Abstract

This book is based on my dissertation which was accepted in 2003 by the University of Hamburg. The topic is doctor-patient communication interpreted by so called 'ad hoc-interpreters', i.e. bilingual nurses or relatives of the patient. The data stems from authentic doctor-patient-interactions in German hospitals. The first language of patients and interpreters is Portuguese, but there is a difference between the two groups: whereas the patients had acquired Portuguese in Portugal, the interpreters in most cases acquired it in Germany as their home language. Most patients speak a bit of German, too, but do not speak it well enough to understand the specialized talk of the physicians and therefore need the support of a bilingual person.

The aim of the study is to show how laypersons interpret medical terms that are important for the achievement of certain communicative purposes in briefings for informed consent. The basic assumption is that doctors verbalize medical knowledge by using specific linguistic forms and that untrained interpreters will have difficulty in finding equivalent linguistic forms in the target language.

The book is organized as follows: after an introduction (chapter 1) and a critical review of other discourse-analytical approaches to medical interpreting (chapter 2), the institutional setting is analyzed in order to show how the linguistic structure of briefings for informed consent is shaped by the institutional framework (chapters 3 and 4). Announcing and describing the method are considered to be those speech actions that are, among others, constitutive for the achievement of institutional purposes in briefings for informed consent. By announcing and describing the method, the doctor orients the patient towards a professional plan, thus ensuring future cooperation on the patient's behalf.

Terms that designate the method as a whole ("Magenspiegelung", *gastroscopy*), parts of the body ("Speiseröhre", *esophagus*) or instruments ("Schlauch", *tube*) are important for this communicative process. The qualitative analysis of four briefings for informed consent (chapter 5 and 6) in diagnostic settings reveals that ad hoc interpreters have difficulty with some of the linguistic forms and that they use certain procedures to compensate for these difficulties. Medical terms are repeated in German (insertional code-switching) or replaced by non-terminological forms. In some cases, interpreters make the attempt to translate complex compounds by transferring parts of them, one after the other, into the target language. This procedure has the most noticeable impact on the interaction, as the interpreters usually end up explaining these parts and, in so doing, disrupt the coherence of the doctor's discourse.

The analysis shows that the interpreters' processing of the source-language discourse is strongly determined by their understanding of the doctor-patient-relationship and their knowledge of the respective methods and the medical issues. Even nurses may find it difficult to designate parts of the body or organs in their native language, because these terms are familiar to them only in German, not in Portuguese. Relatives of the patient attempt to downplay or ignore possible negative aspects of the medical procedure in order to calm the patient down.

We may conclude (chapter 7 and 8) that the information provided to the patient in briefings for informed consent is less accurate and complete if the interpreters are non-trained bilinguals. Interpreter training should therefore attempt to provide information about the communicative function of frequent types of discourse, such as medical interviews or briefings for informed consent, and it should focus on those linguistic forms that play an important role for the achievement of communicative purposes.