

# Caduceus

Publication of the Medical Division of the American Translators Association



Photo by Andreea Boscor

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**LETTER FROM OUR  
ADMINISTRATOR****Dear Medical Division Members,**

I am so excited to announce that we finally added the new Caduceus column that we promised to our interpreters, “interpreters’ corner”. As we announced before, this column is designed to provide an opportunity for medical interpreters to share their interpreting memories, experience, ups and downs. The ultimate goal is for the co-workers to share and explain the mental pressure that they worked under during the pandemics and on daily basis. I truly hope to get the attention of medical providers to help with smoothing the work environment and understand the interpreter’s crucial role and to encourage our educators to do webinars and seminars on interpreters’ mental health.

**Interpreters’ Corner - Emotional Support System**

If the walls of my study room could speak, they would tell you endless stories of people all around the world, some of which might be hard to believe. Remote interpreters assist their clients to communicate with their patients or customers. Remote legal interpreters help with divorce, custody and spousal abuse cases in courts, jails, at border control, refugee centers, passport control, child protection and more.

Medical interpreters also deal with all kinds of emotional cases. Some of the most dramatic cases happened during the latest pandemic. I am sure many of medical interpreters can relate to the feeling of losing a patient over the phone. There is no term to describe how traumatic it is to lose a patient over the phone. I can’t explain how it feels when an interpreter is still on the phone and suddenly patient stops talking and there is no response to the interpreter’s last question. The interpreter hears the medical team rushing and calling the patient’s name and then nothing. The connection is lost, no goodbye, no thank you, nothing. I have been there many times, you feel speechless and shocked. What happened? Did they lose the patient? I remember once I felt numb, I could not move for few minutes. It was hard for me to believe I was the last person he spoke to and he is gone. In many cases, the interpreter will be left hanging there, not knowing what happened. There are still some medical providers that do not know that their interpreter is part of the medical team and the patient’s status can be shared with them. I remember one patient that I interpreted for every day for two weeks at the peak of pandemic. In such cases, interpreters get to know the nurses, patient, even family members. Losing patients is as hard on interpreters as other health care providers. The only difference is that interpreters don’t have a support system to depend on in such cases.

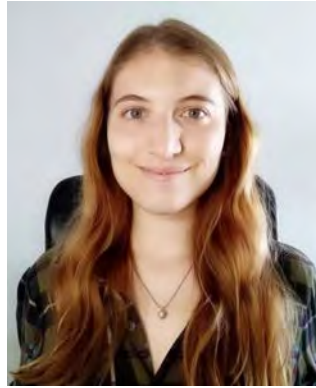
Same applies to the legal interpreters. How sad it would be for a prisoner to ask interpreter to please call his mom/ family in different country and let them know that he is in jail and that is why he is not answering his phone! As an interpreter, the plea stays in your mind, and when you go to bed at night, you think to yourself that there is a mom somewhere in this world that is so worried about her son not knowing if he is alive and I could just call and give her some certainty. Once again here, there is a lack of emotional support system for legal interpreters. The couple of brief examples given are to draw a picture for you of upcoming stories. We are going to follow HIPAA law and privacy rules and regulations. None of the stories is going to mention any individual or hospital names. We will change the States and even Countries names. I like this section of the newsletter to be special place for interpreters to send their stories that they like to get off their chest or like to share. I will give you a hint of upcoming stories that you can look forward to; the story of the interpreter who picked up the phone and realized she is talking to a US Navy officer on a Navy ship on the ... Ocean! The story of a plane crash and how the interpreter can assist the genetic result of a DNA test, and many more.

Once again, I invite all Medical Division Interpreters Division members to send us your stories to [atamdcaduceus@gmail.com](mailto:atamdcaduceus@gmail.com) or [DivisionsMD@atanet.org](mailto:DivisionsMD@atanet.org). I believe, in order to change the system and to highlight the need for the psychological support for interpreters, we should start somewhere and this could be it. We would get the attention of educators and speakers in this field, language service providers and agencies to act. Moreover, we will familiarize and provide awareness to the health care providers with behind the scene stories.

