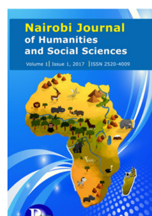


https://doi.org/10.58256/njhs.v7i2.1114

Research Article

Section: Literature, Linguistics & Criticism

Published in Nairobi, Kenya by Royallite Global.

Volume 7, Issue 2, 2023

Article Information

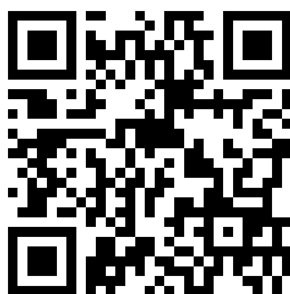
Submitted: 19th February 2023
Accepted: 12th April 2023
Published: 27th May 2023

Additional information is available at the end of the article

https://creativecommons.org/licenses/by/4.0/

ISSN: 2520-4009 (Print)
ISSN: 2523-0948 (Online)

To read the paper online, please scan this QR code



How to Cite:
Masika, M. N., Barasa, D., & Mudogo, B. (2023). Meaning loss in English-Lubukusu medical interpretation. *Nairobi Journal of Humanities and Social Sciences*, 7(2), 22-34. https://doi.org/10.58256/njhs.v7i2.1114

Meaning loss in English-Lubukusu medical interpretation

Mary Nasambu Masika, David Barasa & Benard Mudogo
Department of Language and Literature Education, Masinde Muliro University of Science and Technology, Kenya
Correspondence: marynmasika@gmail.com

https://orcid.org/0009-0009-1560-3449

Abstract
Language is a vital component in doctor-patient communication. The linguistic differences between languages make medical interpretation difficult. Thus, in situations where a doctor and a patient have no common language, interpretation is essential for successful exchange of meaning. Lubukusu, the language spoken by monolingual Bukusu patients and English, the language spoken by the non-native doctors, have huge linguistic differences that make it difficult for interpreters to achieve the required level of equivalence. English has unique scientific terms that have no equivalents in Lubukusu. These difficulties in interpretation may lead to loss of source language meaning and inadequate or inaccurate diagnosis that may endanger the patient's life and the doctor's integrity. The study was guided by the Pragmatic Model of Simultaneous interpretation. *This study established that meaning loss is inevitable whenever the interpreters in medical consultations fail to find English equivalents in Lubukusu and the attempt to interpret by explicitation does not suffice*. This paper informs health practitioners on ways of ensuring the best outcome of consultation sessions between non-native doctors and monolingual natives. This paper suggests ways of improving communication between doctors who do not share a language with both their patients and fellow doctors.

Keywords: doctor-patient consultation, Lubukusu, medical interpretation, meaning loss

© 2023 The Author(s). This open access article is distributed under a Creative Commons Attribution (CC-BY-NC-SA) license.

Introduction

The focus of this paper is meaning loss in non-native doctor-patient interpreted consultation discourse. The study was carried out in Bungoma County, situated in the Western part of Kenya. Bungoma County is mainly occupied by Lubukusu speakers. Lubukusu is the native name for the language spoken by Bukusu people. It is a member of the macro-language Oluluhya spoken in western Kenya, classified as one of the Niger-Congo languages of the Bantu family (Lewis et al, 2015). Lewis et al. (2016) recognises Lubukusu as one of the sixty-seven languages of Kenya that are alive. Translation of texts from English into Luhya Languages has been studied (Mudogo 2011; Wangia 2008, 2014) and tremendous challenges to the process observed. Given that interpretation is more challenging than translation, there was not only the need to find out how interpreters in this language situation cope with these challenges but to also document the degree of meaning loss incurred in the process. This paper focused on the medical setting and investigated meaning loss in interpretation between a non-native doctor and Bukusu patients in Bungoma County.

