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Beyond Translation and Medicine: Initiating Exchanges between Translation Studies and Health Humanities

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Abstract

The introduction frames the key objectives of this volume, which stem from the editors' search for intersections between translation and health beyond the scope of traditional topics such as interpreting in healthcare settings or the translation of medical terminology. The authors consider the impact of translation on a new understanding of human health, one which emphasises a patient-centred approach that defines human wellbeing as a far more complex state than the simple absence of illness. The introduction also addresses the ongoing impact of the Covid-19 pandemic and examines how this unprecedented global situation influences translation and interpreting services and how multilingual communication have come to the fore. The last two sections of the introduction look into potential avenues of research that would bring together the fields of translation studies and health humanities, and provides a brief overview of the topics covered in this volume.

1. Introduction

This volume was born out of curiosity. As translation studies¹ scholars focusing on maternal and neonatal health (Susam-Saraeva) and disability (Spišiaková), and coming from descriptive and sociological perspectives on translation, we were familiar with a small

portion of the field of translation and medicine and aware that both interpreting within healthcare settings and translation of medical texts had been growing areas of research. The linguistic, social and ethical aspects of community interpreting that takes place in hospitals and general practices have been studied extensively; literature on the specificities of medical texts, terminology and translation has been flourishing. Invaluable as these studies are in making the process of translation and interpreting in medicine visible, emphasising their crucial impact on patient/healthcare provider interactions as well as on health literacy and knowledge transfer, they inevitably look at a small part of what goes on in relation to translation and human health.

The overriding question for us was this: what would happen if we changed the focus from translation in healthcare settings, or more generally, translation and medicine, to translation and health? Medicine is but one component of health and wellbeing, which signify more than the absence of disease or illness. The more we looked into translation and health, the more it has become apparent to us that they intersect in a multitude of settings, historical moments, genres, and users. With the increasing emphasis on person-centred healthcare, which recognises the initiative, responsibility and empowerment of ‘the patient’, and on the promotion of health across populations, interesting avenues of research open up to scholars working on translation and interpreting in relation to health, beyond the diagnosis and treatment of diseases.

This line of thought, novel as it may be for translation studies, is of course not entirely new. Since the early 21st century, the discipline of health humanities has gradually emerged, encompassing the slightly older and arguably narrower discipline of medical humanities. Health humanities suggests that health matters are too important to be entrusted solely to doctors and other healthcare professionals, and that health is an issue all academic disciplines may approach, examine, sustain, and enhance. It seeks novel ways of

understanding health and illness, borrowing methods and frameworks from the humanities and social sciences to bear on biomedicine, clinical practice, and the politics of healthcare. To this end, several disciplines in the humanities, such as literary studies, film studies and cultural studies, have so far been used to shed light on health matters.

Considering that discourses around health and illness are dependent on languages for their transmission, impact, spread, acceptance and rejection in local settings, one can begin to appreciate the wealth of data, theoretical approaches and methods translation studies can offer in studying health and illness globally. Conversely, translation studies can learn from the developments in health humanities regarding the expansion of topics for research, recent frameworks and debates shaping areas of health. Therefore, while this handbook ensures that well-established research areas in translation and medicine are covered, it also intends to open up new avenues of exchange between translation studies and health humanities by initiating research into previously neglected areas.

Compared to medical humanities, interdisciplinarity and interprofessionalism are much more emphasised and encouraged in health humanities, bringing in contributions from groups previously marginalised in the former, such as allied health professionals, nurses, patients and carers (Jones *et al.* 2016). The implications of such a broadening of the field for translators and interpreters cannot be underestimated; it would mean more interaction and cooperation between the different professions, as translators and interpreters become an organic part of care-giving, involved in the developments and decision-making processes in healthcare settings.