*Yasha Saebi*



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## HOW TO START SPECIALIZING IN MEDICAL TRANSLATION

How does a translator become a **specialized translator**? Well, there are probably as many answers to this question as translators in the world. However, there is one aspect that we all have in common: thirst for working with texts about which we are passionate. In order to be a good medical translator, it is essential to understand not only the text we are working on but also the context in which it was written. This means knowing the text purpose and its audience, as well as the genre and its relationship with similar texts. But how do we come into contact with all this to we prepare for our first assignments in the medical field?

For me, **training** was essential. When I was about to finish my degree, I started attending several webinars and courses that initiated me into the fascinating and challenging world of medical translation. But there is much more to specializing than attending courses. So, I prepared this brief article, based on my experience, to provide some guidance to recent graduates interested in translating medical documents.

The first –and quite obvious– question we can ask ourselves is, do we really like medical translation? Do we enjoy reading about the latest medical breakthroughs? Are we curious about reading the side effects of a certain drug? **Can we read a full academic article about the effectiveness of a certain vaccine without falling asleep?** If the answer is no, it does not mean that we cannot specialize in medical translation. It just seems appropriate to think of why we want to translate medicine and what topics we are interested in within this broad field: Auto immune diseases? Genetics? Clinical trials?

If we passed the previous self-test and were able to decide on what topics we would like to work with, we can start searching for **information about that topic**. It is ok to start with a 3<sup>rd</sup> grade video

about biology or *Diabetes for Dummies*. The goal is to get steeped in at least one topic and start familiarizing with medical terminology. After a while, we will see that many terms, acronyms and expressions are repeated throughout different types of texts. We will also learn that many others have a different meaning according to the context. Just as an example, the acronym “AAA” could refer to the American Association for Anatomy as well as to an ascending aortic aneurysm, among other meanings.

**Reading about medical translation and the translation process** is always necessary. Needless to say, Fernando A. Navarro’s *Libro rojo. Dictionary of Doubts and Difficulties in English-Spanish Medical Translation* is one of the most authoritative sources when it comes to English-Spanish medical terminology. Two other resources that I found extremely clarifying are, among many others, *Medical Translation Step by Step*, by Vicent Montalt and Maria González-Davies; and *La importancia del lenguaje en el entorno biosanitario (The importance of language in the biosanitary environment)*, by Bertha M. Gutiérrez Rodilla and y Fernando A. Navarro. While the first one contains vast information on common terminology, intertextuality, useful resources and the overall translation process, the latter one is a monograph in which fourteen medical experts analyze the use of medical language in a variety of contexts, from the field of research to media.

Additionally, learning about **scientific and academic writing, US Spanish and plain language** was also essential for me as a translator. In this sense, I strongly recommend checking [M. Gonzalo Claros Díaz’s blog](#) to learn about scientific writing, as well as his guide *Cómo traducir y redactor textos científicos en español (How to translate and write scientific texts in Spanish)*. To learn more about US Spanish, [Glosas](#), a Journal published by the North American Academy of the Spanish Language (ANLE), is a valuable source. And, lastly, the [official guidelines](#) developed by the Plain Language Action and Information Network (PLAIN) summarize the key elements for writing in a clear and concise manner taking into account the audience.

As medicine is everywhere, we do not have to limit ourselves to academic, formal discourse. **Medical dramas** have been around for years, and nowadays we can find plenty of them in different platforms **as a complement to our formal knowledge and academic training**. From classics such as *General Hospital*, *ER* or *Grey’s Anatomy* to *Ratched*, *The Good Doctor* and the Australian informative show *Ask the Doctor*, there are medical series for every taste. In fact, the collection of articles *Medicine in Television Series*, edited by Toni de la Torre, deals with this topic in a detailed manner. Not to mention that **literature** is also full of medical terminology, with *Saturday*, by Ian McEwan, and *The Man Who Mistook His Wife for a Hat and Other Clinical Tales*, by Oliver Sacks, being only two of my favorites.



