trans-kom ISSN 1867-4844 http://www.trans-kom.eu
trans-kom ist eine wissenschaftliche Zeitschrift für Translation und Fachkommunikation.

trans-kom 15 [1] (2022): 128–141
Seite 128

Katia Iacono

Interpreting in quality-centred medical tourism in Austria and Germany

Abstract

This paper focuses on patients in quality-centred medical tourism and on the services they need to access healthcare in the country of treatment. Based on findings of a mixed-methods study on interpreting in medical tourism (Iacono 2019, 2021), the paper demonstrates some characteristics of patients travelling to Austria or Germany for medical purposes and the services they require from interpreters. Whenever they do not receive an all-inclusive package from the medical institution visited, patients expect various extra-translatorial services. These services are essential for them to be able to access the healthcare services and can be requested before travelling to the country of treatment, during their stay abroad and after coming back home, but do not usually fall within the translatorial remit (e. g. contacting the medical institution in the foreign country to establish whether they can be treated or facilitating the medical follow-up appointment).

1 Introduction: medical tourism

Medical tourism is one of several terms used to identify the act of travelling abroad for medical purposes. According to Patients Beyond Borders (2021), 21–26 million patients worldwide travel abroad for medical purposes. Especially in the English-speaking academic community, there are several scholars who prefer terms other than medical tourism like *international medical travel* (Ormond 2015) or *transnational healthcare* (Botterill/Pennings/Mainil 2013; Connell 2015). These scholars criticise the use of the word *tourism* as it is, in their opinion, linked to a certain sense of "pleasure and relaxation" (Connell 2011: 3) which is not at the forefront when travelling for medical purposes. Scholars who prefer using the term medical tourism, interpret *tourism* as defined by the World Tourism Organisation: "Tourism is a social, cultural and economic phenomenon which entails the movement of people to countries or places outside their usual environment for personal or business/professional purposes" (UNWTO 2021).

The reasons for medical tourism are manifold but can generally be linked to the search for either access to highly specialised healthcare or reduced healthcare costs (Berg 2008; Illing 2009; Quast 2009; Connel 2015). In the first case, so-called "*quality-centred medical tourism*" (Berg 2008: 171), the medical treatment needed is not available or is perhaps even illegal (e. g. stem cell treatments) in the patients' country of origin,

the waiting times are too long or patients are seeking a second opinion on a diagnosis or a medical treatment and want to see a specialist based in another country. According to Berg (2008: 171), in quality-centred medical tourism, patients mostly seek medical treatments related to orthopaedics, diseases of the inner or respiratory organs, cardiovascular diseases and plastic surgery. In some cases, patients travel abroad for simple routine medical examinations because they do not trust the healthcare standards of their country of origin. In "*cost-centred medical tourism*" (Berg 2008: 171), patients travel abroad to reduce costs as the treatment needed is too expensive in their country of origin. Berg (2008: 172) defines as cost-oriented medical tourism dental treatments, cosmetic surgery and wellness treatments. Cost-centred medical tourism also includes medical travel that combines the medical treatment with a holiday (Quast 2009: 7–8) as well as the return of expatriates to their country of origin in order to access cheaper healthcare (Connell 2015: 398).

Within the European Union, medical travel is regulated by Directive 2011/24/EU which aims to provide "safe, high-quality, efficient and quantitatively adequate healthcare to citizens on their territory" (Directive 2011/24/EU, Art 1, Par 1). The Directive also defines the conditions for reimbursements of the medical treatment costs yet does not define how language barriers should be overcome or by whom the costs of language services are to be borne (Angelelli 2015, 2019: 24).

2 Research on medical tourism

Currently, most of the available studies on medical tourism focus on investigating the economic, marketing and/or touristic (see for example Berg 2008; Illing 2009; Quast 2009; Kaspar 2015; Juszczak 2017), medical (see for example Connell 2011, 2015; Botterill/Pennings/Mainil 2013) or legal (see for example Reisewitz 2015) aspects of medical tourism. Berg (2008), Illing (2009) and Quast (2009) make a basic distinction between medical tourism and health tourism: while health tourism aims at maintaining (good) health and well-being, medical tourism aims at restoring health. In his study on the legal aspects of medical tourism, Reisewitz (2015) highlights fundamental characteristics of the medical treatments: (1) the medical treatments patients undergo are planned and are thus the reason for travelling to the country of treatment; (2) they represent, from a legal point of view, an intervention into the physical integrity and (3) they can only be carried out by qualified medical personnel. Against this backdrop, Reisewitz addresses legal complexity issues arising from medical and communication errors which may occur during medical treatments carried out in a foreign country. Juszczak (2017) and Klobassa (2016) highlight two characteristics that distinguish patients in medical tourism. They are mostly private patients, having a higher status than persons who already live in the country of treatment, and they also have high expectations of the medical treatment as well as the personnel of the medical institution. In addition to medical treatment, they also expect the visited medical institution to offer them additional services like accommodation, transfer and a touristic programme (Juszczak 2017: 56). The high expectations of

patients travelling for medical purposes are also addressed by Spielberg (2009) who describes the services required by Arab patients in Germany: a touristic program, particular attention to their dietary and religious customs, transfer arrangements and interpreting services. In her study on medical tourism in Germany, Quast describes the services needed with the term *Servicekette*, in English *service chain* (Quast 2009: 31, my translation) which is the set of services needed before travelling to the country of treatment (e. g. contacting the medical institution, booking hotel and transfer), during the stay abroad (e. g. the medical treatment itself) and after coming back home (e. g. follow-up). Individual travellers organise almost everything themselves; patients who receive (customised) all-inclusive packages by the medical institution, by a (medical) travel agency or patient broker[1] do not need to arrange any kind of service. Some other patients only book specific services which are considered essential for them.