It is increasingly recognised that ‘medicine is only a minor determinant of health in human populations alongside other social factors’ (Jones *et al.* 2016: 933), such as class, education, occupation, religion, environment, race, disability, sexuality and gender. Given

these overlapping determinants – and the influence of other disciplines such as women’s studies, disability studies, postcolonial studies, and queer studies starting to have a bearing on medical education – courses ‘far more concerned with individual and cultural experiences of illness and disability and with the social/structural/political impediments to health and healing’ have begun to be offered as part of medical education (*ibid.*). This shift is in line with an emphasis on intersectionality, another key concept borrowed by health humanities, which highlights the health-related discrimination and disadvantages caused by the interconnected nature of social categorisations as they apply to a given individual or group. In this volume, we endeavoured to reflect the impact of intersectionality on translation and health-related concerns, in chapters focusing on women’s health, disability, and health in LGBTQ communities.

In translation studies, the focus has traditionally remained on translation and interpreting within biomedicine, ‘owing to its economic and political power and prestige’ (Montalt in this volume page no.). Examining translation and interpreting both in relation to biomedicine and outside its boundaries, several contributions in this volume underline the links between translation, medicine and power (e.g. Baldo, Bessaih, Kang, Moreland and Swabey, Sandset, Spišiaková, Susam-Saraeva and Carvalho Fonseca). The power in question goes beyond ethical considerations surrounding the interpreter/healthcare provider/patient triad, and encompasses a range of issues, such as patient autonomy, informed consent, empowerment of oppressed and/or marginalised groups, challenging institutional attitudes and practices, and the connection between the adoption of ‘Western’ medical knowledge and nationalism, including the processes of modernisation. Other contributions on enhancing health literacy through improving accessibility and readability, on recent projects in medical terminology and machine translation, and on knowledge translation between science in

laboratories and clinical application reveal further implications regarding the positioning of the ‘patient’ vis-à-vis biomedicine.

2. Healthcare-focused Research in Translation Studies

While the topics covered in this handbook are, in many cases, well-established areas of research either within or outside translation studies, there has been, to our knowledge, no single volume that brought together such a range of topics on human health and wellbeing as seen through the prism of inter- (and intra-)lingual transfer. The following brief overview outlines some of the most prominent general works on the subject of health in translation, in order to complement the highly specialised information included in the contributions to this handbook.

The first volume bringing together research on a range of topics related to translation in medical settings was Henry Fischbach’s *Translation and Medicine* (1998). The volume explores topics as diverse as the historical and cultural aspects of medical translation, the training of translators in healthcare settings, and the translation of medical terminology, and as such, could be considered an early precursor to the current volume. With the rise of translation studies as an academic discipline in the early 2000s came the increasing specialisation of its subfields, and research on subjects related to translation and health have gradually become more subject-specific. Out of these subjects, the most comprehensively covered one relates to interpreting in healthcare settings, reflecting the growing need to ensure equal access to medical care in increasingly multilingual societies. The first collected volume bringing together research articles on the subject was Franz Pöchhacker and Miriam Shlesinger’s *Healthcare Interpreting: Discourse and Interaction* (2007), which focuses on cross-cultural communication, the role played by interpreters in healthcare settings, and the

discursive patterns of interaction involving a medical interpreter. A later volume by Brenda Nicodemus and Melanie Metzger, *Investigations in Healthcare Interpreting* (2014), centres on the communicative aspects of interpreter-mediated encounters in healthcare, and explores the different methods for improving accuracy in these encounters. The bilingual volume (Spanish and English) *Translating and Interpreting Healthcare Discourses/Traducir e interpretar en el ámbito sanitario*, edited by María-José Varela Salinas and Bernd Meyer (2015), comprises both interpreting and translation, and touches upon subjects such as sign language interpreting, quality assurance in the translation process, and translation of specialised medical texts and terminology. The most recent addition to the field is the *Handbook of Research on Medical Interpreting*, by Izabel de V. Souza and Effrossyni Fragkou (2020), which covers areas such as healthcare administration and education, patient care and safety, and interpreting for victims of violence, amongst others.

