

## **Interpreters and Language Mediators in the Italian Health-Care Sector. Institutional, Theoretical and Practical Aspects of Role and Training**

Mette RUDVIN  
*University of Bologna*

THIS PAPER EXAMINES A NUMBER OF ASPECTS related to interpreting in the healthsector in Italy. After a brief overview of how interpreters are recruited and the impact of recruitment policies on performance and quality, it addresses issues related to the differentiation of tasks and role between interpreter and language mediator. Lastly it addresses issues related to training. In Italy, the term 'language mediator' is used as a rough synonym for the English 'Community Interpreter' or 'Public Service Interpreter', for reasons that will be explained below. The paper suggests that this terminological confusion impacts on a number of important aspects, not least rendition, the interpreter's own self-perception and task-management. Nevertheless, it will also examine how one might make use of this more flexible and pro-active role description to improve communication between health-care provider and patient.

There is one premise that needs to be made before beginning the discussion proper, namely that the theoretical stance adopted in this paper is that the interpreter/language mediator is an active "meaning-creating" agent in the cross-cultural encounter, not a translation machine, nor simply a non-involved mouthpiece of the interlocutors (as I have argued previously, for example in Rudvin, 2002). S/He is an active, if not primary, speech participant. The second premise is that meaning does not belong to one speaker alone, but is a product of a give-and-take-process between interlocutors in an active struggle to produce meaning dialogically, and often unpredictably, through dialogue. Speakers' utterances are modified by the interac-

tion and interplay with another person and that includes, necessarily, the interpreter. The sum of two parts, one might say, is more than the whole.

## 1. INTERPRETER SERVICES IN ITALY

1.1. In Italy, as elsewhere, problems of language communication have for many years been solved in an ad hoc manner. While the main hospitals in the larger cities will usually have various kinds of organized mediation services, most smaller institutions still rely on freelance interpreters, bilingual staff, prominent community members of that particular ethnic community, or friends and relatives of the patient, a situation which is of course not unique to Italy. These ad hoc interpreters do not have the technical, terminological or interpersonal skills that the situation requires, and should not be burdened with such a responsibility. Nor do such ad hoc solutions serve the best interests of the client or institution. The implications for ethical issues such as impartiality and confidentiality are also jeopardized when unqualified interpreters are employed.

In many of the larger Italian cities, as mentioned, the larger hospitals have either a small, fixed staff of interpreters/language mediators or have an agreement with an interpreter/language mediator association or cooperative that provides a wider range of languages. The language mediators affiliated with these associations, however, do not necessarily have adequate training and they have very uncertain working conditions. (It is indeed no accident that most language mediators are women; male language mediators interviewed have reported that it is impossible for the main bread-winner in a family to survive on an average salary for an interpreter/language mediator).<sup>1</sup> Some of the larger hospitals have begun experimenting with

---

<sup>1</sup> The difference in status and pay between conference interpreters and health-care interpreters in Italy affects, this paper suggests, their own perception of themselves. Low status and low pay are poor motivation for professional excellence: it is impossible to recruit high quality professional interpreters if they are paid little, and they have little psychological motivation or professional motivation to perform well

simple telephone interpreting services for languages such as Chinese, but it is still too early to tell how effective these services are. It is difficult enough to find qualified language mediators/interpreters for well-represented languages such as Spanish, Arabic, Chinese, Albanian (although even this is difficult in smaller towns), but finding qualified interpreters for languages of more limited diffusion (such as Bangla, Punjabi, Romanian, Dari) is often practically impossible, and very often interpreters are recruited simply on the basis of 'knowing the language'. This is actually far too often true also for the larger languages – the main and sole criterion seems to be that of 'knowing the language' rather than being trained in interpreting skills. Unfortunately, the consequences of this lax recruitment policy can be very grave indeed for all parties concerned.

There *are* a number of exceptions to this state of affairs, but the most obvious ones are those where the patients involved are not immigrants but tourists (Rimini has an excellent round the clock interpreting service with highly qualified interpreters) or academics and foreign professionals, for example at ISMETT, a hospital in Palermo specialized in transplants which is managed jointly with the University of Pittsburgh and employs American doctors and nurses who need interpreting facilities.