In the studies on medical tourism from disciplines other than interpreting studies (e. g. economics, marketing, tourism, law), no profound discussion takes place on either language-related aspects or on the provision of interpreting services to avoid misunderstandings and/or to enable access to healthcare. One of the few exceptions is Kaspar (2015), who conducted ethnographic research on medical tourism in a hospital in Delhi. Kaspar assumes that language barriers do not prevent patients from travelling for medical purposes even though medical communication in cases in which patients and physicians do not speak the same language increases the danger of misunderstandings. In order to enable understanding, the hospital in Delhi provides patients with interpreters (both staff interpreters and freelance interpreters). The study shows that in order to satisfy patients' expectations, interpreters perform several tasks beyond interpreting medical communication which are indispensable for access to healthcare: they pick them up from the airport, collect all relevant medical information and book appointments for the required medical examinations, to name just a few.

Within interpreting studies, research on healthcare interpreting – the area within which interpreting in medical tourism falls – mostly focuses on patients who already live in the country of treatment, only marginally thematises medical tourism and does not consider its own specificities. In their chapter on medical interpreting, Tipton and Furmanek (2016) briefly mention medical tourism and provide the example of dental care tourism in Central Europe by transnational patients coming from Germany and the UK. Other interpreting scholars who touch on medical tourism are Lee (2015) and Angelelli (2015, 2019). Lee's (2015) paper highlights the differences between medical tourism and public healthcare in South Korea. Since the South Korean government recognised the economic potential of medical tourism, there has been much investment in this field. One example is the creation of a medical interpreter training course. However, in contrast to medical tourism, healthcare interpreting in more conventional settings – especially in

[1] All services offered by patient brokers are described by Boscher (2017). Boscher (2017: 123–124) also explains that in Germany, patient brokering is not completely legal as patient brokers do not have the medical knowledge to make a referral to the right physicians and therefore there is the risk they recommend the physicians and healthcare providers they work with.

public hospitals – is still neglected. In her recent study on healthcare interpreting, Angelelli (2019) briefly describes medical tourism, explains the heterogeneous reasons for this phenomenon, and mentions some of the countries in which it takes place and some patients' expectations of the personnel such as "courtesy and personal service" (Angelelli 2019: 26) which are relevant to choosing their destination. In the context of the European Union, she also illustrates the problems related to accessing cross-border healthcare for transnational patients which she had previously described in a technical report commissioned by the EU (Angelelli 2015). Despite medical tourism only being mentioned very briefly in Angelelli's (2019) book on healthcare interpreting, this is the first instance in which medical tourism is addressed more comprehensively, albeit fleetingly in comparison with the extent to which other topics are addressed, from an interpreting research perspective.

Nevertheless, a growing interest in the specificities of interpreting in medical tourism at graduate level can be observed which has resulted in the completion of several master's theses in this field. At Austrian universities' departments for translation studies, some studies on medical tourism in Austria (Ivașcu 2014; Chistyakova 2016; Slavu 2017; Weissenhofer 2017; Schwaiger 2019), Slovenia (Muršič 2015), the Czech Republic (Horová 2018) and also India (Kern 2017) were conducted.[2] Among these master's theses, the studies of Ivașcu (2014), Chistyakova (2016), Slavu (2017), Weissenhofer (2017) and Schwaiger (2019) are particularly relevant since they also focus on quality-centred medical tourism in one of the countries addressed in this paper. Ivașcu (2014) focuses on Romanian patients travelling for medical purposes to Austria. She describes the reasons why Romanian patients choose to undergo a medical treatment in Austria: the lack of trust in medical standards in their country of origin and the conviction that medical standards in Austria are superior. Ivașcu furthermore describes Romanian patients travelling to Austria for medical purposes as mostly very wealthy, although she also reports the presence of patients who need crowdfunding and donations to collect the money necessary for the medical treatment. The medical specialists consulted in Austria are mostly found on the Internet and through word-of-mouth. Patients contact the medical institution via email or through agencies that provide brokering for patients by offering all-inclusive packages (which also include interpreting services). Ivașcu (2014) observes that interpreters do more than just interpreting: they also help patients before travelling to Austria (e. g. providing information on accommodation) and they also interpret interactions other than medical ones (e. g. interactions between patients and insurances or authorities). Patient brokers are the main focus of Slavu (2017). In her master's thesis, she observes and interviews a lay interpreter who operates as a patient broker serving as an interpreter too. The patient broker "narrates, speaks and answers for the patient" (Slavu 2017: 90, my translation) and therefore does not act as a professional interpreter. In their master's theses, Chistyakova (2016), Weissenhofer (2017) and Schwaiger (2019) focus on expectations of Russian patients travelling to Austria for medical purposes.

