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Interpretability of English Medical discourse into Lubukusu

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Abstract

In this era of massive travel and inevitable migration, many doctors encounter patients with whom they do not share a common language. Whenever doctors encounter patients with whom they have no common language, interpretation is the most solicited solution. This paper examines the interpretability of English - Lubukusu medical discourse in Bungoma County in Kenya. English has unique scientific jargon used in the medical field which have no equivalents in Lubukusu. This study sought to establish the degree to which such terminologies are interpretable from English into Lubukusu in medical consultations. The consultants for the study were two non-native doctors at each of the six selected hospitals in Bungoma County in Kenya, their interpreters and six Standardized Patients (nurses) working at the health facilities and six real patients. The researcher audio recorded two consultation sessions for every doctor with one patient or SP on different appointments and analyzed the data majorly by qualitative methods. The results of this study reveal that there are English medical terms that have no equivalents in Lubukusu hence are non-interpretable. The results suggest ways that can be utilized by governments in ensuring that their citizens benefit most from the presence of the doctors from other countries in their hospitals.

Keywords: English, discourse, interpretability, Lubukusu, medical



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Public Interest Statement

This paper adds to the existing literature on interpretation in general and dilates the Pragmatic Model of Simultaneous Interpretation by Setton (2000). The study is importance to scholars and the medical fraternity as it provides real life interpretation of English – Lubukusu medical consultations and nails down the degree of interpretability of English medical terms into Lubukusu.

Introduction

English is Kenya's official language alongside Kiswahili which has the twin-role of national and official language. The native languages are utilized in informal settings mostly in non-urban settings. Kenya's language policy was influenced by the colonial language policy, which recognized English as the official language while indigenous languages were used only in informal settings (Kibui, 2014). Over time, a number of commissions made recommendations that changed the role and status of these languages. Barasa (2016) observes that the Ominde Commission of 1964 introduced a trilingual system of language use in Kenya where English maintained the top status as the main language of instruction in schools throughout the education cycle, Kiswahili the national language and African languages were to be used in non-formal communication in relevant locations where these languages were dominantly spoken. This arrangement influenced language attitudes in the country and set out English as a language of the elite making most Kenyans with little or no formal education to stick to the use of their native tongues in their day-to-day conversations. As opined by Barasa (ibid) English is used mainly for government activities and by the educated; serving as a language of the people deemed to be influential and of high social class. There is a percentage of Kenyans who are not proficient enough in English to express themselves completely in the language as a result of these language attitudes.

Article 7 of the Kenyan Constitution outlines English and Kiswahili as official languages and Kiswahili as the national language. Cap3 (a) and (b) of this Article of the Kenyan Constitution (2010) affirms the responsibility of the state in protecting the diversity and promoting the development and use of indigenous languages. The Kenyan constitution advocates for a balance in the use of the languages of Kenya especially in non-academic forums with the aim of ensuring the layperson in Kenya has access to relevant information that touches on their livelihood. Majority of Kenyans use their native languages for in-group communication, Kiswahili for intergroup communication and English for official matters. Only a few Kenyans use English in their day-to-day activities (Nyongesa, 2012). Waitiki (2010) refers to English as a language of an educated few. It is therefore expected that most communication be done in a language that is fairly understood and used by the majority of the people. This study envisaged a situation in which the non-native doctors attend to Bukusu patients who were not proficient in English hence the need for interpretation in such consultation discourses.

Lubukusu is the native name for the language spoken by Bukusu people. Lubukusu is a member of the macro-language Oluluhya from the Bantu group of languages spoken in western Kenya. Lewis *et al.* (2022) classifies Lubukusu as a Niger- Congo >Benue, Congo Bantoid language of Southern narrow Bantu, Central Masaba of Luhya family. A macro-language is basically a set of related languages that share a common "identity" even though speakers may not normally understand each other (Pyatt, 2008). The Luluhya macro-language comprises nineteen languages most of them being mutually intelligible while some are mutually unintelligible. The nineteen languages are Lubukusu, Lukhayo, Lumarachi, Lusaamia, Lunyala K, Lunyala B, Luwanga, Lumarama, Lukisa, Lunyore, Lulogooli, Lwitakho, Lwisukha, Lukabaras,
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Lutsotso, Lutiriki, Lutura, Lusonga and Lutachoni (Marlo, 2009; 2014; Mudogo, 2011; 2019). In terms of intelligibility, Lubukusu is closer to Gisu and Masaaba languages whose origin is eastern Uganda than it is to other languages spoken by the Luhya group of people (Mutonyi, 2000). Although aware of the controversial debate on whether the 'Luluhya group' refers to inter related languages or to dialects of the same language, many studies have referred to them as languages (Mutonyi, 2000; Marlo, 2009; Lewis et al. 2016; Masika, 2017; Mudogo, 2019). According to Lewis *et al.* (2015), Luhya is a macro-language with the various dialects now promoted to the status of distinct languages. Lubukusu is recognized as one of the sixty-seven languages of Kenya that are alive (Lewis *et al.* 2016). In this study, Lubukusu is considered as a language and not a dialect.

