Interpreting in hospitals

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INTERPRETING IN HOSPITALS[1]

Der Beitrag enthält erste Forschungsergebnisse aus dem Projekt "Dolmetschen im Krankenhaus" , in dem der Einsatz ungeschulter dolmetschender Personen in der Kommunikation zwischen Arzt und Patient im Krankenhaus untersucht wird. Im Rahmen eines exemplarischen Vergleichs eines Ausschnittes aus einem monolingualen und einem gedolmetschten (deutsch-portugiesischen) Aufklärungsgespräch wird die Besprechung von Komplikationen untersucht, die im Rahmen einer Bronchoskopie bzw. einer Gastroskopie auftreten können. Die diskursanalytische Behandlung der Diskursausschnitte bringt Unterschiede zwischen dem monolingualen und dem gedolmetschten Gesprächsausschnitt zu Tage, die in charakteristischer Weise institutionsspezifische sprachliche Handlungen betreffen. Aus diesem Befund ergeben sich Konsequenzen für eine zukünftige Fortbildung von dolmetschenden Personen im Krankenhaus, die zum Schluß des Beitrags reflektiert werden.

1. The Project "Interpreting in hospitals"

The study in the project "Interpreting in Hospitals"[2] arises out of the fact that over the last decades Germany has gradually become a multilingual country, in which the percentage of migrant population in urban areas has reached 20 %.

Due to this demographic change and the often founded migrants' poor command of German, there is a growing need to overcome language barriers in all social institutions. In our research we investigate one specific way of bridging this language barrier in a specific institutional setting. Although interpreting in hospitals is an everyday practise in urban areas in Germany, it is not a professional service offered. The interpreters are bilingual staff members or relatives of the patient with little or no experience in interpreting. They get drafted ad hoc without being paid.

Our research is based on tape recordings of authentic interactions in hospitals. We concentrate on the language pairs Portuguese/German and Turkish/German and we also consider monolingual data from Turkey, Germany and also from Portugal. We investigate mainly two types of discourse: medical interviews and briefings for informed consent in which different forms of dialogue interpreting can be found. The tapes are transcribed and then analysed within the theoretical framework of a linguistic action theory, which is called "Functional Pragmatics".[3]

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[3] Cf. Ehlich 1991 and Grießhaber 2000.

Our focus is:

- What are salient features of multilingual, mediated doctor-patient-communication?
- What affects the interpreters' performance?
- Are there any differences between bilingual staff members and relatives with reference to interpreting?

Whereas the process of interpreting, by means of conveying linguistic action from one language to another, can be understood as a 'reproducing'[4] form of speech production, the interpreter sometimes also modifies the course of interaction. Phenomena referring to modifications at the surface of linguistic action in the target language vis-à-vis linguistic action in the source language, as for instance reductions, additions, omissions etc. have already been discussed, by for example Wadensjö 1992, Jekat-Rommel 1993, Knapp/Knapp-Potthoff 1985, 1986, 1987, to name but a few. Especially for doctor-patient communication research findings that are based on interviews with patients whose relatives interpreted in the communication with a medical doctor, show that "the third"[5] interpreting person influences the doctor-patient-communication.

In how far the process of interpreting itself as a special form of speech production, which is closely linked to a specific speech situation, may be responsible for these modifications, is an issue which has hardly been dealt with. Bührig/Rehbein 2000 have tried to reconstruct the characteristics of speech production in interpreting by resorting to an action theoretical understanding of the speech situation, that is a specific constellation that entails on the one hand the possibilities and the constraints on possible speech actions of the interlocutors and on the other hand, ways of acting, that were built up in the history of a society. In doing so, they have reached the conclusion that the reason for interpreting — the language barrier — causes an internal rupture of the speech situation which has a forming impact on the interpreting person's linguistic action in the target language. By interpreting, on the hand, this rupture is bridged. On the other hand, this bridging leads to the consequence that the speech situation in itself is being drawled out. Due to this fact, those dimensions of an utterance that are realised in the source language by using the co-presence of speaker and hearer, have to be conveyed into the target language in a different form. So, for example prosodic characteristics of a source language utterance are often replaced by lexical expressions in the target language; the act of uttering itself in the source language for instance is often indicated by verba dicendi in the target language. In our view, referring to these phenomena as for instance 'additions' may neglect the specific production situation which underlies the process of interpreting and the efforts of interpreters to reproduce the different dimensions of a speech action. Our way out of this problem is the attempt to retrace the single elements of the target language utterances to the source language speech actions.

