



## 2009 IMIA INTERNATIONAL COUNTRY REPORTS ON MEDICAL INTERPRETING

### BELGIUM

Report by Hans Verrept, Head of the Intercultural Mediation Unit, DG1, Federal Public Service for Public Health, Brussels, Belgium

#### *How is the interpreting profession doing in Belgium?*

The Intercultural Mediation and Policy Support Unit of the Federal Public Service for health, Safety of the Food Chain and the Environment is in charge of a program that is called 'Intercultural mediation at the hospitals'. Our unit provides funding for 60 hospitals where either intercultural mediators or diversity managers are employed. Hospitals apply for funding for intercultural mediation on a voluntary basis. Funding is attributed after a careful analysis of the estimated need for intercultural mediation at the hospitals involved, an analysis of the performance of existing intercultural mediation services, and is, unfortunately, limited by the budget available to us (+/- 2,5 million €).

At this moment, we fund about 80 intercultural mediators (51 full time equivalents) and 20 diversity managers (totaling 7 full time equivalents). Intercultural mediators will typically be employed by one or two hospitals. They are salaried employees. They will normally only provide services in the hospital(s) where they are employed. Recently, we have started testing a video-conference system that should make it possible to provide intercultural mediation services at hospitals that do not employ an intercultural mediator (or not for the language/ethnic group that needs the services of the intercultural mediator at that particular moment in time). This experiment is a direct result of our contacts with the IMIA, especially our visits to Boston Medical Center. Mr Oscar Arocha provided us with valuable insights and a lot of practical help to start this system up.

#### *How many interpreters work there?*

We call them intercultural mediators: 80, speaking 17 different languages.

#### *Working conditions (volunteer or not)?*

All our interpreters are salaried employees with benefits.

#### *Recruitment practices:*

Hospitals are free to recruit intercultural mediators themselves but should stick to the training requirements defined by law if they want to receive funding from the authorities. In many cases, hospitals ask our assistance to find a suitable intercultural mediator. In these cases, linguistic proficiency and interpreting skills are tested before the intercultural mediator is engaged. In other cases, intercultural mediators' abilities will be tested after their engagement.

#### *Is there a medical interpreter association in your country?*

No

#### *Do conference interpreters get called to the hospitals? Are they involved with medical interpreting?*

Not typically. The only exceptions may be interpreters working for high level personnel of the Embassies or international companies.

#### *Does the government or law recognize medical interpreters in any way?*

Intercultural mediators are explicitly referred to in the law on the funding of the hospitals. Reference is also made to the training requirements to be eligible for funding by the government and to the task description on our web pages [www.intercult.be](http://www.intercult.be) (available in Dutch and French).

#### *How aware is the public or providers about the need for the profession?*

There is an impression that they are absolutely not convinced that linguistic access is an important aspect of equitable care. The only exception may be that the Flemish regularly complain about the limited number of Dutch-speaking health care providers in the *Région Capitale de Bruxelles*. This indicates that they find linguistic access important but it does not necessarily lead to the conviction that interpreters or mediators are necessary.

I have the impression that an increasing number of health care providers are very much convinced of the importance of interpreters of intercultural mediators in health care. The same holds true for a relatively limited number of policy makers and civil servants. Still,



the need for interpreters or intercultural mediators is often considered to be less of a priority than other needs in health care. As a result, insufficient measures are taken to provide linguistic access and culturally competent care in the Belgian health care system.

***How are the needs of the Deaf and Hard of Hearing patients met?***

The hard of hearing and members of the deaf community have a right to 36 hrs of free professional interpretation a year. In the case of seriously ill persons, this number is quickly exhausted. Just a few days ago, I was told that a deaf, pregnant woman, who should deliver during your conference, filed a complaint because the hospital wants to charge her for the services of a sign language interpreter (she used all her free hours of interpreter services during her pregnancy). Unfortunately, the charter on patients' rights is not explicit on who should pay for the services of an interpreter. We intend, however, to explore this case a little further to find out what European legislation on, among other things, discrimination, and international treaties signed by our country may imply for this and other cases. In addition to the free 36 hours of interpretation, 3 Belgian hospitals employ an intercultural mediator who are trained sign language interpreters.

***Are sign language interpreters more organized?***

Yes.

***Is remote interpreting emerging in your country as another modality of providing interpreting services?***

Yes. A number of telephone interpreting services do exist. Some of them are very good. They are, however, not specialized in health care. We have recently started tests with a video-conference system that would make it possible to make intercultural mediation and interpretation available in a larger group of hospitals. The first findings are positive but funding is unsure.

***What are the training opportunities and requirements in your country? Is their training for community or medical interpreting?***

The situation is quite complex in our country. A 3 year training program for intercultural mediators in health care exists. Very little attention is, however, given to the interpreting skills in this training program. As a result, my service organized an additional 60 hrs training program (basic interpreting skills) and a number of language specific medical terminology courses (these were very badly needed by, in particular, the mediators speaking non-Western languages). On the positive side, the intercultural mediators training program includes an introduction to the body and its functioning, the structure of Belgian health care, communication skills, and courses on intercultural communication and medical anthropology. Also, several weeks of training on the job are part of the training. Apart from this, a community interpreting training program exists in Flanders. It involves about 100 hrs of tuition. Most attention is given to basic interpreting skills. It is a general course. Apart from basic interpreting skills, the candidates also receive a number of short introductions to different domains relevant to their work (courses on health care, social work, the legal system, etc.). Special courses for interpreters working in health care are being organized for the first time this year. None of these training programs, unfortunately, lead to a recognized degree.

***If so, is training primarily for 'community' interpreting, which encompasses medical interpreting or specialized in medical interpreting?***

The interpreter trainings organized by ourselves are tailored to the needs of interpreters / mediators working in health care. During role plays etc. we will always use health care settings. The general community interpreting training program is much broader and does not prepare interpreters to work in a health care setting. We feel that, especially in a hospital setting, and for patients speaking non-Western languages in particular, specialization is necessary. This is due to the extremely complicated, high-tech, setting of a modern hospital and the fact that lexical and conceptual equivalency between their mother tongue and Dutch/French may, indeed, make the work of interpreters / mediators speaking non-Western languages very difficult.

***Is the training mostly given by hospitals or by private training companies or by colleges or all of the above?***

Community interpreting training is given by a number of NGO's, some of which have close ties with the conference interpreter schools. The training program for intercultural mediators is state-funded and organized at two 'official' schools. Because we felt it to be absolutely necessary, we organized our own training sessions. These were taught by teachers working at the conference interpreter schools (who are also involved in the training of the community interpreters). Finally, we work together with medical professionals (with an ethnic background) and specialists in the languages used by our mediators for the medical terminology courses.

***Are there any standardized requirements to be hired as a medical interpreter in your country?***

Not for interpreters. For intercultural mediators: yes. The requirements are specified by law.

***What are the roles of the medical interpreter in Belgium?***



In the US according to the IMIA and CHIA Standards of practice (see [www.imiaweb.org](http://www.imiaweb.org) under Standards section) the interpreter has four roles in the medical setting: 1) linguistic conduit 2) communication clarifier 3) cultural interface/clarifier or intercultural mediator and 4) patient advocate (outside the triadic encounter). While these terms have different meanings in different countries, in Belgium, we call interpreters intercultural mediators.

***Does your country recognize all these roles?***

As regards the intercultural mediators, the answer is yes. Community interpreters are very much (but not completely) limited to the conduit role.

***Do training programs in your country train interpreters in all these roles?***

As regards the intercultural mediators, the answer is yes. Community interpreters are very much (but not completely) limited to the conduit role.

***What are some of the misunderstandings or controversies surrounding any of those roles?***

For this question, I will limit myself to the intercultural mediation program at the hospitals. Advocacy is certainly the most controversial role, as becomes clear from our regular supervision sessions. The question is under which circumstances an intercultural mediator should advocate for the patient and how this task ought to be performed. In practice, implicit advocacy seems to occur every now and then. This is of course in contradiction with the transparency rule we try to adhere to as strictly as possible. Advocacy is for obvious reasons not always welcomed by health care professionals. In addition, the hospital administration may not support mediators when they are performing this role. Intercultural mediators may wonder about the possible consequences of explicit advocacy for the future collaboration with the health care providers involved. Finally, it ought to be pointed out that forms of implicit advocacy may also occur in the interest of the care provider. The role of cultural interface is less problematic than that of advocate. Still, we also lack standards for the performance of this role. For both roles, it would be very valuable if detailed international standards were developed. The profession would really benefit from it. Maybe the IMIA could create a working group to develop such standards.

***Does your country adopt a published medical interpreter Standards of Practice?***

No. We refer to the IMIA Standards for the intercultural mediators.

***Do you foresee that the role of the interpreter will change as the profession matures?***

I have the impression that the 'official role' of the medical interpreter has become more complex over the years. This is a positive development, as it reduces the gap between theory and practice, and does justice to the complexity of the job. I am convinced that patients will greatly benefit from it and that it will result in better care for the most vulnerable groups in our society. Over the years, we have witnessed that roles such as clarification, cultural interface and advocate have been increasingly accepted by medical interpreters. Still, there is absolutely no consensus on the role of the medical interpreter.

I am firmly convinced that medical interpreters will feel more self-confident as the profession matures. In my career, I have always been struck by the fact that the more knowledge and skills someone possesses, the more open he will be to discuss unresolved issues in his professional domain. And there are quite a few in medical interpreting. One may feel vulnerable to present one's own doubts and questions, but there is no other way to make the profession move forward. Looking away from what makes this job so difficult (but also rewarding and essential) is not going to help us provide optimal care to ethnic minority patients. It will only lead, as it did in the past, to well-intended hidden practices, that are very different from some too abstract standard. These practices may, however, involve risks for patients, health care providers and interpreters alike. That's why we should consider what can be done (and how it should be done) calmly, with an open mind, and with a sound knowledge of the settings where medical interpreters operate.