Scholars have investigated various issues concerning the translation of texts from English into Kenyan languages (Njeru, 2015; Wambui, 2015), and from English into Luhya Languages (Mudogo, 2011, 2019; Wangia, 2003, 2014) and noted tremendous challenges to the process. Given that interpretation is more challenging than translation, there was need to find out how interpreters in this language situation cope with these challenges. This study sought to find out whether the English medical terminologies used in consultations by the non-native doctors are interpretable into Lubukusu. The extreme differences between English and Lubukusu form the backbone of the study. The study investigated the interpretability of English medical discourse into Lubukusu. In this paper, English is the Source Language (SL) and Lubukusu the Target Language (TL).

The analytical research design was adopted in the study. The consultants for the study were selected using purposive sampling technique that targeted two non-native doctors at the Bungoma County Referral Hospital and two non - native doctors at each of the selected five Sub-County hospitals in Bungoma County, their interpreters and twelve patients. For purposes of ethical considerations and patients' privacy, six nurses working at the health facilities who are proficient in Lubukusu and who had interpreted for non-native doctors in consultations with Bukusu patients acted as patients in this study, referred to us Standardized Patients (SP). During data collection, some patients who were interested in the research requested to partake in the research. They signed the consent forms and were recorded in real consultations. Six SPs and six actual patients were used in this study. Data was collected by use of questionnaires, audio-recording and observation. The researcher audio recorded two consultation sessions for every doctor with one patient or SP on different appointments and analyzed the data by qualitative methods. The Pragmatic Model of Simultaneous Interpretation by (Setton, 2000) guided the analysis and interpretation of data.

Baker (1992) categorizes non-equivalence in five levels: non-equivalence at word level, non-equivalence above word level, grammatical non-equivalence, textual non-equivalence and pragmatic non-equivalence. There are different levels of linguistic analysis and each level is significant to interpretation as a strand of translation. Baker (1992) acknowledges the importance of individual words during the translation process, she argues that the translator first looks at the words as single units in order to find their equivalent in the TL. Baker's (1992) acknowledgement of the importance of individual words during the translation process informed this study on the choice of words as units of analysis. This study mainly looks at words as units of analysis, the other levels of analysis were not considered. A corpus of three thousand words was collected out of which a sample of twenty-six words was selected by judgmental sampling techniques. The twenty-six words were selected because they possess the characteristics require in the study. They are scientific terminologies that name different medical conditions, ailments and medications that do not have a one to one equivalents in Lubukusu.

Interpretability of Medical Discourse

Language is the channel through which all information is passed across from the patient to the doctor and from the doctor to the patient. Doctors use language to communicate information to their patients and it is through language that patients can explain to the doctors what they feel and receive instructions from the doctors on how to manage or treat their ailments (Masika, et al. 2023). Universal healthcare begins with patient's access to the right information. Important as it is, the issue of language and patient information has been taken for granted here in Kenya (Nyongesa, 2012).

Discourse between doctors and patients has long been regarded as the vehicle by which much of the curing and caring of medicine is conveyed sometimes regarded as the art or heart of medicine (Debra & Judith, 1989). Clear communication is vital for the success of any relationship especially the one that exists between a doctor and a patient. Any barriers that may hinder clear communication between a doctor and a patient should be lifted because lack of communication between doctors and patients may lead to misunderstanding, increasing the likelihood of errors in diagnoses that could risk the patient's health and to the doctor's vulnerability to malpractice litigation (Debra & Judith, 1989). It is essential, therefore, that efforts are made to make this important interaction as clear as possible. In a non-native doctor-Bukusu patient situation, interpretation becomes a key component in the interaction.