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4 Cf. Bührig/Rehbein 2000.

5 To stick to this constellation Bischoff/Loutan 2000: 45f. coin the term "Trialog".

To reproduce all the dimensions of a source language utterance the interpreting person has to have not only a wide linguistic repertoire in the source and the target language, but she or he has to recognise the specific function of linguistic means. This implies that the interpreting person also has to know about the character of the constellation in which the entire talk takes place. This implication is especially relevant for interpreting in institutions as research shows that linguistic action in institutions often produces special forms which correspond to the respective purpose of the institution. Moreover, in complex institutions like hospitals there are constellations that result out of internal necessities and which are only known by the members of institutions, the so-called 'agents'[6]. Non-members, the so-called 'clients', who often interpret for their relatives or acquaintances, in general do not share this institutional knowledge and therefore perceive these institutions-specific constellations often only partially or not all[7].

Thus there can be assumed that there is a relationship between the speech situation, especially the constellation, and the function of linguistic means. As to consider this idea in answering our second research question our analysis starts with investigating the source-language-utterances, considering their linguistic form and their action quality with regard to the discourse as a whole and the purposes that are realised within the institutional interaction. As a next step we analyse the target-language-utterances so as to be able to compare both forms of linguistic action. The aim of this comparison is not to evaluate the interpreter's efforts but to find out the special demands of and difficulties in interpreting that in future might be considered in the training of community-interpreters when eventually also in Germany community-interpreting is offered as professional service.

In this paper, I would like to concentrate on the first two research questions. On the one hand, I would like to deal with the phenomenon that for instance Tebble 1999 in her research on interpreted doctor-patient communication refers to as the interpreter's "downplaying" or "downtoning" of "negative information".[8] On the other hand, I would like to try to address the question by what this "downtoning" may be initiated. In order to do so, it is not only necessary to look at the linguistic action of the German doctor in multilingual encounters, but also to learn something about the structure of the communicative reality of monolingual briefings for informed consent.[9]

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[6] This distinction between 'agents' and 'clients' of an institution was made by Ehlich/Rehbein 1977.

[7] This doesn't mean that in ordinary life, beside institutions, everybody is totally aware of the constellation he or she is acting in. Misunderstandings in communications can arise due to the fact that different actants also may access constellations in a different way.

[8] Cf. Tebble 1999: 193ff.

[9] Cf. Meyer 2000 and the references which are mentioned in his article.

2. Briefings for informed consent

Before performing diagnostic or therapeutic operations, the medical staff of hospitals in the Federal Republic of Germany is obliged by law to inform the patients about the operation. The doctors fulfil this obligation through especially assigned talks, in which also medical purposes are performed. Here, the patients are informed about the type and the course of the operation as well as about possible risks and complications that it might entail.

On the basis of knowledge imparted by the doctor, the patients shall decide themselves on whether or not they consent to the operation, thus the juridical background to guarantee the self-determination of the patients in the therapy. The decision should be based on an appraisal on behalf of the patient. The objects of this appraisal are the purpose of the operation on the one hand and the complications on the other hand. Usually the patient will dispose over no or only very little knowledge in both these aspects. He is thus completely dependent on the information imparted by the medical staff.

Due to their specific purpose, explanatory talks are subject to a particular structure. Meyer 2000 retraces their characteristic medical activities by means of authentic explanatory talks:

- Announcement of the operation
- Description of the operation (course and purpose)
- Declaration of complications
- Exemplification of the complications
- Illustration of the complications
- Estimation of the possible risk (frequency of occurrence)
- Consideration of further need of information

As Meyer 2000 illustrates, the patients often do not know that they can also reject the planned operation or that an appraisal on their behalf is called for.[10] On the one hand, this is caused by the fact that the doctors do not make clear the functions of such talks to the patients. The juridical claim is only fulfilled by a special form, the so-called "Aufklärungsbogen" which are given to the patient at the end of talk where very often there is no time for clarifying questions.

In most of the cases the patient will, nevertheless consent to the decision in favour of an examination or therapeutic step that has already been made by the doctor. The patient will document this through a signature at the bottom of these forms which proof that he has been informed. This is what our findings from our taped and analysed encounters show.

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[10] Further more patients often don't want to know all the details concerning their treatment. Further research has to show to which extent the understanding of the institution and in how far culture influence this point of view.