Another area frequently explored in studies on medical translation and interpreting is the question of intercultural communication. Claudia Angelelli's volume *Medical Interpreting and Cross-Cultural Communication* (2004) has an ethnographic study of a bilingual hospital at its core, and uses interviews with interpreters to highlight their agency in situations where they are required to bridge cultural as well as linguistic divides. *Health, Communication and Multicultural Communities: Topics on Intercultural Communication for Healthcare Professionals* by Carmen Valero-Garces (2014) places an emphasis on the communicative element of interpreted encounters, and offers reflections and experiences from the author's long career in training mediators and translators in multicultural medical settings. Elaine Hsieh's *Bilingual Health Communication: Working with Interpreters in Cross-Cultural Care* (2016) likewise uses interviews with both interpreters and healthcare providers to explore the phenomenon of bilingual healthcare in a wide range of language combinations. Finally, *Multicultural Health Translation, Interpreting and Communication* by

Meng Ji, Mustapha Taibi and Ineke Crezee (2019) brings together a range of research topics in empirical health translation, and covers both macro questions concerning national healthcare systems and micro studies of areas such as mental health interpreting.

Several other volumes in the field of medical translation are aimed specifically at professional translators and interpreters with no formal training in interpreting within healthcare settings. These volumes are particularly important, as not all institutions teaching translation and interpreting offer specialised courses on the topic. Ineke Crezee's *Introduction to Healthcare for Interpreters and Translators* (2013) serves as a comprehensive guidebook for those with no prior experience in healthcare interpreting, and provides a well-organised overview of the terminology, concepts and systems they are likely to encounter. The handbook has generated versions for specific languages, including Spanish (Crezee, Mikkelsen and Monzon-Storey 2015), Japanese (Crezee and Asano 2016), Chinese (Crezee and Ng 2016) and Arabic (Crezee, Gailani and Gailani 2016). Claudia Angelelli's recent volume *Healthcare Interpreting Explained* (2019) is likewise aimed as a guidebook for students and practicing interpreters, and teaches problem-solving strategies through real-life examples, alongside chapters on ethics, protocol and professionalisation. Vicent Montalt and Maria González Davies' volume *Medical Translation Step by Step* (2007) turns towards the problem of translation in the medical sphere and offers a comprehensive overview, including detailed instructions on the writing and improving of drafts, and large-scale issues related to the role and responsibilities of translators specialising on medical texts.

It is on the basis of this existing body of research that this handbook intends to propel studies on translation and health into areas beyond healthcare interpreting and medical translation. Crucial though the emphasis on the interpreter/translator working in/on medical encounters/texts has been, we hope that contributions in this volume will demonstrate the

significance of other agents translating and interpreting in relation to health, as well as of the various contexts that sustain or hinder translation and interpreting.

3. Editing a Handbook on Translation and Health During a Pandemic

The final stages of the editing process of this handbook were completed in the midst of the Covid-19 pandemic. When we exchanged emails with our contributors, we sent greetings from one lockdown to another, often starting ‘Hope this email finds you and yours well, under the circumstances’. While the situation is still unfolding and scholarly studies on translating and interpreting within this pandemic are only in their initial stages, we feel we need to mention some pointers here for future research.

Translation has been used as a trope in medicine for the last 20 years or so, in terms such as translational research and knowledge translation; however, it has rarely been applied as a critical concept, unlike its use in humanities (Engebretsen 2 July 2020)². This trope tends to suggest a linear production of knowledge, produced in laboratories and medical institutions, which is then supposedly disseminated intact to healthcare providers, clinical practitioners, and ultimately, lay people. The Covid-19 pandemic, however, laid bare the messiness of this process, as well as its cultural-embeddedness, as opposed to the ‘timeless’ and ‘universal’ aspects of scientific knowledge. Which type of mask is most effective against the virus; would face coverings as opposed to medical-grade masks suffice? How much social distancing is required: two metres, one and a half, or one? At the time of writing this introduction, debates range from the anti-malarial drug trials to the widening use of remdesivir or aspirin. In short, there has not been sufficient time to establish the truth of scientific knowledge in the case of this particular pandemic. As one of our contributors, Eivind Engebretsen, aptly notes in an interview, during the Covid-19 pandemic ‘the distinction between the moment of production and the moment of translation of knowledge is

fundamentally blurred' (*ibid.*). The pandemic has forced us to act without relying on an established body of evidence-based knowledge (based on e.g. randomised controlled trials) that is temporally associated with the past – in translation studies terms, a solid 'source text' – and to 'translate' what little knowledge we have on the virus and possible treatments into global clinical practice.