Doctor-patient interaction is one of the communicative situations in which the presence of an interpreter is increasingly required (Cirillo, 2010). Studies have shown the need for interpreters to interpret from the voice of the language of medicine into the voice of the life world in a doctor patient interaction. Such is a type of intra-lingual translation where the doctor and the patient speak the same language only that the doctor is using the "strong" language of medicine and the patient is using the 'weak' life world language. Raymond (2014) agrees with this assertion when he opines that when professionals interact with their clients, there is a considerable scope for communication difficulties and breakdowns, misapprehension, misunderstanding and complete incomprehension because they do not speak the "same language". So, Wadensjö (1998) emphasizes the coordinating aspect of the interpreters' role, who, by virtue of their unique middle position and immediate access to "almost everything available to ears and eyes," have the hard task of "establishing, promoting and controlling connections between primary parties in conversation." These observations bring to light in an even greater way the need for interpretation in a foreign doctor and native patient interaction.

A number of studies have been carried out on doctor patient interaction (Wadensjö, 1998; Debra & Judith, 1989; Cirillo, 2010; Raymond, 2014; Basweti, 2018). These studies each touch on an important aspect of the doctor patient interaction. Researchers have critically investigated the role of interpreters in a variety of contexts, ranging from TV interviews (Wadensjö, 2008) to commercial (Gavioli & Maxwell, 2007), legal (Wadensjö, 1998) and medical settings (Bolden, 2000; Davidson, 2000; Bot & Wadensjö, 2004). Basweti (2018) studies the Pragma-dialectal role of mother language in reconciling traditional medicine and conventional medicine in medical disputes in Gusii medical consultations. The studies mentioned above have not investigated the nature of interpretation between a non-native doctor and a Bukusu patient in a medical consultation. There was need for a study to investigate interpretation between English and Lubukusu a Kenyan native language in a medical setting.

Interpreters in medical consultations interpret beyond words. Apart from the words, the interpreter has to transfer the context around what the interlocutors say. According to Marjory (2016) interpreting between doctors, nurses, other healthcare providers and patients in varying health care settings is a

challenging task even to accomplished medical interpreters. The difficulty and rapid evolvement of medical terminologies coupled with the immediacy of simultaneous interpretation make interpretation in a medical setting more challenging. Medical interpretation is a highly specialized and demanding service that requires the interpreter to have knowledge not only of the languages involved but also of the scientific medical terms used. If the interpreter lacks any of these important components of interpretation then the whole process may flop yet the ramification of a flawed medical interpretation can be dire.

Interpretability of English Medical Terminologies into Lubukusu

According to Baker (1992) the problem of translating or interpreting from one language to another is posed by the concept of non-equivalence. Non-equivalence, a situation where a concept that has distinct lexical items to express it in one language is not lexicalized in another language. The interpretability of English medical terminologies into Lubukusu is indeed a matter of equivalence or non-equivalence. According to Catford (1965) equivalence occurs when the SL and TL texts or items are related to the same relevant features of situation and substance. Equivalence in interpretation therefore means that the SL utterance and the TL utterance share some kind of 'sameness'. In this regard when the non-native doctor speaks to a monolingual Bukusu patient in English and the interpreter renders the doctor's utterance into Lubukusu in such a way that the monolingual Bukusu patient gets the exact meaning intended by the doctor, then equivalence will have been achieved. Interpretability therefore means that the English medical terminologies recorded in this study had equivalent forms in Lubukusu. Non-interpretability would refer to a situation where the English medical terminologies used by the doctors have no equivalent word or term in Lubukusu that can render a one to one interpretation. In this study that explores the interpretability of English Medical terms, English is the Source Language and Lubukusu the Target Language.

The following extracts from the recorded real and simulated dialogues between non-native doctors and Monolingual Bukusu patients address the issue of the interpretability of English medical terminologies into Lubukusu. The letters placed before the dialogues stand for the following: D is for the words spoken by the non-native doctors, I is for the interpreted utterance, SP is for the patients' and Standardized Patients' utterances and the phonetic representation of the utterances made in Lubukusu have been put inside slashes.

1

D: I will give you some **antibiotics**.

I: Khakhua **chiandipayotic**

/xaxua tʃiandipajotic/

SP: Andipayotic nisio sina?

I: Khokhukhua **kamalesi fulani** kakhuyete oone, **kamalesi kakera ebactiria mumubili**. **Bali khobakhua kamalesi fulani kachakhwira birusi fulani mumubili**.