## 1.2. WHAT KIND OF QUALIFICATIONS DO THE INTERPRETERS HAVE?

Some institutions and/or associations require, in theory at least, a first degree from the candidate's home country, but not necessarily in a language-related discipline. Indeed many of the language mediators the author has interviewed have degrees, even postgraduate degrees, in chemistry, engineering, philosophy, etc. Many language mediators come from urban, often middle-class backgrounds whilst

---

if they are not adequately remunerated. Nor will a badly-paid interpreter necessarily feel a sense of responsibility towards service provider or client. The consequences of untrained, poorly organized and badly paid interpreters in the health-care system is self-evident (the possibility of misdiagnoses is the most immediate) but this is also true in Italy of the legal system, where the frightening prospect of miscarriages of justice due to poor interpreting is extremely worrying.

many of their clients come from rural backgrounds, some of whom are illiterate (this difference in socio-economic backgrounds has been emphasized by mediators on various occasions). This often leads to a very particular form of asymmetrical interpersonal dynamics between language mediator and client, with a sense of 'mission', of 'serving the community' on the part of the language mediator and blind trust on the part of the client.

Fluency in the Italian language is a general requirement as well as familiarity with Italian culture and institutions, the degree of the latter not being 'testable'. Although exceptions are occasionally made<sup>2</sup>, most associations and employers require the language mediator to be a foreign citizen, putting much emphasis on the language mediator's ability to share the client's sense of alienation from the host country – i.e. the experience of being a migrant. Generally, and again in theory because there are many exceptions, employers, associations, agencies and cooperatives will require that language mediators have attended some kind of training course, but there are no national standards as to how long these should be or the contents of these courses. As mentioned, when employers are stuck for a language, Bangla and Punjabi for example are becoming more and more frequent in Bologna, they will work on the assumption that 'knowing the language' is sufficient to work as an interpreter.

### 1.3. THE RISKS OF USING AD HOC INTERPRETERS

In those towns and cities around the country that have absolutely no training provision or systematically organized mediation services, the risks of using untrained interpreters are many. Not least of these risks is terminological accuracy. Not only can poor interpreting lead to communication problems and potential misdiagnoses, but may lead to an enormous waste of resources for the health-care institutions. Furthermore, untrained language mediators or interpreters

---

<sup>2</sup> Exceptions are, for example, Italians who were born abroad or who have lived abroad for many years. I have also met several Italians who have no knowledge of languages of limited diffusion (LLD) who work as cultural mediators, their capacity for communicating with clients and providing administrative services and practical information are recognized as being sufficiently important skills.

may also suffer emotional stress. Burn-out among interpreters and mediators is quite common<sup>3</sup>. Burn-out can be a result of stressful working conditions generally, such as low pay and lack of career opportunities, but also more specific aspects that have to do with the language mediator's rapport with the foreign-language client, i.e. reliving the patient's traumatic experiences vicariously (terminal illness, child abuse etc., especially if the language mediator sees herself as a mouthpiece for the client), or has a sense of empathy with the client. Other causes of burn-out relating to the interpreter/language mediator's own private and professional background are a feeling of inadequacy due to lack of sufficient training (techniques, strategies, codes of ethics, institutional knowledge, terminology), a general vulnerability as a consequence of the migration experience, and a "tug-of-war" between the language mediator's own positioning in terms of her cultural and professional identity/ies. Lastly, the rapport between interpreter/language mediator and institutions, namely excessively high expectations by the institution and the lack of an adequate support network, may also have a significant impact on stress level.

In a recent interview with a Chinese language mediator of Italian nationality a similar example of role-dislocation and resulting stress was narrated. The mediator was commissioned to accompany a psychiatric patient for a whole day. She felt such strong empathy with the patient and general frustration of not being able to help her enough that after a few hours she was reduced to tears and unable to continue working. Both she and others emphasize that one of the most difficult tasks of this job in terms of preventing burn-out is to create psychological distance between the mediator and the patient<sup>4</sup>. Creating this distance can and should be a part of the training course, but can only be consolidated through professional and general life experience.

The lack of role awareness and role definition and the resulting confusion may also affect negatively the interpreter's self-perception

---

<sup>3</sup> I would like to thank Debora Previti for this and other valuable information about language mediators in the health-care sector in Italy.

