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**Subtitling medical talk into Greek: the case of
*Grey’s Anatomy, House M.D., and The Good Doctor***

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Declaration page

Declaration

This submission is my own work. Any quotation from, or description of, work of others is acknowledged herein by reference to the sources, whether published or unpublished.

Signature

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Abstract

Medical television series are currently flourishing in the audio-visual landscape. These series make an abundant use of medical talk, including but not limited to medical terminology, thus conveying medical practices, medical discourse, technological innovation in the field of medicine and research, social and cultural perceptions and values of health, physical and mental well-being and provision of healthcare services, medical ethical dilemmas, etc. Such series and their dominant medical discourse are made accessible to the Greek audience by means of subtitling, a practice which is largely favoured in the Greek context as opposed to dubbing. The aim of this dissertation is, on the one hand, to analyze how medical discourse terminology found in the original version is transferred in the Greek subtitled version in selected episodes of three popular TV shows, namely *Grey's Anatomy*, *House M.D.* and the *The Good Doctor* and, on the other hand, how the use of medical TV shows may have practical applications in training future medical interpreters. The research will qualitatively assess how characteristics of specialized medical talk used in hospital interactions are transferred in the Greek context by means of subtitling. More specifically, it will investigate the translation of linguistic features of medical interaction in four communicative events identified as defining medical-centered conversations in the three medical dramas. These sequences are i) the patient's arrival at the emergency room, ii) the discussion of the clinical case between healthcare professionals and the patient, iii) the discussion of the clinical case among peers, and iv) the medical procedure in the operating room.

Keywords: medical terminology, translation, subtitling, medical drama

Abstract in Greek

Οι ιατρικές τηλεοπτικές σειρές κυριαρχούν στο σύγχρονο οπτικοακουστικό τοπίο. Οι σειρές αυτές κάνουν άφθονη χρήση του ιατρικού λόγου, συμπεριλαμβανομένης της ιατρικής ορολογίας, μεταφέροντας έτσι ιατρικές πρακτικές, τεχνολογίες αιχμής στον τομέα της ιατρικής και της έρευνας, κοινωνικές και πολιτιστικές αντιλήψεις και αξίες για την υγεία, τη σωματική και ψυχική ευεξία και το ευζήν και την παροχή υπηρεσιών υγείας, ιατρικά ηθικά διλήμματα, κ.λπ. Τέτοιες σειρές, και ο συνακόλουθα κυρίαρχος ιατρικός λόγος, γίνονται προσιτές στο ελληνικό κοινό μέσω του υποτιτλισμού, πρακτική που ευνοείται σε μεγάλο βαθμό στον ελλαδικό και ελληνόφωνο χώρο σε αντίθεση με τη μεταγλώττιση. Στόχος αυτής της διατριβής είναι, αφενός, να αναλύσει τον τρόπο με τον οποίο η ορολογία του ιατρικού λόγου που υπάρχει στην αρχική έκδοση (εν προκειμένω την αμερικανική τηλεοπτική σειρά) μεταφέρεται στην ελληνικής της υποτιτλισμένη έκδοση σε επεισόδια τριών δημοφιλών τηλεοπτικών σειρών, συγκεκριμένα των *Grey's Anatomy*, *House MD* και *The Good Doctor*. Από την άλλη πλευρά, διερευνάται το κατά πόσο και με ποιόν τρόπο η χρήση ιατρικών τηλεοπτικών εκπομπών μπορεί να έχει πρακτική εφαρμογή στην εκπαίδευση μελλοντικών ιατρικών διερμηνέων. Η έρευνα θα αξιολογήσει ποιοτικά πως τα χαρακτηριστικά του ιατρικού λόγου που χρησιμοποιούνται στις αλληλεπιδράσεις που λαμβάνουν χώρα στο νοσοκομείου μεταφέρονται στο ελληνικό πλαίσιο μέσω υποτιτλισμού. Πιο συγκεκριμένα, θα διερευνήσει τη μετάφραση των γλωσσικών χαρακτηριστικών της ιατρικής αλληλεπίδρασης/συνομιλίας σε τέσσερα επικοινωνιακά συμβάντα που προσδιορίζονται ως καθοριστικές ιατροκεντρικές συνομιλίες στα τρεις ιατρικές δραματικές σειρές που αποτελούν το προς εξέταση σώμα κειμένων. Αυτές οι αλληλουχίες είναι i) η άφιξη του ασθενούς στο χώρο των επειγόντων περιστατικών, ii) η συζήτηση/ο διάλογος μεταξύ ασθενούς και θεράποντος ιατρού στα επείγοντα σχετικά με την κλινική κατάσταση του ασθενούς iii) η συζήτηση της κλινικής περίπτωσης μεταξύ συναδέλφων μελών του ιατρικού και/ή νοσηλευτικού προσωπικού και iv) η διαδικασία που ακολουθείται στο χειρουργείο.

Λέξεις κλειδιά: ιατρική ορολογία, μετάφραση, υποτιτλισμός, ιατρικό δράμα

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LIST OF ABBREVIATIONS

AVT = Audiovisual translation

BT = Back translation

E = Episode

S = Season

ST =Source text

TL = Target language

TT = Target Text

CHAPTER 1

INTRODUCTION

The aim of this dissertation is, on the one hand, to analyze how medical discourse terminology found in the original version is transferred in the Greek subtitled version in episodes of three popular television shows, namely *Grey's Anatomy* and *House M.D* and *The Good Doctor* and, on the other hand, how the use of medical TV shows may have a practical application in the training of future medical interpreters.

The research will qualitatively assess how characteristics of specialized medical talk used in hospital interactions are transferred in the Greek context by means of subtitling. More specifically, it will investigate the translation of linguistic features of medical interaction in four communicative events identified as defining medical-centered conversations in the three medical dramas. These sequences are i) the arrival of the patient at the emergency room, ii) the discussion of the clinical case with the patient, iii) the discussion of the clinical case among peers, and iv) the medical procedure in the operating room.

The following chapter (Chapter 2) comprises the theoretical framework of the study. The focus is on the field of audiovisual translation and the nature of audiovisual texts. Then, the three main conventional forms of AVT and subtitling in particular is presented thoroughly and research of language for specific purposes is also discussed. Chapter 3 includes the aims of the study and methodology. Chapter 4 encompasses the pedagogical implications of medical drama on the training of future medical interpreters. Chapter 5 covers the sample of the research and the process of data collection through which the results were gathered, presented and analyzed. Chapter 6 summarizes the findings and discusses their limitations, explores some alternative suggestions, and delineates the implications of the study.

CHAPTER 2

LITERATURE REVIEW

2.1. Audiovisual Translation

In the last 20 years, audiovisual translation (AVT) has been expanding rapidly as a form of translation as well as an academic field of research (Gambier:2012). The term audiovisual translation is used to refer to the transfer from one language to another of the verbal components contained in audiovisual works and products. There are three main forms of AVT that can function as a means of information transfer: dubbing, voice-over translation, and subtitling (Gottlieb in Baker, 2001: 244). Films, television programs, theatrical plays, musicals, opera, Web pages and videogames are just some examples of the vast array of audiovisual products available and for which there is increasing demand for translation.

A significant number of scholars (Delabastita:1989, Gottlieb:1998, Gambier:2003, Sokoli: 2011) has researched and tried to define the nature of audiovisual texts through the years. Zabalbeascoa (1997) argues that audiovisual texts are a harmonic combination of verbal, nonverbal, audio, and visual elements broadcasted through a screen. Zabalbeascoa proposed a way of mapping the object of study of AVT, placing “AV texts, types of AV texts and parts of them [...] on a plane defined by the following coordinate: a cline that indicates the presence (amount and importance) of verbal communication in proportion to other semiotic forms of expression; and another cline for measuring the relative importance of sound in the audio channel weighted against visual signs.”

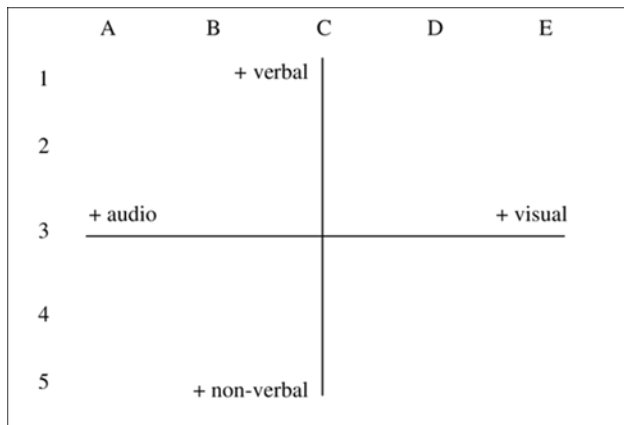


Figure 1: Zabalbeascoa's two axes of audiovisual communication

Taking as a departure point Zabalbeascoa mapping of audiovisual texts, Chaume (2018) outlines that audiovisual texts transfer information through two communication channels which simultaneously convey codified meanings using different sign systems: the acoustic channel, which receives words, paralinguistic information, the soundtrack and special effects that are transmitted in the form of acoustic vibrations; and the visual channel, through which light waves are transmitted and received as images, colors, movement, as well as posters or captions with linguistic signs, etc. The two communication channels interact and together constitute the audiovisual text.