2.1. Complications in briefings for informed consent

Complications in diagnostic or therapeutic operations are either consequences of medical action or reactions of the patient's body which are not wanted but unavoidable. They are a possible danger to the execution of the doctors' purposes and may endanger the patient's cure or health. The consent to medical treatment is thus always a consent despite the risks involved. It is based on either confidence in the doctor or on the simple trust that nothing will go wrong.

Hence it is to be expected that the communicative treatment of complications is one of the possible critical moments within the explanatory talk. It therefore confronts the doctor with specific communicative tasks, for instance not to frighten the patient of going along with the planned operation.

How do the doctors manage this manoeuvre?

A look at a monolingual briefing for an informed consent for a planned bronchoscopy shows that possible complications are addressed in a "covert" manner. An example is the following extract in which only in the descriptions of precautions it becomes clear which potential strains and risks the patient faces in the planned operation.

(B1) Bronchoscopy[11]

	Arzt/Doctor		Patient
(S64)	Ähm • Sie werden vorher ungefähr ne halbe Stunde inhalieren mit einem Verneblungsgerät, wie Sie das von zuhause kennen.		
	Ehm • before that you will inhale for about half an hour with a vaporizateur as you know it from at home.		
(S65)	Aber in dieser • Flüssigkeit, die da vernebelt wird, ist ein Lokal-anästhetikum.		
	But in this • liquid which is being vaporized is a local anaesthesia.		
(S66)	Das heißt, die Schleimhaut wird betäubt.		
	That means that the mucous membrane is being anaesthetised.	S(67)	Hň
(S68)	Das • legt sich wie so n Film auf die Schleimhäute.		
	It is like a film on the mucous membrane.		
(S69)	Und dann ist einmal der Hustenreiz nich so groß und • äähm...		
	And then, on the one hand, the irritation of the throat is not so big • eehm...		
(S70)	Das • • is ja ne empfindliche Schleimhaut.		
	That is • • a sensitive mucous membrane.		

[11] In the following the HIAT (Heuristic Interpretative Auditory Transcription) transcription conventions (cf. Ehlich/Rehbein 1976) are used but for reasons of space I only present a list of utterances. The conventions are:

. final sentence falling intonation;
? question raising intonation;
/ self repair;
• short hesitation about 0.25 seconds;
((1s)) hesitation of a second;
... abortion of a speech action;
das underlining of words or syllables marks emphasis of the underlined part.

(S71)	Das kann auch sonst wehtun.		
	That can hurt otherwise.		
(S72)	Das wird damit auch n bißchen betäubt.		
	That is anaesthetised a bit by it.		
(S73)	Sie kriegen vorher ja ne Spritze.		
	You will get 'n injection beforehand		
(S74)	Ähm • da ist ein Medikament bei, das einmal • • gegen Herz-Rhythmus-Störungen wirkt.		
	Ehm • there is a medicine in it, that on the one hand as good • • against irregularities in your heart rhythm		
(S75)	Denn wenn Sie • einen Würgereiz bekommen oder heftig husten müssen, dann kann es mal sein, daß das Herz aus dem Takt gerät.	(S76)	Hň
	Because if you • are receptive to choking or have to cough a lot, then what can happen is that your heart beats irregularly.		
(S77)	Das ist da mit bei.		
	That is what is in it.		
(S78)	• Und Sie haben • da ein Medikament gegen Husten.		
	• *And you have • there a medicine against cough.*		
(S79)	Das ist so ne Art Kodeinpräparat.		
	That is a kind of codeine.		
		(S80)	Hň
(S81)	Kennen Sie vielleicht auch schon.		
	Perhaps you know it already.		
(S82)	• Das machen wir hier oben noch.		
	• *This we will also do up here.*		
(S83)	((1s)) Ähm • wenn Sie ne halbe Stunde da unten inhaliert haben, • dann ähm fangen wir auch gleich mit der Untersuchung an.		
	((1)) Ehm • once you have inhaled down there for half an hour • then ehm we will immediately begin with the examination.		

The female doctor who talks to the 75 year old age pensioner embeds the possible complications in the description of the trajectory of the planned bronchoscopy.

