Abstract

The paper analyses the state of healthcare interpreting in Slovenia and puts forward suggestions on how to improve the current situation.

1. Introduction

In view of the ever greater migration of representatives of different ethnic and linguistic groups not only from within the enlarged EU, but also from communities outside the European borders, issues regarding establishing communication in social services are becoming one of the most significant problems of contemporary societies. The challenge of establishing successful communication in medical settings is seen as the most burning issue in the majority of the EU Member States, especially after the last enlargement. Since Slovenia became a member of the EU, it has turned into a country of increasing immigration (economic and political).

Some insight into language diversity is shown by statistical data on Slovenia’s population. Looking at inhabitants and their mother tongues, Slovenian is the mother tongue for 87.9 percent of the population; the Italian and Hungarian minorities are small; languages of the former Yugoslav republics together represent more than five percent; the number of native speakers of Albanian and
Romani is increasing.\(^1\) However, the above mentioned data does not tell us to what extent people actually understand or speak Slovenian. On the other hand, the number of foreigners in Slovenia has risen substantially since 2002, especially after the country’s entrance into the European Union and after the enlargement in 2007. Even though migration to Slovenia has recently marked a significant decrease as a result of the economic crisis and fewer employment possibilities in the building sector, migration of foreigners is still approximately triple compared to 2000. Net migration of foreigners (immigrants minus emigrants) estimated at 3,239 in 2000, went to 6,766 in 2005, rocketed to 15,739 in 2007 and shot up to 20,719 in 2008, to fall back to 12,322 in 2009 and staying positive at 673 in 2010. The highest proportion of foreigners came from Bosnia and Herzegovina, whereas the most numerous immigrant group from a EU member state came from Bulgaria (Povhe 2011).

Migrants now come from linguistic environments that are not familiar to the Slovenian general public. Many of those migrants come into contact with Slovenian health service providers but cannot establish successful communication, which leads to longer, sometimes even inappropriate treatment and higher costs (Pokorn \(\text{et al.}\) 2009).

Currently, the establishment of communication in healthcare settings with speakers of languages that are not traditionally understood by the medical personnel is a question of improvisation. Patients may face the inability to communicate their problems in a range of settings: at doctor’s appointments, in first aid, in labour, in preparations for laboratory tests and also in mental healthcare. The doctors’ understanding, however, is crucial for normal procedure. What happens when the doctor and the patient cannot find a common language? They need an interpreter. With a third person in an otherwise intimate environment, the positions are suddenly different, forcing all parties to adapt. The question raised at this point is whether doctors, patients and interpreters know how to react in this kind of settings.

2. Analysis of the current situation

What follows is a presentation of the current state of healthcare interpreting in Slovenia in view of five aspects:
- available literature;
- legal basis for interpreting in healthcare;
- position of doctors or other medical professionals;
- patients’ perspective;
- interpreters’ role.

2.1 Available literature

Literature on healthcare interpreting in Slovenia is scarcely available. Recently, an important academic contribution was made by researchers in the European Project MedInt – Development of a curriculum for medical interpreters in the form of a selection of scientific papers (Andres/Pöllabauer 2009) dealing specifically with medical interpreting. The selection covers different aspects of healthcare interpreting in Slovenia (Gorjanc 2009, Jurko 2009, Pokorn et al. 2009), Austria, Germany and Finland. As a result of the CIUTI Symposium on training and research in community interpreting at university level, an article on the specifics of Slovenian (Gorjanc 2011) is presented in a new selection of papers (Kainz et al. 2011). In the Slovenian language, however, interested parties have a limited choice of literature on that topic. Until interpreting students at the Department of Translation Studies at the Faculty of Arts (University of Ljubljana) were presented with the topic, which resulted in a thesis on healthcare interpreting in Slovenia (see Morel 2009), the best comparable text was a collection of papers (see Kersnik 2004) based on an annual workshop for family doctors dealing with practising medicine across cultures. The collection gathers doctors’ experiences and reflections on communication and treatment of various groups of patients, of different religions, languages or cultural backgrounds. Some authors present the general character of these encounters, while others concentrate on specific patient groups, such as the blind, Jehovah’s witnesses, Muslims, Protestants, the mentally disabled, Roma, inhabitants of border areas, etc. Apart from this assortment, medical professionals must use English in order to find out more about interpreting in healthcare settings. In English (and other world languages for that matter), literature is widely available, but will not be discussed here, since it is not relevant to this article.

