

# Reflection paper on interpreter as an gatekeeper in medical discourse

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## Reflection Paper of Critiquing Translating and Interpreting Presentation

Name: Rizqi Fauziah Std Number: 0807532 Class: 7B The Interpreter as

Institutional Gatekeeper: The Social-Linguistic Role of Interpreters in Spanish-English Medical Discourse This reflection essay will discuss the written report of the group presentation on chapter entitled The Interpreter as Institutional Gatekeeper: The Social-Linguistic Role of Interpreters in Spanish-English Medical Discourse written by Brad Davidson. This will include how to build group discussion, the material presented, class discussion, and the conclusion.

The data are taken from the work of Baker (2010). A couple weeks before the presentation was held, the group which consists of four members started to discuss the material that will be presented. The discussion was conducted three times meetings. Each member of the group should read all the material before the first meeting was held. In the first meeting, the group divided the material to each member of the group, thus, every member would have more focus on the material given. The second meeting, we discussed our understanding on the each material given, then, we made power point slide presentation.

In the last meetings, still, we shared our understanding about the topic and had a rehearsal presentation. This chapter talks about how the interpreter's role is in medical discourse based on Brad Davidson's study and detailed analysis entitled The Social-Linguistic Role of Interpreters in Spanish-English Medical Discourse. In the Davidson's study, there were found examples of the way in which the interpreters tend to align themselves with the

institutions and to strengthen institutional voice, often at the expense of the voice of participants (Baker, 2010).

In this case, the institutional setting is hospital and participant is the patient. I'm interested in the quotation ' interpreters are the most powerful people in medical conversation' which is made by head of interpreting service at a major private U. S. hospital in May 1999. What I understand from this quotation is that the interpreters who have control in the conversation. They are as a key in conversation because they connect the doctor and the patient in order to gain the conversational goals. As mentioned by Davidson (Baker, 2010 p. 154): " Interpreter acts as the point of negotiation and exchange between the social context inhabited by the physician and the patient" Historically, most analysis has been based on oral model of translation which most analysis of interpretation has focused on monologues as suggested by Davidson in Baker (2010, p. 155). Furthermore, the interpreters are seen as conduits, not conversational participant. In contrast, recently, the interpreters do not only conveying the message, but they shape and, and in some very real sense, create those messages in the name those for whom they speak (Baker, 2010 p. 56). Moreover, the interpreter is always placed in contested area between being provider of a service and being agent of authority and control (Baker, 2010 p. 156). The structured interaction between the patients, the physician, and the interpreter is called medical discourse or medical interview. Davidson's study of medical discourse was conducted at General Medicine Clinic (GMC) of Riverview General Hospital in spring and summer 1996.

According to Davidson in Baker (2010), the data collection concerned on the way in which the hospital-based interpreters were used in clinic, the interpreter's presence in helping to shape the course and content of interview and the way interpreter mediated the clash of goals between the achievement of institutional goals and goals held by the patient. The data are collected from observation of over 100 patients' visits, 50 of which were observed and audio taped. The research questions that are asked by Davidson are: 1. What the role of interpreter within the goal-oriented? . What is the interpretative habit? And how does one engage in the practice of interpreting? 3. If the interpreters are not neutral, do they challenge the authority of the physician judge, and act as patients' ambassadors, or do they reinforce the institutional authority of physician? During the study, Davidson said that the scarcity of time become the factor of the patient in medical interview. It is because the patients who used interpreter often were left alone for sometimes an hour while they waited for the interpreter to arrive (Baker, 2010 p. 60). Moreover, Davidson said that the interpreters are possibly conducted the interview with the patient before the physician arrived (Baker, 2010 p. 160). They took a charge of physician's position by asking questions the patient about the illness before they convey it to the physician. This affects the process of elaborating a Chief Complaint from patient which becomes shorter. Besides, the interpreters also would occasionally go so far as to conduct the initial portions of the interviews itself. According to Davidson in Baker (2010, p. 64) the interferences of interpreter in medical interview create harms for the physician. For instance, in case of English-speaking physician who had a Spanish speaking patient,

most the direct questions that directed to physician were answered by the interpreter. This treatment is apparently an attempt to keep the patient ' on track', but this makes a threat to the physician's authority within the interview. This habitual action done by the interpreter might be viewed as a move to insulate the physician.

Keeping the patient on track also led a loss of patient complaint in conversational. It affects that patient's complain will left undiagnosed and untreated. In contrast with the patient without interpreting, their complaints were diagnosed and treated because there was no interference from the interpreter. In this case, the interpreter sometimes edited the wholesale complaint of the patient in order to keep the interview ' on track' and sometimes to protect the physician and the institution of hospital.

However, this makes un-tracks the achievement of the institutional goals (diagnosis and treatment) of interview itself. After explaining the material, 3 classmates asked some questions. The first question came from Riska K. R who asked ' is there any justification for medical interpretation to have a tendency to support a medical institution instead of the patient? ' we agreed to answer that yes, there is justification in which the interpreter supports the medical institution. It is because the role of the interpreter itself is as an institutional gatekeeper.

The interpreters are paid by the hospital (the institution), thus, they support the institutional. The second question came from Rendriawan who asked ' please explain the sentence " the interpreter also interpret selectively, and

appear to do so in a patterned (non-random) fashioned” ‘. Then, we answered that the interpreter should filter what utterance that is told by the patient before we convey it to the doctor in order to protect the physician and the institution of the hospital from the critique of the patient.

The last question is from Lalitya P who asked ‘ are there any differences of the role of interpreter in colonial and post colonial condition? How the interpreter reacts in the interview? ‘. we agreed to answer that yes, we think that there is difference in colonial and post colonial condition. For example in post colonial the interpreter is always placed in contested area between being providers of a service and being agents of authority and control. To sum up, the answer of research question has been answered in this study.

The interpreters have a role as ‘ advocates’ or ‘ ambassadors’ for interpreted patients as suggested by Davidson (Baker, 2010 p. 172). Besides, they also act as informational gatekeepers who keep the interview ‘ on track’ and the physician on schedule. The interpreters who attempt to keep the interview ‘ on track’, sometimes, lead the habitual actions such as answering the patient’s questions which are directed to the doctor, editing the wholesale patient complaint in order to protect the institution of the hospital, and etc. According to Davison in Baker (2010, p. 73) it can be outlined that interpreters are not, and cannot be ‘ neutral’ machines of linguistic conversion. Moreover, it is because they are faced with the reality that linguistic systems are not ‘ the same’ in how they convey information contextually. Besides, they are themselves also social agents and participant in the discourse. Davidson said in his article that the interpreters and the

physicians at Riverview have to have training (Baker, 2010, p. 173)

Bibliography Baker, M. (2010). *Critical Reading In Translation Studies*. New York: Routledge. '