/xoxuxua kamalesi Fulani kaxujete oone kamalesi kakera epakitiria mumuβili/

In extract one above the non-native doctor uses the word **antibiotics** which does not have an equivalent form in Lubukusu. The interpreter retains the word antibiotics in the TL utterance and loss of meaning occurs. To prove that this is a new phenomenon to the monolingual Bukusu patient, the patient asks, '**andipayotic nisio si?**' (what is an antibiotic?). The interpreter answers her, "Some kind of medicine that kills bacteria in your body" then she adds that it's a kind of medicine that kills some kind of viruses in the

body. The term **antibiotic** is one example of medical terms that have no equivalents in Lubukusu and might not be sufficiently interpreted by an explanation. The interpreter who is in essence a linguistic mediator between two people with no common code of communication, misses out in this particular mediation event as she interprets bacteria as ‘**birusi**’ which means viruses. It is common knowledge in medical jargon that a virus and bacteria are two very different organisms causing different ailments in humans. The interpretation here fails the Vinlay and Darnebelt (1995) test of equivalency. They (Ibid) view equivalency as a product of interpretation in which the same situation is replicated in the target language but with different wording. The medical terms: antibiotic and bacteria are uninterpretable into Lubukusu . The same phenomenon is experienced in the following extract.

2

D: He is having **metemesis**?

I: Explain

D: Does he have **metemesis**? Is the cough, does it have any blood stains?

I: Nakholola kamakhaso ako kabechanga khomo nende **kamafuki**?

/noxolola kamaxaso ako kaβetʃangaxomo nende kamafuki/

In this second example, the doctor uses the word **metemesis** to inquire about the type of cough that the patient is having. Shariati and Shariati (2014) note that a successful translation or interpretation for that matter, is one that conveys the explicit and implicit meaning of the source language as fully and accurately as possible. Notice that the interpretation in this example is successful. The interpreter did not know the meaning of the word so he asks for an explanation from the doctor but even after getting the meaning of the word, the interpreter does not find any equivalent one to one terminology in Lubukusu. He attempts to interpret by giving an explanation in Lubukusu. Eventually the medical term **metemesis** is interpreted by elaboration which suffices as no meaning was lost. The case above agrees with Jacobson (1959) that differences between languages should not necessarily thwart the process of interpretation.

3

D: She may be developing stomach ulcers. I will send her to do an ultra-sound then we can proceed from there.

I: Bali ofwana olinende bidonda bywe munda, taktare alikho akhuruma khukhupa epicha ye munda nie abone nga naendelea.

/βali ofuana olinende βidonda βje munda, takitare alixo axuruma xuxupa epitʃa je munda/

In example 3, two words used by the non-native doctor lack equivalents in Lubukusu. The patient in the dialogue complains of stomach-ache and the doctor suspects that the patient might be having **ulcers**. The doctor plans to send the patient for an ultra sound. The interpreter had the task of carrying this message across to the patient from English to Lubukusu. The two words ‘**ulcers** and **ultra-sound** were a challenge to the interpreter as she found no equivalents in Lubukusu. She therefore interpreted them by a simple explanation as, “*bitonda bywe munda*” (stomach wounds) and “*epicha ye munda*” (the picture of the stomach). Despite these phrases not being the one to one equivalents for the two words, they sufficiently delivered the message intended for the patient.

4

D: It only protects against the **virus** and boasts your **immunity**

I: Bali tawe ekhulinda busa khukhwamanana nende covid lundi ekhuwa immunity.

/bali tawe exulinda xuxwamanana nende kovid lundi exuwa injuniti /

SP: Naba immunity nisio sina?

/naβa injuniti nisio sina/

I: She is asking what is immunity

D: Immunity is the ability of your body to withstand a particular disease or situation.

I: Bali immunity eli ehali ye khuuba nende bunyali bwe khupana nende bulwale bubwicha.

/bali injuniti eli ehali je xuβa nende βunali βwe xupana nende βulwale βuβwitfa/

The term **immunity** as used by the doctor in this excerpt poses a challenge to the interpreter. The interpreter seemed not to know any word in Lubukusu that means exactly the same as **immunity**. In her interpretation she decides to use the same word from the SL into the TL utterance, in the process the message is lost and the patient asks what the interpreter meant. The interpreter faithfully passes the question across to the doctor. After the doctor's explanation of what immunity is, still the interpreter could not find an equivalent term that means the same in Lubukusu. She therefore opts to do interpretation by explicitation.

5

D: Has she tested COVID?

I: Mala waipimakho koviti?