Lubukusu has different linguistic properties from those of English. English has special scientific terms that do not have equivalent one to one match in languages like Lubukusu which have not yet been fully utilised in the field of science. These differences engender meaning loss when interpreting between the two languages. According to Dizdar (2014), loss is the disappearance of certain features in the target language (TL) utterance which are present in the source language (SL) speech leading to reduction of equivalence. Interpretation loss refers to incomplete replication of the SL utterance in TL (Dizdar, 2014). When an interpreter fails to render the semantic features of the SL speech in the TL, loss of meaning occurs. Loss can also be related to the failure of the interpreter to convey an element of meaning such as expressiveness. If the interpreter is not competent in the target language, some words and phrases might be deleted and loss of meaning incurred. These linguistic differences hold back the interpretation process because each language has its ways of expressing the same concepts in different systems. As-Safi (2006) and Tiwiyanti & Retnomurti (2016) expounds loss in a binary classification, as *Inevitable* and *Avertable*. Inevitable loss is caused by the divergent linguistic and cultural systems of the two languages involved while Avertable loss is attributed to the interpreter's failure to find appropriate lexical and syntactic forms to represent those in the source language speech hence leave out essential semantic qualities. In our case, loss incurred due to the linguistic differences between English and Lubukusu amounts to *Inevitable* loss while loss that is attributed to the interpreter's inability to find appropriate terminology in the TL to represent those in the SL speech amounts to *Avertable* loss. When outlining loss that occurred when changing speech from English into Lubukusu, English is the SL and Lubukusu the TL. On the other hand, when presenting loss that occurred when interpreting from Lubukusu into English, Lubukusu is the SL and English the TL.

Wambui (2015) investigating meaning loss in the translated Kimeru proverbs and idiomatic expressions found out that meaning was lost in the translation of Kiimenti proverbs and idiomatic expressions into English. These findings point at the existence of meaning loss in translating between English and Kenyan native languages. If there are such challenges in translation then what about interpreting which is more complex due to the limitation of time? The translator has the luxury of time and the possibility of referring to other texts for clarification but interpretation is a real time event done at the time when the interlocutors are speaking. This makes interpretation more challenging and the interpreter is prone to make more errors than the translator. This is the reason this study was carried

out to investigate interpretation between English and Lubukusu and establish the degree of loss incurred in such interpretation events. The present study differs from Wambui's (2015) study as it investigates interpretation between English and Lubukusu in a medical setting. Wangia (2003) investigated the aspects of mistranslation of the Lulogooli Bible. Wangia (ibid) observes that the translation of the 1951 King James Version of the English Bible into Lulogooli had a lot of lexical flaws. The author notes that although Lulogooli Bible is one of the earliest attempts to translate English into Luhya, the non-native speaker factor on the part of the translators, coupled with lack of a Lulogooli writing system basis must have largely contributed to the lexical inevitable flaws in the translation. She observes that the Lulogooli Bible was a literal translation from English, which failed to appropriately render the SL message to the Lulogooli readers. Wangia (2014) found out that tense, aspect and case have a great significance in translation of information from English into Bantu languages. The researcher established that tense, case and aspect were not appropriately captured in the Lulogooli Bible translation which resulted in many cases of meaning loss. Wangia's study illustrates how various levels of linguistic analysis are relevant to translation theory and practice. Wangia (2014) observes that there is meaning loss in translating grammatical categories from English into Lulogooli one of the Luhya languages an assertion that largely informed this research.

The roles of interpreters are perceived differently depending on the stakeholder or the setting (Mikkelson 2013). The context and goal of interpretation determines the way an interpreter does his or her job. Interpreting in medical discourses is distinctively different from interpreting in law or in religious gatherings. In religious gatherings for instance, the interpreter has a one-way interpretation function running from one language to the other.

In medical consultation, the communication process runs two ways, the interpreter has to interpret from and into each language as the doctor and the patient keep conversing in the dialogue form. This two-way interpretation puts a heavy load on the interpreter because each of the interlocutors relies on the interpreter in order to pass information to the other. Medical service providers such as medical officers' expectation is that interpreters do not simply function as pipes through which information passes but clarify and simplify information as required (Hale 2007). Medical officers need interpretation solely for purposes of understanding the patient's condition in order to make appropriate diagnosis. The role of an interpreter in a medical consultation is therefore not just changing information from one language to the other but ensuring that each party of interlocutors gets the required information in a form that suits them best. The goal of medical interpretation is to engender a response in the non-native doctor which can cause him to make the same diagnosis like that which a doctor who is fluent in the native language can make when listening directly to the patient. Medical interpretation should enable the doctor to make the correct diagnosis, if this does not happen then loss will have occurred in the interpretation event.