Another parameter for classifying audiovisual texts is the importance of synchrony. Images and sound arrive at the receiver in synchrony and as an inseparable whole (Delabastita:1989). That is the distinguishing trait of an audiovisual text as opposed to oral or written text. The difference between a television program and a radio program, for instance, is that the former is perceived simultaneously through the visual and acoustic channel whereas the latter is perceived only through the acoustic channel.

Considering the multifaceted nature of the audiovisual text, the translation task becomes increasingly more difficult and complex. For Chaume (2018) the main difficulty of audiovisual translation for the translator lies in creating dialogues that resemble a prefabricated spontaneous mode of discourse, which are constructed using written and spoken language, as well as other non-verbal codes of meaning, while adhering to the time and space constraints imposed by the image and time limitations (synchronies or fit in the case of dubbing and revoicing modes, and time and space restrictions in the case of subtitling and related modes). Moreover, according to Ivarsson

(2014), a translator of audiovisual products is in a much more vulnerable position than a translator since the original work is available for all to see and hear so that they can check the existence of faulty translation.

2.2. Current shifts in audiovisual translation: Towards subtitling

As mentioned previously, the three main conventional forms of AVT are subtitling, dubbing and voice-over. According to Cintas (2003), subtitling is the concept that has undergone the greatest growth and is the most commonly used in translation among all other audiovisual translation modes. Díaz Cintas & Remael (2007:8) defined subtitling “as a translation practice that consists of presenting a written text, generally on the lower part of the screen, that endeavors to recount the original dialogue of the speakers, as well as the discursive elements that appear in the image (letters, inserts, graffiti, inscriptions, placards, and the like), and the information that is contained on the soundtrack (songs, voices off).”

In their attempt to classify subtitle types, Díaz Cintas & Remael (2007:8) also take into account the following “close relatives to subtitles: surtitles placed above the stage and used in the theatre, the opera, concerts and conferences; intertitles, used in silent films and defined as text between film frames; and fansubs, subtitles (especially for series) created by fans and distributed freely over the Internet.”

Gottlieb (in Baker 2001: 247) divides subtitling by using a linguistics approach. There is intralingual subtitles, also called vertical subtitles, which change perceptive modality (spoken text is converted into written without any change of change); There is also interlingual or diagonal type of subtitles, which change both perceptive modality and language. Gottlieb also speaks of open or non-optional subtitles which are an integral physical part of a film or television programs. Finally, there are what he calls closed or optional subtitles, which take the form of teletext tone and can be viewed by using the appropriate decoder.

It can be argued that subtitling is characterized by shift in one mode to another, namely from speech to text. Subtitling is intended “to retain and reflect in the subtitles the equilibrium between the image, sound and text of the original” (Georgakopoulou 2009: 30). Since, normally, people speak faster than they read, the subtitled text needs to be shorter than the audio because it is important for the viewer to be able to read the subtitles without realizing the s/he is making a conscious effort to read while watching the movie (Chiaro:2009). Typically, subtitles consist of either one or two lines and each line is allowed a certain exposure time on the screen and a specific number of characters. Generally, the maximum number of characters allowed is 12 characters per second with an exposure time of 5-6 seconds at the most for a full two-liner, which would make for a total of 72 characters per full two-liner, typically with each line comprising no more than 36 characters (cf. Díaz Cintas & Remael:2007). Subtitling provides an opportunity for the audience to hear original dialogues while the subtitled text translates what is said in the film into a different language.

The second most conventional form of AVT is dubbing. Dubbing gives credit to the target audience and its language. According to Chiaro (2009), dubbing makes “the target dialogues look as if they are being uttered by the original actors”. This is achieved by replacing the original dialogue soundtrack with a target language recording which reproduces the original message of the source language. Gambier (2012:10) argues that dubbing can also be intralingual not only interlingual. Evidence of this can be found Harry Potter blockbuster films, which have been dubbed in the USA, shifting the original British dialect to the target American one. Moreover, films shot in Italian dialects have been dubbed or subtitled into standard Italian.

It can be stated that, in countries where subtitling constitutes the norm, dubbing can be found in films, TV programmes for children, cartoons and computer-animated feature films. Latin American soap operas, mainly Mexican and Brazilian productions, are considered a distinct instance of dubbing. These are very popular television productions made available to most European audiences only in dubbed versions, regardless of subtitling being the country’s preferred method of audiovisual transfer (Sanchez:2011).

The third most conventional audiovisual translation practice is voice-over. Voice over is an AVT method in which the soundtrack is recorded over the original voice, which is still audible. This AVT technique eliminates the need for reading and allows a target audience viewer to enjoy a movie, TV series or any other audiovisual product without worrying about supplementary information. It is preferred for the translation of documentaries, interviews or news that can be live, for operas and drama plays, or recorded for domestic and foreign films, audio-guides in museums, etc. (Franco, Matamala & Orero:2010).

Moreover, voice-over as a technique provides access to films, art exhibitions and theatre performances, etc. to the blind and visually impaired. This type of translation fulfills two functions. On one hand it represents audiovisual signs of the film which the blind or visually impaired has no opportunity to comprehend (such changes of color, season or time of day). On the other hand, it complements “the whole” with explanations of sounds which are understandable only when they are connected with the images, as in the case of subtitles (Vero:2006).

The debate of subtitling versus dubbing has dominated the literature on audiovisual translation. The advantages and disadvantages of one method over the other is not going to be explained here. Instead, we will focus on the status of Greece as a subtitling country par excellence, with the exceptions stated above.

In the Greek context, there has not been a recent survey regarding the preferences of the Greek audience for dubbed or subtitled versions in audiovisual programs. However, it can be argued that in the division between dubbing and subtitling, Greece seems to prefer the latter but not totally exclude dubbing as a choice. To explain the predominance of subtitling in Greece, many factors need to be taken into consideration. Sokoli (2011) points out that subtitling as a norm for Greece is mainly due to the fact that it is a cost-efficient option with a fast output. It does not hinder a movie’s distribution process contrary to dubbing, which requires a group of actors lending their voices to record the original message during a time-consuming process. Moreover, she argues that the hegemony of the English language and its international influence along with policies imposed by major distribution agencies result in audiovisual products being available only in subtitled forms for the Greek market.

Furthermore, Sokoli (2011) analyses that as far as the cinema is concerned, the only types of films that are released in the Greek market in a dubbed form are children’s cartoon feature films but

even in children's cartoon the majority of them are also released in a subtitled and a dubbing version. Films addressing teenagers or adults are available only subtitled. She hypothesizes that the Greek audience would not prefer English-speaking films with famous actors, because it is considered that the public would not accept listening to actors whose voices they can already recognize being doubted by unknown Greek voices. According to the same research, in television, the majority of broadcasted foreign programs are subtitled. Sokoli observes that the only deviation from the norm of subtitled foreign tv programs that can be allowed is dubbing Mexican and Brazilian soap-operas which are very popular among the Greek audience.

It is evident the dichotomy between subtitling and dubbing is not so clear-cut. Even in countries where dubbing constitutes the norm, subtitling is not unknown. Due to the spread of DVD technology and low cost, subtitling has become a viable alternative in many dubbing strongholds. Furthermore, well-educated younger people are also expressing a preference for subtitled original versions over dubbed ones, for aesthetic and artistic reasons.

Nowadays, new technologies and new audiences, together with policies of equality and media accessibility, have spawned a raft of new amateur audiovisual translators which are made by different social groups with a variety of needs or concerns. Hence, conventional subtitling entrusted only with professional translators has led to new related modes, such as subtitling by amateurs, also known as fansubbers.

2.3. Fansubbing

As Cronin (2013:1) points out, “translation is living through a period of revolutionary upheaval. The effects of digital technology and the Internet on translation are continuous, widespread, and profound.” Indeed, technological advances had a huge influence on audiovisual translation (AVT), with implications for audiovisual production and distribution as well as the profile of the translator and the target audience. In the words of Díaz-Cintas (2018:131), “[i]n the specific case of subtitling, traditional roles and tasks have changed quite dramatically as technical advances have had an immediate impact both on the subtitling practice from the practitioner’s perspective, and also on the perception of subtitling that we have as spectators and consumers.”

A computer, a subtitling program, and a digitized copy of the audiovisual program to be subtitled are the only requirements for producing a subtitled version of an audiovisual product. Subtitling programs allows the translator, be them professionals or not, to spot the dialog exchanges in the source text, translate them, use a spell checker, synchronize their own subtitles with the image on the screen and simulate what will be the final copy. Even the obstacle of the prohibitive price of these subtitling programs is overpassed as a freelance version is often available with fewer functions but not complicated to use.

The democratization of digital technologies has resulted in the emergence of online communities of non-professional translators who produce subtitles for popular TV series and films and distribute them on the Internet. Amateur translators are challenging the traditional AVT methods and norms, by sharing their collective intelligence and making the most out of these new platforms thus impacting significantly viewing habits and distribution (Díaz-Cintas and Muñoz Sánchez:2006, Pérez-González:2006, Massidda:2015).

Pedersen (2018:51) proposes a definition of fansubbing which highlights its amateur, voluntary and legally dubious nature and which is not limited to a specific genre or language combination. More specifically he states that “fansubs are subtitles produced by fans, with little or no professional training or experience, carried out without pecuniary remuneration and normally without the consent of the copyright holders of the source text.” Fansubbing is an increasingly popular practice, as a result of the growing communities of people who enjoy foreign, particularly Japanese, products, as well as the increasing availability and ease of computer software for home

subtitling of foreign products, accessible to fans across the world. As Fernández Costales (2011) acknowledges, “amateur or fan translation is a phenomenon that can hardly be avoided”.