Arguably, at no other time in recent history were we forced to make sense of disease and illness on such a global scale and so rapidly as we have been since the start of the pandemic. Lay people had to 'translate' the languages of science, politicians and statics on a daily basis in order to make sense of the situation (cf Arnaldi 15 May 2020)³, as well as rely on various forms of interlingual translation in order to supplement the frequently insufficient information provided in their local languages. They had to adjust their daily lives to the changing narratives and guidelines in accordance with these 'translations'. The changes were not limited to behavioural ones; language was also implicated. New terms emerged almost overnight (mostly in Anglophone countries), such as 'lockdown', 'social distancing', 'contact tracing', 'flattening the curve', 'self-isolation/self-quarantine' and 'herd immunity'. Through international health organisations which rely on English as a lingua franca, these terms spread worldwide, and were translated into – or simply borrowed and transliterated in – a multitude of languages, with varying degrees of success. While the speed and spread of the virus necessitate that we 'speak the same language', preferably that of science, it is becoming increasingly clear that the vastly different responses to the pandemic in each country also reflect the languages of politics, culture, infrastructure, and, most importantly, socio-economic power or the lack thereof. As one senior health advisor at BBC Media Action puts it:

Many organizations are promoting concepts that are alien to our audiences, no matter how they are described [...]. Social distancing and self-isolation present particular problems if you live in a two-room house with 10 others, and then even more so if that house is in a slum with thousands of other people. Another issue is advice around hand-washing, if people don't have access to enough water or don't have the money for soap or hand sanitizer⁴.

As widely discussed in the media, the pandemic has made certain existing inequalities starkly visible. These inequalities and their impact on translating and interpreting are not restricted to countries with limited economic means. One debate, for instance, revolved around the provision of sign language interpreting during the UK government's daily briefings on the pandemic. British Sign Language users and activists argued that they have been discriminated against, because critical information was not being conveyed to them; they accordingly initiated legal proceedings against the government⁵. Elsewhere, previously neglected areas of translation and interpreting were brought to the fore. Over the course of the pandemic, the Slovak sign language interpreter of Covid-19 press briefings, Barbara Randušková, has become a national celebrity due to her nearly constant on-screen presence, providing much-needed visibility to the practice of sign language interpreting amongst the wider population in Slovakia⁶.

The pandemic impacted not only on the people at the receiving end of translation and interpreting services, but also on translators and interpreters themselves. Due to shortage of interpreters, cancellation of short-term and long-term interpreting contracts and the exponential increase in remotely-held meetings, EU officials were unable to express themselves in their mother tongues in parliamentary meetings and had to revert to English⁷. In the US medical settings, a sudden decline in on-site interpreting (up to 40%) and a

corresponding, and seemingly long-term, increase in the use of telephone/video interpreters were noted (Heilweil 2020). Beyond the damage to their livelihood and the transformation of the way they worked, (remote) interpreters have found themselves

in the middle of some of the pandemic's most sensitive, stressful, and heartbreaking moments. They're frequently called upon to share the results of a Covid-19 test, and if it's positive, the interpreter must communicate the next steps, including the rules of social isolation. Interpreters can be asked to help patients in tough times, like being admitted to the hospital or discussing the scenario of going onto a ventilator. More rarely, they can be called upon to interpret the news from a doctor that a family member has died of Covid-19 (Heilweil 2020).

The situation has been further complicated by the fact that healthcare providers at the other end of remote interpreting devices wear protective masks which render them hard to understand and that the patients themselves may be on ventilators (*ibid.*)⁸.