First of all, let us have a closer look at the single steps of this description:

The doctor starts off with an announcement which is not shown in the presented fragment for reasons of space. She says: : "Und jetzt ((lacht auf)) • kommen wir erstmal dazu, wie wir das machen." (Segment 49) (And now ((she laughs)) let's look at how we will do that.) Then she hands an illustration to the patient, which shows where the tube should reach to (Segment 51) and then she describes the size of the tube and through which orifices (mouth or nose) the tube will be introduced. In segment 64 the doctor refers to the patient's part in preparing the operation. He has to inhale. In the description of the medicaments he has to inhale, it becomes clear that the bronchoscopy may cause some pain. From segment 73 we also gather, that the patient will get an injection so as to avoid possible irregularities of the heart rhythm (Segments 74/75).

Although these possible complications are serious by nature, they do not seem to scare the patient off. At least the patient does not utter any fear or reservations. He only voices a

few back channel signals (Hň) by means of which communicative convergence is indicated. In my view, the complications are divested of their threatening character by the relevant utterances in which they are verbalised. They represent inserts into the action pattern of describing by which the patient is oriented towards the trajectory of the operation.

These 'inserts' do not have the character of interruptions, as for example those described by Jefferson as "side-sequences".[12] Because of their prosodically tight linking to the previous utterance, the segments 71 and 75 do not have the character of moments of pausing in the doctor's linguistic performance. Rather, because of a special form of imbedding these inserts in the present discourse fragment, they have the character of details informing the patient about the aim of a medication given. The respective medications are mentioned in the course of describing the activities which the patient performs either himself, like inhaling or whose recipient he becomes as in the case of the mentioned injection. In this way, the utterances in segment 71 and 75 merge into the overall composition of the speech action pattern of describing and thereby loose their potential illocutive character of issuing warnings. Thus the patient is led to believe that he is being taken care of and that there is no need to harbour reservations about the bronchoscopy.

In how far the doctor with her way of informing of potential complications satisfies the juridical claim of enabling the patient to decide for or against the bronchoscopy, in the final resort can only be clarified by having an interview with the patient. On the basis of our previous analyses, we assume that in general in briefings for informed consent the doctors' give priority to instruct the patient on the planned operation and to make him into a co-operating partner rather than prepare him to arrive at a decision.

So, it is presumably not mere chance that the doctor finishes this first part of her description in segment 83 with an utterance which again sets in with the patient's inhaling and his future co-operation.

3. Complications in mediated doctor-patient-Communication

Let us now take a look at an example of one doctor's linguistic action as well as its interpretation concerning the complications possibly arising out of a gastroscopy.

3.1. "Complications" in the original language

The following extract demonstrates the end of the first part of the talk, where the patient's niece is in charge of interpreting. After the female doctor has explained the procedure and the course of the examination and has made sure that the patient has understood the (non-translated) explanations so far, she comes to speak of the complications that might arise during the performance of the gastroscopy (segment 105).

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[12] Cf. Jefferson 1972.

(B2) "Gastroscopy"

A (105)	**Er muß da/ dazu wissen**, dass es • immer zu einer Untersuchung auch Komplikationen geben kann.	D (114)	O • tio tem que saber, **eles têm que dizer isto sempre a/ aos pacientes**,
	In addition to/to that he must know, that an examination can always produce complications.		*You must know, they always have to tell the patients this,*
A (108)	Es kann sein, dass er mal **blutet**, • oder es **zu einer Verletzung • der Magenwand kommt.**	D (115)	que **podee** ähm • **deitar** um bocado **sangue** no estômago,
	It could be that he bleeds, or an injury might occur at the wall of the stomach.		*that uhm a bit of blood could spill in the stomach,*
		D (116)	**ou pode** um bocadoo ähm (doer) um bocadinho no estômago.
			or even a little bit uhm it could hurt a little bit in the stomach.
A (110)	Bis zur **Perforation**, bis zum **Durchbruch des Magens.**	D (117)	**Até** • • **podee** • furar o estôm/
	Down to perforation, even down to rupture of the stomach.		*It could even perforate the stom/*
A (111)	Das is sehr selten,	D (118)	mas é o que é miuito raro, não é?
	That is very rare,		*but that is very rare, right?*
A (112)	aber **er muss das wissen**.	D (119)	Mas é só **eles têm que • dizer** isto sempre.
	but he must know that.		*It is only that they always have to tell this to the patient.*