Nonprofessional subtitling follows a different set of rules than conventional subtitling. Colors can be used; subtitles may be displayed anywhere on the screen (above or below the speaker, or sideways); they use more characters than conventional subtitles; fonts may vary throughout the film; translations are frequently extremely foreignized; faster reading rates are demanded than for conventional subtitles, to name some of the many features that distinguish fansubbing from professionally created subtitles.

In the last two decades, fansubbing has extended beyond the Japanese anime subculture to embrace popular mainstream TV products, such as US TV series and films, which are regularly translated into hundreds if not thousands of languages by online communities.

2.4. Subtitling medical talk

2.4.1 Language for special purposes

Languages for special or specific purposes (LSP) are linguistic variants developed according to communication needs in the field of a specific profession (Caudet:2001). These needs lead to the emergence of a set of linguistic features of a pragmatic, functional and semantic type that differentiate specialty languages from other varieties of language. In particular, the ideal of language for special purposes is to offer and exchange objective information in a way that minimizes any possible ambiguity. This means that in LSP preference is given to structures such as definition, enumeration, calculation, reasoning, argumentation, or quotation over structures of common language such as narration, dialogue, or interrogation. Regarding the terminology of specialized texts, it is characterized by having to meet, at least ideally, three fundamental criteria: precision, neutrality, and stability (Gutiérrez-Rodilla:1998).

Professionals, such as physicians and attorneys, communicate using a specialized language. Special purpose language is not solely restricted to professional settings, but it can also be used in sports or among a group of individuals who have a common interest. People who participate in equestrian sports or surf, for example, have their own LSP with its specialized terminology. According to Picht (1985: 3), “a term is an accurate and specific expression that is a part of a term system, while LSP is a variety of language that is codified and formalized.” The complexity of the LSP used varies depending on whether experts are communicating among themselves and if information needs to be given through the most precise and unambiguous terms possible. The demand for specialized expressions causes the LSP’s to both appear and disappear.

Any language of the world can be used for the communication needs arising in professional settings. Nevertheless, the majority of linguistic analysis has been focusing on English as a language for specific purposes. Consequently, the terms English for specific purposes (ESP) and LSP are often used interchangeably (Upton & Conor: 2012). English has been the most widespread lingua franca of the western world used in science, the world of business world academia. Ammon and Hellinger (1992: 8) pointed out that “English has become so dominant as the international language of science, especially in scientific publications, that its use seems to be necessary if one wants to be read or discussed outside of one's own country”.

4.2 Medical Language: A Language for Special Purpose

Medical discourse can be considered a particular type of a language for special purposes as it is generated in professional settings in order to exchange information and communicate within a community of practice (Eckert, Wenger 2005, Gotti:2015). According to Linell (1998:143), professional discourse is divided into three major kinds: i) “intraprofessional discourse” (i.e., communication among specialists of the same profession); ii) “interprofessional discourse” (i.e., communication between specialists from different fields); iii) “professional-lay discourse” (i.e., communication between specialists and laypeople). Linell’s (1998) classification can easily be applied to medical discourse as well. For instance, an encounter between a physician and a patient is typical example of professional-lay discourse provided the patient is not a medical professional. Equally, an informational exchange between an attending physician and the ER nurse would fall under the category of interprofessional discourse as two different specialties (a physician and a registered nurse) would communicate to achieve understanding on the same topic (a medical case/encounter), thus striving to accomplish a common goal, that is, the patient’s health can well-being.

Dirckx (2006) has reported that medical discourse is constructed with the main aim of accurately describing the human body and its associated components, conditions and processes in a science-based manner. Distinguishing linguistic features can be identified also at the semantic, pragmatic, and discourse levels.

At the level of lexis, medical terminology has a long history, nearly 2,500 years old. It originates in ancient Greece, which played an important role in the development of medicine. There are numerous instances where Greek medical terms have permeated English medical discourse with diarrhea, emphysema, myopia, pneumonia, trauma, etc. being only few examples. During the era of medical Latin, Greek terms were imported directly or were latinized and written with Latin letters replacing Greek endings by Latin ones. This is the case of bronchus (Gr. Bronchos), colon (Gr. Kolon), pericardium (Gr. Pericardion), which, in the plural would be become bronchi, cola, pericardia, etc. There is also the case of Greek terms which were translated verbatim into Latin, such as dentes canini (from Greek kynodontes (dog teeth) or caecum from Greek typhlon (the blind gut) (McMorrow 1998: 15). Another influence of Latin and Greek in the current medical

terminology is the use of Latin and Greek affixes for instance in the case of prefixes: all(o) – another, different, adip(o) – fatty, carni(o) – of the cranium, onco- relating to cancer, hyper – excessive, hypo – insufficient, for suffixes: - itis – inflammation, - algia – pain, -lepsy – attack, seizure, -logy – the knowledge of something (Salager–Mayer 1983:61).

Eponyms are a considerable part of medical terminology. They include names of anatomical parts, e.g. Fallopian tubes, Adam’s apple, names of diseases Parkinson’s disease, Alzheimer’s disease, signs and symptoms e.g. Babinski sign, fractures e.g. Jefferson Fracture, procedures e.g. Heller myotomy, medical devices e.g. Bard-Parker scalpel (Meals:2007). Eponyms are frequently formed from the names of researchers but may also be derived from the names of celebrity patients, e.g., Lou Gehrig disease, a common name for amyotrophic lateral sclerosis, fictitious characters, e.g., Othello’s syndrome, or geographical places, e.g., Lyme disease (Walling:1999).

The predominance of acronyms, initialisms and clipped forms can be considered as one of the main characteristic features of medical language. With English having the status of the lingua franca of medicine, English acronyms enter other languages and are used both by the medical professionals and patients, especially if no native acronym is commonly used in the local language e.g., MCV (Mean Corpuscular Volume), TSH (Thyroid-stimulating hormone), INR (International Normalized Ratio).

Another lexical feature denoting medical English is synonymy. As Resurrecio and Davies (2007:43) observe “one of the commonest forms of variation in medical terminology is the existence of more than one word to express the same concept”. Indeed, in many cases, the high register specialized medical term has a sub-medical and less specialized variant, e.g., ‘myopia/shortsightedness’ or ‘hemorrhage/bleeding’. The choice of term depends on the context and the interlocutors.

Key grammatical and syntactic characteristics can also be traced in medical discourse. The extensive use of reporting verbs, e.g., ‘The patient reported severe side-effects’, the use of verbs in the imperative form, e.g., ‘get me the labs’ to give directions, as well as the use of modal verbs expressing obligations (e.g., ‘must’, ‘ought to’) or probability (e.g., ‘may’, ‘might’) are indicative of the linguistic tools used by specialists to communicate medical information.

McMorrow (1998) points out that, in the communication context of doctor-patient interactions, the recurrent presence of personal stance expressions, hedges and mitigating devices, as well as exact descriptions, constitutes standardized interaction methods. A significant trend towards popularization is underway, implying that medical jargon is expressed through a variety of rhetorical techniques (e.g., similes, paraphrasis, etc.) in order to make specialized language/discourse more accessible to lay people (Laudisio:2015).

CHAPTER 3

METHODOLOGY

3.1 Aim of the Study and Research Questions

Medical TV series are currently flourishing in the audiovisual landscape. These series make an abundant use of medical talk, including but not limited to medical terminology, thus conveying medical practices, medical discourse, technological innovation in the field of medicine and research, social and cultural perceptions and values of health, physical and mental well-being and provision of healthcare services, medical ethical dilemmas, etc. Such series and their dominant scientific discourse are made accessible to the Greek audience by means of subtitling, a practice which is largely favored in the Greek context as opposed to dubbing.

Medical TV series are not only a popular form of entertainment worldwide; they also shape a globally accepted view of the identity of healthcare professionals by encompassing, expanding, reviewing or challenging prevalent target-culture values with respect to health, medicine, medical innovation, healthcare professionals, etc. Therefore, the transfer of medical talk in the audiovisual products may be worth examining in the translation context.

The research questions raised in this dissertation paper are the following:

1. How medical discourse terminology found in the original version is transferred in the Greek subtitled version in episodes of three popular television shows, namely *Grey's Anatomy* and *House M.D.* and *The Good Doctor*?
2. How may the use of medical TV shows have a practical application in training future medical interpreters?

This study is based on the assumption that fansubbers in order to deal with by medical terminology will employ translation strategy of retention and explicitation to deal with subtitling-related problems.

3.2 Methods

The research will qualitatively assess how characteristics of specialized medical talk around hospital interactions are transferred in the Greek context by means of subtitling. More specifically, it will investigate the translation of linguistic features of medical interaction in four communicative events identified as defining of medical-centered conversations in the two medical dramas. These instances are i) the arrival of the patient at the emergency room, ii) the discussion/interaction of the clinical case between the clinician and the patient, iii) the discussion of the clinical case among peers (i.e., healthcare professionals), and iv) medical procedure(s) used in the operating room.