The pandemic has been labelled as 'history's biggest translation challenge'⁹. To cope with the amount of material that needed to be translated in such a short period of time, some volunteer organisations have introduced unprecedented initiatives. Translators without Borders (TWB), for instance, launched the COVID-19 Community Translation Program, 'providing community organizations with free and open access to TWB's online translation environment'¹⁰ so that they can connect and collaborate directly with 'TWB's community of over 30,000 translators, many of whom are generously donating their time to help people access COVID-19 information in their language'¹¹. The translations requested have included 'translating travel ban information for refugees and immigrants into Chinese and Korean; translating what social distancing means into Spanish; and translating infection prevention and control information into Spanish, Chinese, French and Portuguese'¹².

We anticipate that the Covid-19 crisis under which this volume is edited will shift the discourse on health, translation and interpreting into entirely new directions, and bring about questions and research areas we are, as yet, unable to foresee.

4. Future Directions

When we first put together the proposal for this handbook, we had a rather ambitious wish-list for the topics we wanted to cover. Soon, however, we found out that very few researchers focused on areas that we thought would have been particularly noteworthy. The following overview sketches out some of the directions we were not able to pursue in this volume, signalling potential directions for research at the intersection of translation and health.

Our section on the travels of health-related translations focuses overwhelmingly on the transfer of Western sources, with scholarship largely based on the writings of Galen and harking back to Ancient Greece. Translation and transfer of medical knowledge from other parts of the world, including Ayurvedic texts, ancient Egyptian medicine and Chinese medicine, remain underexplored. Translations related to particular events in human history – e.g. doctors’ testimonies during the Holocaust, the dissemination of scientific findings such as the germ theory of disease or the invention of penicillin – represent further avenues of research. The role of colonial structures in the spread of biomedical knowledge through translation remains largely untouched, as does the historical and present-day production and transfer of healthcare information in the southern hemisphere. Another area we hope to see further research in is the medical knowledge of indigenous peoples around the world and how this knowledge has been translated. Last but not least, while several chapters in this volume touch upon the subject of translations and interpreting for refugees, translation and health as part of the so-called European migrant crisis is yet to be explored in full.

Another significant area in which we anticipate to see rapid progress is the use of technology and corpus-based approaches in supporting and improving medical translations. The chapter by Haddow, Birch and Heafield on machine translation in this volume represents an insight into these possibilities; many other areas, such as the role of translation technologies and localisation in the distribution of medical information, or the challenges presented by the interlingual transfer of digital medical records, will likely become the focus of extensive future research.

Recent years have also seen a boom in the publication of narratives penned by healthcare professionals for a general public, from Oliver Sacks' now iconic *The Man Who Mistook His Wife for a Hat* (1985) to more recent bestsellers, such as Paul Kalanithi's *When Breath Becomes Air* (2016). The translations of these works, requiring considerable technical knowledge as well as expertise in literary translation, present a number of challenges worth exploring. Such studies will particularly address the interdisciplinary nature of both health humanities and translation studies, not only by bringing together these two disciplines, but also literary studies and different medical fields, such as neurology and oncology.

As we have deliberately chosen the title health in translation, as opposed to medicine, we also wanted to explore other areas that contribute to human wellbeing than just those that treat illness and disease. We hoped to complement the chapter on translation and nutrition in this volume with others, for instance, on translation, sports and exercise; there is large research potential in the growing interest in self-help publications aiming to improve overall physical wellbeing. Books, blogs, websites and social media apps aiming to enhance people's health, many of which require translation and localisation in order to match their rapid global spread, all represent a gap in current scholarship.

