

Profile

An interview with Esther Moreno Barriuso: On some fundamental concerns of medical interpreting

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Interpreting has had a fundamental role in the history of medical knowledge – it calls directly on such concepts as cultural displacement, originality, and orality.

Esther Moreno Barriuso has a deep understanding of medical interpreting concerns. She studied physics at the University of Cantabria (core courses) and Zaragoza (specialty in Optics) in Spain, and at the University of Saint-Étienne in France (as an Erasmus student). She holds a PhD in physics from the Optics Institute (Spanish Research Council, CSIC) and the University of Cantabria and has completed several medical translation and biomedicine courses to enhance her knowledge in this field. In 2011 she obtained a degree in English <> Spanish simultaneous and consecutive interpreting from the Sampedre School of Translators and Interpreters, which included several interpreting assignments. She is a member of the Spanish Association of Translators, Copy editors and Interpreters (ASETRAD). We turned to her to address some of the most interesting issues in this field.

Medical Writing (MEW): We tend to speak of written words as 'fixed' or 'stable', even if we know translations may change in time. This concept seems to be not applicable to interpreting, given the oral characteristic of its main process. What are the consequences of this ephemeral output for interpreters at work?

Esther Moreno Barriuso (E.M.B.): Being a translator, aside from being an interpreter, is an added value since the research process and the resources I use in my assignments are basically the same. However, one has to learn to slightly lower one's expectations when it comes to achieving 'perfection' in interpreting: translations can be reviewed, polished up, and improved, but in interpreting there is no second chance: you cannot re-interpret a sentence unless you have made a clear mistake; you have to move forward. Overcoming that sense of frustration is hard at the beginning, especially when you feel ready to produce a good speech but the speaker doesn't cooperate as much as desired. So it is crucial to set for yourself attainable goals

and make sure they are achieved: speak in full sentences without hesitation, and convey a clear message, even if something is missed along the way.

An interpreter's duty is to help the audience understand as much as possible, so finding the perfect and most accurate word for a given term is not worth it if it entails underperforming for the next three sentences. You have to keep calm and be practically minded.

MEW: You have worked in a myriad of different situations, including liaison, consecutive*, and simultaneous* interpreting in different fields, such as health economics, haematology, prosthesis, and neurology. In a more challenging setting, you have also interpreted during a coronary artery bypass graft (CABG) surgery procedure. What has been your most challenging assignment and how have you prepared for it?*

E.M.B.: Interpreting inside an operating room during a CABG procedure was certainly one of the most interesting and rewarding situations I have experienced as an interpreter, but it wasn't the most challenging one (the surgery's outcome didn't depend on my interpreting, thank goodness!). If I had to pick the most complex overall scenario, I would choose the November 2013 Conference on West Syndrome (a rare and serious epileptic encephalopathy affecting children characterised by infantile spasms and arrest of psychomotor development). Neurology is for me the most complex medical specialty. The conference brought together the top specialists in the field with parents of children with this disease who were eager to learn about the latest research findings and the therapeutic approaches under development. Bridging these two groups was a huge responsibility for us interpreters. We were only given the abstracts but not the presentations themselves, and our interpreter's booth was located on stage but behind the curtain. We saw what was happening on stage through a low-resolution CCTV monitor, which meant that in those cases where the slides' font were not big enough, we didn't even get to make out what was written on them.

The way I prepared for this assignment was similar to any other interpreting project: do as much advance research and reading on the subject as possible, from patient guides to medical publications, create a comprehensive glossary on the condition, do a web search for videos of the speakers – so as to get familiar with their accent, cooperate with your booth partner* using a team effort approach and make the most of the breaks during the conference talking face-to-face with the specialists who are attending, so as to get a deeper understanding of the current status of the disease. Being curious and being ‘nosy’ are key for this job!

MEW: What is the most difficult part about the medical interpreting profession in general?

E.M.B.: For me the biggest challenge is always to interpret a speaker who doesn’t string his/her ideas together and jumps from one concept to the next one, leaving the previous sentence unfinished. This is certainly challenging and frustrating at the same time, because it prevents the interpreter from wrapping up the speech in a nice manner and from conveying a clear and helpful message.

Regarding specifically the medical interpreting profession, the lack of material to prepare for the assignment makes things much more complicated, since the speakers usually rely heavily on graphs, data, and other visual elements contained in their slides to explain their research’s main findings. Moreover, in medical presentations, the slides are usually riddled with acronyms, so having the presentation beforehand becomes even more important. But of course, ideal world scenarios hardly ever happen, so an interpreter needs to learn to calm down and do their best with the resources they have been given without panicking. In this respect, booth mate support and help are also key for the success of the interpreting.

MEW: Would you mind sharing some of the reasons why you enjoy working as an interpreter?

E.M.B.: There are so many of them! It may sound like a trite remark, but the satisfaction of becoming a bridge between people who would otherwise not

understand each other is one of the main reasons. And this feeling is most intense when doing consecutive or liaison interpreting, although I know many interpreters don’t agree with me. Moreover, to have the chance to peek into worlds I didn’t even imagine existed and to learn with each assignment about a new topic is also utterly fulfilling. The social side of interpreting is also an appealing balance for the lonely days I spend translating at home, and its human component is one of the most gratifying aspects of this profession: meeting interesting people who leave a deep impression on you, getting to know excellent booth mates from whom I have learned an awful lot – I haven’t really had any terrible experiences in this respect – and being thanked for the work you have done; that is something that seldom happens when you are a translator. And to top it all, the thrill that precedes the microphone turning red (i.e. ON) is something I also enjoy.

E.M.B. has given us a broad view of what medical interpreting entails, and it really seems to be a demanding – but also very rewarding job. We thank her for this contribution!

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Definitions of terms

Simultaneous interpreting
The interpreter works in a booth in turns with at least one colleague. The speaker in the meeting room speaks into a microphone, while the interpreter renders the message into his/her microphone almost simultaneously.

Consecutive interpreting
The interpreter sits or stands together with the delegates, listens to the speech and renders it in a different language after the speaker has finished, generally with the aid of notes.

Liaison interpreter
Liaison interpreting is one mode of interpretation where the interpreter enables fluid communication between two parties. This technique is less formal than consecutive interpretation and is best suited to casual business meetings, working groups, and other dynamic events where there are no more than two working languages, as it provides a greater level of reactivity.

Booth partner
Interpreting is a very demanding task and this is why typically two interpreters work as partners in a single booth and take turns every 30 minutes or so; the one who is not interpreting doesn’t simply rest, but helps his/her booth partner with glossary searches, figures, particularly complex terms, etc.