According to Linell (1998, p. 143), professional discourse is divided into three major kinds: i) “intraprofessional discourse” (i.e., communication among specialists of the same profession); ii) “interprofessional discourse” (i.e., communication between specialists from different fields); iii) “professional-lay discourse” (i.e., communication between specialists and laypeople). Linell’s (1998) classification can profitably be applied to medical discourses as well. These communicative events can be identified as defining medical-centered conversations in the medical dramas we will be analyzing. These situations will be isolated and examined because they feature both expert-to-expert and expert-non-expert conversations and shape a view of the identity of healthcare practitioners.

The study will focus on 1 episode from the medical drama *House M.D*, 5 episodes from *Grey’s anatomy* and 2 episodes from *The Good Doctor* and will analyze their fansubbing versions. The source text data is taken from a published version of the script found online, while the data for the fansubbing version of the three TV series are taken from the platform Gamato, a very popular choice for free online viewing for the Greek audience.

The episodes selected from *House M.D* are ‘*Control*’ (Season 1, Episode 14). From *Grey’s anatomy*, emphasis will be placed on the following episodes: “*Pilot*” (Season 1, Episode 1), “*The First Cut Is the Deepest*” (Season 1 Episode 2), “*Winning a Battle, Losing the War*” (Season 1 Episode 3), ‘*Suddenly*’ (Season 8, Episode 10) and “*Thriller*” (Season 10, Episode 7). Finally, we have selected the following episodes from *The Good Doctor*: “*Oliver*” (Season 1, Episode 3) and “*Stories*” (Season 1, Episode 18).

These 8 episodes were selected as a representative sample for their elaborate medical scenarios and the fact that they are revolving around the four communicative events described earlier. Due

to the preliminary nature of this study, working on the three complete TV medical dramas would have been beyond the scope of this research.

3.2 Primary data

Medical dramas have been a staple of primetime television in English speaking countries since the birth of the craft. A turning point for the genre was represented by the series *ER* (1994-2009), whose overall tone was more light-hearted and humorous, with doctors portrayed as human being with weaknesses, fears, and occasional failures (Vandekieft:2004). In the words of Chiaro (2008:276), nowadays medical dramas reflect the trend of “mixing-genres” so as to meet the requirements of the audience. Dramatic and romantic moments are stitched together with a faithful representation of the professional environments, and a consistent number of humorous sequences. The TV series under analysis in this paper are typical examples of this hybrid juxtaposition of styles and discourses, they displaying doctors committed to their profession, but who have their personal problems and demons to face.

3.2.1. *Grey's Anatomy*

Grey's Anatomy (Rhimes, ABC, 2005–still running) is a contemporary American medical drama. The show, which debuted in 2005, is currently in its eighteenth season and airs on Thursday nights on the ABC network in the United States. It is one of its highest-grossing TV shows of all time and the longest running prime-time US medical drama. The series features an ensemble cast of doctors (both residents, interns, and attendings) working at Seattle's Grey Sloan Memorial hospital. It focuses primarily on members of a surgical residency programme. The show follows the career and personal life of Meredith Grey, who is also the narrating voice performing voice-over moments that frame the episodes at the beginning and/or at the end of each episode. In general, physicians (or, more precisely, surgeons) in this TV drama have to cope both with the daily issues of the medical profession and with the challenges of personal relationships complicated by the problems stemming from a stressful working environment. Each episode features different patient encounters with the hospital staff, which typically are interspersed throughout the fifty minutes of airtime.

3.3.2 *House M.D.*

Created by David Shore, *House M.D.* is one of the best-known US-American television medical dramas. The TV show debuted in the USA on the Fox network on November 16, 2004 and ended on May 21, 2012. It revolves around an exceptionally qualified but highly misanthropic diagnostician, Dr. Gregory House, and his team of diagnosticians as they tackle various complicated medical cases at the Princeton–Plainsboro Teaching Hospital in New Jersey. Most episodes revolve around the diagnosis of a primary patient and follow the team in their attempts to treat the patient's illness. They usually treat only patients whose ailment has not been accurately diagnosed by previous consultations (other physicians). In this series, the main character Dr. House, routinely rejects cases he does not find interesting.

Typically, the patient is misdiagnosed at least once, resulting in further difficulties; nevertheless, the nature, intensity and frequency of complications almost always reveals new medical evidence that aids in accurately diagnosing the patient. House has a habit of arriving at the proper diagnosis apparently out of nowhere, frequently spurred on by a random statement made by another character. The disorders diagnosed vary from relatively common to very rare.

3.2.3 *The Good Doctor*

One of the most recent successful TV medical dramas is *The Good Doctor*. The show, which debuted in 2017, is currently in its fifth season and airs on Monday nights on the ABC network in the United States; it is one of its most popular medical dramas. It was created by David Shore, who was inspired by the South Korean medical drama *Good Doctor* by Park Jae-bum. The show is centered around the career and personal life of Shaun Murphy, a physician with autism and savant syndrome who has just started his training as a resident in surgery. He is not only a young man dealing with difficulties with his residency programs, trying to learn how to be a doctor, but also a person with significant limitations, in particular due to the lack of communication skills with his patients and colleagues. The protagonist was hired by Dr. Aaron Glassman, a role model and a fatherly figure in Murphy's life, who was the president of the hospital during the show's first season. Murphy's savant skills mean he has a form of brilliance that almost nobody else does. This

enables him to reach conclusions regarding complicated medical issues that his colleagues would not have considered. As a result, Murphy's hunches are frequently questioned, although he is almost always correct.

Chapter 4

Medical dramas and their Pedagogical Implications

During the last few decades, countries have become increasingly multicultural due to migration, refugee groups, asylum seekers and global mobility. A consequence of these demographic changes is the challenge in integrating immigrant groups into existing healthcare services; when meeting the needs of immigrant populations, language barriers constitute a major challenge for healthcare professionals and institutions (Angelelli:2004). On a daily basis, healthcare professionals come across a diverse range of patients with whom they do not share a common language; they are, however, are required to provide high quality healthcare, in line with the principles of human rights and equality. Therefore, the use of medical interpreting services is increasingly advocated in the healthcare sector and its various systems and services (Bischoff & Denhaerynck:2010).

Growing evidence documents the fact that language barriers indirectly impact the quality of the healthcare that patients receive. Individuals' ability to speak, read, write, or understand the local language at a level that allows them to communicate effectively with a healthcare provider determines success in seeking medical assistance, ability to navigate oneself within any given healthcare system, and, consequently, timely access to appropriate medical resources (Thikeo & Florin: 2015). A recent study conducted by Ou et al (2010) confirmed that patients who do not speak the local language are disadvantaged when accessing healthcare services as opposed to native or competent speakers of the local language. And even when they do manage to access healthcare services, these patients are more likely to receive poorer treatment and follow-up for chronic illnesses. Their decreased comprehension of their diagnosis is the result of poor interpersonal care. Additionally, allophone patients run an increased risk of complications due to inappropriate administration of medication (Gandhi et al.: 2000). All these and many more are the result of language barriers between healthcare professionals and their allophone patients.

The use of professional medical interpreters is associated with better quality of care and has been shown to reduce inequities in healthcare (Jacobs et all: 2007). Research conducted by Hampers and McNulty (2002) suggest that foreign-language patients who have access to professional interpreters have improved outcomes, less hospitalization (both in frequency and duration), better chronic disease outcomes and lower healthcare costs. Growing evidence seems to indicate that the presence of a qualified medical interpreter can help to avoid critical miscommunication affecting

patient care; it makes patients feel more comfortable and at ease while increasing their confidence in the healthcare personnel (Fryer, Mackintosh, Stanley & Crichton:2013). In general, patients seem to consider the availability and the quality of interpreting services as a positive factor in the administration of care (Moreno & Morales:2010).

Seen from this perspective, medical interpreting aims at improving the quality of the health services, at the preventive, diagnostic, and therapeutic level. It can be argued that working with professional medical interpreters allows healthcare service providers to respond to the needs of an increasingly multiethnic and multilingual clientele.

Hence, to enable medical interpreters to act confidently in different settings, the knowledge of fundamental medical principals, core medical terminology, and typical medical procedures, interventions and operations seem to be necessary for a successful outcome during an interpreter-mediated medical interaction/encounter. Training in acquiring specialized vocabulary, specific grammatical structures, standardized medical utterances, style and principles of oral communication specific to medical discourse in their working languages would facilitate the interpreter's task. Exposure to authentic language used in medical settings, with a view to familiarizing oneself with how medical jargon and medical terminology are used seems to be paramount in increasing accuracy during interpretation.

As Pöchhacker (2013) observes, the landscape of interpreter training is highly diverse. Professional settings and institutional contexts as well as national practices tend to influence the training approach as well the curriculum design in medical interpreting. Nevertheless, most programs tend to have common approaches, namely the use of video recordings of simulated communications and their respective transcriptions, PowerPoint presentations analyzing different aspects of healthcare interpreting, discussions on issues regarding professional ethics, scripts for role plays as well as a presentation of the theoretical approach on medical interpreting (Ertl & Pöllabauer: 2010).

In this dissertation, we aim at presenting the benefits of using medical dramas as an alternative teaching tool in training medical interpreters. Medical dramas have been popular since their inception, and their popularity applies to medical professionals and medical students alike. Besides being of a purely entertaining nature, these series have been used by medical schools across the

world for educational purposes. Thus, it can be hypothesized that medical dramas might be a useful tool for teaching medical interpreters as well.

