



The Health Translation Debate

Human versus Machine

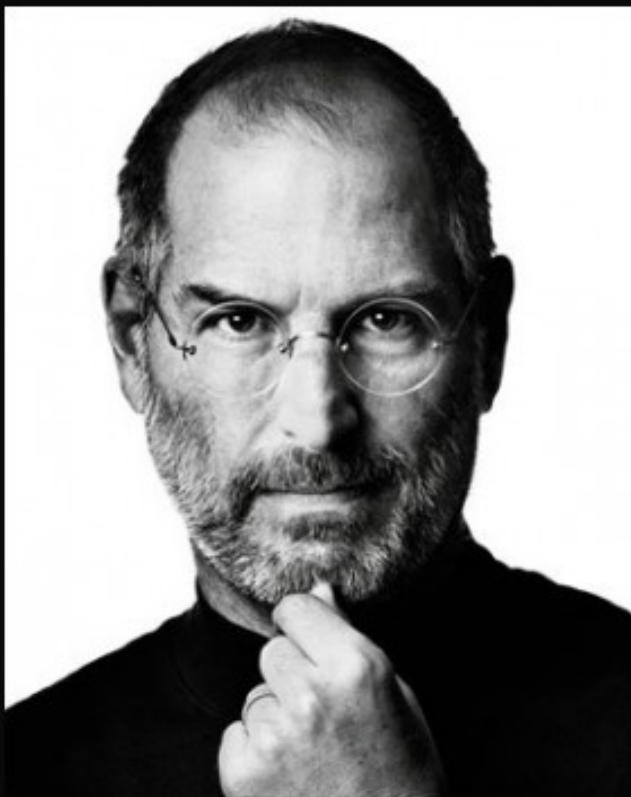
Is there an option in-between

4th NSW Multilingual Health Information Stakeholders' Forum

3 December 2014

Is the future already here?





Technology is nothing. What's important is that you have a faith in people, that they're basically good and smart, and if you give them tools, they'll do wonderful things with them.

(Steve Jobs)

izquotes.com



Michael Camit

Marketing and Communications Manager
NSW Multicultural Health Communication Service

About MHCS

**“ Better health through better
communication”**

1997 at MHCS



Guidelines for the Production of Multilingual Resources

Revised 2014

Guidelines based on current
evidence
Checking guidelines
“Back- translations and other
options for checking”

Health translations





Branding, ownership, different contexts?

- MHCS website for free multilingual health resources
 - Multicultural Health Week and
 - 2015 Multicultural Health Communication Awards
-
- SEPTEMBER 2015

Sometimes talking to yourself is the best conversation you'll ever have!