***What can we learn from your experiences? What are some of the difficulties you have faced in promoting the profession in your country and what challenges were you able to overcome?***

Difficulties:

1. Language access is, as yet, not a right in Belgian health care. The law states that patients should be informed in an understandable language. Nothing, however, is said about who should cover the expenses for interpretation;
2. Whether or not an ethnic minority patient with limited proficiency in Dutch or French will have access to an professional interpreter or intercultural mediator is unfortunately still very much a matter of chance.

Challenges overcome:

1. Our intercultural mediation program runs on 'hard' money. It is not a project that runs the risk to be abolished yearly;
2. Our intercultural mediators are salaried employees.



3. Research has made clear that our program contributes to the accessibility and quality of health care services for ethnic minority patients (see references);
4. Because we fund the intercultural mediators, we can demand from the hospitals that their mediators take part in our quality assurance and improvement program. As such, have been able to create the conditions for them to improve their skills.

***Any example of lessons learned while promoting language access in Belgium?***

1. Try to establish an excellent working relationship with a few MD's and ask them to promote your work with their colleagues. MD's are eager to learn from each other, but may be less inclined to listen to messages coming from other professionals (e.g. medical interpreters);
2. As regards to training of medical interpreters: develop role-plays based upon real-life situations. We use video-taped consultation as a starting point for the development of role-plays and terminology sessions that really fit the needs of the medical interpreter / intercultural mediator in the field.
3. Regular supervision sessions where trouble-cases (presented by the intercultural mediators / medical interpreters) are presented, are very useful to develop the skills of the mediators / interpreters. Our ultimate goal is to produce a textbook that provides solutions for the difficult situations intercultural mediators / medical interpreters may encounter in their day to day practice. In our case, this involves consultations with external experts (specialists in ethics, health care providers, lawyers, social workers, medical interpreters and intercultural mediators in other programs / countries, researchers etc.). It proves to be an extremely useful experience. It does more than help us to find answers to a number of problems. It also helps us to increase intercultural mediators' self confidence, and our efforts may it clear to our partners that, just as any other professionals working in health care, we aim for the best possible quality of our services.



## **BRAZIL**

By Mylene Queiroz, PhD Candidate, Universidade de Santa Catarina, IMIA Brazil Representative, Santa Catarina, Brazil

### ***How is the interpreting profession doing in Brazil?***

In Brazil as well as in most of Latin America, interpreting as a profession is essentially focused on conference interpreting. SINTRA (The Brazilian Interpreters Union), ABRATES (Brazilian Translation Association) and IPIC (The Brazilian Association for Conference Interpreting) are the main bodies representing the profession in the country. Although the Brazilian Ministry of Work acknowledged the profession in 1998, it is still not a regulated profession. The interpreting market is concentrated in the cities of São Paulo, Rio de Janeiro, and the Capital Brasília, and the great majority of interpreters work with the English-Portuguese pair.

With particular regard to medical interpreting, Brazilian people and healthcare providers are not aware of the need for the profession. I believe that part of this situation might be because most people in Brazil do not acknowledge Brazil as a country where many languages, other than Portuguese are spoken. Besides Portuguese, about 150 more languages are spoken in the country - among them indigenous and foreign languages. In addition, we have a relevant number of foreign immigrants in Brazil. Although the big immigration wave to Brazil happened in the last century, we still receive many immigrants especially from Latin America.

Another interesting fact is the number of tourists seeking healthcare treatment in Brazil. This movement known as medical tourism has been gaining extraordinary proportions putting Brazil in the top 10 list of medical tourism destinations, increasing the profit of many hospitals. Because of this, just recently healthcare providers are showing some concern with language access and some hospitals located in big cities are investing in language courses for their staff. There are also a number of “medical tourism agencies” or “health tourism advocates” which among other services offer interpreting.

In seeking information from some hospitals of São Paulo, and Santa Catarina, I have learned that when there is a patient in need of linguistic mediation, it is the bilingual staff, family member or volunteers (sought after by the hospital social service workers) that assist with the communication. Still, although the need for medical interpreting exists, the profession is virtually non-existent in the country.

IMIA has just recently announced a representative in Brazil, myself, and we are very excited about it and hope it is the first step to spread the word in Brazil and open a debate between healthcare and language training institutions.

### ***What are the training opportunities and requirements in your country?***

Although there are well-regarded Universities that offer Bachelors and Masters in Translation and Interpreting (mostly in English-Portuguese) we still have a long way to go in order to cover the demand not just English but also other languages. Most of the Interpreting courses are on conference interpreting. Up to this moment there is no Bachelor or Post Graduate program that covers community interpreting.

### ***What are the roles of the medical interpreter viewed in your country?***

Because we still do not acknowledge medical interpreting as a profession, there is no debate on the roles of medical interpreting in the country.

### ***What can we learn from your experiences?***

Interpreting as a profession is still in its infancy compared to many other countries and Brazil lags behind in language access legislation. Although there are more than 150 languages in Brazil, Portuguese was, until 2008, the only official language. It was just in 2008 that Brazilian Sign Language remarkably achieved the rank of official language, and in 2010 we will have the first ever Census including a question about the language spoken at home. I believe that a movement on language legislation is starting to take shape in Brazil and it is a well-timed opportunity to include a debate on community and medical interpreting in hospital settings.



## CANADA

Lisete Figueredo, Trillium Health Centre, Health Interpreters Network Executive Board, Critical Link, Toronto, Canada

### ***Background:***

Canada is a well known destination for immigrants from all over the world. With a total population of 33,487,208 (Census 2006), immigrants account for over 6 million born outside Canada. In contrast to the US, Canada has a universal health care system. For the most part, it is publicly funded and most hospitals are public. Doctors in general do not receive an annual salary, but receive a fee per visit or service. With a population of 5,072,075 in the metro area, Toronto, the capital of the province of Ontario (population 12 million), is Canada's most populous city and metropolitan area. Over 2 million of its inhabitants do not speak any of the official languages (English/French). Therefore the need for interpreters in all areas of medical, legal and social services is highly needed.

### ***How is the Interpreting profession doing in Canada?***

As a bilingual country the use of conference and bilingual interpreters has been accepted and recognized for a long time in Canada. The French language services are an official service subsidized by the federal government. There is an entity at the federal level, CTIC that confers certification to organized provincial association bodies such as ATIO, OTTIAQ, ATIM, etc. These Provincial bodies have their own set of regulations for certification of interpreters. The focus is primary for Conference interpreting, although some of these associations have also recognized and accepted court interpreting in their membership. In Ontario, conversations have been initiated with the provincial Association (ATIO) in order to introduce a chapter for certification of "community interpreting" which includes different sectors such as; healthcare, education, social services, legal and private sectors. Most hospitals have a combination of staff interpreters, freelancers, and telephone interpreting services. Others use a combination of all of those as well as volunteers - some trained, some not. There is no medical interpreter association in Canada and certified conference interpreters rarely accept to work in healthcare. Also, because their fees are so high, it would not be viable for hospitals to use their services.

### ***Are medical interpreters recognized in Canada by law?***

Once again there is no formal recognition of medical interpreters. Many hospitals and organizations across the country have been strong advocates of the profession. However lack of funding and resources makes this a long lasting and very frustrating battle. The Healthcare Interpreters Network in Ontario has been a strong advocate within the field of medical interpreting. Two years ago, a task work group developed the National Standard Guide for Community Interpreter Services which specifies the requirements for the provision of quality community interpreting services. This was a breakthrough for establishing nationwide parameters to ensure reliability in the provision of interpreter service for medical, legal, and social services. The standards had a welcoming reception and rave reviews by stakeholders at the national and international levels. The standards are a milestone in the development of Community Interpreting as a profession and a great advancement in the sector, which will enhance the credibility of the profession to end users.

### ***Are Sign Language interpreters more organized?***

Sign language on the other hand has been a well organized and established profession for a number of years. They have their own association, training and certification.

### ***Is remote interpreting becoming popular in Canada?***

Remote interpreting has been used to communicate with first nation people in rural communities, for both spoken and sign language interpreting. There have been discussions about a trial for hospitals. However, costs can be prohibitive, unless it is shared by a consortium of healthcare organizations.

### ***What are the training opportunities and requirements in Canada?***

Training is addressed in different ways both at provincial and regional levels, although it has been more commonly provided by community agencies and offered to their own pool of interpreters. The training is usually provided by self made trainers or hired independent consultants. These training models vary in number of instruction hours and curriculum as well as consistency in the teaching of standards and protocols. Vancouver College in the province of British Columbia has a well established training program for legal interpreters which is recognized and supported by the Court system in BC. In 2006 Ontario's College Connect with the support of an advisory committee and representation from different sectors, received provincial funding to develop a training curriculum for community interpreters. The training program is composed of six 30 hour courses for a total of 180 hours and candidates to the program have to submit to a language proficiency test which includes written and oral components in both languages. Seven colleges joined this initiative.