Through the years, several authors have suggested that medical dramas can be used as teaching material in health sciences disciplines. Wong et al. (2009) used two clips from *House MD* and one from *Grey's Anatomy* to teach doctor-patient communication skills in medical students. Hirt et al. (2013) suggested *Northern Exposure*, *Cardiac Arrest*, *ER*, *Scrubs*, *House MD*, *Doc Martin*, *Grey's Anatomy*, and *Nurse Jackie* can be used in creating concise guide for health science educators to teach topics such as mentorship, hospital environments, teaching and learning, and professionalism. Williams et al. (2015) indicated potential uses of *House MD*, *Scrubs*, and *Grey's Anatomy* to teach medical problems, issues pertaining to managing and administrating healthcare systems, psychosocial issues, and the development of communication skills necessary for interacting with the patient's family. Jerrentrup et al. (2018) proposed the use of episodes from *House MD* to introduced medical students to rare diseases and diagnostic strategies. Baños et al. (2019) evaluated the effectiveness of *House MD* in teaching clinical pharmacology.

Taking into account the abovementioned literature, it can be assumed that there are several advantages in utilizing medical dramas for teaching medical students and by extension medical interpreters. Novice medical interpreters may already be regular viewers of these television series since medical dramas have a particularly strong viewership (Goodman:2007). Therefore, the use of medical dramas in a teaching context may be likely to capture and maintain student interest. By allowing medical interpreting students to relate themselves to the characters portrayed in the series, trainees who are less likely to respond to traditional teaching methods may be more inclined be involved in an interactive learning process as proposed by medical dramas (Wong et al.:2009, Pavlov et al.:2010). As Zakhareuski (2007) posits, "a TV series can help provide a balance mix of entertainment with education".

Authenticity and accuracy are important factors in the production of medical dramas. These are key ingredients in attracting and maintaining the viewer's interest. In many medical television dramas, medical professionals are engaged to provide input, with some drama productions having doctors as part of their writing teams. Doctors and medical professionals act as consultants, writers, or even producers. Based on previous experience, it can be hypothesized that the use of clips from medical dramas can help illustrate physician-patient interactions as realistic representations of

medical encounters. These clips can act as a tool to create awareness among medical interpreting students of the various dynamics of an interaction between a healthcare provider and a patient, a communicative encounter for which they would have to interpret for their future clients. In this way, novice and/or trainee interpreters will be able to observe native speakers, in authentic settings, and using actual medical discourse, speaking in a variety of accents, and relying on an array of paralinguistic cues.

In their research, Miskin & Miskin (2008) purposed a set of activities for teaching learners English as a second language by using clips taken from TV shows as an instructional tool. One of the recommended activities for intermediate to advanced students consisted in watching a segment of the episode of the television series *Buffy the Vampire Slayer* in which the characters lose their voices and can only move their lips. While watching, students are asked to guess what the characters are saying and then present their own version of the dialogue in a roleplay. Similarly, activities can be created and/or adjusted to meet specific learning objectives in a medical interpreting teaching context. Medical dramas portray have an added value as the present medical conditions, treatments, and procedures of common as well as rare cases in an accurate and realistic manner. Scenes can be selected and used in the same way as the in the case of the clips used by Buffy to enhance future medical interpreters' ability to anticipate what their interlocutors might say while interpreting. The ability to anticipate is a key competency for professional interpreters (Pöchhacker:2021). Thus, incorporating television drama into medical interpreting pedagogy can add to learners' knowledge and comfort level in dealing with medical topics and demanding medical situations, including emergencies.

To conclude, it can be suggested that medical dramas may represent an untapped resource that can serve as a powerful teaching tool not exclusively for medical professionals but also for medical interpreters. The popularity of medical television dramas is well established, and their potential in training future medical interpreters should be exploited as they content a wealth of appropriate material. It can be argued that these dramas hold much promise for engaging trainees in a new way of learning for providing them with realistic representations of a wide range of healthcare settings.

Chapter 5

Data analysis

The present chapter includes the qualitative analysis on how the various elements of specialized medical talk around hospital interactions are transferred in the Greek context by means of subtitling. The data will be presented and analyzed in detail in an attempt to define fansubbing practices in the Greek context. More specifically, our analysis focuses on the translation of linguistic aspects of medical interaction in four communicative events identified as defining of medical-centered conversations in three medical dramas. These sequences are i) the arrival of the patient at the emergency room, ii) the discussion of the clinical case with the patient, iii) the discussion of the clinical case among peers, and iv) the medical procedure in the operating room.

5.2 Analysis of specific examples

5.2.1. The arrival of the patient at the emergency room

The first medical context to analyze is the patient's arrival at the emergency room. In general, patients, who may be either conscious or not, arrive at the hospital by ambulance and are taken inside by paramedics who present their health status to the medical staff on duty. In most cases, dialogues occur between paramedics and physicians (i.e., expert-to-expert), with the former informing the latter of the patient's status, and physicians who try to acquire as much information as possible on the patient to treat him/her easily and quickly. The next communication event is taking place between the members of the medical team (physicians-to-physicians or physician-to-nurse) in order to decide on the patient's treatment (i.e., expert-to-expert); then healthcare professionals inform the patient on his/her health status (i.e. expert-to-non expert) in case he/she is conscious. Thus, these communication events are characterized by a certain level of emergency, which is inevitably reflected in the language used.

The first extract under analysis is taken from the medical drama *Grey's Anatomy*, more specifically Episode 7 of Season 10, entitled "*Thriller*". A drug addict, who has a condition where his heart is on the opposite side of his chest, makes his way into the ER after he was shot multiple times

because he was eating the face of another patient. Dr Kepner, Dr Avery, Dr Hunt and the residents, Dr Murphy and Dr Edward, are getting information about the patient's status from the paramedic before starting to treat him.

ST 1: *Grey's Anatomy* S10E07: 6:44

(Paramedic) Multiple G. S.Ws to the chest. B.P. 90 over 60. Pulse in the 120s. He's on something.

(Dr. Murphy) How is this guy stable?

Subtitle

(Paramedic) Πολλαπλό τραύμα σφαίρας στο στήθος. Αρτηριακή πίεση 90 με 60. Οι παλμοί του είναι στους 120.

[BT- Multiple gunshot wounds to the chest. Blood pressure 90 to 60. His pulse is 120]

(Dr. Murphy) Πώς γίνεται να είναι ζωντανός;

[BT- How is it that he is still alive?]

The term B.P. is a medical abbreviation which stands for blood pressure. It seems that the use of abbreviations is a common practice in the source language and English-speaking audience does not need the full form to understand the reference. Contrary to what is customary or acceptable in English, it can safely be argued that it is not a usual practice to abbreviate medical terminology in the target language as there is not equivalent abbreviated form for the Greek term “αρτηριακή πίεση” (A.Π. would mean very little to the Greek audience and could lead to confusion). The translator accurately transfers in the subtitled version the target linguistic items as “αρτηριακή πίεση”, in full form and not the abbreviated one. Perhaps the term could be rendered simply as “πίεση”, but it would not be an exact transfer of the target text abbreviation while risking lowering the register from medical to laymen's language.

The presentation of the paramedic seems to follow a preestablished order in the way information is transmitted to physicians. The type of injury of the patient as well as the basic information about his current condition are described in brevity using abbreviations, a codified language which serves multiple purposes, namely, to maintain medical information within the medical community and

ensure that information is transmitted fast and accurately as time is of the essence, especially in the ER context. This type of injury is described as “G.S.W’s”, which stands for ‘gunshot wounds’. This term is also widely used in the field of legal pathology and forensics. These are specific branches of the macro-category we broadly refer to as medicine, and which are regularly included in the medical curriculum (Jentzen 2009: 75). English for Medical Purposes have evolved, becoming increasingly precise and specialized and, thereby, reflecting important considerations regarding social and sociological aspects of contemporary society (Canepari 2010:152)

The subtitled version of the source text also renders G.S.Ws in Greek without abbreviation as “τραύμα σφαίρας”. It can be stated that the translator prioritized the need to transfer all the necessary information to the audience regarding the patient’s health status and not to render the elliptical and condensed exchange of medical details between expert-to-expert that mirrors the frenetic situation of the patient entering the ER.

Undoubtedly, in this case as in other audiovisual translation cases, the subtitled text is restricted by space and time limitations. It can be hypothesized that this may be the reason the sentence of the source text “He’s on something” is not transferred in the target text. The translator possibly omits this sentence to emphasize on the information directly related to the patient’s current status, as the fact he is a drug addict may occur again later on in the episode. Moreover, most of the viewers that constitute the target audience might not be medical experts and would rather prioritize basic information about the patient’s current status in order to understand the subsequent actions the medical team will undertake instead of wasting time and effort on details that can be revealed later in the episode or that can easily be deduced from the context.

5.2.2. The discussion of the clinical case with the patient

The second situation involves doctor-patient discussions concerning the patient’s clinical status. In these conversational instances, a doctor, or a team of doctors, directly addresses the patient, who is generally in his/her hospital room waiting for a diagnosis or to be treated. Thus, it is an expert-to-non-expert interaction essential for the physician to obtain information from the patient, which will later be used for diagnosing and treating the patient, or for the patient to understand his/her condition in terms that can be familiar to him/her.

The following extract is taken from Episode 10, entitled “*Suddenly*”, of Season 8 of *Grey’s Anatomy*. Dr Grey informs Lily, the daughter of her patient, of her father’s current clinical status. Lily’s whole family was involved in a severe crash car. Lily being the eldest daughter and the only one that was unharmed (as she was not involved in the car accident), is left to make the decisions regarding her father’s treatment.