Languages differ at the phonological, morphological, syntactic, semantic, textual and stylistic levels. Loss of meaning in interpretation also happens at these levels of linguistic analysis of language. As As-Safi (2006) contends, these form the various levels of meaning loss in interpretation. Loss may occur at any of these linguistic levels but in this paper, we focus on loss occurring at the semantic level with a close reference to the two types of losses incurred in the process of interpreting medical consultations. The paper essentially explores loss of meaning incurred during interpretation in medical consultations.

Loss of meaning

When a word, a phrase or sentence fails to have the same meaning or effectiveness when it is interpreted into another language then meaning has been lost. If for example one interprets a joke from the SL (Lubukusu) into the TL (English) and the TL audience does not get amused, something must have gotten lost in interpretation because the joke is no longer funny in English. Put more specifically, if an interpreter does not give information that is sufficient for a non-native doctor to make the same diagnosis as a native doctor would make in the same circumstance, then loss will have occurred. Medical interpretation is a very important event as the correct diagnosis and treatment relies on it. In the event that the interpreter fails to relay the correct information to the doctor or to the patient then loss of meaning is recorded. Failure by interpreters to relay the correct information to and from each of the parties was analysed in the data below. The initial D stands for 'doctor' indicating the doctor's utterances, I is for 'interpreter' indicating the interpreter's utterances and P for 'patient' showing the words spoken by the patient. All the Lubukusu utterances by both the patients and the interpreters are given phonetic representation for easy readability.

1.

D: I will give you some **antibiotics**.

I: xaxua tʃiandipajotik

P: andipajotik nisio sina

I: xoxuxua kamalesi fulani kaxujete oone kamalesi kakera epakitiria mumuβili

In example 1, the non-native doctor is attending to a patient who is suffering from a bacterial infection. After the diagnosis, the doctor tells the patient that he was giving him some **antibiotics**. The English scientific word **antibiotic** is not interpreted sufficiently leading to meaning loss. The word is interpreted as 'medicine that kills bacteria' which is true to anyone who understands English. However, the use of the word 'bacteria' to a monolingual speaker of Lubukusu only worsens the situation. In this interpretation event, the meaning of the word 'antibiotic' is not carried successful from English into Lubukusu due to lack of a Lubukusu equivalent for this term. The interpretation event fails the test of equivalence by Nida (1964) which requires that the main equivalent effect is achieved by producing speech that is the closest natural equivalent to the source language speech. In example 2, the patient was suffering from a severe allergy that had led to nasal blockage. The doctor uses the word rhinitis in her diagnosis and tells the patient that she was giving him antihistamines.

2.

D: I think she has **rhinitis** I will give her **antihistamines** to decongest the nostrils.

I: βali alaxuwa **antihistamaini** jikule kamolu

The English medical terms in this extract are **rhinitis** and **antihistamine**. The interpreter does not interpret the word **rhinitis** due to lack of an equivalent in Lubukusu or perhaps the failure to know the meaning of the word. The word **antihistamine** is used the way it is in the TL, the two words are not interpreted leading to meaning loss. There exist semantically complex items in some languages that do not have equivalents in other languages. According to Moore (2005), some Arabic words do not have equivalents in English. Similarly, this study established that there are English medical terms that do not have equivalents in Lubukusu and their meaning was lost during medical interpretation.

3.

D: He has been using **phenobapital** to relieve the headache, does he convulse

I: fenobapitol okelangao noxola oli tʃinganakani tʃitiβa namwe

The patient in the extract above was suffering from epilepsy and so he had been using **phenobapital** to prolong the intervals between the convulsions and make him function better. The word **phenobapital** which is the name for the drug used by epileptic patients does not have an equivalent form in Lubukusu and so it was retained in the TL utterance. This word does not have an equivalent form in Lubukusu so it was not interpreted hence its meaning was lost. Gazhala (2004) refers to as such words as "unstranslatable". Interpreting such terminologies is a challenge to interpreters who do not have experience in pharmaceutical science, this results in meaning loss.

4.

I: olaumianga sina ekokopilo

D: I will give you **acetamicine** to ease the irritation.

I: alaxuwelesia asetamaisin eosie emumilo

D: Ok think from my assessment, you have all the cardinal signs of **COVID-19** so it will be important for us to take a sample for testing **COVID-19.** Meanwhile I will give you **naproxen** to clear the **pharyngitis** and **diethylpropion** for **anorexia** as we chart the next step in his treatment.