It should be pointed out that both TV series and literature are just useful resources to be in contact with medical terminology and have a vague, general idea of some aspects like the functioning of the health system in a specific country. However, they can never replace academic, authoritative sources and cannot be trusted as a reliable source of information.



When we are looking for more specific information, **glossaries** are a great source. Nevertheless, they can be our worst enemies if they come from unreliable sources. So, creating our own glossaries with definitions, references and sources of information is vital. And we can even create **collaborative glossaries** with other colleagues. In this sense, it is also convenient to keep track of the material we read and the courses we attend. We can always include them in our Linked-In profile, resume or website.

Last but not least, if we speak about collaborative work, one aspect that applies to all specializations is **networking**. We can be the most prepared translators in the world, but we need to show people around us what we do, what we know and what we like to do. It is essential to strike up relationships with colleagues around the globe. Being in contact with other translators, not only our former classmates, is the key to make sure we keep abreast of the news in our profession. Getting to know translators who work in the medical field as well as those who do not will allow us to share knowledge, ask questions, learn about training and job opportunities, and, ultimately, **help this amazing profession to grow**.





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**CONFIDENCE IS  
KEY**

~OPINION PIECE

Have you ever been speaking with someone, and it felt like they may not

really have a grasp of what they are talking about? There is a nervous energy, or it sounds like they are just reciting something they’ve read somewhere or have repeated a million times? How did that make you feel? Did you have any confidence in what they were saying or feel like it was valid?

Now consider a time you were having a conversation with someone who considered themselves a subject matter expert. Whatever the topic was, they were so confident in their explanation you didn’t question the information for a second. Their confidence created a level of trust that made you feel more at ease and open to listening to them.

It is very possible that in both scenarios, neither speaker had a clue about the subject. However, the more confident speaker was able to win you over because they seemed more at ease with the topic. Perhaps the more confident speaker did enough research to have a fundamental understanding of the subject at hand which made them seem more knowledgeable. A confident interpreter can have the same effect.

Walking into a clinical appointment regardless of the specialty is what we live for, isn’t it? Thanks to our training we have an understanding, albeit limited at times, of the different topics that might arise. We are trained in the fundamentals of the medical field: body parts, specialties, terminology, and could even break down a term into its most basic part and tell you where it originated. Thanks to this introduction to the medical field, we can serve our purpose in facilitating the encounter.

Yet, there are still times you’ve repeated a term repeatedly and still are not quite sure what it means. For example, consider when you’re assisting with teaching about chemotherapy treatments or describing there is a “hole” in the atrial septum that may or may not cause issues in the future- do you understand what that means and why? Do you know where the atrial septum is and what its function is?



My point is that although we can speak the words, learning more than basics will add to your confidence considerably. A familiarity with the subject matter adds a level to our interpretation that cannot be underestimated. Are we supposed to take it upon ourselves and explain? Absolutely not. It's not about that. It's about how you feel personally while you are rendering an interpretation on a topic that you have researched. You will feel more capable, accomplished, and prepared.

A confident interpreter is a force to be reckoned with. This is a person that will gain the trust of the people they are helping. Can you say that about how you approach different situations? I know I can't and I'm in the medical field! Therefore, I spend a lot of time reading about different medical conditions and watching YouTube videos to see how a condition is explained by different specialists. Not that this would alter how I would explain it, as I must say what the provider, I'm working with is saying, but that background knowledge can sometimes help me be more comfortable during the explanation. Keep in mind, both the provider and LEP are counting on you to ensure the information is getting across accurately. Your confidence will help put everyone, including yourself, at ease and make the interaction more pleasant and seamless.

What strategies can you think of to expand your knowledge? Note-taking is a great option, but only if you go back and review them for any terms you may want to research further. Learn what it is, what is it for, what could've caused it, what are the treatments, how do other professionals explain it? As mentioned earlier, YouTube videos and MedLine are amazing resources. The information is available in at least one other language, and you can read both versions of the descriptions and information.