2.2 Legal basis

The legal basis for healthcare interpreting in Slovenia is insufficient and rather vague. According to the General Procedures Act (ZPU), persons in Slovenia have the right to an interpreter if they do not understand the language of the procedure.

In the Patient Rights Act (ZPacP), there is no mention of language or interpreting at all, yet, strangely enough, on some informed consent forms (annexed to ZPacP, in Slovenian), there is a special statement to be signed by the translator or interpreter declaring they have translated or interpreted information to the best of their knowledge and in such a way as to enable the patient to understand.

Community interpreting, and within it interpreting in healthcare, is guaranteed to persons from particular vulnerable groups. The International Protection Act (ZMZ) guarantees interpreting to asylum seekers (cf. Pokorn et al. 2009). The Act on the Use of Slovenian Sign Language (ZUSZJ) assures deaf persons the right to an interpreter for sign language and establishes ground rules for organising it.
Considering all of the above, the principle of subsidiarity may be applied: the lack of a special law (lex specialis) means that the most general law is valid. In our case, healthcare settings are part of general administrative procedures, so anyone not speaking Slovenian is entitled to an interpreter.

### 2.3 Medical personnel

Regardless of the law, doctors, nurses and other staff in the medical profession are faced with persons not understanding Slovenian and have to deal with them to the best of their ability. As we have established that there is not sufficient literature about healthcare interpreting in Slovenia, how do medical personnel cope with this situation?

Since cases of healthcare interpreting in Slovenia are rare, no official records are available. Hence, this analysis of the current state of affairs is based on a collection of evaluations, opinions and views expressed by the parties concerned (Morel 2009). Responses from medical staff were obtained through e-mail questionnaires and interviews.

The circumstances regarding healthcare interpreting might be the most challenging for young professionals. During their university education they only learn little about it. At the Faculty of Medicine at the University of Ljubljana, students only hear about the importance of communication in their Family Medicine classes. Within the same subject, students at the Faculty of Medicine at the University of Maribor benefit more on the topic thanks to a study visit to a Roma settlement where they get to know the environment and learn how to approach patients coming from a culture unlike our own. According to a student, such an experience is a real asset, facilitating better comprehension of practicing medicine in real life and providing plenty of useful information for any future multicultural encounters with patients. Whereas doctors-to-be hear at least something about the importance of communication, this cannot be said for other students in the medical profession. Colleges of healthcare pretend that this issue does not exist and that encounters with patients from different language or cultural background do not take place. Yet, positive feedback from students at the Faculty of Medicine in Maribor shows that awareness is rising on these issues in the form of practical experience. This, at university level, is a most valuable lesson and a sure path to better intercultural communication later in the profession.

Practicing doctors rely on their proficiency. They have not been part of any training on managing interpreting in healthcare, but in the course of time they gather experience which helps them cope with it.

Overall, doctors are most familiar with sign language interpretation. Otherwise, when confronting language problems, English as a lingua franca is the first saviour, followed by languages from the former Yugoslav republics, which are quite widely spoken among doctors and some patient groups. In general, foreigners not speaking any of these languages and thus facing difficulties in communication are few in number, which is why the introduction of interpreters’ assistance is somewhat ignored. Doctors are glad to see patients bring along interpreters, despite knowing they might not be reliable. New information and
communication technologies such as video calls are not used for the same reason: too few cases to justify the expenses, the effort and the time for training. A major problem experienced by doctors is patients hiding their lack of knowledge out of shame and fear. Faced with unknown languages and/or medicines, doctors rely on themselves to find information on the web, communicating with simplified language and gestures, making additional laboratory tests and detaining patients in hospital under regular supervision longer than normal. These reactions are collected from several doctors, since each has only his/her own experience to refer to. Considering their views, therefore, some sort of recommendations and clauses on interpreting in healthcare would be welcome. It would represent for doctors and other medical staff both a legal basis and a support when managing complex interactions in such diverse circumstances.

The same applies for other staff in healthcare. They are extremely happy when patients bring their own interpreters (usually with deaf patients), otherwise they do not give much consideration to the language problem and simply do their best to solve any issues. They rely on improvisation, so any rules or provisions would be welcome to provide the same rights for all patients.

2.4 Patients and their rights

The patients’ views in this article are expressed only indirectly, for several reasons. Firstly, communication with the patients in question would require interpretation itself, making it circuitous, and secondly, it would be in a way an invasion into the privacy of an already vulnerable group. Therefore, on the one hand their views are partially included in the doctors’ perceptions, and on the other hand they are embodied by their rights and their representatives: the Human Rights Ombudsman, the Patient Rights Ombudsman and the Advocate of the Principle of Equality from the Office for Equal Opportunities, who all responded to written enquiries about any problematic issues regarding language in healthcare.

