

Lost in Translation

By Dr Bertha Woon

I read with interest the recent Hong Kong Court of Appeal case between Dr Tan Ronald Francis and the Medical Council of Hong Kong. This case contained an informed consent problem secondary to a difference in interpretation of the word *steroid* in Cantonese. The patient's bone of contention was that she did not understand Dr Tan when he told her he was injecting 激素 (*kikso* in Cantonese), instead of calling it 类固醇 (*luikusun* in Cantonese). She claimed that she would not have consented to treatment if she had known he was injecting steroids. So far, this kind of suits has not arisen in Singapore yet. Setting aside the legal aspects, this case led me to think of the challenges Singaporean doctors face in our multiracial and multilingual society every day. I will focus purely on translation and interpreting issues affecting clinical practice in this column, and will not discuss the legal aspects of this case.

Singapore's population demographics have changed drastically since my medical school days. Whereas doctors used to require, apart from English, some working knowledge of Mandarin, the various Chinese dialects including Hokkien, Cantonese, Teochew, Hakka, Hainanese, Foochow, and also Malay and Tamil, the massive influx of foreigners, both immigrants and tourists has led to doctors facing a veritable Babel on a daily basis, especially for specialists. The latest available population data puts our total population at 5.1837 million, of which 3.2572 million are citizens. Among the foreigners in our midst who may or may not speak English are Asians (e.g. mainland Chinese, Japanese, Koreans, Indians, Central Asians and Mongols, etc), Middle Easterners, Eastern Europeans (e.g. Slovaks, Russians and Czechs, etc) and South Americans (e.g. Venezuelans and Brazilians, etc). North Americans, Western Europeans, Africans and those from Down Under usually speak English.

Not only do local doctors have to cope with foreign patients who may not speak our local languages, they also have to interact with many non-local colleagues who may have difficulties with our multilingual and multiracial society. Many of our local doctors and nurses have to act as unpaid part time interpreters for these foreign colleagues. This reduces work efficiency and causes unnecessary stress. It was recently reported in the news that after years of recruiting foreign doctors mainly from India and Pakistan, the Ministry of Health has finally recruited 23 mainland Chinese doctors, trained mostly in Beijing and Zhejiang. As of the end of last year, there were 3121 foreign-trained doctors and 5909 local-trained doctors registered with the Singapore Medical Council. These new Chinese doctors may, like their other foreign predecessors, face difficulties with dialect-speaking elderly Chinese patients who do not speak Mandarin, and non-Mandarin- and non-English-speaking patients.

Potential linguistic problems are compounded when you look at the demographics of our nurses in 2009. There were 2506 non-Singaporean versus 17,227 Singaporean and Permanent Resident (PR) registered nurses. The figures for enrolled nurses for the same period were 1892 non-Singaporeans versus 4873 Singaporeans and PRs.

I have left out the statistics for the other healthcare professionals so as not to complicate the picture, but you get the drift.

Coupled with linguistic differences, there are also problems with differences in the cultural use of terms, as seen in the Hong Kong case mentioned above. Those of us who have experience in dealing with Chinese from different territories will have realised that Taiwanese, Hong Kongers, Mainlanders, Malaysian Chinese, Vietnamese Chinese, Thai Chinese, Indonesian Chinese, etc, have special linguistic quirks which may sometimes lead to misunderstandings if one is not careful. I am sure my Indian colleagues face similar issues with Indians from different states, as do my Malay colleagues when faced with Indonesians from different parts of Indonesia, Malaysians and Bruneians.

Cultural differences also extend to the mode of communication, not just the words. These differences include body language and degree of eye contact and gender differences. Patients also differ in their levels of expectations of doctors depending on the culture they come from.

The reason I mention all these is to point out the inherent challenges in taking informed consent for any procedure, when there are so many opportunities for misunderstanding between doctors and patients, doctors and nurses, and nurses and patients. The problems extend to daily communications such as phone conversations involving prescriptions, handing over cases and passing on instructions to fellow colleagues.

While no one expects doctors to possess linguistic genius, here are a few take-home points so that we can protect our patients, our healthcare colleagues as well as ourselves:

1. Document which language or dialect your explanation was in.
2. If in doubt, always avail yourself of the services of an interpreter. Most hospitals nowadays have a list of various interpreters on duty, either employed by the hospital, or available through the various embassies and consulates. If you know there is a patient who will require these services, make an appointment with the interpreter in advance.
3. Document clearly the interpreter's name and contact number, what you said in the notes, including, if possible, the term of art that the interpreter used in explaining to the patient. Get the interpreter to write the term in your notes if necessary.
4. Remember that just because someone is a native speaker does not mean that s/he is competent to translate medical terms. This skill requires special training. If in doubt, always double check.
5. Professional interpreters are often registered with the International Association of Professional Translators and Interpreters. If so, they are required to abide by a code of ethics and professionalism which requires them to interpret faithfully what is said.
6. If the patient has family members who speak English or another language that you understand, involve them too and document who was present and what was said.
7. Get the patient to explain his or her understanding to you through the interpreter to ensure fidelity in the interpretation and to clarify doubts. Just because you have explained correctly does not equate to the

- patient understanding you in the same way.
8. Be alert when the length of the interpreted conversation differs greatly from whatever you have said. The interpreter could have under- or over-interpreted or could have excessively truncated or embellished your words. Even worse, the interpretation could be wrong.
 9. It is helpful to check body language and eye contact as this can aid you in establishing the fidelity of the interpretation.

I hope these few points are helpful in your daily practice. Best of luck to all of you! **SMA**

SMA will be holding a seminar for foreign-trained doctors on Saturday, 19 November 2011, from 2 pm to 5 pm at the HDB Hub Convention Centre. We welcome all foreign-trained doctors who would like to understand more about our local culture and systems to attend. Our seminar will feature small group discussions to allow our foreign colleagues to interact personally with our local doctors. For more information, please refer to page 13.

References

1. Read the details of the case here: http://legalref.judiciary.gov.hk/lrs/common/search/search_result_detail_frame.jsp?DIS=76842&QS=%2B&TP=JU.
2. Mainland Chinese refer to steroids as 激素 (jisu in Mandarin) as this term is more specific for the chemical that is injected.
3. 类固醇 (leiguchun in Mandarin) is the generic term for steroids commonly used in the press in Hong Kong as well as Singapore.
4. Statistics Singapore. Latest Data [online]. Available at: <http://www.singstat.gov.sg/stats/latestdata.html>. Accessed 3 October 2011.
5. Pang, M, Poon C H. China docs learn to take local pulse [online]. The Straits Times 30 September 2011. Available at: <http://www.ttsh.com.sg/about-us/newsroom/news/article.aspx?id=2518>. Accessed 3 October 2011.
6. Singapore Nursing Board. Annual Report 2009 [online]. Available at: <http://www.snb.gov.sg/html/1300674591433.html>. Accessed 3 October 2011.
7. Find out more about the International Association of Professional Translators and Interpreters at <http://www.aipti.org/eng/>.



Dr Bertha Woon is Vice-Chairman of the SMA Membership Committee and holds a Graduate Diploma in Translation and Interpreting for Chinese to English and vice versa from Nanyang Technological University/Guangdong University of Foreign Studies.