The Ministry of Citizenship and Immigration, in March 2005, approved the allocation of \$200,000.00 to support the development of a standardized, competency-based, introductory college training curriculum for spoken language interpreters in the social, legal and health care sectors and for those who work with victims of domestic violence. This was in response to demands from the community and in recognition that the standards in the delivery of interpreter services would only be maintained by the presence of interpreters who are trained to the standards of practice as defined by the Ministry,

Although the Colleges of Ontario Network for Education and Training (CON\*NECT), was responsible for its coordination, the content of the curriculum was developed under the careful and rigorous direction of a Project Advisory Committee which included representatives from MCI, MAG, MTCU, Niagara, Seneca, Mohawk and St Clair Colleges, the Multi-Languages Corporation, the Healthcare Interpretation Network, the Hospital for Sick Children and four of the LIS supported sites i.e. the Thunder Bay Multicultural Association, Multilingual Community Interpreter Service, the Multicultural Council of Windsor and Essex, and Information Niagara. More support is needed however to make the College program mandatory. Until then, interpreters that have been providing the service for several years do not see the advantage of going through formal training and new candidates question the investment of time and money versus capacity of employment after completion.

***Are there requirements for hiring interpreters in healthcare in Canada?***

In the past, there were no standardized requirement for hiring an interpreter and although they now exist, some organizations choose to determine their own hiring criteria, creating in most cases a less desirable layer of minimally qualified interpreters. In Ontario, particularly the city of Toronto, where my experience is more prevalent, much work has taken place and many organizations are now looking closer at requirements for hiring interpreters. Hospitals in the Metropolitan area have been very proactive working together in strengthening admission requirements for interpreters.

An example of this effort was the development of the National Standard Guide for Community Interpreting Services – NSGCIS which clearly establishes very specific requirements, skills and competencies required by professional interpreters and even provides ISPs – Interpreter Service Providers (agencies) with options when dealing with last minute and LLD – Limited Language Diffusion requests. The National Standards of Practice were created with the intent of pulling together all the loose ends in the field and introduce a consistent, well researched document to guide the practice and provide guidelines for role definition, establish protocols and a Code of Ethics at national level. Although the document addresses “community interpreting”, there is a section on healthcare. Being a living document, these Standards will evolve as the profession becomes more unified. Roles will become better defined and requirements standardized. Through Critical Link Canada, a national organization that promotes Community Interpreting and the Critical Link Canada International Conferences, we are promoting and disseminating the Standards across the country, which is also getting International recognition.

***What are the roles of the medical interpreter viewed in Canada? Is there controversy?***

There are basically two schools of thought in regards to the role. The “linguistic conduit” model, and the “intercultural mediator” model. While many hospitals tend to follow the first model, from a risk management perspective, community based organizations tend to lean towards the latter model. One has to understand this perspective. Community interpreting started through the funding provided by provincial governments to address issues of family violence. The interpreter in this stream was expected to offer a supporting presence to the client and provide both the provider and client with cultural mediation – hence the term “cultural interpretation”.

The publication of the National standards clarified and established the expectations for the role of the “community interpreter” which includes healthcare. The role as defined in these standards as limited to the “linguistic conduit” role. Nevertheless, some organizations still prefer to add the advocacy and/or cultural component to the role, in particular, community based agencies. Until the Standards are recognized as a national document, setting clear expectations on training, each organization will define their own set of rules in the development and delivery of training based on their individual needs.

Regarding the advocacy role, some believe that interpreters should be neutral advocates to both parties, client/service provider with cultural clarification/mediation to facilitate the communication. However, this requires much training to avoid circumstances in which the interpreter crosses the line by expressing their own views and deprive the patient from an unbiased interpretation.

***Do you foresee that the role of the interpreter will change as the profession matures?***

I am not sure the roles will change, but surely they need to be better defined.



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***Lessons and Challenges:***

It is essential that every organization working independently in this area join forces and work with each other. The biggest challenge that I have observed, in over the more than twenty years in this field, are the “silos” in which people work all the time. We need to get over the territorial ownerships and politics between organizations and recognize the benefits of sharing ideas and get consensus on decisions that will benefit the target population. We all need to work together in a combined effort to move the profession forward. Working separately will only result in replication wasting the scarce resources available to us.

***What can we learn from your experiences?***

National unity is always a challenge we all face. There is a lot of great work done by very passionate people – to get them all to agree to a common ground is not an easy task. We have to learn and agree to disagree. We all believe and are committed to the betterment of this profession. It is important in order to move forward that we work out our differences – maybe we need to have more than one model, just maybe, but we have to discuss those issues at the same table, where we can come to a compromised decision that will work for the population that we all so passionately work for - the patient!





## ITALY

Maurizio Di Fresco, Medical Interpreter Coordinator, Language Services Department, ISMETT, Palermo, Italy

### ***Background:***

ISMETT is a joint public-private partnership between the Region of Sicily – through the two largest public hospitals in Palermo, Civico and Cervello – and UPMC (University of Pittsburgh Medical Center), an integrated global health enterprise headquartered in Pittsburgh, USA, and one of the leading nonprofit health systems in the United States. The partnership has brought together resources, intellectual capital, and advanced technologies to offer state-of-the-art treatment. Over the past decade, ISMETT has become one of the leading organ transplant centers in Europe and a major referral center for other Mediterranean countries. Around 900 transplant procedures have been performed at ISMETT with outstanding clinical results in the first ten years of activity since the hospital opened in July 1999.

The International Patient Services Department's mission is to provide the highest level of personalized and culturally sensitive service to patients seeking outstanding medical care and warm hospitality, covering a very broad spectrum of services including assistance with hospital admission procedures, coordinating between doctors in home country and staff at ISMETT, assistance with financial transactions, contacts with embassies and authorities abroad, cost estimates and billing inquiries, arrangements for accommodations, air and ground travel, arrangements for air ambulance services,, cultural and religious assistance. One of the tasks of ISMETT's International Patient Services Department is to provide language services, including arranging the presence of an interpreter for non-Italian speaking patients.

### ***How is the interpreting profession doing in Italy?***

In consideration of the above, the outline described below arises from different perspectives: first of all, the author's experiences as a conference interpreter, as an in-house medical interpreter, and an interpreter coordinator. Furthermore, there is a substantial difference between most Italian hospitals and ISMETT, a state-of-the art facility in which great attention is dedicated to the patient, including the overcoming of any language barrier: to start with, ISMETT is a bilingual hospital, whose official languages are Italian and English.

### ***ISMETT's example***

To this purpose, ISMETT's Language Services Department has five in-house Italian-English translators who work at the hospital from 7:00 a.m. to 9:00 p.m., Monday through Friday, and from 9:00 a.m. to 5:00 p.m. on Saturdays, employed with a no-term contract according to which they are classified as administrative clerks and paid according to the salary established by the National Labor Agreement on healthcare. This is a very special condition, as no other Italian hospital has in-house interpreters.

### ***Is there a medical interpreter association in Italy?***

An interpreter association exists in Italy, which gathers professional conference interpreters who are carefully selected through strict criteria. The members of this association work as conference interpreters, and they do not provide language services for patient-doctor communication in healthcare facilities.

### ***Do conference interpreters get called to the hospitals?***

The hypothesis of a conference interpreter being called to a hospital is extremely remote. In fact, Italian hospitals generally do not envisage any budget allocation for interpreting patient-doctor communication, and interpreters are generally volunteers who offer their support free-of-charge. In addition to that, the average fee that a conference interpreter requests for each day of conference interpreting (7 hours) equals to € 550-600 approximately. This makes it evident that there is no proportion at all between what a conference interpreter can make with his/her work outside of a hospital, and the monetary compensation that a hospital might be able to offer. As an example, an average basic salary (not including holiday work, surplus for night shifts, and other variables) in Italy for a unit clerk equals to around € 1,100/month, for a nurse € 1,200-1,300/month).

### ***Does the government or law recognize medical interpreters in any way?***

The Italian Constitution recognizes that, "All citizens have equal social dignity and are equal before the law, without distinction of sex, race, language, religion, and political opinions, personal and social conditions. It is the duty of the Republic to remove those obstacles of an economic and social nature which, limit the freedom and equality of citizens, impede the full development of the human person, and the effective participation of all workers in the political, economic and social organization of the country".



This provision is not fully complied with in the field of healthcare. As a matter of fact, while an interpreter is provided in criminal courts for the administration of justice when the accused person does not speak or understand Italian, no such guarantee is ensured in a hospital to foreign patients.

### ***Needs of the deaf and hard of hearing patients***

The same applies to hearing impaired patients. Sign language interpreting is a very new profession in Italy, and only recently is the public is approaching this issue. Some TV news programs are beginning to feature sign language interpreting in small screen windows, but only at some times of the day and for very short editions (even if subtitles in Italian for deaf people have been available for many years now for several TV shows). It should be noted that Italian society is still very much based on tight family relations. Families are very united, and sons and daughters generally live with their parents until adulthood, very often until they get married. In addition, marriage does not occur very early in people's lives (in 2007, the average age of marriage was 32.6 for men and 29.9 for women). Furthermore, geographical mobility is not a widespread phenomenon, so that family members usually live in the same city. This makes it easier for a family member to always accompany and assist a patient, including giving language support in the event of a hearing impaired patient.

### ***Remote interpreting in Italy***

Remote interpreting is seldom used by Italian hospitals. Telephone interpreting is provided in some hospitals mainly located in northern and central Italy, although such services are generally available in emergency rooms and maternity departments only. The percentage of patients who do not speak Italian is low, which implies that language barriers have never been a significant social issue. At ISMETT, we are studying the possibility to resort to remote interpreting for those languages that are not so common and for which it would be very difficult to find an interpreter in town.

### ***What are the training opportunities and requirements in your country?***

Training opportunities for interpreters in Italy are provided by the Association of Professional Conference Interpreters, and are open to the members of the Association. This means that training is offered to a category of interpreters that do not work in hospital, but mainly in congresses and meetings (not just scientific events).