[2] These examples mainly refer to studies in Austria, as master's thesis are not always easily accessible, but it does not mean that in other countries interest in medical tourism does not exist.

These master's theses present a broadening of the scope of interpreters' tasks in order to meet the patients' need for further services which are essential to access healthcare. They also show that interpreters in medical tourism are often expected to have very good knowledge of the medical terminology; this is in addition to a thorough grasp of the medical aspects mentioned during the medical encounters.

3 Methodology

Based on the findings of the above-mentioned studies on medical tourism, this paper addresses the following research questions:

(1) Which services do medical tourism patients expect from professional interpreters who are not part of the medical institution's staff and which services do they receive from them?

(2) Do interpreters notice any differences between patients who travel for medical purposes and patients who already live in the country of treatment?

The aspects addressed by these two questions are relevant to understanding the uniqueness of interpreting in quality-centred medical tourism as a situated practice within healthcare interpreting. Similarly to healthcare interpreting in general, interpreting in medical tourism is a situated practice and "[…] cannot be considered in isolation from the constraints imposed by the setting in which it occurs" (Angelelli 2019: xv-xvi).

The data used to answer the two research questions addressed in this paper originate from the author's doctoral thesis on interpreting in medical tourism in Austria and Germany (Iacono 2019, 2021) which consisted of three research phases conducted successively using mixed methods. Before analysing the findings, I will briefly describe the data presented in this paper and how they were collected.

The data from the first research phase (*ethnographic research*) were collected in two steps. In a first step, the author listed all job requests for interpreting in medical tourism she received between May 2016 and April 2017. In this period of time, the author received 25 interpreting requests.[3] 12 requests came from a physician (Dr 1) who needed an interpreter to communicate with his/her Italian-speaking patients in Vienna. 13 requests came from Italian-speaking patients who were seeking a medical consultation with another physician based in Vienna (Dr 2). In all the cases, all patients lived in Italy and spoke Italian. Some of the patients had already consulted Dr 1 or Dr 2 in the past and intended to consult them again for a follow-up or new treatment. The services received by or offered to the patients were listed and categorised according to Quast's (2009) service chain: services before travelling to the country of treatment, services during the

[3] This research approach was very useful since it can be quite difficult to recruit patients for research studies. Nevertheless, it should be noted that the involvement of the author in this research phase was very high and, in order to avoid (at least consciously) subjective interpretations of the data, only facts and no personal views of the author as an interpreter could be taken into account.

trans-kom 15 [1] (2022): 128–141

stay abroad and services after coming back home. In a second step, post-task interviews were conducted face to face or via Skype or WhatsApp with eight patients (or their parents in the event that patients were minors) who had travelled to Vienna to consult Dr 1 or Dr 2. The interviewees were contacted via email by the author some months after their treatment. After being informed about the scope of the interview and the research study, they were asked for their consent. The interviews were carried out between September and October 2017.

The data from the second research phase (*expert interviews*) were collected by interviewing 14 professional freelance interpreters in Austria and Germany. The semi-structured expert interviews were designed on the basis of findings of the previous research phase and were carried out face to face or via Skype between November 2017 and January 2018. This research phase intended to find out whether other interpreters working in Austria and in Germany had experienced similar expectations from patients, in terms of services, during their interpreting assignments in medical tourism. Some of the interpreters were recruited within the contact network of the author using snowball sampling. After having been interviewed, some interpreters additionally recommended other interpreters; the remaining interpreters were recruited in interpreters' groups on Facebook. Ten of the interpreters interviewed lived in Austria, the rest of them in Germany. Six interpreters had Russian, four Italian and four Romanian in the language combination they used for interpreting assignments in medical tourism. The Russian-German interpreters had been working for patients who spoke Russian and came from Russia, Chechnya, Ukraine, Uzbekistan and Belarus; the Romanian-German interpreters for patients coming from Romania and Moldova; the Italian-German interpreters for patients coming from Italy (especially from Southern Italy). All of them had either a formal degree or were members of one of the two countries' official interpreters' associations.

The data from the third research phase (*exploratory survey*) were collected through a survey conducted among professional freelance interpreters working in Austria and Germany between September and October 2018. The survey was designed on the basis of the findings of the expert interviews. It aimed to collect more information on expectations of services experienced by interpreters in medical tourism by adding a quantitative dimension to the study. The survey was carried out with LimeSurvey and the sample was sourced with a snowball approach (associations of professional interpreters and translators in Austria and Germany, interpreters' groups in social media etc.). The explorative survey was completed by 60 interpreters who had work experience in medical tourism and used German in combination with other languages. The majority had a formal educational qualification in translating or interpreting and were members of a professional association.