Try it out! Next time you hear a term, whether you've interpreted it before or not, spend a little time researching it. I don't mean the origins of the word or how to conjugate it, I mean visit any of the resources mentioned or find new ones and look for explanations of the condition or medication by professionals. Use this and gauge how you feel the next time the term comes up. I'm not advocating for taking over the session by inserting your own explanations, however, as we are also advocates and clarifiers, it may help when making the decision to ask for clarification to help the LEP better understand.

*María Baker is an ATA-Certified EN>ES translator and a certified healthcare interpreter (CCHI and NBCMI) with over 8 years of experience in language services. She is an active member of committees and divisions in the ATA, as well as serving as the Vice president of the Interpreters and Translators Association of Alabama. María is a former editor of Caduceus.*

Darien Photography <https://darienphotography.com/>



## 4

### WAYS TO ENCOURAGE PATIENT AUTONOMY

Since interpreters started to be a part of the US healthcare system in the early '90s, our role has grown and diversified in many ways. Healthcare interpreters have become an instrumental part of the team, as acknowledged by other healthcare professionals.

In a perfect world, however, we would not need healthcare interpreters. The patients that we work with would not need our help; they would be able to receive appropriate information and healthcare services, and even advocate for their needs without us. In other words, they would be **autonomous and self-reliant**. Well, while we cannot offer our patients this perfect world, there are some things we can do to foster patient autonomy and get closer to this ideal.

The NCIHC Code of Ethics mentions the word "autonomy" four times<sup>[1]</sup>. Regarding **confidentiality**, this code of ethics states that,

"There is a fine line, however, between respecting the autonomy of the patient and ensuring that the provider has the necessary information to treat the patient without harming them. Interpreters have an ethical obligation to deal with this

fine line and make a conscious choice that supports the well-being of the patient.”<sup>[iii]</sup>

This document also states that **impartiality** “means that interpreters respect the autonomy of each party in the encounter and their right to speak for themselves in the manner they wish to.”<sup>[iii]</sup>

The **CHIA** Standards for Healthcare Interpreters mention the word “autonomy” six times<sup>[iv]</sup>, mostly in relation to balancing **advocacy** and patient autonomy. This document defines autonomy as

“A central principle in bioethics: patients who are competent to make decisions should have a right to do so, and physicians should have the concomitant duty to respect patient preferences regarding their own health care (Beauchamp & Childress, 1994).”<sup>[v]</sup>

It is clear from these documents that patient autonomy is a concept of importance for the role of the interpreter. Furthermore, in a recent interview with Mireya Pérez, Danielle Meder succinctly stated the mission of interpreters: “... ‘I’m here to facilitate communication.’ No, you’re here to support **communicative autonomy**, and not just for the person who doesn’t speak the majority language, but for everybody”.<sup>[vi]</sup> (Incidentally, *Brand the Interpreter* is an excellent podcast to follow!)



After interpreting in healthcare for 8 years and coming in contact with many colleagues in various settings, I have come to consider that autonomy and self-reliance are very important concepts because they are the core justification for our intervention. A person who does not understand what they are being told cannot make informed decisions. This eliminates autonomy and self-reliance. As

interpreters, **we level the playing field**: we enable the patient to receive the same information as their English-proficient peers, and to have the same opportunity to ask questions. This, in turn, ensures an equal opportunity to make decisions. What patients decide to do with this information and opportunity is entirely up to them, and outside the realm of the interpreter role.

In order to safeguard autonomy and self-reliance, I propose some practical suggestions to walk this “fine line” between empowering patients and taking over.