Spiritual, emotional and mental health is another direction we hoped to pursue in more depth. While the chapter on mental health in this volume by Bot provides an illuminating insight into the process of interpreting during therapy sessions, there are many other areas where translation and mental health intersect, including clinical care for mental health patients and global campaigns raising awareness about anxiety or depression. Other areas such as translation of meditation, yoga or mindfulness apps, books or videos will also need to be covered in future publications. Lastly, we hope to see future research exploring the occupational health of translators and interpreters themselves; as many contributions in this volume demonstrate, their work is frequently associated with high levels of stress and pressure, and perhaps never more so than when their work has a direct effect on human lives and wellbeing.

5. Structure of this Handbook

The handbook is divided into four sections that reflect the key thematic clusters of present-day research on translation and health. The first part focuses on travels of medical texts from ancient to modern times, following informational flows in different eras and geographic locations. The contributions unpick the spread of Western medical knowledge from ancient Greece through Arab Empires to medieval Europe, and later through the invention of the printing press into other regions including East Asia in the 19th and early 20th centuries. The section also considers the role of the various lingua francas of medical knowledge, from Arabic through Latin, to the present-day prevalence of English.

The second section is dedicated to the role of translation in medicine and the medical sciences. The chapters explore challenges posed by medical terminology, international standards of patient information leaflets, and questions of intralingual and interlingual

medical translation. Other contributions in this section highlight the growing applicability of machine translation to medical contexts, consider the dual meaning of the word translation in relation to medicine (interlingual translation and knowledge translation), and investigate how the field of translation studies intersects with medical humanities.

The third section turns towards the role of interpreting in healthcare. The contributions explore not only the challenges of interpreting delivered by trained professionals, both in-person or remotely via telephone and videoconferencing, but also the role of non-professional interpreters in healthcare settings, such as child language brokers. Other chapters in this section consider the ethical aspects of interpreting in healthcare settings and the role of language concordance between deaf healthcare professionals and deaf patients.

The final section of the handbook presents insights into and case studies in a range of areas where health and translation intersect. The contributions attest to the specific challenges in providing language access in emergencies, such as disaster situations and pandemics, as well as in everyday life: the health of minoritised groups, such as the disabled and LGBTQ+ communities; women's health, including maternal and neonatal care; the highly sensitive issues related to interpreter-mediated communication with children and in mental health; and, the ever-growing importance of nutrition and health.

We hope that the handbook will be an invaluable resource for students and researchers in translation studies interested in health-related issues, as well as those in health humanities interested in language and communication. Healthcare practitioners who work in multilingual and multicultural environments, as well as translators and interpreters working in healthcare settings will also undoubtedly benefit from the contributions.

References

- Angelelli, C. V. (2004) *Medical Interpreting and Cross-Cultural Communication*.
Cambridge: Cambridge University Press.
- Angelelli, C. V. (2019) *Healthcare Interpreting Explained*. Routledge: London and New York.
- Crezee, I. H. M. (2013) *Introduction to Healthcare for Interpreters and Translators*.
Amsterdam and Philadelphia: John Benjamins.
- Crezee, I. H. M. and Asano, T. (2016) *Introduction to Healthcare for Japanese-speaking Interpreters and Translators*. Amsterdam and Philadelphia: John Benjamins.
- Crezee, I. H. M., Gailani, N. and Gailani, A. N. (2016) *Introduction to Healthcare for Arabic-speaking Interpreters and Translators*. Amsterdam and Philadelphia: John Benjamins.
- Crezee, I. H. M., Mikkelsen, H. and Monzon-Storey, L. (2015) *Introduction to Healthcare for Spanish-speaking Interpreters and Translators*. Amsterdam and Philadelphia: John Benjamins. DOI:10.1075/z.193.
- Crezee, I. H. M. and Ng, E. N. S. (2016) *Introduction to Healthcare for Chinese-speaking Interpreters and Translators*. Amsterdam and Philadelphia: John Benjamins. DOI: 10.1075/z.205.
- Fischbach, H. (1998) *Translation and Medicine*. Amsterdam and Philadelphia: John Benjamins.