4 Patients and the services they expected in medical tourism

4.1 Findings from the ethnographic research

The services required and/or received by the patients of the two medical institutions presented similarities but also some differences. The patients who visited the first medical institution received from the physician (Dr 1) an all-inclusive service package which involved manifold services. Before travelling to the country of treatment, these included: email correspondence, collection of all relevant medical information, sworn translation of the diagnosis, organisation of the medical journey (including booking the hotel and taxi), information about the country; the communication was possible through cooperation with a contact person based in Italy as well as with a sworn translator who translated the diagnosis. During the stay abroad (3 days), these included: appointments and transfer, medical interview (with informed consent) and treatment in a private clinic, further medical examinations (e. g. imaging diagnostics) if necessary, interpreting services (incl. sight translation and telephone interpreting in the event of emergencies), filling in medical forms; the communication with the Italian-speaking patients was possible through cooperation with an interpreter (i. e. the author) based in Austria. After coming back home, these included: follow-up, email correspondence, update on medications to be taken, booking further appointments; the communication was possible through cooperation with a contact person based in Italy. In total, the interpreter was rarely asked to offer more services or extra-translatorial services. Some exceptions were the solving of some problems or unexpected events during the stay abroad.

Dr 2's patients were individual travellers and only received medical services from the physician. In order to contact the doctor and book an appointment for the consultation with Dr 2, patients who did not speak German or English needed external support. Nearly all patients asked the interpreter to make the appointments: in the first email sent to the interpreter, they asked for her availability to interpret the medical consultation and also to make an appointment for it as they were either unable to reach the physician or they hoped for a quicker response by the doctor if he was contacted by the interpreter. Although all patients arranged the travel themselves, many of them asked the interpreters to recommend accommodation and/or tourist attractions to visit. Before travelling to Austria or during their stay abroad, the patients also needed the interpreter's support for other services which required knowledge of German and/or of Austrian medical institutions (e. g. to obtain a cost estimate for the medical treatment in order to ask for reimbursement according to Directive 2011/24/EU) or to solve different problems and unexpected situations (e. g. during the hospital admission). After coming back home, they almost always asked the interpreter to contact Dr 2 again as they had forgotten some questions or wanted further recommendations. In general, Dr 2's patients expected the interpreter to offer more than interpreting. Many of the extra-translatorial services were requested in an unplanned manner during their stay abroad and not at the same time as the initial request for interpreting services was made.

During the interviews, most of the patients said they expect the interpreter not only to interpret the medical encounter but also to support them by arranging appointments, writing email correspondence, providing various pieces of information they did not have and solving unexpected problems. These expectations were mainly expressed by Dr 2's patients, i. e. those patients who did not receive an all-inclusive package from the physician. In many cases, patients only realised during their medical journey that they needed more support and therefore more services than initially expected. The need for extra-translatorial services was not even mentioned in the interviews even though they had, indeed, requested them during their stay abroad.

4.2 Findings from the expert interviews

During the interviews, all the interpreters said that the patients mostly expected the interpreter's support in all three stages of the service chain. In these specific cases, patients were individual travellers and needed various services from the interpreters, mostly extra-translatorial. Some examples were similar to those observed in the first research phase: establishing the first contact with the medical institution and/or facilitating the email correspondence with it, providing touristic information or booking hotel rooms or taxis (before travelling), solving bureaucratic issues, filling in several (medical) forms, booking further medical appointments, accompanying the patient to various institutions (during the stay abroad), asking for a physician's letter and its translation or collecting medicines and medical reports and sending them to the patients by post (after coming back home). Two of the interpreters interviewed said that they were often contacted by patient brokers and in those cases, patients did not expect the interpreter to offer additional services as they received an all-inclusive package from them. Among the interpreters mostly contacted by patients as individual travellers only one did not offer any extra-translatorial services (not even translation services). Most interviewees offered both translatorial – interpreting and translations – or even extra-translatorial services like facilitating the email correspondence or the provision of further information and recommendations (e. g. related to hotels or transfer); for services which would have been too time-consuming, they recommended different specialists like taxi drivers or tourist guides. Only one interpreter proactively offered an all-inclusive package and was therefore in charge of the entire travel arrangement. Regarding the main service – interpreting during the medical encounter – most interpreters interviewed noted that almost all patients were not familiar with the healthcare system and the way the host country's medical institutions operate and therefore also needed more explanations during or after the interpreting (e. g. regarding cultural specificities or the bureaucratic process) than patients who already lived in Austria or Germany. The interpreters interviewed also mentioned that sometimes patients were very nervous during the medical examination and, after leaving the medical office, they asked the interpreter to summarise the content, the diagnosis and the therapeutic proposal because they were not sure that they had remembered all the details.

The ten interpreters who had work experience in both medical tourism and other medical settings were also asked to delineate differences between patients travelling to