/mala wapimilexø kovit/

The data in this study was collected partly in the year 2020 and early 2021 a period of time when COVID -19 was at the peak. Finding patients with COVID-19 was therefore inevitable. Furthermore COVID -19 was a novel disease so people had no time to find appropriate terms in their various languages to name the disease or the symptoms that characterized it. In Lubukusu as can be seen in the example above, the same word from the SL was used with adaptation to the phonology of Lubukusu

6

D: I think that is an allergy, any history of allergy in the family?

I: Taktari alikho aloma ali oli nende allergy ye mbeo

/taktari alixø aloma ali oli nende alatfi je mbeo/

SP: Alachi nisio si?

/alatfi nisio sina/

I: what is allergy

D: Allergy is when somebody reacts to something in the environment like cold, dust or food, when exposed to that environment the body develops some changes.

I: Bali kumubili kwoo kwaria embeo, sekwenya embeo eyeyo ta, noluli lufumbi nende embeo eyeyo nono yekasia kamolu ili okhilwa khuela okhwokhwo

/bali kumuβili kwoo kwaria embeo embeo ejejo ta, noluli lufumbi nende embeo ejejo nono jekasia kamolu ili oxilwa xuela oxwoxwo/

In example 6 above the doctor uses the word allergy to describe the patient's condition. The interpreter uses the same word in her interpretation which causes the patient to ask, "**alachi nisio sina?**" (what is allergy?) The interpreter still fails to find a word in Lubukusu that means the same as allergy and therefore interprets

it by the same explanation given by the doctor. The explanation in this case does not sufficiently carry the intended meaning from SL to TL.

7

D: I think she has **rhinitis** I will give her **antihistamines** to **decongest** the nostrils.

I: bali alakhuwa **antihistamaini** yikule kamolu.

/ bali alaxuwa **antihistamaini** jikule kamolu/.

The English medical terms in this extract are **rhinitis**, **antihistamine** and **decongest**. The interpreter does not interpret the word **rhinitis** due to lack of an equivalent in Lubukusu or perhaps the failure to know the meaning of the word. The word **antihistamine** is used the way it is in the TL, and **decongest** is rendered as 'yikule' (to open). Of the three words, only the word **decongest** is interpreted the rest are left without interpretation. There exists semantically complex items in some languages that do not have equivalents in other languages. Moore (2005) established that some Arabic words do not have equivalents in English. This study established the same phenomenon. There are English medical terms that do not have equivalents in Lubukusu and these pose a real challenge to medical interpreters.

8

D: He has been using **phenobapital** to relieve the headache, does he convulse

I: **Phenobapital**, okelangao nokhola oli chinganakani chitiba namwe?

/fenobapitol okelangao noxola oli tjinganakani tfitiβa namwe/

The patient in the consultation from which the extract above was taken was suffering from epilepsy and so he had been using **phenobapital** to prolong the intervals between the convulsions and make him function better. The word **phenobapital** which is the name for the drug used by epileptic patients does not have an equivalent form in Lubukusu and so it was retained in the TL utterance. The same case is observed in the following three examples: 9, 10 and 11. English and Lubukusu belong to different cultures, origins and world views, these differences provide good grounds and evidence for the possibility of what (Gazhala, 2004) referred to as "untranslatable"

9

D: On top of it we shall give her **paracetamol**

I: Nono lundi okhocha khumila kamalesi ka pungusia choto bali **paracetamol**

/nono lundi oxotfaxumila kamalesi ka pungusia tfoto βali paracetamol/

10

D: It actually shows you have malaria but no **typhoid**

I: kokesia kali olinende malaria yong'ene **tyhoid** selimo ta

/kokesia kali olinende malaria joŋ'ene taifoti selimo ta/

11

D: So we are going to test malaria for malarial parasites and also since it has the same presentation like someone who has **typhoid**, so we are going to do the **widal** test also,

I: Balikho bacha khupima malaria lundi bapimekho birusi bia malaria mala lundi bapimekho **taifot** sikila bwosi bwicha nende chisaini chindala chifwanana.