Altogether, there were only a few complaints made to the Patient Rights Ombudsman regarding the right to explanatory duty in one’s own language. On the whole, patients with problems in communication do not feel their problems are serious enough to be reported. This could well be understood, since patients’ first concern is their health and not a fight against the authorities about something they are not even aware they are entitled to.

2.5 Interpreters

The great majority of professional interpreters or interpreters with long-running experience in Slovenia predominantly work in conference interpreting, whereas in community interpreting they are commonly present as court interpreters and, thus, mainly work in only one part of the otherwise broad spectrum of social environments. It is here that we can spot the important difference: court interpreting is legally based and paid, after all, while all the other areas are left to
Interpreters who not only exceptionally, but regularly and professionally, deal with all levels of community interpreting work are first and foremost Slovenian sign language interpreters and government interpreters at the International Protection Division (at the Ministry of the Interior) who accompany asylum seekers and other persons looking for international protection. Otherwise, only rare individuals in Slovenia are engaged in different situations regarding healthcare interpreting. So community interpreting includes only a limited circle of trained or professional interpreters, while the rest do their best. Looking at the differences between the two groups, professional interpreters possess interpreting skills and knowledge, yet they lack experience in and are not trained for the work specifics in healthcare. In contrast, amateur interpreters, having had no previous training, are willing and ready to help, despite having to struggle with the terminology, gaining the essence of interpreting itself only through practice. As discovered from conversations with an amateur interpreter, some might interpret more often due to a rare language combination, and have consequently acquired new skills, with which they might even excel over a conference interpreter in this specific environment. The major distinction between professional and amateur interpreters, however, is their status. In healthcare, the former are usually a part of a service, whereas the latter only interpret occasionally and only as much as their regular work allows. Taking into consideration that there are people with adequate knowledge and willingness to interpret for the community and that their number is limited, they should be given credit. By offering amateur interpreters some sort of training, an official certificate and a special status, they would not be left to their own devices, but would be part of an organised system of community interpreting.

To sum up, the analysis of the state of the art shows that healthcare interpreting in Slovenia is predominantly managed through improvisation and the goodwill of all parties involved, being familiar merely to those actually coming in contact with it. In order to organise and develop the field, it would be necessary to start with the following activities: raising awareness on the topic; training all parties involved; setting standards of practice for interpreters in healthcare; establishing a network of interpreters, and using modern technology. An integrated arrangement of interpreting in healthcare is precisely what all parties in the procedure wish for: the patient requires more information on whom to contact; the doctor could use some guidelines on working with interpreters; and finally, interpreters would work better and much more efficiently if there were standards of practice available and their working status and professional qualifications were systematised. Together with examples from abroad, existing standards for court and sign language interpreters could present a good starting point.

Fortunately, we can say that we were offered an opportunity to put ideas into action. The Slovenian Research Agency (ARRS) has funded the three-year research project *Healthcare Interpreting in Slovenia* proposed by the Department of Translation Studies of the University of Ljubljana (UL).
The research project

Apart from the home department, the project also includes researchers from the Department of Slavonic Studies (UL), from the University Medical Centre Ljubljana and from the University Psychiatric Hospital Ljubljana. For the first time in Slovenia it will analyse and critically assess the state of the art of public service interpreting (PSI) in the country. Its basic aim is pro-active: not only will it attempt to raise awareness of the need to provide PSI among Slovene healthcare stakeholders, it will also fulfil all the necessary conditions for the implementation of a training programme for healthcare interpreters which would correspond to the specific needs of Slovenia and make proposals on how to organise an effective healthcare interpreting provision service in Slovenia. The main research objectives of the proposed project, therefore, are:

1. a review and analysis of the state of the art of public service interpreting in Slovenia;
2. compilation of the literature dealing with healthcare interpreting and related issues in Slovenia, critical discussion of the legislation dealing with public service interpreting;
3. exploration of the opportunity to use IT tools facilitating interpreting in Slovenian healthcare settings;
4. awareness raising activities to inform healthcare stakeholders, healthcare providers and users of the healthcare services of the need for healthcare interpreting, and to lay the foundations for that activity in Slovenia;
5. a design of the curriculum for healthcare interpreting in Slovenia and preparation of all the documentation;
6. implementation and evaluation of a curriculum for healthcare interpreters; preparation of teaching material; selection and training of trainers;
7. a design of a proposal on how to organise a network for a healthcare interpreting provision service in Slovenia;
8. dissemination of the results of the project.