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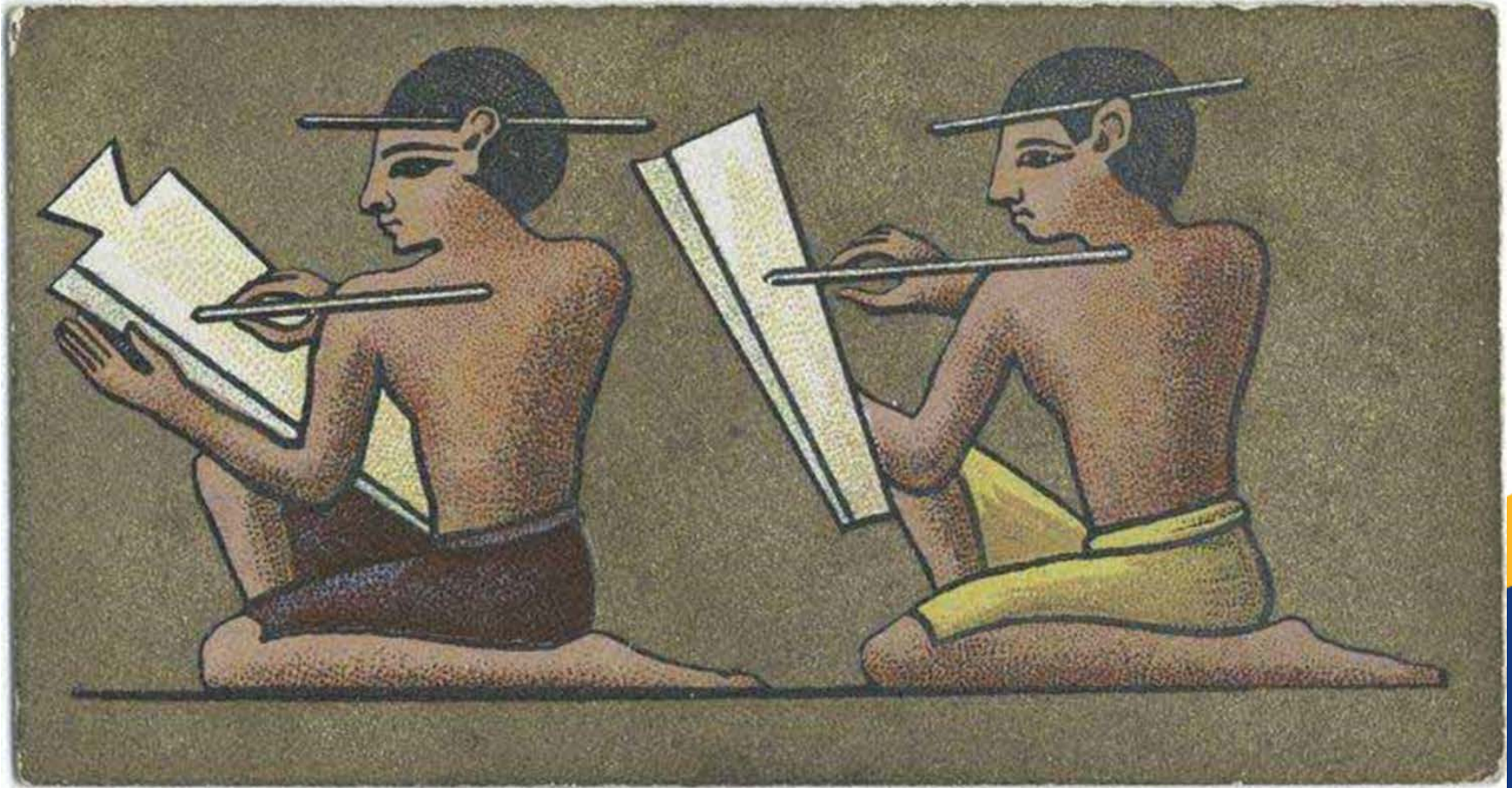
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“Amateurisation” of professions?



A MISINTERPRETED WORD WORTH \$71 MILLION

Even if you don't speak Spanish, you could probably guess what the word means—and land yourself in a megabuck malpractice suit.

By Philip Harsham SOUTHEAST EDITOR

Last November, 22-year-old William Ramirez of Miami received a lump-sum payment of \$3.4 million in partial settlement of a medical-malpractice claim. On Jan. 1, moreover, he received the first of a series of periodic payments that will bring the total value of the settlement to \$71 million if he lives to age 74.

Ramirez claimed that he became a quadriplegic because paramedics and doctors misdiagnosed his problem when he was brought to the hospital, unconscious.

Pivotal to the case was the use of the word "intoxicado" by Ramirez's mother and his girlfriend. Non-Spanish-speaking paramedics and ER personnel, sizing up Ramirez's condition, interpreted the word to mean intoxicated—or, more specifically, the victim of a drug overdose. But the women intended an altogether different meaning: nauseous.

Ramirez, 18 at the time of the

incident, was treated for a drug overdose even after he'd been admitted. Subsequent tests revealed that, in addition to his observable problems, two blood clots had formed in his brain as the result of a break in an artery that had been defective since birth.

The malpractice suit that followed, while notable for the size of the settlement, points up a liability threat that is becoming increasingly widespread: the language barrier between physicians and patients.

The barrier is a product of two realities: rapid growth in the non-English speaking population, and the historical reluctance of Americans to learn foreign languages. Some demographers, for example, predict that by 1990 Spanish will be the first language of one in every four Americans. In the Southeast, particularly in Florida, the situation is compounded by an influx of "boat-lift" Cubans;

in the Southwest and Southern California, there's a growing spillover of Spanish-speaking workers from Mexico.

"We don't have nearly as many Cubans as South Florida has," says an internist in Tampa, across the state from Miami. "But even we need to know some Spanish. Being able to speak a little Spanish poorly is more helpful than relying on an interpreter's bad English."

Other doctors, however, are convinced that interpreters are vital. One Miami physician says: "I've instructed my secretary to tell all Spanish-speaking patients that I'll see them only if they're accompanied by an English-speaking interpreter. I've decided that's the only safe way to practice."

James Griffith, a malpractice defense attorney in Philadelphia, agrees: "It's imperative to determine whether each new patient, or a member of his family, can



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