/βalixo βatβa xupima malaria lundi βapimexo βirusi βia malaria mala lundi βapimekho **taifot** sikila βwosi βwitβa nende tβisaini tβindala tβifwanana/

The terms **paracetamol** and **typhoid** were retained in the interpretation of the excerpts presented above. While the word **widal** was not interpreted at all. **Paracetamol** is the name of a very common painkiller while **typhoid** is a form of infection in human beings that causes severe fever and joint pains also common among this population. These two terms are common among the larger population of Kenyans who have now adapted them to their native languages and are frequently used as loan words. The use of paracetamol and typhoid in Lubukusu therefore does not inhibit communication. Jacobson (1959; in Venuti ed, 2000:114) opines that differences between languages do not necessarily prevent inter-lingual translation. The interpreter uses loan words to maneuver the challenge of equivalence successfully. The word widal is not common among the ordinary people that is why the interpreter leaves it out in his interpretation and that information is lost because it is an example of the uninterpretable medical terms. Three words in the next two examples have no equivalents in Lubukusu.

12

D: and after we requested for the lab test, and actually the urine shows there was infection.

I: mala bachile bamupima mulapu mala bali kamenyi kabelekho nende eshida, eshida yabelekhomo kidoko

/mala βatʃile βamupima mulapu mala βali kameɲi kaβelexo nende eʃida, eʃida jaβelexomo kidoko/

13

D: Now your results are out. There are some bacteria and viruses in your body.

I: bali kamachibu karurile, kokesia kali kumubili kwoo kulimo nende bibindu bibi bikhenyekhana tawe.

/βali kamatʃibu karurile, kokesia kali kumuβili kwoo kulimo nende βiβindu βiβi βixenexana tawe/

In example twelve and thirteen, the words **infection**, **bacteria** and **viruses** are examples of words that could not be interpreted into Lubukusu. The interpreter in this consultation seems not to have known any word in Lubukusu that means the same as these words. The interpreter interprets the word infection as ‘*eshida yabelekhomo*’ (there is a problem in your urine) the interpreter calls an infection a ‘problem’ in his interpretation. The words bacteria and virus are simply interpreted as ‘bibindu bibi’ (bad things). As can be observed from the foregoing examples, there are English medical terms that are uninterpretable into Lubukusu due to lack of equivalents and in most cases, they are unexplainable as the explanations that are given as attempts to pass the meaning to Bukusu patients are insufficient.

14

D: from what you are saying you have **anosmia**?

I: Elaborate on that.

D: O yeah you said he has lost the sense of smell?

I: watibisie bunyali bwe khuunyila?

/watiβisie βunali βwe xuunila/

The word **anosmia** in example 14 was also challenging to the interpreter. When the doctor asks the patient if he has anosmia, the interpreter asks the doctor to elaborate on it because he has not understood its meaning. The doctor elaborates on the word and eventually the interpreter interprets it as ‘bunyali bwe khuunyila’ (the ability to smell) which suffices even though the interpreter evades the word ‘sense’ as it is another new

15

D: Could you also be having **anorexia**?

I: Elaborate on that.

D: Have you lost the desire to eat?

I: Watibisie ehamu ye khulia? Ye khulia siakhulia?

/watiβisie ehamu je xulia? je xulia siaxulia/

In 15 above the word **anorexia** is used in the doctor's English utterance. The interpreter who was not a medic could not make out the meaning of the word and requested for elaboration from the doctor. Notice that instead of the doctor using the word **appetite** he says, '**the desire to eat**' the doctor being limited in his proficiency in English seemed to have learned only the medical term for loss of **appetite** and lacked the common word '**appetite**' this could be the reason why the medical term **anorexia** may have been used instead of loss of appetite. After the elaboration by the doctor the interpreter interprets the word correctly as '*watibisie ehamu ye khulia*' (have you lost your appetite).

16

D: What about mmmm are you having **ageusia**?

I: eee elaborate on that.

D: Have you lost taste?

I: Olikho nende **echamu**?

/ **olixo nende etfam**u/

The doctor here uses the word **ageusia** to mean loss of taste. The interpreter asks the doctor to elaborate on the term since he does not seem to know the meaning of the word. It was only after the doctor's explanation of the word that the interpreter interpreted it as "**Olikho nende echamu**" (do you have taste) which does not bring out the exact meaning of the word which is 'have you lost the sense of taste'. It is a common believe by people who learn a foreign language for use only for a particular period of time on a short time mission that those who use the language frequently are well versed in the unique terminologies used in such a language. In most cases such language users are never aware of the unique characteristics of the different languages and the uniqueness of language as used in different spheres of life. A doctor from a country that does not use English may assume that all speakers of English know the meaning of any English medical terminology yet this is not the case. Similarly, a non-native who comes to a country to work in the health sector will struggle to learn terminologies that are associated with their area of specialization with the expectation that these will help them to function in their day to day duties. Such doctors tend to use English medical terms even with ordinary people expecting them to understand because they know English. This assumption could be the reason why these non-native doctors used many technical medical terms in their consultations with monolingual Bukusu patients.