At ISMETT, training opportunities are open to all staff members, not only in the field of interpreting, but also for all the events organized in the Hospital. This means that anyone, including community interpreters can attend free English conversation classes, scientific lectures, and so on. In addition, when a new interpreter is hired, he or she receives an initial training on how to correctly perform community interpreting in a medical setting.

To become a professional interpreter in Italy, students graduate after a three-year university course, which can be followed by a one-year Masters Program. In addition, the interpreter can also enroll in the professional registry of translators and interpreters of the Chamber of Commerce, although this registration is not mandatory. No requirements currently exist to work as a community interpreter in a hospital, and interpreters can be hired even if they do not have the professional titles specified above.

### ***What are the roles of the medical interpreter viewed in your country?***

In Italy, Standards of Practice exist for conference interpreters, but not specifically for medical interpreters. In order to meet the highest quality standards, ISMETT interpreters refer to the IMIA Standards, the California Standards for Healthcare Interpreters, as well as to the guidelines established by the Agency for Healthcare Research and Quality of the United States Department of Health and Human Services.

### ***Standards of Practice***

With regard to the CHIA Standards, topic No. 4) (i.e. interpreter as a patient advocate) becomes particularly true at ISMETT. In fact, foreign patients coming from abroad for medical care receive a mobile phone during their stay in Palermo, through which they can have free phone calls with hospital numbers, including the interpreter. This creates access to the interpreter or his/her family member, even when they are outside of the hospital. As a consequence, a special relationship usually arises between patients and interpreters, who often help out also during patients' non-clinical activities (such as cultural events, logistic issues, everyday activities). This particular relationship creates the grounds for the interpreter to become a true patient advocate also in the clinical setting.

According to the latter (AHRQ guidelines, 2005, p. 3), quality health care is:

- Doing the right thing (getting the health care services you need).
- At the right time (when you need them).
- In the right way (using the appropriate test or procedure).



- To achieve the best possible results.

While striving to obtain the abovementioned goals, attention is paid to striking the right balance of services by avoiding “underuse” and “overuse,” as well as eliminating “misuse.” Hence, emphasis is placed not only on the responsibility of the health providers, but also on their ability to “educate” users and collaborate with them in the most beneficial way. Although these principles have been issued to ensure quality in health care, at ISMETT they are also applied to the interpreting services. In each of the abovementioned contexts in which ISMETT interpreters are required, the quality of translation plays a central role because the health and lives of patients are at stake. Interpreters cannot afford to make minor mistakes or leave room for uncertainty. In addition to this, ISMETT interpreters undergo a performance evaluation every year in order to verify the quality of their services. The outcome of the performance evaluation also has an impact of their salary.

***Do you foresee that the roles of the interpreter will change as the profession matures?***

A long way still has to be paved before the roles of medical interpreters change, mainly due to the fact that no standardized requirements or guidelines set the rules for this profession, which is generally performed by volunteer associations or private people to offer language support on occasional basis and free of charge. In order to achieve the recognition of the importance of this role, it will first be necessary to standardize the definition of medical interpreters, and to establish rules for hospital to hire medical interpreters. Obviously, this implies that the budget of the hospital must allocate a share to language services. Therefore, a strong political will is necessary to achieve this goal. This is particularly difficult now in Italy, in consideration of the fact that hospitals receive public funding from the government, and that healthcare is currently the main area of deficit in Italy, and public funds to healthcare facilities have constantly been diminished in the last few years.



## JAPAN

Dr. Mamoru Ito, Head of Interpreter Services, Rinku Medical Center, Organizer of Yearly National Medical Interpreter Forum, Japan

### *The Status of Medical Interpreting in Japan*

There are two major factors that must be emphasized in order to understand the status of medical interpreting in Japan.

(1) Foreigners account for only a small proportion of the Japanese population. Even though it is frequently mentioned these days that the number of foreign residents in Japan is increasing, foreigners still account for only 1.74%, that is to say 2.2 million, out of the 120 million total population. There are regions where this proportion exceeds 10%, but as a whole, the relative number of foreigners in Japan is negligible as compared to Europe and the United States. Even in Tokyo, which is considered a major global metropolis, the percentage is about 3.5%. This is where Japan differs significantly with countries of the West that possess large immigrant populations.

People who speak foreign languages are traditionally treated with an unusual amount of respect in Japan, perhaps because Japan has always been an island country. In other words, they are considered to be extraordinary people who possess special abilities. On the other hand, for some reason people fluent in foreign languages are also expected to be good Samaritans, who help people in need. These beliefs actually hinder efforts to create a system for medical interpreting in Japan. One can infer by these notions that Japanese are simply not used to people who speak in a different tongue. There is definitely a lack of urgency concerning the need to become familiar with languages other than Japanese. I am a neurosurgeon, and in my field there is something called “the 3% rule” when we talk about medical complications. Complications that are generally ignored are suddenly recognized as acute priorities when they surpass a statistical probability of 3%. In my opinion, Japan is on the verge of discovering that it has a critical problem as it faces the issue of foreigners within the country. Japan will change when its own 3% line is crossed.

(2) It is necessary to understand that the Japanese health insurance system is unique. All citizens of Japan basically receive the same insurance coverage, the burden of which is shared by the national government, local governments and the private sector. Additionally, anyone can be treated by virtually any healthcare provider in Japan, and medical costs are standardized. Japan’s healthcare system was ranked No. 1 overall by the World Health Organization (WHO) in its 2000 World Health Report. Japan’s performance in specific subcategories is as follows.

1. Health system attainment and performance (in terms of years of health): Ranked 1st
2. Equality of distribution (in terms of relative mortality rates of children under the age of five): Ranked 3rd
3. Respect of and responsiveness to human rights (in terms of confidentiality, quality of medical services, etc.): Ranked 6th
4. Fairness of access (in terms of discrimination): Ranked 3rd
5. Fairness of financial contributions (in terms of financial burden based on income): Ranked 8th

The above results show that the Japanese healthcare system has been internationally recognized to be of high quality, at least up until now. However, the system is not ready to accept foreigners immediately, and it is believed that at present most are probably uninsured.

This system of social health insurance is now showing signs of collapse, mainly due to the rapid aging of society. This system, which functioned adequately until now, was developed on the assumption that the overall health of the population would improve in the future and that economic progress would continue indefinitely.

### ***How is the interpreting profession doing in your country? What challenges and successes has the profession experienced? What does the future look like in your country for medical interpreters?***

In general, interpreters in Japan play a major role in eight fields: conferences, law, business, personal assistant services, local governance, mass communications, tourism and medicine. However, interpreters have not been sufficiently acknowledged to be professionals in their respective fields, other than in the tourism industry. I think that interpreting as a profession has been maintained through the efforts of private firms, such as conference interpreting service providers, and through the demand for simultaneous interpreters in the media industry.

Unfortunately, medical interpreting has not been established as a profession. The status of medical interpreting in Japan can be summarized by the following points.



- (1) Depending on the local government, programs have been developed where resource databases are created and registered individuals are dispatched to healthcare establishments as medical or community interpreters.
- (2) In some cases, private firms or non-profit organizations enter an agreement with healthcare establishments to provide interpreting services.
- (3) Some healthcare establishments employ interpreters themselves, and some have organized systems for using the services of volunteers who receive some type of compensation.

Presently, volunteers are comprised of those who provide services pro bono and those who are compensated with a small stipend, of about 3,000 to 5,000 yen. Some establishments hire employees who speak a foreign language for duties other than interpreting, and have them double as interpreters when required.

#### ***Past Achievements and Future Priorities of Medical Interpreting***

Japan's health insurance system prohibits government-authorized healthcare establishments from treating both the insured and the uninsured. However, there has been some progress and it has recently become possible to file claims for interpreting and translating services for treating foreigners. Taking advantage of this new provision, some NPOs have succeeded in sustaining medical interpreting as a paid service by creating a system of cost sharing between local governments, healthcare establishments and patients. Under this system, each party contributes a reasonable amount to cover the costs of interpreting services.

The pioneering efforts of certain healthcare establishments that have continued emphasizing the need for medical interpreters in hospitals with large numbers of foreign patients has resulted in the development of medical interpreter training programs by local governments, as well as the organization of systems to provide medical interpreting services that are funded by hospitals.

#### ***Give your hospital's example or somewhere you are familiar with: how many interpreters work there, # requests, working conditions (volunteer or not), recruitment practices***

The Rinku General Medical Center has a small number of employees who are capable of attending to the needs of foreign patients, but these individuals do not receive any special compensation for these duties. We have 30 volunteer medical interpreters who have been independently qualified by our hospital, and a number of volunteers, called "foreigner supporters" who are compensated for travel expenses only. Six hundred cases per year require medical interpreting. Our medical interpreters are stationed within the hospital and are paid 5,000 yen for each six-hour shift.

#### ***Is there a medical interpreter association in your country?***

A medical interpreter association does exist in Japan. The Japan Association for Public Service Interpreting and Translation was established in September 2005; the Japan Association of Medical Interpreters (JAMI) was launched in February 2009.

#### ***Do conference interpreters get called to the hospitals? Are they involved with medical interpreting?***

Some healthcare establishments do employ conference interpreters, through firms specializing in these services. In terms of specialized medical interpreting, hospitals rely on the judgment of conference interpreting service providers to select and dispatch qualified personnel for a fee of about 10,000 yen per day, on average.

