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論文題目： The Fuzzy Status of Healthcare Interpreters in Japan: Lost in Multicultural Policy

提出者： 松本 菜美

提出機関： RMIT University, Melbourne, Australia

指導教授： Dr. Caroline Norma

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Abstract:

This thesis explores why, and how, volunteers are dispatched to interpreting assignments in healthcare settings such as hospitals and clinics in Japan. The grounds for this question lies in my concern in relation to the following two aspects: firstly, whether non-Japanese residents with limited Japanese proficiency can enjoy equal rights to access healthcare services through the assistance of volunteers, rather than trained professionals; and, secondly, whether the current widespread system of volunteer interpreters affects the status of professional interpreters who have completed specialised studies designed for professional interpreters at universities or schools. I pursue answers to these concerns out of a desire to advocate for both migrants' right to access healthcare services, and also out of a desire to improve the standing of the interpreting profession in Japan.

Language services in the community are increasingly recognised in a large part of the world as an indispensable service for migrants who do not speak the dominant language of the country. As Downing and Tillery claim, access to public services is a 'fundamental human right' (1992, p.8). I believe that such a fundamental human right for migrants is not any less important in Japan. Jacobs et al (2004) note that those with limited English proficiency in the US tend to have less access to primary healthcare services and more likely to face health-related problems and experience medical errors (p.866). Despite such evidence, as Pinkerton (2001), Yamamoto (2010) and Iwamoto (2004) indicate, publicly mandated community language services are not firmly established in Japan. As a result, the status of interpreters who provide such services remain fuzzy, and volunteers mainly provide them through local non-profit organisations (Iwamoto, 2004).

I believe it is important to ensure that non-Japanese patients comprehend their clinical interactions with healthcare providers because 'successful communication between practitioner and patient is essential to effective health care provision' (Berner, 2010, p.7). As Yoshitomi and Ohashi found in their research, it is highly desirable that there are a large number of people with passion for

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healthcare interpreting despite the current trend that healthcare interpreters receive almost no remuneration (2010). However, the fact that there are a large number of people who are proactive in providing interpreting support in healthcare settings does not necessarily mean that the quality of interpreting will remain high.

Migrants' right to equal access to healthcare services are legally enshrined in several countries, such as the Australian *Anti-Discrimination Act 1977*. The role of healthcare interpreters is essential in facilitating communication between patients with limited proficiency in the dominant language and medical providers (Flores, G. et al 2003, p. 6). However, as Iida points out, Japan has no established 'community interpreting' system in terms of accreditation, training and regulated compensation (2008, p.2). 'Community interpreting' refers to interpreting services which are designed to be provided to people who are 'unable to communicate in [the country's dominant language]' (Downing & Tillery, 1992, p.1) when attempting to access public services such as health healthcare services (Downing & Tillery, loc. cit.). Although some research shows that the use of family members as interpreters has advantages (Rosenberg, E, Leanza, Y, & Seller, R., 2007, p. 291), it is important to understand that professional interpreters are not equivalent to bilingual people, whose interpreting ability is limited (Queensland Health 2000, p.3).

At present, people in the spirit of voluntarism are providing language support as volunteers for non-Japanese residents with limited Japanese proficiency when they see medical professionals in Japan. This thesis examines, using survey questionnaires, underlying factors that have led to the widespread use of 'volunteer interpreters' in healthcare settings in Japan.

My underlying theoretical perspective in this thesis follows Jayasuriya's understanding of multiculturalism which aims for 'political as well as social equality, incorporating civil, political, and social rights' (Jayasuriya 2008, p.30). The term 'multiculturalism' is referred to as '*Tabunka Kyousei*' (Miyajima 2009, p.11) in Japanese. According to Miyajima, '*Tabunka Kyousei*' refers to a concept of accepting people with different cultures and backgrounds and respecting their rights in various settings such as education (2009, p.11). Japanese society now has a growing non-Japanese population, and there are accordingly increasing issues emerging that relate to multiculturalism.

