interpretation & translation/world

Osaka group leads the way in medical interpreting

Multilingual physician's system to help non-Japanese speaking patients becomes a model for other hospitals as medical tourism increases

John Ashburne
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Dr. Kaori Minamitani is clearly not one to shirk a challenge, as evinced by her background and groundbreaking medical interpreting program run through Rinku General Medical Center's International Clinic in Izumisano, Osaka, just a five-minute hop across the rail bridge from Kansai International Airport.

"I left Japan for South America when I was 11 years old because of my father's business," said Osaka-born Minamitani, director of RGMC's Health Care Center. "There I learned Portuguese and qualified as a doctor. When I came back to Japan, I did it all over again, this time in Japanese."

RGMC is located within Rinku Town, which with its giant discount shopping outlet, satellite hotels and slightly forlorn Ferris wheel hardly seems to suggest a crucible for innovation. It is here, however, that Minamitani has established Imediata, a progressive system for implementing and encouraging the hands-on study of medical interpreting and translation.

Imediata stands for the International Medical Interpreters and Translators Association. It is also the Portuguese word for "speedy," an appropriate name for an organization dedicated to facilitating smooth communication between non-Japanese speaking patients and medical practitioners in the hectic, nonstop environment that is a busy urban general hospital.

The polyglot Minamitani (she also speaks English and Spanish) founded the 35-member-strong group as a nonprofit organization in November 2000 with the explicit mission to "promote the health care and welfare of non-Japanese speakers and to create a harmonious society by removing language and cultural barriers through medical interpreting and translation." Imediata is attracting attention from hospitals across the region as a model for their future programs.

"Our members come from all walks of life," said experienced medical interpreter Tomio "Tom" Kado, a lecturer at Doshisha University Graduate School of Business in Kyoto, listing doctors, nurses, other medical personnel, conference interpreters, educators, company people and retirees, among many others.

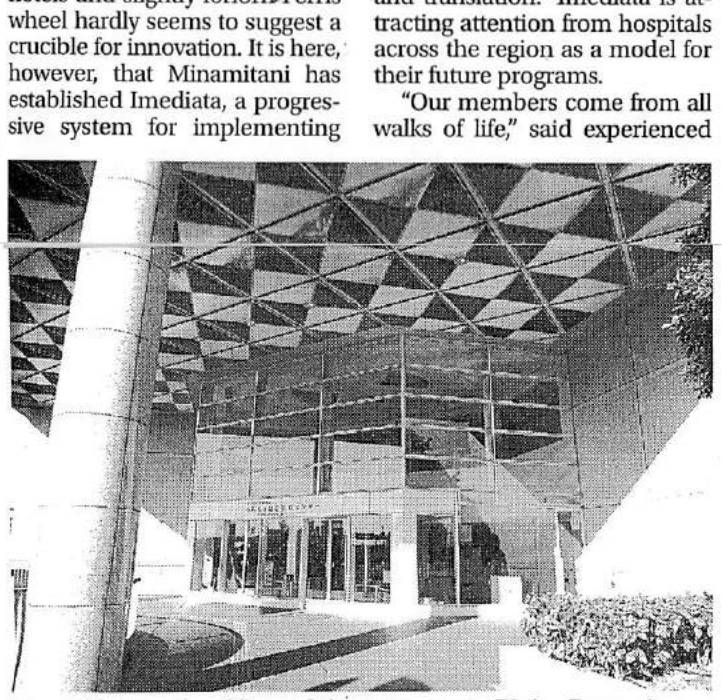
As if to illustrate his point, among the staff I met at Imediata was Nobuko Suzuki, a professional English-language educator and "full-time mom" who completed medical interpreter training in Seattle.

Imediata's public relations head and Spanish language specialist, Yoko Kawamukai, described the start to a medical interpreter's typical working day at the hospital.

"We gather at 9:50 a.m. in our office and don our pagers and our white 'official interpreter' gowns," she said. "This is an important article of clothing, as it conveys to the patients our professionalism. It encourages them to trust us."