The doctor verbalises the nature of these complications in two utterances: in segment 108 she mentions bleeding or injury of the gastric wall and in segment 110 perforation or rupture of the stomach. In the three remaining utterances of her turn she refers to the patient's handling of the knowledge she has just verbalized: in segment 105, before she even mentions the nature of the complications, she underlines that it is necessary for the patient to be informed about possible complications: "Er muß da/ dazu wissen, dass es • immer zu einer Untersuchung auch Komplikationen geben kann." In segment 111 she rates the frequency of these complications saying "Das ist sehr selten" and concludes in segment 112 by mentioning once again the necessity of informing the patient: "aber er muss das wissen". Furthermore, the utterance in segment 108 "Es kann sein, daß er mal blutet, • oder es zu einer Verletzung der Magenwand kommt." is opened by a matrix construction in which the occurrence of an injury is qualified as only "possible" by the inferential use of the modal verb "kann".[13]

Taking a superficial look at the turn of the doctor and thus analysing the quantity of her utterances, she makes a greater effort of controlling the patient's reception of her words than of explaining the nature of the complications that might arise with the gastroscopy. These are

[13] For an analysis of modal verbs within the framework of an action theory of language cf. Ehlich/Rehbein 1972, Brünner/Redder 1983, Redder 1984.

verbalised by the verb "bluten", the noun "Perforation" as well as by the noun phrases "Verletzung der Magenwand" and "Durchbruch des Magens". Combined with the preposition "bis zu", they show the whole spectrum of possible complications. Within this spectrum, the verb "bluten" and the noun phrase "Verletzung der Magenwand" are at the one end of the spectrum, expressing only vaguely the seriousness of these complications. At the other end, we have the nominal expression "Perforation" and the noun phrase "Durchbruch des Magens", which are used by the doctor to express very serious medical circumstances. Altogether it seems improbable, that either form of expression actualises any kind of knowledge enabling the patient to get an idea, let alone a clear picture of the possible complications involved.

It is thus likely that the patient can but take note of the doctor's evaluation of the possible risks. All the more so, since she links the knowledge about the trajectory of gastroscopy to the possible risks involved only by using the functional verb "dazu kommen" ("it might occur").

Not only does the doctor strongly reduce the information about the complications, but she also uses a terminology that requires nearly professional knowledge about the operation. Further more she uses formulaic syntactical forms which seem to stem from a written text. Together with the controlling of the patient's handling of the information, the mentioning of the complications take on the form of a specific speech action that assumes the character of merely 'pointing out something'. By 'pointing out something', as Ehlich/Rehbein show 1986, one actor intervenes in the current course of action of a co-actor and furnishes him with relevant knowledge about the performance of the action that he had previously not considered.[14] But should the verbalised knowledge refer to an activity the listener is to perform within a given course of action, of which he is not or only poorly informed, the pointing out will be merely one-sided on the part of the speaker. For instance in the case of this extract, it is highly probable that even a German patient would not know that he is to decide for or against an operation. He thus could not use the information pointed out to him. In the extract presented the pointing out is only done by order, it is a mere fulfilment of juridical requirements without taking into consideration its original juridical purpose — which is briefing for informed consent.

3.2. On the interpretation of the complications involved

The niece's interpretations differ from the doctor's speech. This applies to the explanations given about the nature of the complications as well as to the utterances dealing with the patient's handling of this knowledge.

From the remarks about the complications, the niece takes up "blood" (segment 115) as well as "perforation of the stomach" (segment 117), whereby she only partially verbalises the latter expression. In segment 116 injury of the stomach is changed to pain in the

[14] Cf. Ehlich/Rehbein 1986: 92-94.

interpretation. The niece also gives her own evaluation of the intensity of the pain by adding "um bocado" (a little bit) or "um bocadinho" (a tiny bit). In segment 117 the Portuguese construction combining the preposition "até" (to) with the modal verb "pode" (could) translates the German construction which uses the prepositional phrase "bis zu" (down to) to indicate the rupture of the stomach as the worst possible complication. But the Portuguese preposition "até" combined with an inflected verb can be compared to the German adverb "sogar" (even). This construction (that could be translated to German by "es kann sogar..." (it could even...) emphasises up to the point of dramatising the speaker's evaluation of the situation.