I:βali taktari alixo axuwa kamalesi βali **naproksen** nende… nende kalaxujeta xukokopilo nende xukoβosia xuxweɲa xulia

Example 4 dilates the concept of the "uninterpretables" opined by (Moore, 2005 & Gazhala, 2004). The doctor had encountered a patient with the cardinal symptoms of COVID-19. At this time COVID had just struck and people had had no time to familiarize with the terminologies used around COVID-19. The doctor therefore uses the raw terms to describe the symptoms of COVID-19. The words **pharyngitis, COVID-19, naproxen diethylpropion** and **anorexia** are used in the doctor's SL utterance. The interpreter interprets some of the words using simple explanations and leaves others uninterpreted. The words **pharyngitis, naproxen** and **diethylpropion** are not interpreted while **anorexia** is interpreted as 'khukhwenya khulia' (to want to eat) which means the exact opposite. Interpretation loss in the excerpt above happened due to incomplete replication of the SL words in TL speech (Dizdar, 2014). As-Safi (2006) classifies loss as either Inevitable or Avertable. Inevitable loss is the inability of the interpreter to attain the required level of equivalence in the TL due to constraints that cannot be avoided. Inevitable loss happens as a result of the linguistic differences between the two languages the skill and competence of the interpreter notwithstanding. Inevitable loss occurs due to circumstances that are beyond the control of the interpreter. Avertable loss occurs as a result of the limitations attributed to the interpreter. Avertable loss of meaning in interpretation is attributed to the interpreter's failure to find the appropriate equivalence as a result of the interpreter's limited knowledge of the two language systems or the interpreter's carelessness and inattentiveness.

Inevitable Loss

The findings of the present study indicates that loss incurred due to the linguistic differences between English and Lubukusu amounts to inevitable loss. According to As-Safi (2006) the more divergent the languages are the more losses in translating from one language to another. Interpretation being more challenging than translation, the assertion by As-Safi holds firmly even to a higher degree. English and Lubukusu are two languages that are of very different and distinct remote origins consequently losses are bound to occur when interpreting from either language into the other. These kinds of losses are regarded as inevitable since they are natural and cannot be avoided. Inevitable losses are not only caused by the divergent linguistic properties of the two languages involved in the interpretation but also by the different cultural systems of the two languages. The example given below is an illustration of inevitable loss in medical interpretation. The extract in example 5 was taken from a consultation between a non-native doctor and a monolingual patient suffering from an infection.

Example 5

D: Now your results are out. There are some **bacteria** and **viruses** in your body.

I: βali kamatʃiβu karurile, kokesia kali kumuβili kwoo kulimo **nende βiβindu** βiβi βixeɲexana tawe

The words **bacteria** and **viruses** are examples of words that could not be interpreted into Lubukusu leading to meaning loss. The interpreter in this consultation seems not to have known the equivalents of the two English words in Lubukusu. The words "bacteria" and "virus" are simply interpreted as **bibindu bibi** "bad things". As can be observed from the foregoing examples, there are English medical terms that are uninterpretable into Lubukusu due to lack of equivalents and they cannot be interpreted by explicitation as the explanations that are given as attempts to pass the meaning to Bukusu patients are insufficient. Another incident of inevitable loss is observed in the following dialogue.

6.

D: It only protects against the **virus** and boasts your **immunity**

I: βali tawe exulinda xuxwamanana nende kɵvid lundi exuwa imjuniti

P: naβa imjuniti nisiɵ sina/

I: She is asking what is **immunity?**

D:**Immunity** is the ability of your body to withstand a particular disease or situation.

I:βali imjuniti eli ehali je xuβa nende βuɲali βwe xupana nende βulwale βuβwitʃa

The term **immunity** as used by the doctor in this excerpt poses a challenge to the interpreter. The interpreter seemed not to know any word in Lubukusu that means exactly the same as **immunity**. In her interpretation she decides to use the same word from the SL into the TL utterance. In the process, the message is lost, and the patient asks what the interpreter meant. The interpreter faithfully passes the question across to the doctor. After the doctor's explanation of what immunity is, still the interpreter could not find an equivalent term that means the same in Lubukusu.

7. I: tʃamulapu xuli xwekesia nieli/

D:Now your results from the Laboratory show that you have an **infection**.

