Translation: A transcultural activity

Andrea Rossi
Consultant in Medical Writing, Communications, and Scientific Affairs, Nyon, Switzerland

Correspondence to:
Andrea Rossi
R.te de St. Cergue, 6
1260 Nyon
Switzerland
+41 793022845
molezzano.1@libero.it

Abstract
Effective communication is the goal of any professional medical and communication writer. Transferring the correct messages from one language to another is a task that is increasingly covered by software, but translation machines cannot confer the feeling of people with a different background. Any medical translation is not just a transformation of the text from the source language to the output one: a translated text must communicate the exact meaning in the source language and, thus, has to fit with the reader’s culture.

Introduction
The word translation derives from the Latin translatio, which itself comes from trans- and ferō, together meaning “to carry across” or “to bring across”. The modern Romance languages use words for translation derived from that and the alternative Latin traducere (“to lead across”). The Germanic (except Dutch) and Slavic languages likewise use calques of these Latin sources.1 The Ancient Greek term for translation, μετάφρασις (metaphrasis, “a speaking across”), has supplied English with the term “metaphrase” (a “literal”, or “word-for-word”, translation) – as opposed to “paraphrase” (“a saying in other words”, from παράφρασις, paraphrasis).1 Metaphrase corresponds, in one of the more recent terminologies, to “formal equivalence”; and paraphrase, to “dynamic equivalence”.1

The traditional Oxford definition of translation as “the process of translating words or text from one language into another”2 has been extended to “translation is the communication of the meaning of a source-language text through an equivalent target-language text”.3 The Cambridge definition is “something that is translated, or the process of translating something, from one language to another.”4 Others define the same activity as “an act through which the content of a text is transferred from the source language into the target language”, “a mental activity in which the meaning of given linguistic discourse is rendered from one language to another”, or “the act of transferring the linguistic entities from one language into their equivalents into another language”.5

In contrast to other languages, English distinguishes between translating (a written text) and interpreting (oral or signed communication between users of different languages). According to this distinction, translation can begin only after the appearance of writing within a language community;6 it does not apply to texts that are expected to be used without the use of non-written signs.

Is translating enough to effectively communicate?
Communication is derived from the Latin cum (with) and manere (link), and the Latin word communico means to “share, let participate”. The term “communication” has the common meaning “to impart or exchange information, ideas, or feelings”. Thus, communication is a process that involves what a receiver understands or thinks of something, and is successful when all parties have the same understanding of what has been communicated (Figure 1). This is one of the most difficult tasks a scientific communicator must face.

Effectively communicating when using different languages is paramount. If you feel communicating in another language is difficult, you are a candid communicator: each language continuously evolves with the culture of its speakers. Any effective communication must be targeted to the reader’s culture to be effective. This means that you have to know your readers’ culture.

The word “culture” derives from the Latin “colere”, which means to tend to the earth and grow, or to cultivate and nurture.8 Culture encompasses the social behaviour and norms found in human societies, as well as the knowledge, beliefs, arts, laws, customs, capabilities, and habits of the individuals in these groups.9 The intangible cultural heritage of each society includes science, together with practices of political organisation and social institutions, mythology, philosophy, and literature.10 Humans acquire culture through the processes of enculturation and socialisation, resulting in the diversity of cultures across societies.

When writing about health, translation of scientific texts plays a special role aimed at public education and prevention of diseases as well as saving mental and physical health. For instance, when the readers are specialised healthcare providers, the language to be used is usually well coded to assure the reader of the expertise of the author in the specific field. Some medical texts, especially when published in peer-reviewed journals, regulatory documents, or specialised books, are exceedingly difficult to read by non-specialised readers, meaning they can even be difficult for a physician with a different area of specialisation. This scientific style provides information, presents exact and relatively complete scientific knowledge, and addresses a relatively small group of professionals well acquainted with the subject. It is characterised by the matter of fact, being clear, explicit, unambiguous, precise, and concise; it must have stereotypical lexicology and syntax and
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must remain impersonal and objective. Known concepts are referenced to other texts, whereas new findings are presented as diagrams, charts, sketches, or illustrations expressing numerical data. Ideally, the personality of the author does not need to emerge to emphasise the results, as the results are far more important than their implications in clinical practice.

We all know this is not the most attractive style for the general reader. Some writing practices suggest “telling a story” when describing a study and its results to make it most attractive for the reader. But when technical wording is maintained, the general reader is generally not attracted by this text. Improving the reader’s health literacy to let them appreciate the text is a long and not always successful option; when translating a text for the general reader, the translator needs to adapt to their thinking and language level.

The legal and regulatory requests

The European Medicines Agency requests that for any centrally authorised product, Annex II, Annex A, SmPC, labelling, or package leaflet, as well as Annex IV and Annex 127a, if applicable, be translated from the original English to all other European language. Each translation undergoes a linguistic review by the member state, and the European Medicines Agency ensures that all comments have been implemented for each translated document before their final approval. These reviews are performed by selected reference centres (so-called “contact points for translations review”), which provide a qualitative opinion on the quality of the translated version of each document (very good, good, acceptable, unacceptable) and the nature of comments (missing words or sentences; scientific incorrect translations [e.g., terminology]; inaccuracies [incorrect translations – including spelling, punctuation, grammatical mistakes]; and editorial, stylistic changes [e.g., rephrasing]). Although the timelines and roles are well established, no guidance is provided on how to ensure that the translated documents correctly communicate their contents in the different target languages.