It is a conspicuous characteristic, as well as a concern of current Japanese language services, that an increasing number of 'volunteer interpreters' are dispatched to community interpreting assignments in Japan (Pinkerton 2001, p.123). Such 'volunteer interpreters' are mainly dispatched by local governments and non-profit organisations. The term 'volunteer' is defined, according to the Japanese Ministry of Internal Affairs and Communications, as referring to activities performed by people who provide their labour, skills and time to the community without seeking reward or compensation for the purpose of improving the welfare of the community, individuals and organisations (Ministry of Internal Affairs and Communications 2000, para.1). However, as

Yoshitomi and Ohashi state, healthcare interpreting is a professional occupation, and it is necessary for those who use healthcare interpreters to understand that this job requires highly advanced knowledge of the area and heavy responsibilities; therefore, it is not desirable that volunteers work as healthcare interpreters (2009, p.28). On the other hand, in Australia, there is a national accreditation authority, namely the National Accreditation Authority for Translators and Interpreters (NAATI), which reviews and certifies interpreters' skills. 'Interpreters' are language professionals who 'provide spoken or signed versions that convey, in another language, the content and intentions of the statements by the original speaker' (AUSIT 2012, para.1). The term 'healthcare interpreters' refer to interpreters who are committed to the provision of interpreting services to patients and healthcare professionals in order to achieve the provision of the best possible treatment (Committee to Review Standards for Medical Interpreters 2010, p.3). The 'status' of healthcare interpreters is envisaged by the Australian Institute of Interpreters and Translators (AUSIT) as 'just as high as [those professionals] at the 'big end' of town' (AUSIT 2012, para.2.2) and these interpreters 'need to be remunerated accordingly' (AUSIT 2012, para.2.2). AUSIT also states that 'there is a false perception that community interpreting is somehow less difficult or important, and thus should be paid at a lower rate' (AUSIT 2012, para.2.2). Such 'false perceptions' might lead people to assume that volunteer interpreters are adequate for healthcare interpreting.

Data for this thesis was collected through the distribution of survey questionnaires via email in March 2012 to 30 Japan-based non-profit organisations that recruit, train and dispatch volunteer healthcare interpreters to hospitals and clinics. The questions were designed to collect data on the following aspects: firstly, whether interpreters who are usually called for healthcare assignments are volunteer interpreters; secondly, whether non-profit organisations involved in providing healthcare interpreting services use volunteer interpreters due to financial reasons, stemming from difficulties such as in obtaining sufficient subsidies from the government to pay remuneration to healthcare interpreters; and thirdly, whether people who are involved in dispatching healthcare interpreters recognise the difference between bilingual people and professional interpreters. It is widely believed in Japan that anyone with a strong command of English language can be interpreters and that volunteer interpreters are capable of working in any settings such as police interviews. (Pinkerton, 2001, p.123).

It is a notable fact that the survey result shows that there are bilingual people who are proactive in working as interpreters in healthcare settings in Japan even if they are only recognised as volunteers. It would be ideal if such people can work as professional healthcare interpreters in Japan with national accreditation, receiving professional remuneration. In contrast to such ideals, as a result of Japan not having comprehensive language service policies, volunteers have been working in healthcare interpreting settings, and are expected to meet high standards as professionals. What makes the situation worse is that these volunteer healthcare interpreters are

occasionally treated as intruders in the hospital, asked to provide support to non-Japanese speaking inpatients during meal times, sent for shopping or requested to sign a patient consent form as a guarantor (Iwamoto 2004, p.198). Additionally, there is a problem that some healthcare institutions do not trust healthcare interpreters who are dispatched by non-profit organisations despite that fact that they undergo training both on interpreting skills and professional ethics. This is a really regrettable situation.

It is expected that the number of non-Japanese residents in Japan will further increase due to various factors such as recently signed Japan-Philippine Economic Partnership Agreement (Ministry of Foreign Affairs and Communications 2006). I believe that professionalisation of healthcare interpreting through the establishment of a national accreditation system and healthcare language service policies will contribute to more satisfactory outcomes for interpreters, non-Japanese patients and medical providers in Japan.

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【著者紹介】

松本菜美 (MATSUMOTO, Nami) 2002 年国際基督教大学教養学部卒業。2012 年オーストラリア RMIT 大学社会学修士号(翻訳・通訳)修了。現在はオーストラリアにて通訳・翻訳業に従事。通訳案内士(日本)、National Accreditation Authority for Translators and Interpreters (豪)認定プロフェッショナル通訳・翻訳者。専門分野は医療。