Austria or Germany for medical purposes and patients already living in these two countries. At the time the interviews were conducted, six interpreters were used to interpreting in both settings, while the other four had interpreted in the past for patients who lived in Germany or Austria and did not speak German. Apart from one interpreter who did not notice any difference between patients living in Austria and Germany and medical tourism patients, the other interpreters highlighted some differences. According to these interviewees, patients in medical tourism had higher expectations of both the medical treatment and the interpreting services offered to them. They had high expectations of the medical treatments since they mistrusted the medical standards of their country of origin, or the medical treatment was not offered in their country of origin. The higher expectations were furthermore due to the higher effort required, in terms of arrangement and costs, to undergo the medical treatment abroad. As private patients, they expected a priority treatment (e. g. a quick response via email from the medical institution, a last-minute appointment or shorter waiting times). Because of the higher effort described, they were not willing to tolerate a brief counselling interview or a superficial medical examination but were keen to make the most of the healthcare services they received. Most interviewees described patients in medical tourism as people with a very good knowledge of their illness and its specific terminology who expect the interpreter to have the same grasp. The interpreters interviewed also highlighted a difference in the duration and the complexity of the medical interviews: patients who travelled to Germany or Austria for their medical treatment received more detailed explanations from the physicians consulted which also tended to be more exhaustive and use more specific medical terminology. One of the biggest differences concerns the financial situation of patients for whom they interpreted. Those undertaking medical tourism mostly came from the middle or upper class and were more willing to pay for the interpreting service than people living in Austria and Germany who simply wanted to have the same access to healthcare as the majority population and thus did not expect to have to pay for interpreting services. Another difference was the fact that in medical tourism, most patients did not travel alone. Patients were usually accompanied by family members (e. g. children) or friends who were also present during the medical interview or even during the examination. This had also been observed in the first research phase.

4.3 Findings from the explorative survey

Most of the interpreters who completed the questionnaire were contacted directly by patients, while less than half were also contacted by interpreting agencies or patients' brokers. The services required of and offered by the interpreters were similar to the services already found in the two previous research phases. They included translating (as confirmed by 73.33 % of the survey's 60 participants), making appointments (50 %), facilitating correspondence (40 %), telephone interpreting (33.33 %) and video-mediated interpreting (3.33 %)[4] and providing touristic information and support (30 %). To a lesser

[4] As the study was carried out before the COVID-19 pandemic, it can be assumed that nowadays more interpreters offer video-mediated and telephone interpreting in medical tourism too.

extent, there were services like hotel and taxi booking (18.33 %) and the search for a suitable physician (15 %). Some of the other services were a pick-up service from the hotel or other accommodation (11.67 %) or from the airport or the train station (6.67 %).

As the majority of the interpreters (63.33 %) who completed the survey had also interpreted in other healthcare settings, they were also in a position to answer a question related to differences between patients in medical tourism and patients already living in Germany and Austria. 80 % of the interpreters reported that medical tourism patients had higher expectations of the medical treatment; 30 % told of higher expectations of the interpreters. 35 % of the interpreters described patients in medical tourism as persons with higher education or a higher social status. 30 % of the interpreters said that in medical tourism patients were treated better by the doctors. 25 % of interpreters used the field "others" to answer this question: one interpreter highlighted the fact that patients in medical tourism are more willing to pay for interpreting services than patients who already live in the countries; three interpreters addressed the patients' poor knowledge of the health-care system of the foreign country which resulted in a higher need for more assistance and support; one interpreter described them as quite quarrelsome.

4.4 Summary of the findings

The data presented in this paper show that patients in medical tourism often require more services than patients who already live in the country of treatment. Patients who do not receive an all-inclusive package from the medical institution, a patient broker or an interpreting or travel agency tend to see the interpreter as the main contact person and require more extra-translatorial services from them. These services are visible in all phases of the service chain: some of them are necessary even before travelling to the country of treatment (e. g. contacting the medical institution) or after coming back home (e. g. for the medical follow-up). Sometimes, patients only understand that they need further services during their stay abroad when something unexpected happens (e. g. further medical appointments or problems) and the language barriers impede smooth communication. Not all interpreters working in medical tourism are willing to offer the extra-translational services required. The data set used for this paper shows that only a small proportion of interpreters in medical tourism proactively offers all-inclusive packages and organises all travel arrangements too. Still, the majority of the interpreters provide – upon request – more services than just interpreting. Sometimes, they only provide translation services in addition to interpreting; in most cases, they also perform several other extra-translatorial tasks like facilitating the correspondence, making appointments, providing different types of information about the country of treatment and recommendations (e. g. regarding accommodation and transfer). For services that are time-consuming, they recommend other experts to the patients.

Furthermore, the data discussed in this paper confirm some elements already present in the literature on medical tourism showing relevant differences between

patients travelling for medical purposes and patients already living in the country of treatment:

(1) Patients in medical tourism are mainly private patients – some of them are financially well off or rich, others need to crowdfund the treatment – but in all cases, the costs are borne by them.[5]

(2) The medical consultation or treatment abroad requires a greater effort to consult the physician or medical institution as they have to travel to the country of treatment.

(3) Patients travelling for medical purposes expect to be treated better by the medical institution (a longer medical consultation, a shorter waiting time etc.).

(4) They have a very good medical knowledge of their diseases and of the relevant medical terminology and expect the interpreters to have a good grasp, too.

(5) Patients mostly travel to the country of treatment accompanied by friends or family members (sometimes as they do not have a contact network abroad, sometimes in order to combine the medical purpose with a short holiday).

(6) If patients do not receive an all-inclusive package from the medical institution or an intermediary, the interpreter tends to be their main contact person and they require more services from them.