#### ***Does the government or law recognize medical interpreters in any way? How aware is the public or providers about the need for the profession?***

The need for medical interpreters has been recognized and documented in the Japanese insurance system. Under the principle of universal coverage, healthcare providers are prohibited from treating the uninsured. As of 2006, though, these establishments are now allowed to bill patients for medical interpreting services. However, this does not indicate that medical interpreting has been recognized as a profession.

#### ***How are the needs of the deaf and hard of hearing patients met? Are sign language interpreters more organized?***

The Japan Association of Sign Language Interpreters (JASLI) does have a certification program. Sign language interpreting in general is now widely recognized as a mandatory public service, thanks to the election system, but unfortunately this is not the case in the field of healthcare for spoken languages.

#### ***Is remote interpreting emerging in your country as another modality of providing interpreting services?***

There are a few organizations and private firms that offer remote interpreting services. Some local governments also provide this service. It is, however, not widely available.



***What are the training opportunities and requirements in your country?***

Some volunteer organizations specializing in medical interpreting hold study groups to improve their interpreting skills and increase their knowledge of medicine and healthcare. Generally, however, individuals study on their own. People who actually work as medical interpreters sometimes gather to review case studies or hold study groups. These study groups, which are basically self-instructional in nature, are held once or twice a month, so there is no sense of completing a course for qualification.

There is a common understanding that a certain level of knowledge and skill is necessary to become a medical interpreter. I believe that we must stop relying on self-education and start preparing a legitimate program that can train and certify interpreters. In 2009, the Japan Association of Medical Interpreters (JAMI) was created specifically for this purpose.

***Is their training for community or medical interpreting?***

Training courses for community or medical interpreting do exist, of course.

***If so, is training primarily for 'community' interpreting, which encompasses medical interpreting or specialized in medical interpreting?***

To foster community medical interpreters, local governments offer training courses that include medical education. Some volunteer organizations hold study groups to improve their interpreting skills, increase their knowledge of medicine and healthcare, and establish medical interpreting as an independent profession. However, individuals study on their own, in general. People who actually work as medical interpreters sometimes gather to review case studies or hold study groups. These study groups, which are basically self-instructional in nature, are held once or twice a month, so there is no sense of completing a course for qualification.

***Is the training mostly given by hospitals or by private training companies or by colleges or all of the above?***

Training courses do exist in Japan, but it is unusual for a hospital to hold one. For example, at the Rinku General Medical Center, physicians and medical interpreters discuss medical issues over lunch every day; this is considered practical training. Employees of hospitals in areas with large populations of Brazilian immigrants receive language training in Portuguese, but this definitely cannot be considered an appropriate means of developing medical interpreters. Inter School, a private language institute, recently launched an 80-hour medical interpreting course, the first of its kind in Japan.

***Are there any bachelors or masters in community interpreting?***

Professor Hiromi Nagao created the bachelors of interpreting at Kobe College for the first time in Japan in 2003. In 2004, Professor Mamoru Tsuda of Osaka University attempted to create the first medical interpreting course to be offered by a university in Japan. However, the objective of the course was not to develop professional medical interpreters, so there are no bachelors or masters degrees in this field.

***Are there any standardized requirements to be hired as a medical interpreter in your country?***

As of yet, there are no standardized requirements or guidelines in Japan to become a medical interpreter. It will first be necessary to standardize the definition of what a medical interpreter is.

The position could involve only interpreting for medical treatment under the supervision of a medical coordinator for foreigners, on the one hand, or on the other hand attending to the patient in every situation from admission to discharge. Difference of opinion concerning the role of the medical interpreter could lead to discord between interpreters and healthcare providers.

*In the US according to the IMIA and CHIA Standards of practice (see [www.imiaweb.org](http://www.imiaweb.org) under Standards section) the interpreter has four roles in the medical setting: 1) linguistic conduit 2) communication clarifier 3) cultural interface/broker/clarifier or intercultural mediator and 4) patient advocate (outside the triadic encounter).*

***While these terms have different meanings in different countries, does Japan recognize all these roles?***

As with the United States, Japan does recognize the four roles of interpreters in the medical setting. No agreements, however, have been reached concerning specific rules of ethical conduct and the proportional weight each of these roles should assume on the job. Therefore, it will be necessary to develop special criteria, based on the IMIA model, that emphatically take into account the cultural characteristics of East Asia and China.



***Do training programs in your country train interpreters in all these roles?***

There is a common understanding that interpreters should be trained in each of these roles, but there are still differences of opinion regarding the proportional weight each role should assume on the job.

***What are some of the misunderstandings or controversies surrounding any of those roles?***

One issue is that the relationship between patient and physician has never been equal in the Japanese medical culture. The argument that medical interpreters should take the position of the patient, instead of being neutral, has become a major point of contention. In this sense, I believe that medical interpreters should also take into account the historical background of the patient's home country, since Japan has many migrant workers from China and South America.

***Has Japan adopted a published Medical Interpreter Standards of Practice?***

Yes, although the number published is still small. At the very least, I have proposed a three-dimensional (e.g. medicine, language, assistance to foreigners) Standards of Practice publication, which is now being used as a textbook by Japanese medical interpreting courses.

***Do you foresee that the role of the interpreter will change as the profession matures?***

Yes, there will obviously be changes. The medical interpreters in Japan are proficient in English but still do not have enough knowledge of medicine. Moreover, as the profession matures, medical interpreters should gain more medical knowledge, so that physicians will become more comfortable communicating through them.

But some things will not change. This is an example of the response of an interpreter toward words of gratitude from a patient. The interpreter in question is well known in the field of conference interpreting, and has probably heard words of gratitude before. But hearing these words come from a patient filled the interpreter with an incredible sense of joy that she had never experienced before. I believe this example epitomizes the role and necessity of the medical interpreter. I also believe her emotional reaction portrays the foundation for the spirit of volunteering.

***What can we learn from your experiences? What are some of the difficulties you have faced in promoting the profession in your country and what challenges were you able to overcome? Any example of any lessons learned that you learned while promoting language access that you think could be useful to the audience.***

I believe the most important factor for the success of high-priority projects is a strong sense of determination on the part of the developers. The decisiveness of hospital executives is crucial for organizing a medical interpreting system. When we launched our medical interpreting system on a full-scale basis three years ago, the number of foreign residents in Japan was only 2.2 million, or 1.74% of the total population. However, many foreigners had visited our hospital, since we are the closest healthcare provider to Kansai International Airport and had experienced a number of cases in which we needed to break through the language barrier in order to perform emergency medical treatment. As a major gateway to Japan, we made the decision to initiate a medical interpreting system for the languages of English, Spanish, Portuguese and Chinese. There is a particular story behind this decision. A plane made an emergency landing at Kansai International Airport because a pregnant Filipino woman aboard had suffered a stroke. We performed neurosurgery on her to save her life, and fortunately she recovered. However, we were unable to recover any medical costs because of the language barrier, and we had done so much as to prepare a portable incubator to transport her premature low-birth weight infant back home. The financial damage was significant, and we acutely felt the need for medical interpreters. Around the same time, we coincidentally discovered the existence of the Minoh Medical Interpreters Study Group, a pioneer organization in the field of medical interpreting. This encounter led to our decision to launch a program for practical application. The new system we created gained the support of many individuals and groups, resulting in a synergistic effect. Our activities were reported widely by the media; in consequence, awareness of the necessity for medical interpreting is growing.



## RUSSIA

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### *Linguistic, Political and Economic Situation in Today's Russia*

As is known, Russia (the Russian Federation) is, in area, the largest country in the world, covering more than an eighth of the Earth's land area. It extends across the whole of northern Asia and 40% of Europe and comprises 83 federal subjects. The huge territory induces a number of problems, including those of languages and communication. Here I can identify three major linguistic and interpreting problems.

#### **(1) Russian original multinationalism and multilingualism**

Russia's population is about 142 million people, which makes it the ninth largest country in the world by population. Russia is a multi-ethnic society, home to 160 different nations and ethnic groups including (in descending numbers) Russians, Tatars, Ukrainians, Bashkirs, Chuvashes, Chechens, Armenians, Mordvinians, Avars, Belarusians, Kazakhs, Udmurts, Azerbaijanis, Maris, Germans, Kabardinians, Ossetins, Dargins, Buryats, Yakuts, Kumyks, Ingushes, Lezgins, Komis, Tuvins, Jews, Georgians, Karachaevs, Gypsies, Kalmyks, Moldavians, Kalmyks, Laks, Koreans, and about 130 other nations. Each nation and ethnic group preserves its native language – Russia's 160 ethnic groups speak 100 languages. Though the Russian language is homogeneous throughout Russia, about 30 million people in Russia are native speakers of other languages belonging to several diverse linguistic groups. Still Russian is one of the most widely spoken languages in the world. Over a quarter of the world's scientific literature is published in Russian.

Though Russian is the only official state language, the Constitution of the Russian Federation gives the republics the right to make their native languages co-official next to Russian. Thus, the Karachai-Circassian Republic has introduced Abazinian, Karachai, Nogai, and Circassian languages as the Republic's state languages besides Russian.

The Russian language is taught all over Russia, yet in some mountainous regions Russian is mainly spoken as a language of international communication and some people, particularly old ones, might not have spoken it for many decades using their native languages in their everyday life.

#### **(2) Migration inflows**

Though Russia has been fighting economic instability and social discrepancy, for 18 years it has been a country of economic and social opportunities for many former USSR citizens and citizens of developing countries in Asia and Africa.

One can find all the nine groups of migrants in contemporary Russia – temporary labour migrants; illegal migrants; highly skilled and business migrants; irregular migrants; refugees; asylum seekers; forced migrants family members; return migrants; and long-term, low-skilled migrants. Like in the rest of the world, migrants come to Russia due to the three main reasons – political, economic and educational.

