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Interpreting in doctor-patient interaction: on the achievement of effective rendering

One of the consequences of the rapid change resulting from migration fluxes of the last 30 years, is that public institutions, like courts, hospitals and schools have increasingly been engaged in serving people of varying provenances, speaking different languages. Institutional encounters mediated by bilingual professionals, helping providers and laypeople understand each other, have thus become overspread. In this context, the importance of understanding the effectiveness of interpreted talk has attracted the attention of many institutions.

Interpreted encounters have, for some time now, raised the interest of interaction research too, and recorded and transcribed data have been collected in different settings. Studies on interpreting as interaction (e.g. Wadensjo 1998; Davidson 2000, 2002; Mason 1999, 2006) have highlighted that interpreting does not necessarily occur turn by turn, may include sequences involving the interpreter and one of the interlocutors only, and may take forms different from those of the addressed turns, by e.g. expanding or reducing their content, or modifying their form.

For their crucial importance for the population welfare, healthcare services were among the first to raise interest in language and social research and data were explored to identify effective ways of translating in the interaction, while giving patients access to institutions they are not familiar with (see e.g. Bolden 2000; Davidson 2000; Angelelli 2004; Hsieh 2007; Baraldi and Gavioli 2014, 2017). We, as a team based in Italy, have collected interpreted interactions in healthcare for the last 15 years and have now gathered a corpus of over 500 encounters (about 100 h recording), which has been analysed from different perspectives.

In my presentation I will provide an account of our research in these years showing sequences of interpreted medical interaction which seem effective in involving the doctors and the patients and in achieving understanding and care. I will focus on two problems in particular. The first concerns accurate rendition of medical details in (doctor)question-(patient)answer sequences; data show that accurate interpreting rarely involves close repetition of a previous turn in the other language and is instead an interactional achievement. The second regards rendition of patients' emotions, like worry or hope, which are seldom overtly expressed and need some work on the part of the mediators to be rendered accurately to the doctors. In conclusion, I will provide some thoughts on the possible relevance of these findings for the training of institutional personnel, interpreters/mediators and doctors alike.

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