<sup>4</sup> My thanks to Simona Sgarzi who works as a Chinese-Italian mediator in Bologna.

and sense of allegiance (Angelleli's 2004a, 2004b studies include valuable perspectives on the interpreter's role and self-perception). Although empathy is often strong between language mediator/interpreter and client, a strong sense of allegiance to the institution may also emerge (a phenomenon whereby identification with the hegemonic host society takes precedence over other bonds).<sup>5</sup> Given that the institution is also the employer, this identification process may jeopardize the language mediator's position in terms of impartiality and lead to role ambiguities that challenge his/her professional positioning: Who am I working for? Who pays me?

We must not forget either that the language mediator is not a static, monolithic entity, a perfect representation – or indeed representative – of his/her 'own' culture. No single person is a representative of any given culture. The cultural – both private and public/social – identity of migrants is particularly complex and subject to constant change; being fluid rather than static, his/her identity formation process is also a painful and often confusing one, as noted in footnote 5. S/he may also be torn between a collective-based social organization, which may impact on translation strategies, and the individu-

---

<sup>5</sup> Like all citizens, migrants are members of a range of various ethnic, social, cultural, political and ideological groups and move between these groups constantly; sometimes the move causes internal conflict or tension, sometimes it is smooth and relatively painless. As all people, migrants are not – necessarily - compelled to choose between different identities, but may move back and forth between them at will, at least when these identities are not incompatible. There are numerous variables affecting identity formation, some of the most obvious ones being education, social class, age, gender, religion, profession, urban/rural origin and not least the number of years spent in the host country and the degree of positive/negative experiences in the host country. Numerous factors will indeed affect the migrants' identity formation. This unpredictable nature of identity formation challenges the common assumption that migrants will automatically align themselves with their co-nationals – an important assumption in community interpreting because it affects so deeply issues of allegiance and impartiality. Although in-group alignment is frequent, my own data through numerous surveys has shown that non-Italian mediators and interpreters may equally form a symbolic allegiance with the host country representatives – both institutions and service providers (i.e. in the desire to 'fit in' and identify with the host community, the more highly empowered party). For an interesting discussion on various migrant identity formations illustrating this and other similar issues from an economic point of view, see Constant & Zimmerman (2009).

alist structure of most Western societies. The identity of the interpreter is constantly negotiated and overlapping and does not necessarily coincide with the expectations or perceptions of him/her held by either of the interlocutors. Indeed, his/her professional identity as a language mediator/interpreter following a code of ethics for interpreters/language mediators may not always be aligned with his/her social and ethnic identity.

## 2. MEDIATORS OR INTERPRETERS? NOMENCLATURE

2.1. The terms 'language mediator' and 'interpreter' have been used more or less synonymously in section 1, but require further clarification at this point. For historical and political reasons, the role of the "mediator" has been far more predominant in Italy than that of the interpreter, and interpreting has simply been one of the mediator's many tasks. In Italy, the term 'interpreter' is rarely used in many situations where it would be natural to do so in English or other languages. In so far as the term 'interpreter' is used, it is used in settings such as business, the media, tourism, and the courts. Language mediators tend to make a very clear distinction between interpreters ("that's what I do when I translate in court") and themselves. And yet, they fill the function that community interpreters fill in other countries.

The more commonly used and more encompassing figure of the '*cultural* mediator', of which the 'language mediator' is a spin-off, is by now firmly entrenched as a profession, and its emergence is closely related to Italy's migration history: in the 1970's-1980's migration was seen as an 'emergency' situation and the state provided little by way of services for the new migrants; much was left to voluntary organizations who adopted an 'assistance-based approach' to help migrants rather than simply to provide the services needed as part of the natural course of managing the population development. The mediator was seen as a pro-active agent whose

task was to help Italians understand the migrant and to help the migrant integrate into Italian culture, social and institutional life.

Today, there is still no consensus on which term is to be used and under which circumstances. These terms include 'cultural mediator', 'language mediator', 'cultural-language mediator', 'intercultural mediator', 'communication facilitator' and indicate a continuum along which each practitioner situates him/her self in each specific job situation, although, as mentioned, the term 'interpreter' tends to be reserved for the courts and business, trade fairs, the media, diplomacy, etc.

Although this state of affairs which is peculiar to Italy may seem chaotic and disorganized and the lack of role clarification frustrating, it is important to accept that this is the way the Italians have chosen to organize this particular aspect of intercultural communication because this is the reality of the Italian health-care system. Health-care systems are culturally and socially constructed organizations just like other cultural artefacts, organized according to that specific culture's needs. The organization of such services must clearly respond to current national cultural requirements and, for now, it seems to fill that requirement.

