

Esther De Boe (2023) *Remote Interpreting in Healthcare Settings*.

New York; Oxford: Peter Lang

Community, or dialogue, interpreting is a term describing the oldest form of oral language mediation, occurring in situations in which the interpreter facilitates an interaction between two active participants in the communication. Consequently, such mediation is dialogic in nature rather than monologic,¹ the latter form being typical of conference interpreting settings, in which a speaker is interpreted, and an audience receives the interpretation. Today, community interpreting is a vast field comprising, among other areas, interpreting in business, legal, and healthcare settings, and enjoying a steadily growing research interest in recent years, partly due to what is termed the 'sociological turn' in translation and interpreting studies.²

Another important area in interpreting studies which has been the subject of intense research activity recently, and especially since the outbreak of the Covid-19 pandemic, is remote interpreting (RI). This name refers to interpreting during which the three parties involved – two participants or sets of participants and the interpreter – are not all in the same location. RI has particular relevance in today's globalised world, providing access to crucial services in minority languages, which would otherwise not be readily available to the gradually growing immigrant populations.

It is at the intersection of community and remote interpreting that Esther de Boe's 2023 monograph *Remote Interpreting in Healthcare Settings* is situated. Broadly speaking, the book – likely an extension of the author's PhD thesis – serves as an investigation into the possible effects of remote conditions on the quality of healthcare interpreting, as compared to the method of face-to-face interpreting, which has been the more traditionally used interpreting modality in doctor–patient interviews and other medical contexts.

Remote Interpreting in Healthcare Settings consists of three parts, with each chapter prefaced by a short content synopsis. Part I (Chapters 1 and 2) provides an overall introduction to the topic of RI. Chapter 1 describes the major technological developments integral to the emergence of RI; basic information on RI from the perspective of the labour market is offered, and the chapter also features a broad research outline, which is further explored in Chapter 4. Chapter 2 is an extensive literature review, starting from the very first studies on remote conference interpreting³ (RCI) and the first experiments in the field carried out in the 1970s, and continuing with the more recent research focus on remote dialogue interpreting (RDI) – an area without standards such as those that have been established in RCI. In this latter domain, business, legal, sign language, and healthcare interpreting are considered.

Part II (Chapters 3 and 4) establishes the conceptual framework underpinning de Boe's research. The primary objective of the author's work is to analyse the impact of remote conditions on interpreting quality; consequently, borrowing from the work of Cecilia Wadensjö, Chapter 3 defines this elusive interpreting studies concept as a combination of interaction management – that is, how the interaction is governed by the par-

¹ Pöchhacker 2004: 16.

² Cf. Angelelli 2014.

³ In RCI, all participants, except for the interpreter, were in the same location.

ticipants – and message equivalence,⁴ which comprises content, style, emotive aspects, and empathy – all crucial elements in healthcare interpreting. In considering the perspectives of bilingual health communication, interpreting studies, discourse-based and communication analysis approaches, De Boe also outlines her multidisciplinary, or holistic, approach to remote healthcare interpreting research. Chapter 4 then formulates research questions and delineates the research design, objectives, and methodology: three interpreters remotely interpreting three series of simulated doctor–patient interviews, with each series featuring face-to-face, telephone, and video interpreting. The simulations were then followed by two sets of participant interviews.

Finally, Part III (Chapters 5–8) elaborates on the research itself. First, quantitative analyses of miscommunication at the level of message equivalence and interaction are performed, emphasising the issues of omission, substitution, addition, and false fluency, with omission of empathetic reactive expressions posing a particular problem to rapport-building between the patient and the doctor (Chapter 5). The same aspects of interpreting quality are then considered from a more in-depth, qualitative viewpoint, with a focus on the interpreters' management of opening and closing sections of each interview (Chapter 6). Chapter 7 provides insight on participant perceptions discerned from two interview sets; firstly, post-simulation interviews occurred immediately after the experiment, aimed at five specific aspects of the consultations, and secondly, retrospective interviews took place two weeks later, offering the interpreters' view of the issues observed. Chapter 8 concludes the book by summarising the results and limitations of the study and outlining avenues for further research, indicating that the most salient factors influencing the quality of RI are linked to the interpreters' competence and style, as well as technological and environmental factors, such as faulty speakers, unreliable internet connection, and noise from the street. Interestingly, the reduced or absent eye contact between doctor and patient in telephone interpreting was shown to have negatively affected rapport-building; this is corroborated by Angelelli, who demonstrated that a poor doctor–patient relationship leads to a breakdown in trust, information withholding, less access to medical care and its worsened quality overall.⁵

Doubtlessly, de Boe's monograph makes an important contribution to filling the knowledge gap in RI. It must be noted, however, that some aspects could be improved in future editions: firstly, this concerns the overall technical editing aspect of the book, and secondly, the dense academic style does not correspond to the self-declared tendency in *New Trends in Translation Studies* towards presenting 'high-quality research in an accessible, reader-friendly manner'.⁶ In my opinion, especially the Chapter 2 literature review could leave a casual reader confused as to the overall picture of the current state of research. Finally, while simulations are certainly a useful research method, allowing the creation of controlled environments with replicable conditions, there is a possibility that the interpreters could have performed differently in this 'inauthentic' context – which the author, to her credit, mentions in Chapter 8. Clearly, acquiring authentic data is problematic in healthcare settings, but examining real-life interpreted doctor–patient interactions would offer further clarity on the general applicability of the conclusions made by de Boe.

⁴ It should be noted that this is one of many possible definitions of interpreting quality.

⁵ Angelelli 2019: 54.

⁶ De Boe 2023: 267.

Nevertheless, *Remote Interpreting in Healthcare Settings* is certainly a valuable resource for interpreters, interpreting teachers and students, as well as medical professionals. The book is pioneering in its interdisciplinary approach, avoiding a too narrow, purely medical or interpreting studies focus, and instead considering RI from both perspectives. The literature review in Chapter 2, which I have described as possibly confusing to casual readers, is simultaneously a highly useful and comprehensive information resource for interpreters practising and aspiring; the book features several inspiring avenues for future research; and finally, the research study is the first to have compared both video and telephone, to face-to-face interpreting. RI is a highly topical and hitherto underexplored issue; consequently, de Boe's monograph is a good starting point for further inquiry, as well as a work deserving of interpreting scholars' and medical professionals' attention in general.

REFERENCES

- Angelelli, Claudia Viviana (2019) *Healthcare Interpreting Explained*, Oxon & New York: Routledge.
Angelelli, Claudia Viviana (ed.) (2014) *The Sociological Turn in Translation and Interpreting Studies*, Amsterdam: John Benjamins.
Pöchhacker, Franz (2004) *Introducing Interpreting Studies*, London: Routledge.

Václav Koutný
Charles University
vaclav.koutny@seznam.cz

doi: 10.14712/24646830.2025.15