17

D: Are you **aphonic**?

I: (silence)

D: Can he talk maybe he has lost the ability to phone or to sound or to articulate sounds, to voice well.

The word **aphonic** in this example extracted from a medical consultation that involved a patient who had lost the ability to articulate words well was not interpreted. The interpreter remained silent until the doctor repeated the question by explaining the meaning of the word.

18

D: I can see he is touching the neck here; does he have that **pharyngeal** irritation?

I: Olaumianga sina ekokopilo?

/olaumianga sina ekokopilo/

D: I will give you **acetaminic** to ease the irritation.

I: Alakhuwelesia **acetaminic** eosie emumilo

/alaxuwelesia asetamaisin eosie emumilo/

D: Ok think from my assessment, you have all the cardinal signs of **COVID 19** so it will be important for us to take a sample for testing **COVID 19**. Meanwhile I will give you **naproxen** to clear the **pharyngitis** and **diethylpropion** for **anorexia** as we chart the next step in his treatment.

I: Bali taktari alikho akhuwa kamalesi bali **naproxen** nende, nende... kalakhuyeta khukokopilo nende khukobosia khukhwenya khulia.

/ bali taktari alixo axuwa kamalesi bali **naproksen** nende,... nende kalaxujeta xukokopilo nende xukoβosia xuxweja xulia/

This last example dilates the concept of the “uninterpretable” opined by (Moore, 2005 & Gazhala, 2004). The doctor had encountered a patient with the cardinal symptoms of COVID 19. At this time COVID had just struck and people had had no time to familiarize with the terminologies used around COVID 19. The doctor therefore uses the raw terms to describe the symptoms of COVID 19. The words **pharyngitis**, **COVID**, **naproxen** **diethylpropion** and **anorexia** are used in the doctor’s SL utterance. The interpreter interprets some of the words using simple explanations and leaves others without interpretation. The words **pharyngitis**, **naproxen** and **diethylpropion** are not interpreted while **anorexia** is interpreted as ‘khukhwenya khulia’ (to want to eat) which means the exact opposite.

Interpreting English medical terminologies into Lubukusu is an uphill task as noted in the data above. English is a language with very different linguistic characteristics from those of Lubukusu. English has been utilized in majority of language settings including science, a field that it has dominated for years. Lubukusu on the other hand is an indigenous Kenyan language that has limited utilization in science and medicine. The fact that Lubukusu has not been used frequently enough in science and conventional medicine limits its vocabulary in such fields. These truths make it very difficult for interpreters in medical consultations to achieve the required level of equivalency and most English medical terms are not interpretable into Lubukusu.

Shariati and Shariati (2014) concluded that translating into one’s own language is easier than the reverse. The data in this study establishes a deviation from this assertion. Shariati’s claim does not apply to medical interpretation between English and Lubukusu. This study notes that it was more challenging

for the interpreter to render the doctor’s English utterances into Lubukusu for the patient than to interpret the patient’s words from Lubukusu into English for the doctor. If Shariati’s assertion applied to an English Lubukusu medical interpretation then the issue of ‘uninterpretability’ of English medical terms will not arise. It is evident from the extracts above that the interpreters found it harder to interpret from English into Lubukusu even though Lubukusu was their first language. House (1997:24) argues that “ a translation text is doubly bound to the source text and to the recipient communicative conditions.” Even with the understanding that transferring written meaning is slightly different from the carrying of meaning orally from one language to the other, owing to what is observed in these data, we conclude that the ease of interpretation into a language depends more on the nature of the language into which one interprets, how much the vocabulary in the language has been stretched by utilization in a wide range of fields and not necessarily on the basis of being the interpreter’s first language. Table 1 below gives a summary of the scientific terms encountered in the study and how the interpreters rendered them in the TL.