I:nono kamatʃiβu kook e mulapu kokesia kali oli nende eʃida mumuβili

In example 7, the words 'laboratory and infection' are not given sufficient interpretation and meaning is lost. The word laboratory is interpreted by borrowing as '**mulapu**' and infection is interpreted as '**eshida**' a problem. In both cases the meaning of the words is not transmitted into the Target language resulting in meaning loss. According to Njeru (2015), loss results from the untranslatability of some elements at linguistic or cultural levels which result in the diminishing of the expressiveness and vividness of the ST. The scientific medical terminology recorded in this study did not have equivalents in Lubukusu and therefore were not interpreted. These cases resulted in inevitable loss.

Avertable Loss

Avertable loss is attributed to the interpreter's inability to find appropriate terminology in the TL to represent those in the SL speech. This is loss is attributed to the interpreter's failure to find appropriate lexical and syntactic forms to represent those in the source language speech. Avertable loss occurs as a result of the interpreter's limited knowledge of vocabulary in both the SL and the TL. This type of loss may also occur due to reduced time lag that forces the interpreter to do a speedy cognitive interchange of linguistic material leading to miscues. In the following excerpts there are instances of loss that is caused by the interpreter's carelessness in interpreting. The patient complains of pain in the ribcage but the interpreter tells the doctor that the patient is having lower abdominal pain.

8

P: waβɵne exɵlɵla mala lundi nexɵlɵla ndiɵ jani mutʃimβafu munɵ jani kamatʃuxu kanɵ mβulila βusa βuβiβusana βutʃuna sana, lundi kimiuja kiɵla aβundu kieɲa xuxwima βise βilala.

I: He has continous coughing with pains in the **lower abdomen.**

In this conversation the patient complains of chest pains emanating from the **mutʃimbafu** 'rib cage'. But the message that the interpreter relays to the doctor is different as he says that the patient is having pains in the "**lower abdomen".** There is a conspicuous loss in this interpretation episode. The diagnosis for chest pain is very distinct from the diagnosis that can be made from a complaint of pain in the 'lower abdomen'. Pains in the lower abdomen are usually linked to problems with the reproductive organs whereas chest pains are linked to vital organs in the ribcage such as the heart or the lungs. Given that these two sections of the human anatomy are far from each other, such misinterpretation can lead to serious misdiagnosis that might gravely put the patient's life in danger. Loss of meaning in a medical consultation should be averted by all means as this can lead to fatal effects to the patient and put the doctor's practice in jeopardy. The patient in extract above was having COVID-19 related symptoms. The moment the interpreter misinterprets a vital symptom like chest pain, he shifts the doctor's attention away from the patient's real problem which can cause a serious misdiagnosis. In this conversation the interpreter misinterprets the phrase,"**muchimbafu muno".** This phrase should have been interpreted as '*In the ribcage'* instead, the interpreters interprets it to the doctor as **Lower abdomen**.

The kind of loss that happens in the example 9 below is attributed to the inefficiency of the interpreter. The doctor instructs the patient to take the medicine for five days but the interpreter tells the patient to take the medicine for three days.

Example 9

D: If there is no improvement you come back

I: nəxaɲəlaxə βutofauti tawe əlixujixa βaxusilixe

D: She will take two times three for **five days,**

I:**Θlamila kaβili tʃisafaritʃitaru xusuku: asuβui sasaβa nende ekələβ**a xusuku tʃitaru

This excerpt is another example of loss that occurs due the shortcomings of the interpreter. The doctor in this conversation is instructing the patient on how to take the medication. He tells the patient to take the medicine for **five days**, but the interpreter misinterprets it as, "**chisuku chitaru**"/ tʃisuku tʃitaru/ which means **three days**. Given that the patient relies completely on the information that the interpreter gives, she will for sure take the medicine for three days and stop the treatment midway. The danger is in the fact that the patient will not get healed and a worse scenario is where some antibiotics may never work for such a patients if not taken as a full dose. Loss of meaning in medical interpretation can be so costly. There should be no room for loss when interpreting in a medical situation because this leads to misdiagnosis and giving wrong treatment which puts the patient's life at risk and the doctor becomes vulnerable to malpractice litigation (Debra and Judith 1989). The loss incurred in the next extract is an illustration of how avertable loss in medical interpretation can put the patient's life at risk and jeopardise the doctor's profession. The clauses in brackets are provided by the researcher for easy readability.