When translations are needed for clinical trial documents (e.g., patient informed consent), the ethics committee or institutional review board can request a back-translation. In this case, a comparison of the back-translation with the original text is used to check the accuracy of the original translation, with the same rationale that a mathematical operation is checked by reversing the operation, although such back-translations are not always fully reliable because, unlike mathematical symbols, some words can be ambiguous. Thus, subjective evaluations seem the preferred way to check the quality of translated clinical trial and health product-related documents.

Cultural translations

Why are literal translations dangerous?

It is impossible to provide effective communication in a target language using word-for-word translation. This is one of the reasons why
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Machine translation, where a computer program analyses a source text and produces a target text without human intervention, is not yet a reliable and professional option. A growing number of software options are available on the internet such as Babel Fish, Babylon, FoxTranslate, Google Translate, Lingo, TransPerfect, StarDict, U.S. Translation Company, and Yahoo! Also, companies like Ectaco, TimeKeiffe, and eFlyTek produce pocket translation devices.

Communication in human language is context-dependent, and it takes a person to comprehend the context of the original text. Thus, even if artificial intelligence has greatly enhanced the ability of translation systems to interpret natural language, translations performed by a machine must be substantially revised by a human, although the work can be reduced when the translation system is integrated with a translation-memory or globalisation-management system.17,18

Even human-generated translations, however, are prone to error. Therefore, to ensure that a machine-generated translation will be useful and that the translation is of publishable quality, they must be reviewed and edited by a human with the appropriate cultural background to appreciate the tone and the deep meaning of the text in both the source and output languages.

A crazy example of cultural mistranslation.

A few years ago – about 15 (sigh, I am old) – my professional responsibilities included the preparation and approval of promotional materials to be used by the Italian affiliate of my company. As you probably know, Italian is spoken by about 60 million Italians and by about 720,000 people in the Italian-speaking cantons of Switzerland.19 Thus, when a new drug for the treatment of erectile dysfunction was close to being approved in Italy, we asked Swiss colleagues to review the material they were to use for the product in Switzerland. Upon opening the document, my colleague was unable to stop laughing, even though she is a deeply serious and professional person, so we all were surprised. She pointed her finger at the computer screen, unable to say anything because of the unstoppable laughter. We read “Quando il tuo piccolo amico ti pianta in asso...” (literally “When your little friend leaves you alone...”) and all of us started laughing uncontrollably. Although it is perfect Italian, it is unacceptable for any Italian because Italians do not have a “little friend”. Italian men are Latin lovers, so even if a virgin, 95 years old, or a chaste Catholic priest, our “friends” are not “little”. Even Italian women would not accept this. And your “friend” never “leaves you alone” – it might be ill, but he is always with you! For any Italian, this is hilarious.

When we finally stopped laughing, we called our Swiss colleague to ask him what he had been thinking. We asked about the “little friend”, and he could not understand what we were talking about: he was shocked by our reaction to his translation. He finally explained they had translated from the original German version, which might have been “Wenn dein kleiner Freund dich alleine lässt...” (German speakers please stop laughing, I was unable to find the original version and it is what Google Translate said!) Probably, it is a good way for communicating the concept of erectile dysfunction to the Swiss Italian-speaking general public.

How to assess the quality of translations

A translation must consider cultural aspects. Knowing a culture allows for a better manipulation of the language: being familiar with customs and traditions makes it easier to find distinctions, double meanings, and embarrassing phrasing. Consequently, cultural translation involves a deeper comprehension of both the target and source languages. We could even say that it is a more advanced version of translation because it provides more than simple word-to-word conversion.

Cultural translation also adds a consultancy dimension to translation. It is a deeper version of translation, so the translator is an important actor in a company’s expansion abroad. Translators are entrusted with a cultural mission; they are not only experts in the target medical area but are also asked to effectively communicate to healthcare providers and the general public. In addition to translating and adapting graphics, currencies, date formats, addresses, phone numbers, colour choices, punctuation, and so on, they must ensure that communication in the target language is professional. This implies rethinking the structure of the text. Thus, a key aspect of cultural translation in health management is that the final communication must be understood, avoid conflict, and align with the targeted needs.

Who is the right translator?

Medical translators are essential for preventing misunderstanding or miscommunication of healthcare information. International organisations, researchers, and companies are increasingly becoming aware of the importance of translation professionals in considering the different cultural approaches. A cultural translator must know the cultural background of the source text and must live in the culture of the targeted health care professionals.

Conclusion

In my experience in collaborating with people in North and South America, I have found that many people living there do not consider the importance of different cultural backgrounds. I have seen that some well-known and respected top managers are hardly able to distinguish one European country from another, and they barely know that we speak different languages. Luckily, the vast majority of North and South Americans know and appreciate the “Old World” cultures and languages. On the other hand, as Europeans have become exposed to New World cultural models, differences between countries have decreased. And although a growing number of healthcare providers worldwide speak English, non-native English speakers often do not recognise the
difference between British, American, Australian, and Canadian English, each of which has its own cultural background.

We all need to understand our limits. Cultural translation is not an option for health communication professionals; it is the only way to achieve an effective translation.

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References

Author information
Andrea Rossi has more than 30 years of experience in clinical trials, has been working on medical writing activities for the last 20 years, and co-leads the Scientific Communication Special Interest Group. He is a workshop leader, an EMWA ambassador, and a past president of EMWA.