That trust-building is a key point for the team, whose job it is to support a non-Japanese speaking patient through every step of the hospital visit, from the initial reception through writing down the patient's personal details describing the circumstances and current and past medical condition, to the consultation with the doctor, any followup testing such as blood tests and X-rays, to the dispensing of medicine and an explanation of how to take it.

Patient support: Medical interpreters of the Imediata group include (front row, left to right) Tomio "Tom" Kado, founder Dr. Kaori Minamitani, Dr. Shigeo Irimajiri, (back row, from left) Nobuko Suzuki and Yoko Kawamukai. JOHN ASHBURNE



Place of innovation: View of the entrance to Rinku General Medical Center in Izumisano, Osaka. JOHN ASHBURNE

"The first few minutes in which we see the non-Japanese speaking patients are crucial for both them and us, as we must determine their backgrounds and needs, and they need to feel a sense of being supported, something that we maintain from the moment they enter our hospital to the moment they leave," Kawamukai said.

Once the patient has left, the interpreter returns to file a case-study report that ensures the next Imediata staff member is fully briefed when the patient returns for a followup consultation or treatment.

Ongoing self-monitoring and education is also crucial to the group. Patient support is conducted in pairs with a senior interpreter working alongside a medical supporter, in a mentor-student relationship, all the while being monitored by Minamitani to ensure that all-important accuracy is maintained and the overall quality of the program continuously improves. As time progresses, the supporters become senior interpreters.

"In other types of interpreting," Kawamukai said, "you are usually given some time to prepare, to research the subject matter, but we have to think on our feet as we never know what we will encounter each day. You need to be good with people and a sense of humor helps patients to relax during what is intrinsically a stressful process. We maintain objectivity, but there is a large element of interpersonal communication involved.

"We also must be sensitive to the patient's specific cultural background, in particular the culture of medicine and healing from which they come," she added.

There is also a diplomatic element.

"In Japan, traditionally, there is a clearly unequal power relationship between the doctor and the patient, and it is our job to ensure that the patient feels supported and at ease," she said. "And let's not forget that the health professionals, too, can feel frustrated when a linguistic or cultural gap prevents them from communicating."

Every long-term non-Japanese speaking resident has a favorite "lost in translation" anecdote, and hospital stories not surprisingly abound, given different social mores and the complex nature of medicine.

"It isn't uncommon for a Japanese radiologist, when viewing a patient's shadow-free X-rays, to say, 'Mune ga kirei desu ne,' or literally, 'Your breasts are beautiful,'" Kawamukai said. "Clearly, we need to interpret that phrase carefully. We go for a non-literal, 'There are no clouds.'"

"Medical interpreting sounds scarily difficult," said Kado, "but in fact, you don't need a huge grasp of deeply technical terms. The real skill needed is to convey medical terms in language that the layperson can understand."

Dr. Shigeo Irimajiri, chief director of RGMC's rheumatology department who has practiced in the U.S., agreed: "We don't need to talk to patients about an orthopedic surgeon. We tell them they have to see the bone doctor."

"There is no magic road that leads to becoming a medical interpreter," Kado said. "We form study groups, but we all have our different ways. I find Robin Cook's medical novels such as 'Outbreak' useful, and we are all fans here of the TV series 'ER.' Its explanation of complex medical terminology in layman's terms is a valuable study resource for us."

Professionalism and enthusiasm are clearly evident in Imediata's work. The program's excellence serves as a perfect role model for any hospital wishing to improve its appeal to non-Japanese speaking patients. Yet job opportunities in the field remain limited as other hospitals play catch-up in the work that Minamitani and her colleagues pioneered over a decade ago.

There are cultural barriers, too.

"Judicial interpreters can expect to earn over ¥20,000 per trial," Kawamukai said, "but medical interpreting has long — and unfairly — been considered a pseudo-volunteer activity. RGMC is something of an exception, but still, compensation rates are low."

There is cause, however, for cautious optimism that one day the field will grow into a full-fledged profession. Minamitani is advising several government agencies on the establishment of a national standardized testing system for medical interpreters and translators. With those same agencies looking at potentially large growth in medical tourism from China and Singapore, it may turn out to be a growth industry after all.

"Don't be daunted," Kado said. "It may not be the most financially rewarding job, but this is about as mentally rewarding a job as it gets."