Example 10

D: Any episodes of **feats?** Any episode of **feats?** Is the baby **feating?**

I: Omwana **aliasa bulai namwe?** (Is the baby **feeding/eating** well?

/Θmwana aliasa βulai namwe/

P: **Khulia alia sa bulai lakini… (Eating** he is just **feeding** well but?

/xulia alia sa βulai lakini/

I: He is just **feeding well but…**

D: Is the baby **convulsing?** Any episodes of **convulsions?**

I: Omwana **kesindukha sindukhakho?** (Does the baby get **startled** most of the time?)

/Θmwata kesinduxa sinduxaxə/

P: Yee (yes)

/jee/ (yes)

I: He has **convulsions.**

D: So mummy let me see the baby first.

In example 10, a mother had a son that was suffering from malaria with high fever. The interpreter yields avertable loss in this example. First, the doctor uses the word **feating** which the interpreter interprets as '**feeding**'. When the interpreter gives the patients response that the baby is **feeding** well, the doctor realises that he has not been understood and repeats the question using a synonym. This time round he uses the word '**convulsions**'; unfortunately it seems the interpreter does not know the meaning of the word and misinterprets it as 'getting startled' and the patient says yes because it is common for babies to get startled in their dreams especially when they are unwell. A child who is sick to a point of getting

convulsions is in a serious state that needs urgent attention. That explains the doctors reaction at the end of the extract when he quickly asks the mother to give him the child. The worse scenario would be for the doctor to give the child any treatment meant to stop convulsions when he is not convulsing. The end results will be what (Debra and Judith, 2006) describe as double risk, first the patient's life and second the doctor's reputation will be at risk.

Example 11

P:/kumuβili kuβila βusa kwɵsi lakini βikele βiaɲilire βusa tʃi/

I: The whole body is hot but **downwards** it is cold.

In this final example, the patient says that the whole body gets very hot but the **legs** (**bikele**) remain very cold. The interpreter interprets the word **bikele /** βikele/ (**legs**) using the word **downwards** which is more general. The word downwards when used in relation to parts of the body might mean all the sections of the body from the waist all the way to the feet. The use of this word does not help the doctor to understand the exact part of the body that gets cold. Precision of meaning is one basic requirement in medical interpretation. The doctor needs to know the exact place that is affected by an ailment in order to administer treatment correctly. In the case above, having cold feet has a different implication in medical diagnosis from having the lower part of your body being cold while the rest feel hot. This kind of loss makes it difficult for the doctor to diagnose the exact sickness affecting the patient. Using general terms in medical interpretation leads to loss of meaning and possible misdiagnosis.

The corpus collected in this study contains the following scientific terminologies that were not given sufficient interpretation leading to meaning loss.

Table 1: Meaning Loss in English-Lubukusu Medical Interpretation

English Scientific Term	Interpretation in TT	Interpreted meaning	Lost meaning
Anorensic	Khutamba ehamu ye khulya	Loss of appetite	Loss of taste
Aphonic	Esauti yoo	Your voice	Inability to articulate words well
Antibiotic	Kamalesi fulani	Some kind of medicine	An antimicrobial substance active against bacteria.
Intenigent	Khuwechaka	Getting finished	At intervals
Bacteria	Bibindu bibi	Bad things	A unicellular microorganisms that causes disease.
Rhinitis	…	Non interpretable	Irritation and swelling of the mucous membrane in the nose.
Productive	…		With phlegm
Megestrol	…	Non interpretable	A drug that increases appetite
Feats	khulia	To eat	Convulsions

Viruses	Bibindu bibi	Non interpretable	A submicroscopic infectious agent that replicates only inside the cells of an organisms.
Acetamicin	…	Non interpretable	A drug for the relief of pain and inflammation.
Amoxil	Amokisili	Non interpretable	An antibiotic
Tender	Bufwototokha	Swollen and soft	Painful
Chemist	Mukemestri	In Chemistry	A pharmacy
Allergy	…	Not interpreted	Sensitivity
X-ray	Ekisirei	Retained	x-ray
Flagyl	Flachii	Non interpretable	A drug for the treatment of bacterial infection.
Antihistamine	…	Not interpreted	Medicine for allergic reactions.
Naproxen	…	Not interpreted	A drug that reduces inflammation, joint and muscle pain.