Political reasons. Russians and Russian-speaking people were forced to leave their homes in the 1990s by the political situations and squeezing out governmental decisions taken in the former republics of the USSR – the Baltic States (Estonia, Lithuania and, particularly, Latvia), Caucasian Republics (Azerbaijan, Armenia and, particularly, Georgia) and Middle-Asian countries (Uzbekistan, Kyrgyzstan, Kazakhstan, Turkmenistan, and, particularly, Tajikistan). Most of them came to Russia and settled here hoping for better lives for themselves and great opportunities for their children in terms of education and career.

Economic reasons. Though the economic situation in Russia leaves much to be desired, the country strives for economic development thus providing more economic opportunities than most former republics of the USSR. And though some jobs are underpaid severely, some (including those of interpreters) are paid at the highest world level.

While highly skilled and business migrants apply for highly paid jobs, temporary labor migrants, irregular migrants, and some illegal migrants are ready to undertake any job as the payment is many times higher than in their native countries, anyway. According to the OECD Report and the Russian routine, "newly arrived immigrants are more likely than the native-born to accept unskilled jobs, even arduous and low-paying ones, <...> as they stay longer in the host country, they become fully integrated into the labor market" [OECD].





Russian education. All types of education in Russia – pre-school, secondary, high and higher – have always been notable for their high quality. According to a 2005 UNESCO report, more than half of the Russian adult population has attained a tertiary education, which is twice as high as the OECD average [UNESCO Report]. As of the 2007–2008 academic year, Russia had 8.1 million students enrolled in all forms of tertiary education (including military and police institutions and postgraduate studies) [UNEVOC]. Foreign students accounted for 5.2% of the enrollment, which equals to 421,200 students, with half of them coming from other CIS countries. Many of the graduates – natives of CIS countries – prefer not to return to their native countries but to stay in Russia or migrate to Western Europe and the USA.

The statistics shows that the migration inflow of 2007 was 258,193 people and the rate was practically preserved in 2008 – 257,148 migrants. It considerably compensates the decrease in the Russian population (by 54.9% in 2007 and by 71% in 2008), yet it involves some social and economic problems that aggravate the situation in Russia, including a growing number of homeless among illegal migrants and growing diasporas of long-term Chinese and Vietnamese migrants in Russian megalopolises.

### **(3) Foreigners infiltration and territory absorption**

Mass Chinese migration to Russian Siberia and the Far East started in the “perestroika” times. Today the Chinese economic and demographic expansion has received a many-sided support from the Russian government. By the end of 2004, there were 43 bilateral Russian-Chinese cooperation projects on forest. The total area of timber logged by China’s enterprises were 1923.6 thousand m<sup>3</sup>, increasing by 32.4%, and the total investments were about 1 billion dollars, with an increase of 20.3% compared to 2003 [SFMC]. Protection of natural forests in China has led to greater imports from the Russian Federation, potentially contributing to unsustainable harvesting in parts of the Russian Far East and East Siberia [FAO Report].

In 2007 the Russian Ministry of Natural Resources and the Russian Federal Forestry Agency made a decision to lease to China 1 million ha of Russian forest territory in Siberia for 49 years. It may result in many Chinese settlements, villages and towns growing in that region within the lifetime of two generations and squeezing out Russian natives from the territory economically, socially and politically. And this is not the first gift to China – in 2004 according to the decision of the Russian government, a half of the Bolshoi Ussuriisky Island and the whole of the Tarabarov Island were handed over to China.

According to the Russian Ministry of Internal Affairs, from 400,000 to 700,000 Chinese live in Russia today. According to some unofficial calculations, their number varies from 3 to 12 million people. The above mentioned facts of the growing migration and foreigners infiltration in Russia stipulate the growing need for medical and community interpreters, because a majority of legal migrants doesn’t hurry to learn the Russian language – one of very difficult languages in the world – not to mention illegal immigrants, who turn to be in the utmost need for everything, including interpreters’ assistance.

### ***The Current Achievements of Medical Interpreting in Russia***

Though the situation with the official status, working conditions and recruitment practices of medical interpreters in Russia still needs much improvement, the profession has been developed considerably within the last 15 years and the process of development speeds up.

### ***How is the interpreting profession doing in Russia?***

The interpreting profession in Russia has a long history, which dates back to Kievan Rus’ (the 9th century) and even earlier. In 1472 Ivan III wedded Sophia Paleologue, daughter of Thomas Palaeologus, despot of Morea, who claimed the throne of Constantinople as the brother of Constantine XI, last Byzantine emperor. This fact and many facts of Russian territory expansion under Ivan IV, Peter I and other Russian tsars and emperors prove Russian far-reaching connections with foreign countries, Russians mastering foreign languages, the increasing need for interpreters in annexed territories and its timely satisfaction.

Today translators and interpreters play a major role in Russia in all spheres of economy and technology, as practically all of them are connected with foreign industries. Yet, there are several major fields comprising all types and kinds of translation – legal translation and court interpreting, economic and financial translation and interpreting, technical translation and interpreting, medical translation and interpreting, literary translation and simultaneous and conference interpreting.

Medical interpreting has both been recognized as a profession and has not.

On the one hand, healthcare establishments and medical high schools recognize the growing need for medical interpreters and translators and more and more medical universities and academies provide their students with specialized translation and interpreting education.



Many translation companies provide medical translation and interpreting services and their number has considerably grown – there are over a thousand translation companies in Russia, with the ten biggest agencies controlling the market. For the last 5 years the demand for translation and interpreting services has been growing by 10-20% a year, with the most profitable kinds of translation being technical, medical, financial and legal translation and all kinds of interpreting, including simultaneous and consecutive interpreting for medical purposes.

On the other hand, the professions of translator and interpreter though recognized officially in some legal and standard acts of the Russian Federation, haven't acquired any official recognition in their thematic types – thus, even court interpreter is simply called “pervodchik” in the Criminal Code of Russia, a Russian term, which stands both for a translator and an interpreter.

The functions of medical interpreters are fulfilled by either medical personnel, mainly doctors who received a specialized translation and interpreting education in their medical high schools and thus becoming professional translators and interpreters or by professionals hired from translation and interpreting companies either by relatives or by governmental administration bodies.

Medical personnel of hospitals can work as interpreters either on voluntary basis or can be hired by translation companies or patients' relatives as medical translators or interpreters. Their labor is paid by translation companies or clients directly. The rates vary considerably – from 10 to 100 Euro per hour depending on the region of Russia, the aspirations of translation agencies and translators' and interpreters' professional record.

Databases of medical interpreters are not on open access – each translation agency has its database. A profound database can be given by the Union of Translators and Interpreters of Russia and its regional branches.

Both patients and doctors expect from interpreters the highest professional qualities and maximum efficiency, and most interpreters do their best to meet their expectations. In certain cases medical interpreters and medical translators can reject a job offer, thus taking the risk of losing the job opportunity as most translation companies work with freelancers and often prefer profit to high quality – their dream being a high quality professional who would work for peanuts.

***Do conference interpreters get called to the hospitals? Are they involved with medical interpreting?***

Professional conference interpreters are often hired by translation agencies and offered medical interpreting jobs. Yet, being high professionals and following professional ethics and fully understanding how much depends on them, conference interpreters mainly undertake the jobs if they consider themselves high professionals in the field of medicine.

***Is there a medical interpreter association in Russia?***

A medical interpreter association does not exist in Russia so far. The Union of Translators and Interpreters of Russia was established in 1994 as a successor to the Inter-Republic Union of Translators established in 1991. The UTR (established abbreviation of the Union) comprises five departments – Translation for humanities and the mass media, Business and technical translation, literary translation, Translation theory and training and Simultaneous and consecutive translation.

The UTR also unites medical translators and interpreters as its members and has an extensive database including those specializing in medical translation and interpreting.

***Does the government or law recognize medical interpreters in any way?***

The government recognizes medical interpreters but within the integral profession of translator / interpreter only. To the best of my knowledge, the profession hasn't been subdivided officially in any Russian legal act.

***How aware is the public or providers about the need for the profession?***

Thanks to the mass media, the Russian public is well aware about the need for the profession of interpreters and translators, including medical interpreters.

***How are the needs of the deaf and hard-of-hearing patient's met?***

Russia is a home for about 7 million deaf and hard-of-hearing people. There are several associations uniting deaf and hard-of-hearing people in Russia including the All-Russian Society of Deaf People, Saint-Petersburg Union of the Deaf, Charity Association for Hard-of-hearing people “BAIS”, etc. Saint-Petersburg Union of the Deaf is over 100 years old and the first Russian school for deaf students in Saint-Petersburg turned 200 years old in 2006.



Until nowadays, there has been a profound lack of interpreters able to meet the needs of deaf and hard-of-hearing people – there are as few as three sign language interpreters for a thousand Russian people in need.

In 2008 the services of a sign language interpreter were introduced into the Federal list of rehabilitation measures provided to hard-of-hearing people. The services are paid from the Russian Federal budget. The first region to introduce the service officially was the Irkutsk Region, where every hard-of-hearing person will be able to receive 40 hours of certified sign language interpreters' assistance free of charge [Surdoperevodchik]. Russian sign language interpreters are severely underpaid – according to a certain resolution, public administration bodies pay them 65 roubles (about \$2) per hour [Dolgosheva].

***Are sign language interpreters more organized?***

There is no specialized association of sign language interpreters in Russia. Yet, the All-Russian Society of Deaf People unites Russian sign language interpreters and three specialized education establishments – in Moscow, Saint-Petersburg and Novosibirsk – train and certify sign language interpreters. Yet, we have recently witnessed some serious changes for the better. In 2003 October 31 was officially established as the Day of Sign language interpreters in Russia.