ST 2: *Grey’s Anatomy* S08E10: 29:34

(Dr. Grey) His kidney tests are elevated.

(Lily) Which means what?

(Dr Grey) Which means that his organs are starting to fail, one by one.

Subtitle

(Dr Grey) Οι τιμές από τα τεστ για τα νεφρά του είναι ανεβασμένες.

[BT: His kidney test levels are elevated]

(Lily) Που σημαίνει;

[BT: Which means what?]

(Dr Grey) Σημαίνει ότι τα όργανα του αρχίζουν να καταρρέουν ένα προς ένα.

[Which means that his organs are starting to collapse, one by one.]

The subtitle version inserts linguistic items to make the test the patient has been through more intelligible to the audience. The collocation of the source text “kidney tests” is exploited in the target text as “οι τιμές από τα τεστ για τα νεφρά του”. The translator had to come up with a more appropriate translation version, which would render a clear message not only for professionals in the field but also for those who simply watch medical drama TV series in hopes to help them understand what is happening with this particular patient. Perhaps for this reason, the subtitler has made the choice to expand the source language term by translating it as “οι τιμές από τα τεστ για τα νεφρά”.

The third extract an excerpt taken from Episode 8, Season, titled “*Stories*”, of the medical drama *The Good Doctor*. Dr Morgan explains to her patient, Fin, how she will perform the surgery.

ST 3: *The Good Doctor* S02E08: 1:20

(Dr Morgan) Everything gets tack back inside, and we ‘re done.

Subtitle

(Dr Morgan) Κάνουμε εσωτερικά τις συρραφές και τέλος.

[BT: We will perform the stitches internally and we ‘re done.]

In the Greek version, a simplified, laymen’s version of a procedure description in English becomes very specific and far more medical-oriented by switching register among other things. The translator’s choice to choose “Εσωτερική συρραφή” instead of “εσωτερικά ράμματα” allows us to conclude that the s/he chooses to stress the importance of the procedure (difficulty of the operation, or special skills required) despite the fact that it sounds simple and straightforward as if one were to tack in something into something else. Here medicine as a noble science and a special gift partaken to the chose one (in this case the gifted surgeon) is elevated in the eyes of the non-expert, as doctors perform complicated tasks by making them sound simple when described to the patient. One would argue that this communicative act is suggestive of a power differential that separates medical profession (specialist) from the uninitiated and is intended to widen the gap between the two sides while instilling a feeling of trust to the patient as a result of the degree of expertise and competence of the medical professional.

5.2.3. The discussion of the clinical case among peers

The third communication act is when physicians talk to each other and discuss how to handle and treat the clinical cases they are working on. It can be argued that, in expert-to-expert communication, there is an exchange of information and advice on how patients should be treated, until a decision is reached. One of the pivotal features of peer-to-peer discussions of clinical cases is their being highly dense, especially from a lexical point of view and with regards to the amount of information exchanged. Communication between physicians is usually characterized by the use of descriptive, long and complicated sentences, or of more elliptical, but highly specialised statements.

The first extract is taken from the medical drama *House M.D.* Episode 14, Season 1. Dr. House is discussing with Dr. Wilson the possibility that Carly, his patient, might need a heart transplant.

ST4: *House M.D.* S01E14: 23:51

(Dr House) Carly needs a heart transplant.

(Dr Wilson) Thoracentesis revealed a transudate?

(Dr House) I haven't gotten it back yet.

(Dr Wilson) Her MUGA scan, what was the ejection fraction? Maybe you could treat it surgically.

(Dr House) I haven't done the MUGA.

Subtitle

(Dr House) Η Κάρλι χρειάζεται μεταμόσχευση καρδιάς.

[BT- Carly needs a heart transplant]

(Dr Wilson) Η παρακέντηση θώρακος έδειξε διίδρωμα;

[BT-Thoracentesis revealed a transudate?]

(Dr House) Δεν έχω ακόμα τα αποτελέσματα.

[BT-I haven't got the results back yet]

(Dr Wilson) Η ραδιοισοτοπική της κοιλιογραφία; Τι έδειξε το κλάσμα εξώθησης; Ίσως να μπορείς να το αντιμετωπίσεις χειρουργικά.

[BT-Her MUGA? What did the extrusion fraction show? You may be able to deal with it surgically.]

(Dr House) Δεν έκανα ραδιοισοτοπική κοιλιογραφία.

[I haven't done the MUGA.]

It can be stated that, in the first extract, the source text is very rich in specialised, technical terms and word combinations pertaining to medical jargon. A very recurrent lexical peculiarity of real expert-to-expert medical discussions as well as of the extract is the use of morphological

abbreviations, especially in the form of initialisms, e.g., M.U.G.A. The translator opts for rendering the source text into Greek through a periphrasis, that is, a description of what an M.U.G.A test consists of. The abbreviation “M.U.G.A” (Multigated Acquisition Scan) is translated in the target text as “ραδιοισοτοπική κοιλιογραφία”, which in English it back-translates as “radioisotope abdominal scan”.

The main intention of the medical television drama is to realistically portray the lives of healthcare professionals. The viewer gets a glimpse of medical professionals’ everyday life by portraying cases where extremely specialized medical terminology is used. For doctors to communicate effectively, they will have to resort to abbreviated forms. In the target text this effect is lost. Considering this fact, the translator might have used the term in its original form and render this effect for the sake of the target audience; but since this could also raise questions about an unknown abbreviation, more explicit lexis was chosen.

Moreover, as anticipated, the description and explanation offered by the two healthcare professionals regarding the patient’s clinical case are formed by elliptical sentences. Nevertheless, the elliptical form of sentences is not presented in the subtitled version for the Greek audience. The description of the patient’s status is translated in descriptive, long sentences. The main focus of the translator seems to be the transfer of all necessary information pertaining to the patient’s status so that the target audience understands what is really at stake here. We could therefore claim that the subtitled version replaced the authenticity of the original context by culturally domesticating authentic exchanges of the same communicative nature in the target language context.

The second extract is from Episode 3 of television series *The Good Doctor*, entitled “*Oliver*”. Dr. Andrews and Dr. Kalu are discussing the upcoming surgery Dr. Andrews is going to perform in order to restore the face of his patient. Part of the patient’s face has been partially through surgical removal of facial tissue due to skin cancer.

ST5 – *The Good Doctor* S01E03: 15:33

(Dr. Kalu) Hey, look, uh, you want some help on this Free-Flap? What's his name?

(Dr. Andrews) Wannamaker.

(Dr Kalu) Right.

(Dr Andrews) You got the transplant.

Subtitle

(Dr. Kalu) Θες βοήθεια με την μικροαγγειακή μεταμόσχευση; Πώς τον είπαμε;

[BT- Do you want help with the microvascular transplantation? What's his name?

(Dr. Andrews) Γουαναμέικερ.

[BT-Wannamaker]

(Dr. Kalu) Σωστά.

[BT-Right]

(Dr. Andrews) Έχεις το μόσχευμα.

[BT-You got the transplant]

In the second extract, the peer-to-peer discussion is once again constructed through the use of elliptical sentences, where some parts are left implied. However, in the subtitled version, short sentences are no longer reconstructed to form complete sentences as in the case of the first extract. The translator does not insert linguistic items in the target text. It can be assumed that the audience can reconstruct the implied meanings from the previous scenes of the episodes and understand who the patient is to whom both doctors refer.

Nevertheless, the Greek translator renders the medical term Free-Flap by providing a description of the surgery in the Greek context. The term free flap stands for free autologous tissue transfer and microvascular free tissue transfer. These are synonymous terms used to describe the "transplantation" of tissue from one site of the body to another, in order to reconstruct an existing defect. The translation strategy employed is opted due to the fact that there is no referential or denotative equivalence of Free Flap in Greek but there is a connotative equivalence. The same procedure is view from a different point of view, which reveals two different approaches to

medicine. The Anglo-Saxon medical tradition may favor the mechanical, technical aspect of an operation, whereas Greek tradition may tend to favor the pathological etiology behind a surgical intervention and the approach used in the operating room (including but not limited to equipment).

The third extract, which depicts a discussion between healthcare professionals regarding a patient's status, is taken from Episode 1 of *Grey's Anatomy*, entitled “Pilot”. Dr. Bailey and Dr. Burke are trying to decide on the cause for which their patient keeps having seizures.

ST6 *Grey's Anatomy* S01e01: 6:03

(Dr. Burke) Dr. Bailey, let's shotgun her.

(Dr. Bailey) Every test in the book then.

Subtitle

(Dr. Burke) Δρ. Μπέιλι, ας την ξεκάνουμε.

[BT- Dr. Bailey, let's undo her]

(Dr. Bailey) Κάθε εξέταση από το βιβλίο.

[BT-Every test in the book]

In this extract, the translator has no choice but to transmit at least the main idea from the original text so that the target language audience could grasp the meaning of this exchange. The translator decided to paraphrase a source language medical term which has a specific meaning and to give but the neutral idea to the target language audience of what is idiomatically said in English. The medical term used in the source language is ‘shotgun’. It refers to a full form shotgun approach, namely diagnostic technique where every parameter is measured, especially when a patient has an obscure disease. This technique also helps to detect rare conditions which might cause rare or specific symptoms. However, the translator has to render the meaning of this term and the target language audience read as “ξεκάνουμε”. It can be claimed that “ξεκάνω» is a linguistic item emotionally loaded for the target audience. This translation does not suggest that a great number of tests are going to be performed on the patient. Nevertheless, the specific meaning of the source

language term is not completely lost, because the translation does imply the necessity to perform a battery of tests since every parameter has to be measured.

