



Translation, cross-cultural adaptation must benefit all

Bridging language barriers between health professionals and patients

GETTING lost in translation in any medical situation can have dire consequences. Take the case of Cuban-American Willie Ramirez, for example.

In 1980, the then 18-year-old Ramirez was admitted to a Florida hospital in a comatose state.

His Spanish-speaking family told the paramedics that he was "intoxicado", which, among Cubans, is an umbrella term that means you're unwell because of something you ate or drank.

Confusing this with the English "intoxicated", which implies the use of alcohol or drugs, the doctors treated Ramirez for an intentional drug overdose. Sadly, the treatment resulted in quadriplegia.

In instances where language barriers exist between health professionals and patients, ways must be found to bridge this gap, so that the correct information can be communicated and proper treatment can be administered.

This is particularly important in a country like South Africa with its 11 official languages and low literacy levels, especially among those with a lower socio-economic status.

In celebration of this year's International Translation Day today, we would like to focus on community translation as a way to address the language imbalance that might exist between health practitioners and patients.

Developed by South African translation scholars, community translation emphasises that the source text reader (health professional) and the target text reader (patient) are not necessarily on the same socio-economic level and that this has implications for their

COMMENT



SUSAN DE KLERK

HAROLD LESCH

level of comprehension and language use, including when it is in the same language.

In essence, it is a translation activity aimed at the language priorities of the community, that is, those sections of society belonging to a lower socio-economic class.

The ultimate aim of community translation is effective communication – in this case with the patient – to ensure that the target text is understood by the reader.

For this reason, terminology should be explained and paraphrased, and specialised vocabulary converted to plain language in the target text even though it is not the case in the source text.

Community translation is particularly important when it comes to patient reported outcome measures (Proms), which are assessment instruments used by health professionals for the provision of accurate and useful data to guide decision-making and the documentation of treatment outcomes, based on the patient's opinion.

In its simplest form, a Prom is a questionnaire that is completed by the patient towards calculating a score,

which is then interpreted by the health professional.

Allowing patients to report their symptoms, mental health, daily physical and social functioning, overall well-being, and quality of life, Proms have the potential to bridge the gap between the view of the patient and that of the health professional about what must be prioritised during intervention.

This is essential for providing quality care that is responsive to the needs of patients.

As Proms ask the patient a series of questions, an essential requirement is for the Prom to be available in the patient's language.

Unfortunately, most Proms have been developed in high-income countries and in English. In a country like South Africa, with its different cultures and languages, measures must be adapted to different contexts.

When the Proms are to be used in another language, in another country, they must be translated and cross-culturally adapted to ensure that the same thing is measured in a different language.

Translators in South Africa must consider the diverse nature of the target text readers of a Prom, or otherwise translation will only be a symbolic gesture that is devoid of value, and unable to communicate the intended construct.

This could elicit the wrong response and treatment outcomes.

As we celebrate International Translation Day, we need to remind ourselves that translation should not only be taken at linguistic face value, but that what is implied with language

should also be considered, so that it has the desired effect on the target text reader, which in this case is the patient whose language might differ from that of the health professional.

Hence, the focus on the community within and for which a translation is produced.

Translation can no longer be seen as a mere linguistic transfer of texts, but as a strategy that brings two (sub) cultures, which may have an unequal power relationship, in contact with each other.

Prom developers that allow for the translation and cross-cultural adaptation of their instrument trust that guidelines for translation and cross-cultural adaptation are followed.

The translation and cross-cultural adaptation should, however, be responsive to the population it is intended for.

Community translation can assist with this. We cannot accept that translation and cross-cultural adaptation of any Prom into South Africa's 11 official languages will provide sufficient choice for patients.

Community translation should be considered to ensure that Proms are responsive, valid and reliable following translation and cross-cultural adaptations for use in our country's varied communities.

De Klerk is a senior lecturer in the Division of Occupational Therapy and Lesch is an associate professor in the Department of Afrikaans and Dutch at Stellenbosch University. This is an adapted version of an article published recently in the South African Journal of Occupational Therapy.



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