As for the Russian sign language, Mr Chuev, an independent deputy of the Russian State Duma has recently introduced a bill in recognition of the Russian sign language as a state language of Russia. According to Russian political analysts, the bill is very likely to be rejected by the State Duma [Business Press].

In April 2009 the Russian President Dmitry Medvedev stated that sign language interpreters must be trained and certified in every federal subject of Russia [RIAN]. Hopefully, quite soon the situation with sign language interpreters will considerably improve – Russia will enough specialists in the sphere and they are sure to establish their own professional association.

***Is remote interpreting emerging in Russia as another modality of providing interpreting services?***

Remote interpreting is just making its first steps in Russia (bearing in mind its vast territory). Yet, a number of translation companies provide remote interpreting services via Skype. Telephone interpreting system has not been established in Russia yet and is a task for the nearest future.

***What challenges and successes has the profession experienced?***

The profession of medical interpreter has experienced and is experiencing some considerable changes in public and governmental attitudes, as well as those of job providers – translation companies and public administration. Still, there is a long way to go and much to do before the profession will enjoy full recognition and governmental support.

***What does the future look like in your country for medical interpreters?***

The future for medical interpreters in Russia looks bright though not cloudless, as it is inseparable from the future of Russia – a great country, which has been ruined three times within one century. Yet, every time it found enough inner potential and power to rise to its feet, and I hope very much that my country will manage to do it again, however hard it might be this time. Translators and interpreters are at the front line of Russia's strive for resurrection and development and medical interpreters are among those whose duty is both to help Russia and those in Russia who are most vulnerable due to some circumstances, often misfortunate.

***What are the training opportunities and requirements in Russia?***

There is definitely professional training for medical interpreting; yet, there is no training provided for community interpreting, as community interpreting hasn't been recognized as a specific kind of interpreting in Russia so far.

***If so, is training primarily for 'community' interpreting, which encompasses medical interpreting or specialized in medical interpreting?***

Training is specialized in medical interpreting, which encompasses community interpreting to a certain extent.

***Is the training mostly given by hospitals or by private training companies or by colleges or all of the above?***

The professional medical interpreting training is primarily given in higher medical education establishments. Almost all medical universities and academies provide their students with an opportunity to take a two-year course of translation and interpreting "in the sphere of professional communication" – i.e. in medical communication. As such courses deepen students' knowledge of foreign languages considerably and arm them with important specific skills and competencies, many medical students take the courses and get trained and certified as medical translators and interpreters.



***Are there any Bachelors or Masters programs in community interpreting?***

No, there are no bachelors or masters in community interpreting yet, as community interpreting hasn't been officially recognized as a profession. Yet, there may be Bachelor and Master degrees introduced in medical interpreting very soon as Russia has been getting more and more integrated into the Bologna process.

***Are there any standardized requirements to be hired as a medical interpreter in your country?***

To be hired as a medical interpreter in Russia one has to prove his professional status by producing his/her certificate of graduation from a higher translation school or his/her certificate of graduation from a higher medical school and a supplementary certificate as a translator/interpreter "in the sphere of professional communication". Obviously, to become a professional medical interpreter a translation school graduate has to spend much time and effort in training him/herself as a medical interpreter thus becoming a life-long learner, like any other interpreter though.

*In the US, according to the IMIA and CHIA Standards of Practice, the interpreter has four roles in the medical setting: 1) linguistic conduit 2) communication clarifier 3) cultural interface/ broker/ clarifier or intercultural mediator and 4) patient advocate (outside the triadic encounter).*

***While these terms have different meanings in different countries, does your country recognize all these roles?***

Russia, being a country with a long history and great culture, embracing cultures of 160 different nations and ethnic groups does recognize the interpreter's four roles in any settings, with medical settings included.

As translation theory and language teaching theory have been largely developing in Russia, communicative and functional approaches in translators' and interpreters' training are among the most recently adopted. According to the approaches, translators and interpreters cannot be considered professionals without their developing communicative, cultural and intercultural competencies, not to mention linguistic competencies both in their native and foreign languages. As for medical interpreters' fourth role – that of patient advocates – Russian teachers and interpreters share the understanding that any interpreter must do his/her best to assist his/her client and support his client both linguistically and humanely as much as the interpreter can.

Quite a number of the Russian researchers and educators raise their voices in favor of an integrative approach combining all the four interpreter's roles (interpreting-clarifying-mediating-advocating).

According to the professional code of the UTR members, translators and interpreters are recognized as professionals playing a specific – very important – role in the life of the international community, contributing much to the progress of the human civilization and mutual enrichment of national cultures [UTR's Professional Code].

***Do training programs in your country train interpreters in all these roles?***

Today Russian higher education establishments, and primarily linguistic universities, with Moscow State Linguistic University in the vanguard, do not just prepare linguists or translators and interpreters but specialists in intercultural communication, i.e. professionals able to fulfill the four inseparable functions – those of linguistic conduit, communication clarifier, intercultural mediator and clients' advocate. Yet, though the first three roles are voiced officially within some university courses and specially trained for, the fourth role – of a clients' advocate – has no specific training courses so far, which must be introduced in every higher education establishment providing interpreter training. Something like "Ethical Fundamentals of Interpreting Profession" and "Ethical Fundamentals for Medical Interpreters".

***What are some of the misunderstandings or controversies surrounding any of those roles?***

The contemporary controversies surrounding the professions of interpreter at large and court and medical interpreters in particular mainly concern their official recognition, specificity of their training including such novelties as team teaching and exposure to adverse working conditions while training. Yet, I believe that while training medical interpreters Russian medical universities and academies should pay more attention to the cultural backgrounds of their future clients and introduce such courses as 'a comparative course of healthcare systems', 'a course of important cultural and religious issues' (particularly important for interpreters whose future clients will be Muslims, Buddhists, or even Pentecostals or Baptists).

***Has your country adopted a published Medical Interpreter Standards of Practice?***



No, Russia hasn't adopted a published Medical Interpreter Standards of Practice yet, which is logical as the medical interpreter's profession hasn't been officially recognized so far. Yet, I hope that in the near future the profession of the medical interpreter will be officially recognized and Russian Medical Interpreter Standards of Practice will be elaborated and adopted in Russia.

***Do you foresee that the role of the interpreter will change as the profession matures?***

I hope for considerable changes in the interpreter's profession in many aspects in Russia. First, I foresee its official recognition by the Russian government and its final separation from the profession of the translator. Second, I surmise a further subdivision of the interpreter's profession into those of court interpreters, medical interpreters and (why not?) community interpreters. Third, I hope for establishing some new schools and university departments of specialized interpreting that will provide special training for every student who decides to master the profession of a court, medical or community interpreter. Fourth, I believe there will be developed and introduced precise interpreting quality criteria and criteria for performance excellence as well as medical interpreter standards of practice that will be followed by both education establishments training interpreters and interpreters themselves. Fifth, I think there must be and will be developed a Code of Medical Interpreters' Ethics and a kind of Professional Oath similar to that of Hippocrates, which every Russian medical interpreter must take before starting his/her professional activity. I foresee considerable changes in the official status, adequate payment and working conditions of Russian sign language interpreters. I'm sure there will be more professional interpreters' associations established in Russia in the near future including those of medical interpreters and sign language interpreters.

Yet, some major things will remain unchanged – Russian interpreters' high professionalism, their empathy and readiness to help their clients, Russian interpreters' willingness to contribute to every act of international and intercultural communication, their profound personal commitment to their profession and everyday practice – that of helping people overcome language barriers, prevent misunderstanding, build bridges from person to person, from heart to heart.

***What can we learn from your experiences? What are some of the difficulties you have faced in promoting the profession in your country and what challenges were you able to overcome?***

I have been doing my best to promote the professions of both court and medical interpreters in Russia for over 10 years by now. I have conducted researches and written articles [Burukina 2009] on the basis of their results, I have elaborated and developed my own courses of legal translation, court interpreting and medical interpreting and tried to introduce some of them into my University. I have made a number of presentations and delivered them at different international conferences [Burukina 2007a, b], including some conferences held in the US.

I can't say I have always been successful – some of my papers were turned down as if the conference organizers were only interested in their home problems and didn't care for the processes ongoing in Russia. Yet, the number of countries and conferences interested in cooperation with Russia and Russian researchers has been growing and I am happy that I have managed to contribute my mite into the process of our countries' integration and international and intercultural cooperation.

***Any example of any lessons learned that you learned while promoting language access?***

I have been working as a simultaneous and conference interpreter for 17 years, yet my involvement in the practice of medical interpreting is not very deep – I interpret occasionally at medical conferences and there was a period in my life in the 1990s when I used to provide interpreting services for the Russian Healthcare Ministry. At the same time I have been teaching translation and interpreting for 17 years at Moscow State Linguistic University and the lesson I want to tell you about is rather from my teaching experience though it concerns medical interpreting in the wide meaning of the term 'interpreting'.

About 10 years ago I was a peer reviewer of a female student's diploma. She was behind schedule and I had the right to refuse from reviewing her diploma, so I asked what had happened to her, where she had been all that time. She answered that she had had some health problems caused by her pregnancy and also had been making an important decision – to have an abortion of her quite big unborn baby or not. She decided for an abortion and the very next day she was to have it. It was none of my business, but I ventured to inquire further and asked her what the true reason was for her decision. She answered that in the first month of her pregnancy she kept taking some pills for weight loss – the so called Thai pills – and as she had been suffering from toxicosis and cramps for all the next months her doctor advised her to have an abortion in order "not to give birth to a freak". My student had been in two minds for some time as that was a welcome baby, but her doctor kept persuading her to have an abortion (God knows why) and she finally agreed.