The fourth extract that depicts a discussion between expert-to-expert regarding the patient status comes from the Episode 2 of *Grey's Anatomy*, entitled “*The First Cut Is the Deepest*”. Dr Burke and Dr. Shepherd are treating a patient who has been assaulted.

ST7- *Grey's Anatomy* S01E02: 6:34

(Dr. Shepherd) Rape kit came back negative.

Subtitle

(Dr. Shepherd) Ο έλεγχος της για βιολογικά στοιχεία βιασμού βγήκε αρνητικός.

[BT- Her test for biological evidence of rape turned out to be negative.]

The source language terminological unit rape kit, also known as sexual assault kit, suggests that it is a set of materials used in order to collect blood samples needed for forensic evidence from a sexually assaulted victim. The translator opts to paraphrase the terminological unit in the target text, because a direct translation of the unit as “κουτί βιασμού” would not transfer to the target audience information about the protocol followed by the hospital in the case of a sexual assaulted victim and would raise negative connotations. This can be explained by the fact that the preparation of rape kits by a forensics expert is a commonly used procedure strategy in the North-American context, but was not available, up until recently, to victims of sexual assault in Greece due to the financial cost associated with it. Part of the target audience perhaps would not be familiar with the term ‘rape kit’ and for that reason it is substituted as “έλεγχος για βιολογικά στοιχεία βιασμού” in the target version, a medical procedure part of the protocol followed in case of sexual assault.

The final extract to be analysed is taken from Episode 3 of *Grey's Anatomy*, entitled "*Winning a Battle, Losing the War*". Dr. Bailey and Dr. Yang are discussing the possibility of harvesting their patient's organs as he had already been declared brain-dead.

ST8 *Grey's Anatomy* S01E03 12:00

(Dr. Bailey) And you want a harvest surgery.

(Dr. Yang) I want to save lives.

Subtitle

(Dr Bailey) Θες το χειρουργείο μεταμόσχευσης.

[BT- Do you want a transplant surgery?

(Dr Yang) Θέλα να σώσω ζωές.

[BT- I want to save lives.]

The medical term ‘harvest’ implies that particular tissues and/or cells are being removed from a donor so that a transplantation procedure could be performed later. Hence, harvest surgery means that some organs or tissues are going to be obtained by means of surgery. However, the term ‘harvest’ suggests not only the removal of organs, but, mostly, the process through which crop is being gathered from the fields when ripe and ready, that is at the appropriate time. This is the primary meaning of the verb “to harvest” which was later expanded to encompass actions whereby something is gathered or removed for a good cause. As crop is harvested with a view to feed and sustain life, tissues, cells and organs are harvested from a brain-dead patient to sustain life or improve the quality of life of another patient in need.

The translator renders the procedure as “χειρουργείο μεταμόσχευσης” in the target text version. The subtitled version is explanatory so as to ensure that the target audience understands the procedure and the logic behind it. That being said, it lacks the metaphorical value of its English equivalent and, subsequently, the series of connotations (crop being a source of life that is harvested for a greater purpose) and the corresponding analogies between Mother Earth (source of life) and human ingenuity ([agri]culture and medicine) as a means of sustaining and improving quality of life. The term harvesting also suggest that the process of transplantation is not a one-time thing, but a series of surgeries that are required for an organ to be taken from the donor and transplanted into the recipient. This effect is equally lost in the Greek translation which remains matter-of-fact by insisting on the formality of the procedure instead of its emotional and ethical implications.

5.2.4. The medical procedure in the operating room.

The most frequently depicted medical interaction in medical dramas is the moment of the actual medical procedure. These parts are by far the most ‘spectacular’ ones in TV medical shows, in which the viewers see surgeons performing surgeries and medical treatments in the operating room, and, occasionally, in the emergency room. Generally speaking, these sequences represent dialogic moments as surgeries are performed by teams of physicians and nurses. Hence, they depict peer-to-peer dialogues, with the patient being normally under anesthesia or having lost consciousness, or at least not directly involved in the conversation.

The following extract is part of a dialogue between Dr. Murphy and a nurse. The characters are taken from the television drama *Grey’s Anatomy*. The patient in question sustained cardiac arrest while in the operating room. The excerpt presented below is taken from Season 10, Episode 7, entitled “*Thriller*”.

ST9-Grey’s Anatomy S10E07

Dr. He's having an M.I. Get an E.K.G. and a crash cart.

Παθαίνει ανακοπή. Φέρτε έναν καρδιογράφο και το καροτσάκι ανάνηψης.

[BT-He is having a cardiac arrest. Bring a cardiograph and a crash cart.]

As emerges from the extract, what particularly differentiates medical procedures from discussions of clinical cases is the high use of directives with a clear instructional function. Generally speaking, the attending physician is in charge of the patient who and gives the orders to the team of doctors and assistants he/she is working with in order to on how to treat the patient.

This example illustrates how the translator has managed to render the source language medical abbreviation into the target language. Since there is no Greek equivalent in an abbreviated form; the translator decided to transfer its direct meaning. In the source language; the terms M.I. and E.K.G. refer to myocardial infarction and electrocardiography respectively and are translated as “παθαίνει ανακοπή” and “καρδιογράφος”. For the abbreviated term E.K.G, there is an equivalent

in the target language, Η.Κ.Γ. Perhaps, the meaning of the term would be explicit only to those viewers who are professionals and that is the reason the unabbreviated form of the term is favored. Moreover, the verbs in the target version are in the imperative form to project the emergency of the situation.

The next extract is from the series *The Good Doctor*, more specifically from Episode 8 of Season 2, entitled “*Stories*”. Dr. Claire and Dr. Lim are performing surgery when the status of the patient changes due to hemorrhage in his spleen and liver.

ST 10 The Good Doctor: S02E08 2:11

(Dr. Claire) Spleen and liver are fully packed.

(Dr. Lim) Where’s all this blood coming from? Suction.

Subtitle

(Dr. Claire) Πολύ αίμα σε σπλήνα και ήπαρ.

[BT- Too much blood in his spleen and liver]

(Dr. Lim) Από που προέρχεται όλο αυτό το αίμα. Αναρρόφηση.

[BT- Where’s all this blood coming from? Suction]

Even though the medical jargon used to describe the surgical process is not rendered into the target language, the translation still gives an adequate meaning, which is completely understandable to the target-language viewer. The translator’s choice to paraphrase the verb “is packed” and render the explanatory version “too much blood” can be justified since the translation gives the necessary amount of information which can be comprehended by the target viewer who typically is not the expert in the medical field, but simply a fan of this particular medical drama.

Chapter 6

Discussion

The practice of medicine has long been considered a sacred world of its own because of the nature of its constituent features: its esotericism (mystical character of medical practices), a great divide between the conceptual realms of physicians and laymen and immediate causation of the central concept of health for both patients and healthcare providers (Fairclough:1993). This combination of the ‘mystique’ and the ‘urgent’ accounts for an ever-burning craving of viewers to experience a realistic portrayal of medical practices as provided by high-quality medical dramas.

Medical dramas are currently flourishing in the universal audiovisual landscape and are made accessible to the Greek audience by means of subtitling. Due to their universal popularity, it can be argued that translation of medical dramas contributes to shaping a globally accepted view of the identity of healthcare professionals by encompassing, expanding, reviewing, or challenging prevalent target-culture values with respect to health, medicine, medical innovation, healthcare professionals, etc.

As the previous chapter illustrates, translation strategies employed in rendering medical talk, including but not limited to medical terminology have two significant outcomes. On the one hand, the translator seems to attempt to bridge the gap between specialized knowledge and lay audience expectations. The popularization of medical knowledge is achieved through the translation strategies of explanation of medical terms and reformulation mainly of the abbreviate forms into unabbreviated equivalences into the target text. Adaptation of unfamiliar medical discourse to meet the expectations of the target audience has also taken place. On the other hand, as our corpus suggests, there have been instances of subtitled extracts where one can claim that the register was raised and translation strategies employed were promoting the image of healthcare professionals as an authority figure, invested with a profound scientific knowledge in their field of specialization.

It can be argued that the target version might have an impact on the viewers' perception of the medical profession at large as it reconstructs a positive portrayal of healthcare professionals as selfless, dedicated scientists whose aim is to save lives by thinking outside the box, by taking calculated risks and by pushing the envelope in terms of experimentation and utilization of cutting-edge technological tools. Positive depictions of doctors may lead viewers to develop favorable perceptions of physicians' personal attributes that would improve doctor-patient relationships, communication and mutual understanding.

As was analyzed in the third chapter, there has also been an attempt to identify the pedagogical implications that medical dramas could have on training future medical interpreters. The original and subtitled versions of the three popular television series under analysis whose focus is, precisely, the language of medicine, could be the basis for a series of pedagogical activities aimed at helping trainees delve further into the study and practice of medical interpreting.