- Heilweil, R. (2020) 'What it's like to interpret for coronavirus patients remotely', *Vox*.
Accessed: 16 May 2020. <https://www.vox.com/recode/2020/5/16/21250477/medical-interpreters-remote-certified-languages-telelanguage-covid-19>
- Hsieh, E. (2016) *Bilingual Health Communication: Working with Interpreters in Cross-Cultural Care*. London and New York: Routledge.
- Ji, M., Taibi, M. and Crezee, I. H. M. (2019) *Multicultural Health Translation, Interpreting and Communication*. London and New York: Routledge.
- Jones, T., Blackie, M., Garden, R., and Wear, D. (2017) 'The Almost Right Word: The Move From Medical to Health Humanities', *Academic Medicine*, 92(7), pp. 932-935.
https://journals.lww.com/academicmedicine/fulltext/2017/07000/the_almost_right_word_the_move_from_medical_to.31.aspx
- Kalanithi, P. (2016) *When Breath Becomes Air*. New York: Random House.
- Montalt, V. and González Davies, M. (2007) *Medical Translation Step by Step: Learning by Drafting, Medical Translation Step by Step: Learning by Drafting*. London and New York: Routledge. DOI:10.4324/9781315760377.
- Nicodemus, B. and Metzger, M. (2014) *Investigations in Healthcare Interpreting*. Washington, DC: Gallaudet University Press.
- Pöchhacker, F. and Shlesinger, M. (2007) *Healthcare Interpreting: Discourse and Interaction*. Amsterdam and Philadelphia: John Benjamins.
- Sacks, O. (1985) *The Man Who Mistook His Wife for a Hat*. New York: Summit Books.

de V. Souza, I. E. T. and Fragkou, E. (2020) *Handbook of Research on Medical Interpreting*. Hershey PA: IGI Global.

Valero-Garces, C. (2014) *Health, Communication and Multicultural Communities: Topics on Intercultural Communication for Healthcare Professionals*. Newcastle upon Tyne: Cambridge Scholar Publishing.

Varela Salinas, M.-J. and Meyer, B. (2015) *Translating and Interpreting Healthcare Discourses/Traducir e interpretar en el ámbito sanitario*. Berlin: Frank & Timme GmbH.

¹ Throughout the handbook, we have used translation studies as an umbrella term covering translation and interpreting studies, except in contributions which specifically focus on interpreting.

² <https://podcasts.ox.ac.uk/masks-vaccine-and-cure-translating-medical-evidence-during-and-after-pandemic> Podcast with Eivind Engebretsen, by Marta Araldi, 2.7.2020. Also available at <https://www.youtube.com/watch?v=to49m8TcfbI> (Accessed: 8 July 2020).

³ <https://podcasts.ox.ac.uk/translating-illness-case-covid-19> Nicola Gardini 15.5.2020, by Marta Araldi, also available at <https://www.youtube.com/watch?v=gujukayRJ28> (Accessed: 8 July 2020).

⁴ <https://www.devex.com/news/how-do-you-say-social-distancing-in-swahili-96856> (Accessed: 8 July 2020).

⁵ <https://www.bbc.co.uk/news/disability-52323854> (Accessed: 8 July 2020)

⁶ See e.g. <https://www1.pluska.sk/spravy/z-domova/exkluzivne-vdaka-matovicovi-ju-pozna-cele-slovensko-minulost-sexi-tlmocnicky-vas-dostane> (Accessed: 10 November 2020)

⁷ <https://www.politico.eu/article/coronavirus-covid19-confinement-restrictions-create-havoc-in-the-secret-world-of-eu-interprets/> (Accessed: 8 July 2020).

⁸ The compulsory use of masks and other facial coverings in public spaces also significantly affected the lives of deaf or hard-of-hearing persons who partially or mainly rely on lipreading for communication.

⁹ <https://www.wired.com/story/covid-language-translation-problem/> (Accessed: 9 November 2020).

¹⁰ <https://translatorswithoutborders.org/translations-covid-19/> (Accessed: 9 November 2020).

¹¹ <https://translatorswithoutborders.org/covid-19-application> (Accessed: 9 November 2020).

¹² *Ibid.*