## 2.2. NOMENCLATURE AND THE IMPORTANCE OF WORDS. 'MEDIATION' AND 'MEDIATING'

I would suggest that the word 'mediation' and 'mediating' used most commonly in settings such as peace negotiation, diplomacy, family conflict or business, necessarily implies an underlying tension or conflict. This assumption, that differences in cultures necessarily imply tension and that an interpreter or inter-cultural communicator must therefore 'mediate' between two opposing parties strikes me as being somewhat unsound, both from a scientific and from an ideological perspective.

The issue of interpreting as mediation is something of a mine-field in interpreting studies because the pro-active, agent-centred view of the interpreter provokes many scholars and practitioners who would like to see the interpreter as a pane of glass, as a conduit through



whom no personal or socio/cultural bias ‘shines through’, to use the most common metaphors. I have tried to show above, in discussing the interpreter/language mediator’s complex private and public identity formation process, that this cannot possibly be true (see Hale 2007 for a sensible discussion on the ‘mediated approach’ versus the ‘direct approach’). In addition to the particularly complex identity of the migrant, it is also true that no human being can be an empty receptacle through which no trace of his/her own persona affects the communication process. Nor is text interpretation ever entirely non-subjective.

At the end of the day, however, this whole debate in both translation studies and interpreting studies may be just semantic quibbling, and there may actually be less disagreement on what interpreting/mediation actually implies than the debate might lead us to believe; perhaps mediation does not really imply that the language mediator takes control of the situation, disempowers the service provider, directs the communicative act freely, takes the initiative whenever it takes his/her fancy, but simply ensures that communication between the two parties takes place as fully as possible and uses all those means available to him/her to ensure this.

### 3. TRAINING

3.1. The third part of this paper addresses the issue of interpreter training in Italy. More specifically, it looks at how the lack of training opportunities negatively affects a number of performance related variables, from terminological accuracy to burn-out (discussed in section 1). We will also be looking at the differences in training between language mediators and ‘interpreters’ and the possibility of bringing these professional categories closer together.

The lack of training opportunities and inadequate qualifications of many interpreters/ language mediators in Italy has many causes, and one of these is the fact there is no match between the training institutions, in particular the third level institutions, and the needs of the

labour market. Also, there are two completely distinct 'worlds', or 'realities' that offer training for language mediators and interpreters and there is very little interaction between these groups.

### 3.2. LANGUAGE MEDIATION TRAINING VERSUS INTERPRETER TRAINING

There are two main categories of interpreter/mediator training in Italy. A handful of third level institutions provide degrees in conference interpreting and some of these have branched out into business interpreting and what might be called dialogue interpreting, which includes the legal sector. Over the last decade, for reasons that are still somewhat unclear, a plethora of courses in Language Mediation ("mediazione linguistica") have emerged throughout the country at third level institutions. The provision of courses has not, however, necessarily responded to any real understanding of the need for interpreters on the market or a true sensitivity towards the needs of the new migrants. The 'Language Mediation' taught in these courses has not been defined or delineated according to any national standards and the curricula of these courses varies enormously. These third level 'Language Mediation' courses, today, are often simply empty containers into which trainers can put anything that could be vaguely defined as a process of mediating language e.g. the translation of tourist brochures. Furthermore, university students with 3-year degrees in Language Mediation generally have a language combination including the major European languages (possibly a rudimentary Arabic or Chinese), not the languages most needed by public institutions for interpreting.

The second category, the one which actually does respond to the needs of the market but which is not systematically organized, is the category which provides courses for cultural mediators and which is state funded at the regional, provincial or municipal level, or by NGO's with EU funding. Although these courses actually do provide good quality training, they are unfortunately one-off projects where funding is not necessarily renewed after the completion of the project. These courses tend to be specifically designed for health-

care services and sometimes education, but not for the legal sector. Given that they are often project-based and there is no continuity or guarantee that they will be offered again, it is difficult for employers and institutions to plan ahead. In addition to this, the larger hospitals in the large cities offer focussed training programmes or refresher courses for cultural/language mediators.

### 3.3. TRAINING EXPECTATIONS AND OBJECTIVES

The objectives of the cultural/language-mediation training courses are very different indeed from those of the university courses, although as we have seen the people who actually perform as community interpreters are trained as mediators and those who are trained at third level institutions rarely work in migrant-related communication jobs in public institutions.