The short-term target group of the project is lay interpreters who are often used as interpreters but have no official training in interpreting. Many of these lay interpreters are migrants who have already been integrated and have settled down in Slovenia. Traditionally trained interpreters (with training in conference interpreting) are another short-term target group and will benefit from specific training in medical interpreting.

The long-term beneficiaries of the project are patients with a foreign language background and the service-providers who will be addressed in awareness-raising campaigns (meetings, discussion groups). Their cooperation is essential for the long-term success of the project. Medical and therapeutical institutions will considerably benefit from increased interpreting quality in the long term. Healthcare service providers will already be included in the process of curriculum development to be able to integrate their specific experience and needs. In meetings and discussion groups they will be provided with information on adequate interpreting and on interpreting quality. We also intend to explore further possibilities and means for awareness-raising in hospitals and among the medical staff together with the service providers.
3.1 A review and analysis of the state of the art of public service interpreting in Slovenia

The research will gather aggregate data of healthcare interpreting in Slovenia. The project will gather information on the quantity of interpretations done in the last 5 years, on the distribution of source and target languages, on the field of medicine where the interpretation was needed. Various institutions (e.g. University Medical Centre, Detention Centre and the Ministry of the Interior) will be contacted to see whether they gathered such information in previous years and/or if it is still being gathered regularly. If such information is not (yet) available, it will be gathered from medical personnel. Since information is in all probability incomplete, case studies will be conducted with the participation of three medical doctors from the University Medical Centre Ljubljana. The three doctors are specialists in paediatrics, plastic surgery and psychiatry, i.e. the fields that are reported in the literature as those that in many linguistic communities most often deal with patients who do not understand the language spoken in the medical settings. The doctors will be asked to record in detail all instances where interpretation would be needed within a period of four weeks. A template will be provided for this purpose.

Statistical data will be surveyed in order to establish the trends in immigration to Slovenia. The most recent and most numerous groups of migrants will be identified in order to reflect this trend in the curriculum and the choice of languages taught. And finally, medical schools will be contacted in order to see whether students of medicine and nurses are familiarised with the use of interpreting in healthcare.

3.2 Compilation of the literature dealing with healthcare interpreting and related issues in Slovenia, critical discussion of the legislation dealing with public service interpreting

A list of articles and books will be compiled and made available to the general public via the website of the project. This will be complemented by research into the interpreting and translation policy in Slovenia. Questions to be investigated here include: Do medical institutions have a specific translation policy? Is interpreting into and out of all three official languages (Slovenian, Italian, Hungarian) provided as a matter of routine in Slovenia? Does Slovenia have legal requirements for the profession? Who is allowed to work as an interpreter? Is the profession legally protected? Is there a professional association? Do codes of professional conduct or codes of ethics exist? Is interpreting in medical settings provided for immigrants and asylum seekers? In order to find answers to these questions, various official documents will be analysed and interviews conducted.
3.3 Exploring the possible use of ICT tools facilitating interpreting in Slovenian healthcare settings

Data relating to the possible use of Information and Communication Technology (ICT) tools facilitating interpreting in healthcare settings will be gathered from the institutions and practitioners. The project will first assess the availability of new ICTs: for this purpose, information on the use of ICTs in (medical) interpreting will be collected and an analysis of low-cost and easily accessible technological solutions which might be used for interpreting in medical settings will be made. While addressing the possibilities for using innovative technological solutions, the users’ perspective from the healthcare service provider’s point of view will be explored and taken into account before making any recommendation.

ICT competences are highly connected with terminology management skills. The ideal scenario would be for interpreters to already have all the terminology resources available, especially if they were made in line with the applicable recommendations and standards for compiling them. However, terminologists’ expectations regarding the suitability and adequacy of terminology and their demands for representativeness (especially in the case of resources that are freely available on the Internet) prove to be not only ideal, but often also idealistic. Therefore, those who provide terminology for other users must ensure its appropriateness, considering its potential use, which may be for translation purposes, standardisation, language planning etc. “In the case of terminology available through international computer networks, this means it has to satisfy a much wider group of users whose needs may vary a great deal and whose expectations are, every day, increasingly demanding” (Pozzi 1996: 71). However, exactly the contrary is true for real-life situations, in which practically any source is welcome, and users must be aware of their limits in terms of relevance and representativeness. Often the real-life work environment of interpreters is also characterised by a lack of any kind of terminology resources structured in advance, especially in the case of lesser-used languages (Gorjanc 2009, 2011).