5 Conclusions and practical considerations

The findings discussed in this paper should not be seen as a point of arrival but rather as a starting point for further studies on interpreting in medical tourism. As the data used exclusively focus on quality-centred medical tourism in two Central European countries, in a next step, it could be fruitful to focus on other countries with comparable high medical standards and to explore cost-centred medical tourism as well, in order to detect possible differences and their impact on patients' expectations of interpreters.

The findings illustrated also lead to a practical consideration concerning interpreter competence, especially the *para-process skills*, as "an important part of the interpreters' activity is of an entrepreneurial, customer relations, and deontological nature" (Albl-Mikasa 2012: 85). These skills are essential in order to keep a profitable interpreting business running and offer a high-quality interpreting service. In addition to negotiating skills which are fundamental to set service rates, taking into account the amount of time needed, the implementation of an interpreting management system to efficiently manage interpreting assignments through all the phases of the interpreting process are of fundamental importance. The demand for extra-translatorial services requires, furthermore, ethical

[5] In the case of an application for reimbursement according to the Directive 2011/24/EU, patients do not know in advance how much will be reimbursed. During the interviews in the first research phase, only a few patients said that they had managed to get a reimbursement.

competence: to solve dilemmas related to the decision of whether to provide a required extra-translatorial service, it can be helpful to consider both professional standards and the specific situations of the patients in medical tourism.

References

Albl-Mikasa, Michaela (2012): "The importance of being not too earnest: A process- and experience-based model of interpreter competence." Barbara Ahrens, Michaela Albl-Mikasa, Claudia Sasse (eds): *Dolmetschqualität in Praxis, Lehre und Forschung. Festschrift für Sylvia Kalina*. Tübingen: Narr, 59–92

Angelelli, Claudia V. (2015): *A study on public service translation in cross-border healthcare: Technical report.* Luxembourg: Publication Office – https://op.europa.eu/en/publication-detail/-/publica-tion/6382fb66-8387-11e5-b8b7-01aa75ed71a1 (02 November 2021)

Angelelli, Claudia V. (2019): *Healthcare interpreting explained*. (Translation Practices Explained.) London/New York: Routledge

Berg, Waldemar (2008): *Gesundheitstourismus und Wellnesstourismus*. München: Oldenbourg

Boscher, Leonore (2017): "Patientenvermittler – Chance und Risiko." Franz-Michael Kirsch, Jens Juszczak (eds): *Medizintourismus. Erfahrungen mit einer weltweiten Wachstumsbranche*. Paderborn: IFB Verlag Deutsche Sprache, 114–131

Botterill, David; Guido Pennings, Tomas Mainil (eds) (2013): *Medical tourism and transnational health care*. New York: Palgrave Macmillan

Chistyakova, Svetlana (2016): Dolmetschen im Gesundheitstourismus: Eine Studie zum Rollen-verständnis aus PatientInnenperspektive. Wien: Unpublished MA thesis. ZTW, Universität Wien

Connell, John (2011): *Medical tourism*. Wallingford: CABI

Connell, John (2015): "From medical tourism to transnational health care? An epilogue for the future." *Social Science and Medicine* 124: 398–401 – http://www.ncbi.nlm.nih.gov/pubmed/25467883 (02 November 2021)

"Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare." (2011). *Official Journal of the European Union* L 88/45–65 (04.04.2011) – https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32011L0024 (02 November 2021)

Horová, Veronika (2018): Dolmetschen im tschechischen Medizintourismus am Beispiel einer Augenklinik. Wien: Unpublished MA thesis. ZTW, Universität Wien

Iacono, Katia (2019): Dolmetschen im Medizintourismus in Deutschland und Österreich. Erwar-tungen und Anforderungen an die DolmetscherInnen. Wien: PhD thesis. ZTW, Universität Wien

Iacono, Katia (2021): *Dolmetschen im Medizintourismus. Anforderungen und Erwartungen an DolmetscherInnen in Deutschland und Österreich*. (Translationswissenschaft 15.) Tübingen: Narr

Illing, Kai-Torsten (2009): *Gesundheitstourismus und Spa-Management*. München: Oldenbourg

Ivașcu, Anamaria (2014): Dolmetschen im rumänischen Medizintourismus. Wien: Unpublished MA thesis. ZTW, Universität Wien

Juszczak, Jens (2017): "Russische Patienten in deutschen Kliniken: Erfahrungen und Heraus-forderungen." Franz-Michael Kirsch, Jens Juszczak (eds): *Medizintourismus. Erfahrungen mit einer weltweiten Wachstumsbranche*. Paderborn: IFB Verlag Deutsche Sprache, 36–70

Kaspar, Heidi (2015): "Language barriers: A challenge for optimal health care abroad?" *International Medical Travel Journal*. – https://doi.org/10.5167/uzh-150662 (04 July 2022)

Kern, Julia (2017): Dolmetschen im indischen Gesundheitstourismus. Anforderungen, Rollen und Erwartungshaltungen. Wien: Unpublished MA thesis. ZTW, Universität Wien

Klobassa, Haver (2016): Maßnahmen zur Steigerung des Medizintourismus in Österreich – dargestellt im Vergleich zu führenden Ländern. Krems: Unpublished MA thesis. Donau-Universität Krems