Typical objectives of cultural mediation courses are extremely ambitious: To facilitate integration and interaction with Italian institutions and the community at large, to anticipate and avoid conflicts, to provide assistance to the migrant, and to be a 'bridge' between the two communities and between the individual-institution. We see that the mediator is not only an active third party in the cross-cultural communicative event, but an active participant in the community. (This is also a realistic assessment of the tasks of language mediators in the educational domain who tend to take a very active part in the immediate community). Courses in cultural and linguistic mediation for health services organized and funded by NGO's, intercultural associations and national or local public institutions typically offer modules in the following areas illustrating a strong bias in favour of institutional and cultural issues over language and interpreting:

- Health institutions/systems
- Health-related legislation and legal issues related to health
- Migration-related health aspects (most frequent diseases, ethnicity and hospital admission)
- Migration statistics

- Mediation of conflicts
- Group dynamics and group psychology
- Field-specific terminology in Italian
- Administration, how to fill in forms
- Introduction to the local institutions at Provincial/Regional/Municipal level
- Administrative, legal, geographical aspects at the local or national level
- Communication theory

Unsurprisingly, the training modules at third level institutions tend to focus almost exclusively on language skills and some on the more technical aspects of interpreting and translating (the latter would hold especially for third level institutions that also offer conference interpreting training). Some universities also offer courses in business interpreting and interpreting for tourism, but usually at a very general level. The objectives of third-level interpreter training courses are seemingly more modest than the mediation courses: language fluency and competence in L1 and L2 for both comprehension and language production, competence in a wide range of registers and terminological sectors, memory skills, interpreting techniques (simple consecutive and whispered, note-taking), clarity and speed of articulation, and pragmatic and interpersonal skills relating to interpreting (floor management, especially turn-taking).

#### 3.4. SHARED TRAINING AND COMPETENCE OBJECTIVES. WHAT IS LACKING?

General communication issues such as non-verbal communication, familiarity with language varieties (*lingua francas*) and accents, appropriate forms of address for professional and social hierarchies, greetings and politeness codes are crucial to cross-cultural conversation management, but are often lacking from both types of training modules. More specific cultural issues at the interpersonal level would be gender (addressing men/women), age-related communication (appropriate manner of addressing people from different age

groups to your own) and the role of the family in the private and public sphere. Interpreters also need to be trained in interpersonal skills that deal specifically with the more universal affective aspects of human communication such as dealing with interlocutors who are angry, violent, upset, afraid, etc. This kind of training is particularly valuable in the mental health sector. In the area of medical interpreting specifically, intercultural issues that pertain to health terminology and that should be addressed by both types of courses are: different ways of describing symptoms, cultural taboos, the description and perception of pain, differences in the patient-doctor rapport, and the family's role vis-à-vis informed consent (Galanti's 1997 study on cross-cultural issues in American hospitals provides some fascinating material on these aspects). Indeed, interpreters need special human skills, far beyond translating, to handle delicate situations. Familiarity with a professional code of ethics is of course paramount to any course on interpreting, where the fundamental parameters are generally considered to be accuracy, confidentiality and impartiality. By focussing on inter-cultural competence and cross-cultural pragmatic and interpersonal skills in both cultural/language mediation and 'pure interpreting' courses, I believe the interpreter training programmes on offer could be much improved.

### 3.5. TASK AND ROLE DIFFERENTIATION. WOULD A MERGING OF THE TWO ROLES BE BENEFICIAL?

In terms of task and role differentiation, the mediator's job-description is far more encompassing than that of the interpreter in most countries, but often poorly articulated, a situation which often leads to much frustration for practitioners. The fact that the job-description is so vague means that the expectations towards the mediator are extremely high. Mediators are not only expected to fulfil the objectives outlined above, but often to provide psychological and emotional support to patients when needed.

Although in actual fact interpreting falls within the general mandate of the cultural/language mediator, I believe it might be useful to make a distinction whereby the interpreter could be used in highly

focused and delineated job-tasks, in cases where there is no assumed or expected conflict, whilst mediators could be used in more complex and delicate cases (psychologically and socially delicate, for example in mental health, with juveniles, etc.), in cases of assumed or real conflict, in helping to draw up projects, in administration and planning. Making a distinction of this type could be useful in organizing separate or partly overlapping training courses and in the organization of language services for the institutions. It might also help practitioners clarify for themselves their often stressful role-shifting from interpreter to cultural/language mediator and thus ease the burden that comes with the lack of role clarity, and ultimately perform better. This may imply a role-switching or repositioning for practitioners, but one that should be clearly spelled out and on which there is consensus.

