

Multilingual perspectives on professional discourse in Europe

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### **The communicative and ethical ecology of interpreter-mediated healthcare encounters**

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Multilingualism/multiculturalism as a consequence of global migration flows is the reality for many contemporary societies in Europe. A unique institutional/professional site of interest is the complexly mediated healthcare delivery system characterised by the linguistic and cultural diversity of not only patients and their families but also of healthcare professionals. In the UK, the provision of formal interpreters is scarce especially in the primary care setting, which means that there is a prevalence of family members taking on the role of 'informal' interpreter for their loved ones. In focusing on this particular scenario, I explore the extent to which family interpreters act as *lingua franca* and how their participation might contribute towards maintaining and/or influencing the processes and outcomes of the clinic encounter, communicatively and ethically.

Using the metaphor of *lingua franca*, I characterise the manifest modes of mediated healthcare encounters and argue that interculturality adds an extra layer of communicative, ethical complexity to the already asymmetrical gatekeeping encounter. With regard to family members as interpreters, the participation framework and role-relationships are realised differentially in different phases of the consultation vis-à-vis third party positioning. The clinic encounter affords the family interpreters to contingently frame their participation in terms of available social/activity/discourse roles that are generally more mediating in character with ethical implications: (i) they tend to rely on a functional model of interpreting in which personalised summaries take the place of literal translations; (ii) their participation becomes more pronounced in some phases of the healthcare encounter than in others; and (iii) they become spokespersons or even 'authors' in their own right at the expense of the patient who is relegated to a marginalised third party status. These nuances surrounding family interpreters' participation, while heightening the 'communicative vulnerability' of the patient, can potentially pose a threat to the communicative and ethical ecology of the clinic encounter.