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I was shocked by the doctor's behavior and just could not allow her to ruin the two lives – the baby's and my student's or even more – those of her husband and her elder daughter. I convinced my student not to have an abortion the next day but to give me some of her pills and promised her to find a highly professional doctor who would administer their tests and draw a conclusion whether they could have harmed her unborn baby or not. I didn't manage to keep my promise entirely, yet I managed to find a doctor who knew the pills in question very well and who ventured to give his professional conclusion on a letterhead. That turned out to be enough – my student refused to have an abortion and though she had some complications in delivery, she gave birth to a nice healthy boy who is about 10 years old now.

I can't say that I have saved his life; I can't say that I prevented a murder. Yet, I can say that I was not indifferent to my student's problem, I helped her as much as I could and we both won. I would say that I acted both as a teacher and an interpreter (and as a medical interpreter as well) in the wide sense of the terms – I interpreted the situation in her favor and changed it to her benefit. I taught her not to submit to adverse circumstances and not to follow evil advice.

I also learnt much from this lesson – I have learnt that an interpreter always stands guard – guarding people against mistakes, guarding people from harm as best as s/he can.



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## SPAIN

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### *Historical Background*

Spain is a country with 17 different autonomous regions with autonomous health care and education services provision systems. We count on different initiatives in various territories, which could be a powerful asset, but there is also a clear lack of coordination. In this regard, we have not built the necessary structures whereby to channel joint efforts. And we have not created these networks so far because our modern immigration history is relatively short. We do have a longer history of tourism, but taken into account it has been mostly seasonal, no extensive public service interpreting provision was ever catered for tourists.

We started having a remarkable number of immigrants coming over to work since the late 80s. This is the reason why our society has not yet adapted totally to this multi or intercultural reality. This obviously affects public service provision and, naturally, also public service interpreting.

### *How is the interpreting profession doing in Spain? What does the future look like for medical interpreters?*

The situation of medical interpreting in Spain is in an early stage of development. If seen from a US perspective, we are just starting and there is not much of a structure. I will sketch it out briefly: there is no accreditation, no assessment of quality standards up keeping, no sanctions; there are no associations, no standards of practice in place, no binding rules and no homogenous requirements (Valero Garcés, Raga Gimeno et al., 2006).

Also, the Spanish legislation does not usually recognize professions (although it does in some instances, like health workers and lawyers), and the case of medical interpreting is no different. Nonetheless, as I will point out afterwards, some regional governments have been hiring medical interpreters or cultural mediators in one way or another. Then, if regarded from a historical point of view, I consider we have moved reasonably fast.

If we take the International Spectrum of Response (Ozolins 2000) classification of responses to interpreting needs as a yardstick, Spain has consistently been classified as providing ad hoc responses, although the social need is great indeed.

In fact, there is not a profession as such; we could still label healthcare interpreting in Spain as an occupation, i.e. a profession-to-be. So, there are no requirements to practice in Spain and as an 'ad hoc' country we have had, and still have, plenty of bilingual immigrants without any interpreting background or any kind of training who act as interpreters. And that does not only happen in healthcare, but also in other settings such as courts or police.

I understand that the lack of an organized interpreting field stems from a larger lack of awareness regarding equal opportunities rights, multiculturalism and communication in a diverse environment. But this is maybe a digression. I will not go into that, but I think this general mindset conditions the specific progresses of professional or also cultural communities' struggles.

I would not like to draw a miserable picture of the Spanish situation, because as I said before, we have been progressing. As an example, I will now briefly talk about the situation in my area (Valencia, east coast). There are two scenarios: What is most often done is that public institutions invite tenders to provide interpreting services, but the bidding companies are rarely expected to provide a standard quality service nor are they even assessed. The only criterion is: the lowest bid gets the job. So, the companies bring in untrained interpreters who get low wages, they do a bad job and in the end nothing happens.

In healthcare, I will explain what the regional Health Department (Comunitat Valenciana) has done this year: they officially announced 4 internships in different hospitals. (Bear in mind that this Department of Health caters for a population of almost 5 million.)

### *Requirements*

1. To hold a higher education diploma: BA Translation and Interpreting or a BA Foreign Language and Culture Studies, like English Studies, or
2. To hold any university diploma and to hold an advanced level of proficiency from the Spanish Official School of Languages, or
3. To hold a postgraduate training program in intercultural mediation





Pay: 1.000 euros a month (1,466 USD), the minimum wage being 624 euros (914 USD). Contract duration: 7 months (June-December).

### ***Training***

Undergraduate level training (some modules at some universities, like Universitat Jaume I), a specialization course (Universitat Jaume I), Master's degree level (University of Alcalá, Madrid; University of Vic, Barcelona), PhD training in the area (at different universities).

### ***Research***

We have research conferences (the most important one takes place in Madrid every 2 years) and many publications. And in the last few years there have been at least 4 PhD theses read on community interpreting. There is also a research group called COMUNICA that coordinates actions.

### ***Profession***

There are some agencies that have provided or still provide medical interpreting services: Semsi (Madrid), AMICS (Castelló), Servei intercomarcal d'Osona (Barcelona), La Caixa (a bank's foundation, with a Network of Intercultural Mediation, made up of more than 100 mediators working with NGOs all around Spain), Department of Health (Generalitat Valenciana, offering internships for interpreters and cultural mediators in hospitals). In Madrid and Comunitat Valenciana they have put in place telephone interpreting services (although I do not have information on how they are working). Several professional meetings have also taken place.

Sign language interpreting is more organized than spoken languages community interpreting. In 2007 a law was passed concerning sign language and sign language interpreting. There are regional professional associations and regulated training.

### ***Challenges***

There were several agencies that had played a key role but some have been closed down. The most important one, in Madrid, was called Semsi (Servicio de Mediación Social Intercultural), which was a pioneering initiative with great results. It had been working for 10 years since 1997; it was closed down due to economic reasons.

Also, we need more coordination. There are a lot of initiatives in place, but the lack of unity seems to be hindering the evolution towards a full-fledged profession.

### ***What does the future look like in Spain regarding medical interpreters?***

The future of the profession in Spain can only be a bright one. The growing interpreting needs will necessarily increase the presence and relevance of the profession. Thus it will hopefully be easier to foster a professionalization process. In the long term, we have good prospects on the professional, training and research side. However, given the current economic situation, in the short term we are to face even heavier challenges.

### ***What are the training opportunities and requirements in your country for medical interpreters?***

In order to train as a health care interpreter, the ordinary way of doing so is by completing a BA in Translation and Interpreting (this degree is quite established all around the country) and then specializing in public service interpreting through a Master's. Within the Master's it is possible to choose between legal or medical. In fact, there are few courses for medical interpreting only (as far as I know, only one does it: the specialization course at my home university, Universitat Jaume I).

Because there is not a unified profession, a unified association or a unified agency commanding interpreting services, there is not one fixed set of requirements to enter the profession. What is usually demanded is a higher education diploma (preferably on the foreign language in question; otherwise, a high level of proficiency diploma in that language). It is also desirable to have some postgraduate or specialization diploma in public services interpreting or in cultural mediation. However, it is not rare to find people carrying out interpreting tasks with no university training at all or even with a low level of literacy.

### ***How are the roles of the medical interpreter viewed?***

This is one of the trickiest questions to answer. From a Spanish perspective, interpreting and intercultural mediation are close fields. Indeed they seem to share some ground when it comes to intercultural communication issues. However, this is still a highly topical issue in Spain. We have not decided what interpreting consists of or what mediation is about. Our vision of the medical interpreter role is still quite blurred and we have not reached a consensus. We know that a medical interpreter does more than converting messages;



we also know that a cultural mediator is to try and stop conflicts arising from contact among different cultures, with an emphasis on communication. But we do not know how far one or the other should go. We do not have the body of knowledge and experience you have had in the US or in Canada. And of course we hope to learn from your history and from your current recommendations. But I think in Spain or elsewhere we have to go through that experience in order to gain true expertise.

One can identify two stances regarding the role of medical interpreters:

1. “A medical interpreter is a cultural mediator”. Healthcare Interpreting is understood from an integrative approach whereby this area of professional practice (healthcare interpreting) is shared by two fields (interpreting and mediation).
2. “A medical interpreter is a public service interpreter specialized in healthcare settings”. Healthcare interpreting is one work setting of public service interpreters, and it is not mediation.

Taking the incremental intervention method (Avery 2001); (Roat 1999) (i.e. the continuum of roles from a message converter or language conduit one, passing through the Communication clarifier and Cultural mediator, to that of a Patient advocate) as a framework, I would say that a Spanish interpreter is mostly expected to be a cultural mediator or even a patient advocate. A part of the research community also posits the need for an integrative approach regarding these two poles (interpreting-mediation). In Spain, as far as I know, medical interpreting and cultural mediation are often considered the same thing; one may also find the term “cultural and linguistic mediation”. The reasoning behind this is that the mediator-interpreter is the (critical) link allowing respectful contact and communication among diverse cultural and linguistic communities. And I think this view is shared by other countries such as Italy, where this notion is more established.

I would also like to add that I consider that in the future our view of the medical interpreter role will become more subtle or more sensitive in the way we understand it. My impression is that the professional role is understood as a rather static notion, while other more experienced countries (Canada, US and Australia) have already take on board that community interpreting demands roles navigating to adjust the professional task to the specific situation and the needs attached to it. In this sense, I think we will follow your trail.



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