Lee, Sang-Bin (2015): "Medical interpreting for business purposes and language access in ordinary hospitals in Korea." *Babel* 61 [4]: 443–463

LimeSurvey (2022): Easy online survey tool. – https://www.limesurvey.org/de/ (20 May 2022)

Muršič, Manja (2015): Translationskultur im Medizintourismus? Kommunikation mit ausländischen Privatpatient/innen in der Abteilung für Gynäkologische Endokrinologie und Reproduktionsmedizin des Universitätsklinikums Maribor. Graz: Unpublished MA thesis. ITAT, Universität Graz

Ormond, Meghann (2015): "Solidarity by demand? Exit and voice in international medical travel – The case of Indonesia." *Social Science & Medicine* 124: 305–312

Patients Beyond Borders (2021): "Quick facts about medical tourism." – https://www.patientsbeyondborders.com/media (02 December 2021)

Quast, Ellen Marie-Louise (2009): *Das Geschäft mit der Gesundheit: Analyse des medizintouristischen Angebots für den Quellmarkt Deutschland.* Hamburg: Diplomica

Reisewitz, Julian (2015): *Rechtsfragen des Medizintourismus: Internationale Zuständigkeit und anwendbares Recht bei Klagen des im Ausland behandelten Patienten wegen eines Behandlungs- oder Aufklärungsfehlers.* Berlin/Heidelberg: Springer

Schwaiger, Claudia (2019): Stroiteli mostov – DolmetscherInnen als Sprach- und KulturmittlerInnen im russischen Medizintourismus in Österreich. Graz: Unpublished MA thesis. ITAT, Universität Graz

Slavu, Maria-Luiza (2017): Dolmetschen im Krankenhaus: Eine Fallstudie zum rumänischen Medizintourismus. Wien: Unpublished MA thesis. ZTW, Universität Wien

trans-kom **ISSN 1867-4844**

trans-kom ist eine wissenschaftliche Zeitschrift für Translation und Fachkommunikation.

trans-kom veröffentlicht Forschungsergebnisse und wissenschaftliche Diskussionsbeiträge zu Themen des Übersetzens und Dolmetschens, der Fachkommunikation, der Technikkommunikation, der Fachsprachen, der Terminologie und verwandter Gebiete.

Beiträge können in deutscher, englischer, französischer oder spanischer Sprache eingereicht werden. Sie müssen nach den Publikationsrichtlinien der Zeitschrift gestaltet sein. Diese Richtlinien können von der **trans-kom**-Website heruntergeladen werden. Alle Beiträge werden vor der Veröffentlichung anonym begutachtet.

trans-kom wird ausschließlich im Internet publiziert: http://www.trans-kom.eu

Spielberg, Petra (2009): "Medizintourismus: Individuelle Rundumbetreuung erwünscht." *Deutsches Ärzteblatt* 106 [47]: A-2361 – https://www.aerzteblatt.de/archiv/66854 (06 December 2021)

Tipton, Rebecca; Olgierda Furmanek (2016): *Dialogue interpreting. A guide to interpreting in public services and the community*. London/New York: Routledge Interpreting Guides

UNWTO (2021): "Glossary of tourism terms." – https://www.unwto.org/glossary-tourism-terms (06 December 2021)

Weissenhofer, Veronika (2017): Die Dolmetscherrolle im russischen Medizintourismus am Beispiel eines österreichischen Vermittlerunternehmens. Wien: Unpublished MA thesis. ZTW, Universität Wien

Author

Katia Iacono is currently working as a postgraduate researcher and teaching assistant as well as a lecturer at the Centre for Translation Studies of the University of Vienna. She is also a lecturer at the Postgraduate Centre of the University of Vienna where she teaches professional ethics, interpreting process management and video and audio remote interpreting. Furthermore, she has been a freelance translator and interpreter since 2009 and her working languages are Italian, German, Spanish and English. Her main research interests include dialogue interpreting, especially in medical settings, translation/interpreting management and interpreting/translation didactics.
E-mail: katia.iacono@univie.ac.at
Website: https://viennainterpreting.univie.ac.at/team/

Neu bei Frank & Timme

TRANSÜD. Arbeiten zur Theorie und Praxis des Übersetzens und Dolmetschens

Herausgegeben von Prof. Dr. Klaus-Dieter Baumann, Prof. Dr. Dr. h.c. Hartwig Kalverkämper, Prof. Dr. Sylvia Reinart, Prof. Dr. Klaus Schubert

Rocío García Jiménez/María-José Varela Salinas: **Aspectos de la traducción biosanitaria español–alemán / alemán–español.** ISBN 978-3-7329-0812-7

Sylvia Reinart: **„Im Original geht viel verloren".** Warum Übersetzungen oft besser sind als das Original. ISBN 978-3-7329-0826-4

Gernot Hebenstreit/Philipp Hofeneder (Hg.): **Translation im Wandel: Gesellschaftliche, konzeptuelle und didaktische Perspektiven.** ISBN 978-3-7329-0831-8

María Pilar Castillo Bernal / Marta Estévez Grossi (eds.): **Translation, Mediation and Accessibility for Linguistic Minorities.** ISBN 978-3-7329-0857-8