One last question remains, however, which may problematize the previous assertion, namely that related to the degree of participation in the communicative event. This issue raises a host of more specific questions: Does the distinction interpreter/mediator necessarily imply a different degree of self-initiated participation in the communicative act? Is it the interpreter's/mediator's responsibility to explain and anticipate cultural misunderstandings, to enter into the communicative situation on his/her own initiative? And if so, under which circumstances? Furthermore, is full linguistic, pragmatic and cultural communication between the two parties compatible with a non-involved interpreting methodology? Finally, we might ask to what degree do interpreters act on their own initiative with the objective of fostering mutual comprehension without wresting control from the service provider?

Much of the literature up to the present day has assumed this to be the case, but would it not be equally useful to enact a role-differentiation based on organizational-logistical parameters mentioned in the previous paragraph, governed by the ultimate objectives (*skopos*) and professional needs of the institution itself? (and this may differ from institution to institution, from one health-care professional to another). Maybe the dichotomy that has been created in the field and in the literature is a false problem, a non-issue, as it

were, and the responsibility should be placed with each individual service institution?

During a recent interview, the same Chinese-Italian language mediator mentioned above illustrated the limits of self-initiated participation in response to a question about just how much a language mediator mediates. In her view, it is always the service provider who is in control of the communicative situation and who takes responsibility for communication – and her view here is representative, in my experience, of the self-perception of the mediators' professional role in Italy. It is important, in my opinion, to be realistic and pragmatic when dealing with these issues rather than to allow ourselves to get trapped in an excessively theoretical stance whereby we assume that any intercultural situation is or can always be governed by the same communicative rule and parameters. Translation (both oral and written) is a dynamic, creative process in which meaning emerges, unpredictably, through dialogue and interaction. In the health sector that interaction is rendered even more complex by the fact that the primary interlocutors often share very few cultural references and are indeed often unaware of this lack of shared knowledge, making it even more prone to misunderstandings. In addition to this, however, the professional context and the day-to-day running of the health organization itself contribute to this interpersonal and cross-cultural complexity.

This discussion on the different role definitions and tasks of the mediator versus the interpreter relates to three of the points made earlier in this paper, the first being the premise that the translation process is not a mechanical process but self-constitutive. The second is that mediation may not necessarily imply an underlying conflict *per se*, in virtue of the communication being cross-cultural, but simply the matching of dissimilar communication codes in a highly creative process. Lastly, I would suggest that perhaps the Italian model is one of several viable alternatives to the more traditional northern European, Australian, North American and Canadian 'pure interpreter' model in that it mirrors the complexities and heterogeneity of the very nature of cross-cultural communication and also, perhaps more importantly, is governed by the institutions' own

needs. Those needs are of course situated in a very specific cultural, historical and political context. I am not suggesting that this system would necessarily be equally effective in the other countries mentioned above whose immigration history and policies are very different, but that a slightly more flexible, pragmatic and open-ended attitude towards the role of the interpreter-mediator might improve mutual comprehension and thereby the overall quality of treatment in cross-cultural health-care.

©Mette Rudvin (2010)

#### REFERENCES

- ANGELELLI, C. (2004a). *Medical Interpreting and Cross-Cultural Communication*. Cambridge: Cambridge University Press.
- ANGELELLI, C. (2004b). *Revisiting the Interpreter's Role: a study of conference, court, and medical interpreters in Canada, Mexico, and the United States*. Amsterdam: John Benjamins.
- CONSTANT, A. & ZIMMERMAN, K. (2009). Migration, Ethnicity and Economic Integration. *Discussion paper*, 4620, IZA, Institute of the Study of Labour. <http://ftp.iza.org/dp4620.pdf>.
- GALANTI, GA. (1997). *Caring for Patients from Different Cultures. Case Studies from American Hospitals*. Philadelphia: University of Pennsylvania Press.
- HALE, S. (2007). *Community Interpreting*. London: Palgrave-MacMillan.
- RUDVIN, M. (2002). "How Neutral Is Neutral? Issues in Interaction and Participation in Community Interpreting". In *Perspectives on Interpreting*. Bologna: Clueb, 217-233.