Despite the fact that terminology work is widely supported worldwide because it enhances technology transfer, and the fact that developing terminology is extremely important for exchanging relevant information, the situation concerning publicly available terminology resources is far from ideal. According to the Pointer Project Report in Europe:

[...] there is a general lack of accurate, up-to-date, structured, easily (re)usable terminological resources and literature and, even more importantly, of readily accessible information and distribution channels. Few existing resources are reliable, and even fewer are available on-line, while those that are disseminated by electronic means are dependent on a given system and hence not easily portable. In addition, the maintenance of existing terminologies, especially in innovative and hence fast-moving areas, is an acute problem. The situation is particularly acute with respect to lesser-used languages such as Greek, Italian and the Eastern European languages. However, the problem also affects innovative and in some cases even mainstream areas in major languages such as Spanish and French, and, to a lesser extent, even English. (Pointer 1996)
In Slovenia for example, numerous terminology-related activities are underway, yielding term glossaries and databases in various domains; however, they are methodologically heterogeneous and often unavailable for public use. On the one hand, there are large-scale printed terminological dictionaries laboriously produced by the Commission for Terminology of the Slovenian Academy of Sciences and Arts. Secondly, terminology data is being collected in academic settings, where specialised dictionaries of different scope and for various professional fields and subfields are compiled within regular student work or research papers, and bachelor’s, master’s, and doctoral theses. In addition, a number of individual and institutional initiatives promoting specialised dictionary design exist on the web, for example on the web pages of financial and insurance institutes, mobile communication providers etc. This indicates that there is a strong awareness of the economic importance of terminology as a basis for efficient professional and interprofessional communication, but this has thus far been left to private initiative or individual institutions. Based on analysis of existing terminology data, the main problems are dispersion of terminology resources, incoherent methodologies and principles, formats that lead to incompatibility and a lack of public availability or (if available) multiple access points with many types of data presentation (Gorjanc et al. 2008).

In the case of medical terminology, the difference between larger and economically stronger languages and lesser-used languages is even greater in terms of public accessibility and coherence of terminology resources (especially simple accessibility to high-quality resources). Medical terminology is

[...] highly-structured and therefore lends itself to a logical classification scheme [...]. Documenting medical terminology entries involves researching the availability of an existing classification system [...] in a given area of interest, constructing hierarchical models for conceptual representation. (Lynch 1997: 160)

A great deal of effort has been directed to medical terminology management as part of national and international initiatives that arose from the need for exchanging information between professionals as well as between professionals and the general public. However, because this is also an area with an extremely intense information flow, medical terminology management involves one of the most complex systems of terminological database management (Lynch 1997). To a great extent, this has to do with English terminology resources, which in certain forms are also becoming accessible to the general public through online databases. However, on the other hand, there are no databases of this type available for lesser-used languages, which largely results from the fact that such highly structured terminology databases in different languages would require exceptional human and financial potential, which is simply not available in environments with lesser-used languages.

Not only in the case of medical terminology, but also in the majority of terminological activities,

[...] most theoretical treatises and terminology training programs stress the advantages of systematic terminology management, which unfortunately fails to take into account the limitations that are imposed in the conventional translation workplace. In scope the methodology, the systematic model is subject-field-driven [...]. In contrast, ad hoc
terminology management is text-driven: terminologists and translators creating their own terminology resources are presented with random extractions from a domain. (Wright/Wright 1997: 148)

Even in the case of interpreters in healthcare settings, one has to take into account the fact that they often cannot resort to already established terminology resources; therefore, it is important that the educational process includes information on terminology management options based on text resources.

3.4 Awareness raising activities to inform healthcare stakeholders, healthcare providers and users of the healthcare services of the need for healthcare interpreting and establish the ground for that activity in Slovenia

The project will initiate a process of awareness-raising in Slovenia in order to make service providers more aware of the need of adequate service provision with respect to communication and interpreting. The project will help to raise awareness for the need of using trained interpreters in complex medical and therapeutic situations by underlining that the training of medical interpreters guarantees higher quality of communication and understanding in medical settings and, thus, contributes to better and fairer service provision and cost-efficiency. It needs to be stressed that adequate interpreting services will not only improve service quality, but may also help to minimise costs for treatments, follow-up appointments, and avoid possible malpractice suits. By inviting important stakeholders of medical institutions to a joint process of discussion (meetings with service providers and medical interest organisations, interviews with experts, discussion groups) we hope that greater attention will be paid to the topic, which eventually will increase the chances that trained medical interpreters will be regularly called upon and recruited.