A plausible educational use of medical dramas for interpreting purposes could be as follows: using the initial phase of training, students could be presented with an excerpt of the series in its original version, namely the dialogues in English, alongside the subtitled version of the episode. In this phase, trainees will become familiarized with the way medical terminology works, in order to understand it, decode it and interpret it appropriately. Some of the activities, while based on single episodes, might refer to general medical terms, leaving the investigation of more specific sub-genres to be dealt on at a later phase. Thus, emphasis would be placed in developing a glossary of basic medical terms, which students could expand in the future.

Taking as a starting point the medical discourse presented in the translated audiovisual products, future interpreters could be engaged more directly with this educational tool, in subsequent stages of their training, by working only with the original extracts of selected and or modified medical drama episodes. By using this approach, trainees would be confronted with the spoken language as depicted in medical dramas rather than being simply presented with a printed text. Consequently, trainees would have the possibility observe actual people using specialized language in a "natural" (although fictional) environment. Through various types of activities, constructed for educational purposes, trainees would become acquainted with a variety of discourses and communicative acts as depicted in medical drama dialogues.

It could be claimed that thanks to simulation of natural situations, i.e., a realistic yet fictional medical encounters as imagined and realized in medical dramas, approximates an ‘authentic (albeit fictional) environment’ of a medical encounter that would have to be interpreter-mediated. This could not have been made possible in class unless medical interpreters were receiving training alongside medical students. In fact, reproducing some of the dynamic and transient nature of the spoken medical discourse can be seen as a closer imitation of actual orality produced by real people when faced with real medical problems, dilemmas and professionals (healthcare personnel). This could be helpful in re-creating, for the purposes of training and education, ‘close to life’ situations, which future interpreters would certainly have to deal with in their line of work. As Shrosbree (2008) observes, videos provide that environment, which is usually absent in a traditional classroom and can therefore improve the learning process.

Going beyond language, medical dramas contain a wide range of professional dilemmas and ethical issues that medical professionals and interpreters alike must face quite frequently. Ethical dilemmas can be tricky as one has first to recognize them as such, process them mentally, understand their nature, and respond accordingly, that is by acknowledging cultural and institutional constraints and the implications that may arise from the interpreting process. Instructors in training programs of medicine and interpretation may wish to proactively use such dramas to utilize the scenarios and expand their scope and application for educational purposes. For example, during their studies, medical as well as interpreting students are rarely involved in situation where major ethical issues arise. Let us take the example of as the Do-Not-Resuscitate order or DNR. A brief clip from a medical drama portraying such an issue could stimulate students' ethical analysis and allow for faculty guidance, especially if one is to take into consideration that such medical decisions have legal implications and result from regulatory frameworks may or may not exist in all countries and cultures.

Despite the fact that the use of medical dramas as teaching tools might be beneficial for training future medical interpreters, there are limitations which need be taken under consideration. Medical series, predominantly American-inspired, reflect and promote medical and social values that may or may not apply to the target culture. These social values are legally driven (i.e., the concept of DNR is absent in the Greek medical context as this option is not provided by law; instead, the Greek law forces doctors and all members of a medical staff to do everything in their power and

to resort to any action, intervention, or operation, to prolong the life of a patient). This could be a real challenge for training medical interpreters in a context where procedures and options do not exist, and there is no vocabulary or terminology to express unknown concepts.

Medical interpreting is not only about terminology, understanding of specialized terms and procedures. It is about managing the communication flow (who speaks when, in which turn, what is the dynamic between the interlocutors), while dealing with bidirectionality, that is, going back and forth between the language of the patient and that of the healthcare professional (i.e., the language of the institution). In these series, both the patient and their family and the medical staff share the same language (English), and there are no real instances of allophone patients depicted in the stories. This creates challenges in using medical dramas in healthcare interpreting training.

To conclude, it can be suggested that medical dramas can serve as a powerful teaching tool not exclusively for medical professionals but also for medical interpreters. The popularity of medical television dramas is well established, and their potential in training future medical interpreters should be exploited as they contain a wealth of appropriate material. However, the integration of medical dramas in such training materials should not be conducted without the consideration of their limitations.

Limitations

As stated earlier, the focus of the present dissertation was to showcase the interrelation between translation strategies in subtitling medical dramas and the use of the latter as training material for future medical interpreters. Nevertheless, there are some limitations that need to be acknowledged with respect to the scope of this study and its results. For the purposes of this dissertation, we focused only on eight episodes taken from three popular medical dramas. More episodes from various seasons of these shows or/and more television medical dramas could have been included in the study to widen the scope of the analysis.

Additionally, it should be noted that emphasis was placed on the description on the fansubbing practice in translating medical dramas. Translation strategies employed by amateur translators should be further contrasted to professional subtitling norms in the target language (namely Greek) to identify the nature of these audiovisual transfer modes in terms of the strategies they favor.

Moreover, the use of medical dramas as a teaching tool should acknowledge some important restrictions. In these forms of entertainment, specialized language is regularly subjected to the processes of adaptation as it is based on the assumption of the patient being a less specialized interlocutor. Consequently, this aspect must be discussed with students to make them aware of the transformations specialized language might have undergone when the purpose of the product is to entertain and not primarily to educate the public on health issues or to educate graduate and undergraduate students in medicine or other related scientific fields. In other words, medical dramas are not documentaries and as such are designed to use a different type of register and level of language, even when specialized jargon is involved. The benefits, however, of dramatization (dialogical discourse, exchange of information, clash of characters, depiction of emotions that may be running high, etc.) provide unique opportunities for curriculum developers to tap into so as to promote, improve and expand medical interpreting training.

Another parameter, which should also be factored in, is the background knowledge of the audiovisual translator. It is difficult to know whether fansubbers are versed in medical topics and, subsequently, medical terminology in the target language (i.e., Greek), or to what extent they are able to research any given medical procedure and its corresponding term or, better yet, what type of resources are available to them and what is the reliability of these resources. The amateurish nature of fansubbing raises serious questions as to the fansubbers translation competences. For this reason, and against any prejudicial judgment, it would have been extremely useful if one were to interview fansubbers to shed some light into their motivation for engaging in subtitling medical dramas, their work process, their understanding of and familiarity with medical terminology, the thought process behind their choices, etc. However, most of the times, attempting to reach fansubbers can be extremely difficult if not impossible due to the illegal nature of this activity.

Our analysis revealed that omission of information as a translation strategy frequently occurs in audiovisual translation. However, it can be argued that, from a medical interpreting point of view, omitting information in an interpreter-mediated medical interaction can prove to be fatal. If the medical staff does not possess all necessary information on the status of a patient, down to the smallest or seemingly irrelevant detail, the administration of the wrong substance can be fatal for the patient. Future medical interpreters should learn to interpret everything that is said as they have

to convey all the partaken information (linguistic as well paralinguistic) without filtering it due to time constraints and/or institutional pressure.

Finally, medical interpreting trainers and training program developers would have provided useful insights on this dissertation proposal to utilize medical dramas as a teaching tool. It would be interesting to hold interviews with trainers as well as trainees to gauge their opinion on the pedagogical implications of television medical dramas.

Research Implications

This dissertation suggests that fictional medical television programs may represent an untapped resource, which can serve as a teaching tool for medical interpreters. Medical television dramas offer authentic material that are exploitable in various ways. Some of these possibilities were discussed in this dissertation. In this way, medical interpreting trainees will acquire a lot of authentic medical language through an engaging learning process.

There are many other medical dramas to be utilized. The way these dramas could be incorporated in medical interpreting curricula will depend on the trainees' preferences and abilities, on the skills that need to be developed, as well as on the skillfulness of the instructor. Teachers' creativity in adapting the material at their disposal, conceptualizing and implementing possible activities, which could be useful in teaching medical interpreting, become essential elements in turning medical dramas into a powerful teaching tool and can result in expanding the limits of simulation.

Because existing studies have restricted their scope to the use of medical dramas only for educating medical personnel, it will be valuable for future research to propose a model for upgrading medical interpreting curricula by incorporating medical drama and for assessing the impact of these materials in practice instead of focusing on feasibility and acceptability alone.

However, the path outlined here represents an ongoing project which should result not only in further research but in furthering the discussion among stakeholders in the form of seminars, masterclasses, and training programs. In this dissertation, we have attempted to propose some activities which could prove particularly useful in fostering language awareness and critical reflection in future medical interpreters along with other medical-specific interpreting skills by using medical dramas as a teaching paradigm.

Concluding remarks

The dissertation has done no more than scratch the surface of the interplay between the subtitling strategies of medical talk, on the one hand, and medical interpreting training, on the other hand. This study aimed at identifying the translation strategies employed in *House, M.D.*, *Grey's Anatomy* and *The Good Doctor* and illustrate their pedagogical value for training future medical interpreters.

The study has been a first step towards examining medical dramas as tools that can be used in a teaching context that it is not limited to medical personnel but extends to medical interpreters as well. Prior research conducted has a limited the scope, that of educating medical students and of presenting the implication of such training on future healthcare professionals.

The translation of drama-presented medical discourse (medical talk to be precise) into Greek by fansubbers has hardly been discussed in prior research, although fansubbing is a wide phenomenon that is gaining momentum in Greece. Awareness of how fansubbing functions has an additional significance, when compared to research in professional subtitling, in that it does not display norms favored and motivated by an institution (such as a subtitling company) but rather by lay people. Fansubbing practice can act as a telling record of how the target culture views the identity of healthcare professionals and the prevalent target-culture values with respect to health, medicine, medical innovation, healthcare professionals.

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