical Division Annual Conference. Thanks to the diligent work of Jill Sommer and Anja Lodge at the InterContinental Hotel in the Cleveland Clinic Campus, plus the ever-present guidance of Mary David at HQ-ATA we have completed the first step of this project.

Now the real work of conference planning begins in earnest, and first up is the program which we'd like to have completed by the time of ATA's Annual Conference in New Orleans (November 1-4, 2006). Here's how you can help:

- Submit a presentation proposal for the conference. The success of the conference really depends on volunteers stepping forward to share their knowledge and expertise. As a presenter, you will be making a generous contribution to our division, but also, as many past presenters have noted, the networking that often comes your way as a result of your presentation is an incredible experience. It's really an opportunity.

  Click http://www.ata-divisions.org/MD/Form_Proposals.doc to download the proposal form today. The submission deadline is October 1, 2006.

- E-mail your ideas for speakers, presentation topics, vendors, exhibitors, advertisers, and sponsors. Send your email to md@ata-divisions.org/MD/Form_Proposals.doc .