3.5 A design of the curriculum for healthcare interpreting in Slovenia and preparation of all the documentation

The sample curriculum for healthcare interpreting developed by a consortium of partners in the LLL project MedInt will be adapted to Slovenian legislation. All the necessary documentation will be gathered in order to accredit the programme.

3.6 Implementation and evaluation of a curriculum for healthcare interpreters; preparation of teaching material; selection and training of trainers

The curriculum will be implemented at the Faculty of Arts, University of Ljubljana. Questionnaires will be designed to evaluate the response of the teachers, the students and the medical personnel monitoring the students during the obligatory placement in hospitals.

Since there is virtually no teaching material available for healthcare interpreting, such material will be created with the help of the University Medical
Centre. New materials will be developed taking into account the state of the art of translation and interpreting didactics: scripts will be produced, videos will be made, and tools for terminological aid will be developed. The materials will be tested in the training courses.

Workshops will be organised to train the trainers. An extensive search for suitable candidates for training will be made by contacting embassies, the detention centre and medical institutions. Migrants form a considerable reserve of know-how, which education systems are unable to exploit very well. Too often, immigrants have low-level jobs, regardless of their actual qualifications due to status problems or lack of recognition of these qualifications. Instead, immigrants’ skills should be seen as a valuable multilingual resource in an increasingly multicultural world. Effective utilisation of immigrant know-how will also affect how European countries succeed in resolving the conflicts brought about by different cultures, religions and social value systems.2

3.7 A design of a proposal on how to organise the network for a healthcare interpreting provision service in Slovenia

By getting in touch with and providing information to interested organisations and decision makers at different policy levels, the political background will be prepared first to obtain funding for the implementation and testing of the curriculum, and second to organise interpreting provision for medical settings in Slovenia. This is going to be achieved through a pro-active information campaign directed at medical service providers and clients. The proposal will take into account the experiences of the already existent systems of healthcare interpreting provision in other EU countries (for example, good practices in Finland will be presented), but also the findings of the project indicating the specifics of the Slovenian situation. We will ensure a clear analysis of user needs by including relevant stakeholders from the very beginning of the project in the discussion process. We argue that the establishment of the system of healthcare interpreting will help provide fairer communication and equal access, make the provision of services more accessible to groups which are often marginalised (migrants) and contribute to their better integration.

3.8 Dissemination of the results of the project

A website will be created where all the relevant findings will be published. Brochures will be created for healthcare providers, for users of interpreting services in healthcare and for potential students of the new curriculum. A roundtable will be organised to promote an exchange of views regarding healthcare interpreting between medical stakeholders, institutions that provide healthcare and government services responsible for asylum seekers. The project

results will also be disseminated at meetings and conferences, through discussions with peers and experts and by presenting the results to relevant stakeholders.

4. Conclusion

Healthcare interpreting in Slovenia reflects an insufficient legal basis to organise this field in an integrated way and thus enable its further development. Currently, the state of the art of interpreting in healthcare is based on improvisation and the cooperation of all parties involved. Its presence is mostly familiar only to those who actually come in contact with it.

On the whole, patients with problems in communication are not faced with difficulties that are serious enough to be reported. Doctors get help from ad-hoc rather than professional interpreters and, not being especially prepared when confronted with interlingual or intercultural situations, they improvise. Similarly, interpreters have to depend on themselves, they lack appropriate training, interpret in their free time and only few of them are part of organised interpreting services.

Interpreting in healthcare, just like in community interpreting, will doubtless not only remain a part of our lives, but also become increasingly more frequent and noticeable. The composition of the population is changing; individuals, families and ethnic groups move; language groups intermingle etc. Contemporaneously, the time has come when interpreting in Slovenia, too, needs to develop in a more structured way, not only in conference interpreting, but also across a broader spectrum (cf. Prunč 2011). It needs to break through into ordinary places and establish its position as a part of integrated community interpreting, offering training, certification, standards of practice and a handy use of information technology. The newly-launched research project at the Department of Translation Studies of the University of Ljubljana is an excellent opportunity to take the first steps in this direction.

References