A further modification concerns the structure of the Portuguese utterances. They all include finite verbs. In correspondence to the doctor's utterance in segment 108, the niece uses "pode" as a finite verb in the main clause in segments 115 and 116 respectively. The doctor uses the German modal verb only once in a matrix construction, where it also functions as a carrier for the subsequent utterance. The niece, on the other hand, uses "pode" twice. In a main clause, a finite verb brings about an incision in anchoring knowledge in a speech situation, as Rehbein 1992 and 1999 points out. Due to this, the niece has to express explicitly connectivity between the utterances which she does by using the Portuguese expression "ou" in segment 116. In doing so, each individual medical piece of information is linked to the next in an additive way[15] and thereby they are presented as elements of an open choice. This does not correspond to the span of complications involved as indicated in the German.

Another essential difference between the linguistic action in the source and target language can be found in the utterances by which the doctor had intended to influence the patient's reception of information. In segment 114 the niece interprets that her uncle has to know that the doctor has to mention that something specific, namely "isto", which she expands on in the subsequent utterances, namely the complications. By contrast, the doctor had in fact said that the patient has to know that an examination can always produce complications. The niece repeats the doctor's obligation in the content of segment 119 at the end of the section. In so doing, she on the one hand obviously highlights the doctor's obligation to inform patients about the possible complications of gastroscopy. But on the other hand, she completely deprives the 'pointing out' — which already in German is one-sided — of its institutional functionality by verbalising it as an act of formality. From a legal point of view, this leads to a successive depriving the patient of his rights in the course of communication.

Looking at the niece's interpretation, you could jump to the conclusion that the way she acts is motivated alone by the wish not to upset her uncle too much. The niece then would then consciously select information that the doctor verbalised in the source language. But

[15] For an analysis of the German expression "auch" cf. Rehbein 1989.

then the questions arises, why the niece refers to the complications at all and in such detailed way, to the extent of imitating the syntactical forms of the source language.

Before this background, I would like to go back to the utterances in segments 114 and 119. In both utterances the niece uses "isto", a Portuguese expression, by which she realises a deictic procedure.

According to Karl Bühler (1934 resp. 1982) and Konrad Ehlich (1979, 1982) deictic expressions effect a refocussing of the hearer's attention. The hearer should focus his attention on something which already is in the focus of the speaker. Used as a catadeixis, as in segment 114, "isto" directs the uncle's attention to what follows. In our case, this is the possible complications of the planned gastroscopy. "Isto" used as anadeixis, as in segment 116 points the attention to a knowledge that has been verbalised before. By using "isto" in both utterances, the interpreted sequence is framed. Thereby it becomes clear, that the niece totally concentrates on the list of complications mentioned by the doctor. And linked to this, she also concentrates on the uncle's likely emotional reactions to these risks, which she tries to play down.

Thus the niece's interpretation indeed shows a strong direction towards the uncle's reception as one dimension of the target language part of the speech situation. This may be caused on the one hand by the doctor, who in her matrix construction in segment 105 uses the expression "er" and the congruent verb form "muß" and does not use the direct address form "Sie". Furthermore, by using the construction "muß wissen" the doctor refers to the result of the patient's processing of information which she verbalises in her subsequent utterances. On the whole, she subdivides the speech situation by using the matrix construction. Further more, by using impersonal forms in the subsequent utterances, she draws back as the 'author', to quote Goffman (1981 resp. 1995), a phenomenon which may be caused by the juridical claim which functions here as 'principal', to quote Goffman again. Obviously, the niece does not know the juridical background of the constellation and conveys the differentiation of the speaker roles which the doctor had undertaken into the content of the patient's processing of knowledge. Thereby the differentiation of the speaker's roles becomes a propositional element in its own right, so that, as has been shown, the reference to complications assume the character of being a mere act of formality.

I hope that the comparison between these segments 105 and 114 can illustrate that it is not only the niece's wish not to upset her uncle that guides her, but also the specific way in which the doctor has built up her utterances, which can only be understood, that means understood in all their dimensions, by taking into consideration the legal requirements which the niece does not know.

4. Conclusion

To draw a conclusion, we think that referring to complications in briefings for informed consent seems to be a delicate matter for doctors both in monolingual and in interpreted encounters because in turn, juridical claims are the cause of complications to medical action. Accordingly, different ways of downplaying can be found which conceal the original legal purpose of briefings for informed consent and by extension, the character of the constellation as a whole. As a result the patient's scope of action is reduced.

The risk for creating such communicative and institutional problems is maximised in the process of interpreting into the target language as also the interpreting person is not completely informed about the character of the institutional constellation and the function of linguistic forms.

A future training for community interpreters should thus include not only medical terminology but also institutional knowledge dealing with the institutional purpose of speech actions.

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