1. **Filling out forms.** It is common that when a patient walks into a medical facility for the first time, the intake process begins with completing a stack of forms. What do we do when the receptionist hands the clipboard to US, the interpreter? We hand it to the patient, of course. Some patients will hand it right back, and thus indicate that they need more help from us. In other cases, the patient has a little knowledge or experience and can complete at least part of the paperwork independently. What we should not do, in my humble opinion, is decide for them—decide ourselves how much help they need. Giving the patient a chance to ask for this help is more empowering and less condescending.
2. **Navigating the healthcare (and other) systems.** Sometimes, patients need to be connected with other healthcare professionals or with other resources (financial assistance, transportation, etc.). While it would be easy to get on our phones and find appropriate and available services, we may be depriving the patient of an opportunity to learn their way around and, once again, use their voice. In addition, this behavior may create confusion about the role of the interpreter, which is mainly to interpret. In these cases, I suggest directing the patient to a staff member and encouraging the patient to ask questions with the assurance that they will be faithfully interpreted.
3. **Using register usefully.** Another frequent occurrence is medical providers using a somewhat technical register and terminology when speaking to patients. Many interpreters use a more informal register when they interpret for the patient. This is normally done with the best intentions, but with a somewhat prejudiced underlying assumption: that the patient “will not understand” unless we dumb things down for them. According to the CHIA Standards for healthcare interpreters, accuracy demands that our rendition reflects the register that the speaker uses.<sup>[viii]</sup> Once again, we are giving patients an opportunity to use their voice and ask for clarification, instead of making assumptions about their level of understanding.
4. **Clarifying only when requested.** In point 2 I addressed the interpreters’ frequent assumption that patients are incapable of understanding certain concepts or terms. Another habit that we sometimes see interpreters exhibit is providing additional explanations that the healthcare provider did not include. This is also a violation of our duty to interpret accurately. It is important for interpreters to leave assumptions behind and trust the patient’s agency and voice: if they need clarification, let’s give them a chance to ask for it. By the same token, I suggest not adding explanations that the patient has not

uttered. Patients know what they say and why they say it; providers can ask any necessary follow-up questions as well.

5. **Giving them some space.** As the IMIA Guide on Medical Interpreter Ethical Conduct says, “leave the room when the provider leaves the room.”<sup>[viii]</sup> There are various reasons for recommending this course of action. One of them is the importance of maintaining boundaries and clarity about our role. Waiting alone with the patient in a situation where a provider is not present may create confusion about your role and lead the patient to expect certain forms of support that are not part of our role. Remember: we are there to level the playing field... not to tilt it in favor of patient or provider. When English-speaking patients wait by themselves; it makes sense that LEP patients do as well.

It is possible to say that these suggestions to enhance patient autonomy can be summarized as “Do more interpreting, and less of everything else.” I share these suggestions hoping that, as interpreters, we can do our part to empower our patients and avoid being in the way of their agency as protagonists of their own care.

*Special thanks to Karen Tkaczyk for her proofreading help!*

<sup>[i]</sup> “A National Code of Ethics for Interpreters in Health Care.” 2004. Accessed on January 25, 2022. <https://www.ncihc.org/assets/z2021Images/NCIHC%20National%20Code%20of%20Ethics.pdf>. Pages 10, 11, 15, and 19.

<sup>[ii]</sup> Ibidem, page 10.

<sup>[iii]</sup> Ibidem, pages 15 and 16.

<sup>[iv]</sup> California Standards for Healthcare Interpreters. Ethical Principles, Protocols, and Guidance on Roles & Intervention.” 2002. Accessed January 25, 2022. [https://chia.wildapricot.org/resources/Pictures/CHIA\\_standards\\_manual\\_%20March%202017.pdf](https://chia.wildapricot.org/resources/Pictures/CHIA_standards_manual_%20March%202017.pdf). Pages 27, 46, 47, 56, and 65.

<sup>[v]</sup> Ibidem, page 65.

<sup>[vi]</sup> Mireya Pérez. “Communicative Autonomy with Danielle Meder.” *Brand the Interpreter Podcast*, February 4, 2022. Podcast, online, 58:08. <https://www.buzzsprout.com/839080/10010621>

<sup>[vii]</sup> Ibidem, page 30.

<sup>[viii]</sup> Hernandez-Iverson, Eva. IMIA Guide on Medical Interpreter Ethical Conduct. International Medical Interpreters Association, 2010. Accessed on January 25, 2022. [https://www.imiaweb.org/uploads/pages/380\\_4.pdf](https://www.imiaweb.org/uploads/pages/380_4.pdf).

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## Caduceus Team

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