Susanne Hagemann: **Recherche im Translationsprozess.** Ein Lehr- und Studienbuch. ISBN 978-3-7329-0855-4

Hanna Reininger: **Fremde Sprachen im literarischen Original – Translatorische Herausforderungen.** Gezeigt an *Villette* von Charlotte Brontë. ISBN 978-3-7329-0877-6

Transkulturalität – Translation – Transfer

Herausgegeben von Prof. Dr. Dörte Andres, Prof. Dr. Martina Behr, Prof. Dr. Larisa Schippel, Prof. Dr. Cornelia Zwischenberger

Aleksey Tashinskiy/Julija Boguna/Tomasz Rozmysłowicz (Hg.): **Translation und Exil (1933–1945) I.** Namen und Orte. Recherchen zur Geschichte des Übersetzens. ISBN 978-3-7329-0744-1

Yafen Zhao: **Take it or leave it? Notationstechnik beim Konsekutivdolmetschen Chinesisch–Deutsch.** ISBN 978-3-7329-0871-4

Theoretische Translationsforschung

Herausgegeben von Prof. Dr. Dilek Dizdar und Prof. Dr. Lavinia Heller

Ruth Katharina Kopp: **Zwischen translatorischer Konditionierung und alteristischer Kontingenz.** Revisionen der Beziehung von Translation und Verantwortung. ISBN 978-3-7329-0780-9

Alle Bücher sind auch als E-Books erhältlich.

Easy – Plain – Accessible

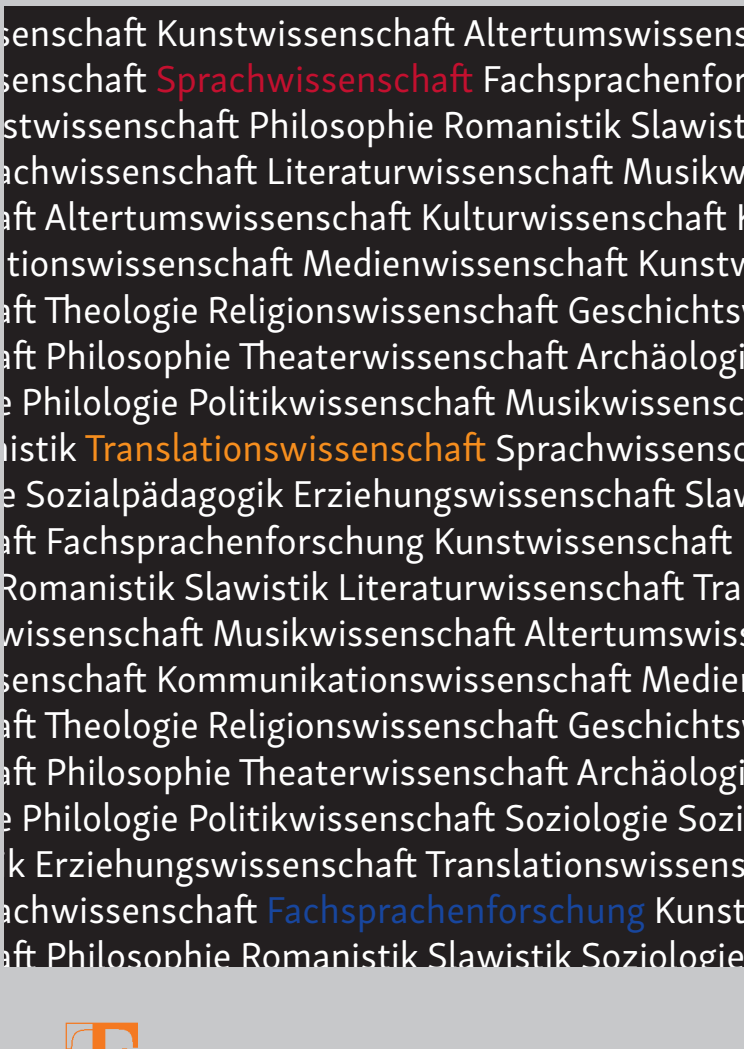
Herausgegeben von Prof. Dr. Silvia Hansen-Schirra, Prof. Dr. Christiane Maaß

Silvana Deilen: **Optische Gliederung von Komposita in Leichter Sprache.** Blickbewegungsstudien zum Einfluss visueller, morphologischer und semantischer Faktoren auf die Verarbeitung deutscher Substantivkomposita. ISBN 978-3-7329-0834-9

Elena Husel: **Leichte Sprache in der Bundesverwaltung.** Was? Wer? Wie? 250 pages. ISBN 978-3-7329-0849-3

Andreas F. Kelletat: **Wem gehört das übersetzte Gedicht?** Studien zur Interpretation und Übersetzung von Lyrik. ISBN 978-3-7329-0843-1

Annika Bergunde/Sonja Pöllabauer/Lilian Hagenlocher/Ursula Stachl-Peier für das UNHCR (Hg.): **Handbook for Interpreters in Asylum Procedures.** ISBN 978-3-7329-0860-8



Frank & Timme

Wittelsbacherstraße 27a, 10707 Berlin • Telefon +49 (0)30 88 66 79 11 • info@frank-timme.de • www.frank-timme.de