Table 1 Interpretability of English medical terms into Lubukusu

No equivalents Non- interpretable	Interpreters effort	No- equivalents Interpretable by explication	Interpreted Meaning
Acetaminicene	Retained	Ageusia	-
Allergy	<i>Buri</i> (fear)	Anorexia	-
Antibiotics	antipayotics	Anosmia	-
Antihistamines	Retained	Bacteria	Bad things
Covid	kofit	Epistaxis	nose bleeding
diethylpropion	Retained	Immunity	-
Dysuria	Not interpreted	Ulcers	Stomach wounds
Epihora	Not interpreted	Ultra-Sound	A picture of the stomach
Naproxen	Not interpreted	Urticaria	itchiness due to allergy to cold
Paracetamol	Not interpreted	Metemesis	With blood stains
Pharyngitis	Retained	Viruses	Bad things
Phenobapital	Retained	Rhinitis	blockage of the nostrils
Typhoid	Retained		
Widal	Not interpreted		

Nida (1964:126) believes that the main aim of equivalent effect is to achieve “the closest natural equivalent to the source language”. Equivalence in interpretation should be the goal of every interpreter. A word is said to be interpretable when it either has an equivalent form in the target language or is interpretable by elaborate explanation in the TL. But if a word does not have an equivalent form in the TL and any interpretation by an explanation distorts the meaning of the word then it is said to be non-interpretable. In the data presented above, many English medical terminologies recorded were not interpretable into Lubukusu. All English terminologies that name different types of medication were non-interpretable into Lubukusu. These do not have equivalent forms in Lubukusu and any explanation concerning their meaning can only be given by experts in pharmaceutical medicine yet interpreters do not have this kind of expertise. Therefore, there are a substantial number of English scientific terminologies that are not interpretable into Lubukusu.

Conclusion

There is a substantive number of monolingual Bukusu patients who need the help of interpreters during medical consultation with non-native doctors. Forty percent of the patients who visit the six health facilities sampled for this study need interpretation whenever they require medical services from non-Bukusu doctors. The services of interpretation are not only required by the monolingual patients but also by the non-native doctors in order to make the right diagnosis. This study reveals that pacing between English and Lubukusu in interpretation is a complex and challenging endeavour. It is even harder when the discourse involved is medical. Many scientific terms used in medical consultations do not have equivalents in Lubukusu thus lowering the interpretability index of English medical discourse into Lubukusu. None of the scientific terms was interpreted by use of an equivalent term. Only four out of the twenty-six words were interpreted using long explanations that sufficed, two were misinterpreted while twenty were left without interpretation.

This study observed that English medical terminologies are difficult to interpret into Lubukusu. Thus, medical interpreters between English and Lubukusu should endeavour to understand medical language and medical concepts in order to minimize faulty interpretation. Institutions that train interpreters need to incorporate medical interpretation in their curriculum. Medical interpretation is very important in accessing basic health by the section of the population that are not proficient in English. As already noted in the preceding sections of this study, medical interpretation is unique, serious and requires extremely high levels of precision. In medical interpretation human life is at stake and that gives no room for misinterpretation. This revelation will help interpretation training colleges to step up training, especially for interpreters in medical settings. The training of interpreters for medical interpretation should include basic medical knowledge and exposure to medical terminologies that can enrich interpretation as observed from the medical officers who interpreted in this study.

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Informed Consent

The researchers obtained research authorization from relevant authorities before embarking on field work. A letter of authorization was obtained from Masinde Muliro University of Science and Technology, Institutional Research Committee, and a research permit from NACOSTI, letters of authorization were obtained from the ministry of health Bungoma county and from each health facility visited. Prior to the collection of any data, the respondents were guided through the requirements of the research and were allowed to sign the informed consent before participation. The identity of the informants was concealed by use of letter D for doctor I for interpreter and SP for both the Standardized patients and real patients throughout the research.

Conflicts of Interest: The authors declare no conflict of interest.

Disclaimer Statement

This work is part of a thesis entitled: “Interpretation of English-Lubukusu Medical Discourse: A case of Non-Native Doctor-patient Consultation in Bungoma County- Kenya,” submitted to Masinde Muliro University of Science and Technology for the award of a Doctor of Philosophy degree in Linguistics. This paper comprises a section in chapter four of the thesis which discusses the first objective of the thesis research.

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Mary Nasambu Masika is a PhD student at Masinde Muliro University of Science and Technology currently finalizing on a thesis research in Linguistics. She holds an M.A in Linguistics and a B.Ed. in Arts. She has research interests in all levels of Linguistics and language education. Having done her Masters research in Linguistics at Kenyatta University, her research prowess in the field are sufficiently seasoned.

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Authorship and Level of Contribution

Mary Masika is the lead investigator. She wrote the thesis from which the paper was generated from. David Barasa and Bernard Mudogo are the supervisors of the aforementioned thesis. They helped in the writing of the manuscript.

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