Table 1 presents medical terms that cannot be interpreted into Lubukusu leading to meaning loss. In the column for the interpreted meaning, some have ellipses meaning no interpretation was given amounting to complete loss of meaning. This study noted a number of scientific terminologies that have no equivalents in Lubukusu used by doctors. In the process of struggling to interpret such words into Lubukusu the interpreters missed out a certain amount of equivalence and this resulted in meaning loss.

One of the items on the doctor's questionnaire asked the doctors whether there are times when they feel the interpreter has not relayed the exact information they intended for the patient or the patient intended for them. This question was intended to add wait to the fact that if the process of interpreting in a medical setting is not carefully undertaken then instances of misinterpretation may occur.

Table 2 Loss of Meaning

Table 2 Loss of Meaning					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	N	1	7.7	8.3	8.3
	S	7	53.8	58.3	66.7
	M	1	7.7	8.3	75.0
	R	3	23.1	25.0	100.0
	Total	12	92.3	100.0	
Missing	System	0	0		
Total		12	100.0		

The frequency is represented by the letters N which stands for Never, S for Sometimes, M for Most of the time and R for Rarely. The option 'Sometimes' has a frequency of seven out of twelve followed by rarely with three and the rest one each. Sometimes, means it happens occasionally. For seven doctors to choose this option it means that instances of misinterpretation do actually occur. The option rarely,

was placed on the question deliberately to capture any respondent who may have wanted to say it happens but in a way that appreciates the effort of the interpreter. Three doctors felt that miscues in medical interpretation rarely occur, which essentially states the same fact in a mild way. The bottom line here is the fact that there are instances of misinterpretation in medical interpretation. These should be minimised as much as possible due to the delicateness of medical consultations.

Scientific jargon was noted to be the biggest linguistic challenge to interpreters in this study. Interpreters encountered challenges when they met scientific words that lacked equivalents in the TL. Some scientific terms of English (see Table 1) describe minute thoughts, sensations and ideas that are extremely difficult to interpret into Lubukusu thus their meaning is lost in interpretation.

This study recommends that interpreters acquire extensive knowledge, experience and passion for both the source and target language to enable them interpret accurately from the SL to TL. Semantic problems related to scientific terminologies, contextual meaning, synonyms and antonyms can be solved by consulting language experts and or various language dictionaries of both English and Lubukusu. Most languages have words with multiple meanings, knowing when to use the correct homonyms when interpreting will make the process of interpretation successful. We recommend that the interpreter be well versed in the vocabulary of both the source and target language. This may require the interpreter to commit to learning the two languages deliberately and extensively.

Idioms and culture specific terminologies posed challenges in interpretation. Moreover, there are expressions that have different literal and actual meaning. To overcome these challenges, we recommend that the interpreter understands the correct meaning behind expressions found in the SL and then look for their alternatives in the TL in order to attain the required level of interpretation. Reading extensively and practicing to speak both languages is one way of acquiring knowledge of a language. In order to get the meaning and usage of idioms and special terminologies of a language, we suggest that interpreters immerse themselves fully in the languages they interpret.

All the respondents in this study recommended that the government should train interpreters and employ them in medical institutions to interpret for non-native doctors. They unanimously suggest that medical interpretation should be made a course of its own and a career as well so that people can take the training, be employed and be paid for these essential services.

Medical officers should be given basic training on interpretation. This study observes that interpreters who had medical experience yielded the highest level of equivalence in interpretation. Therefore, medical officers should be given the necessary information on interpretation strategies; this will help them to interpret for fellow doctors who may need interpretation during medical consultation.

Doctors too should be trained on how to utilize interpretation in consultations in order to ensure communication flows from them to the patient. Medical interpretation is an essential component in medical consultation. For this process to be successful the doctor needs to be aware of the requirements of interpretation especially turn taking skills and the use of non- verbal cues in communication. The data collected in this research revealed a number of interpretation challenges brought about by the doctor's speed of speaking. If the doctor is made aware of the effect of time lag on the quality of interpretation, they may slow down to allow proper interpretation to the benefit of the patient. On the other hand, we also took note of doctors who salvaged a failing communication event by repeating a question or an utterance. The knowledge that repetitions is beneficial in an interpretation event will help the doctor to maximise the outcome of medical interpretation.

Finally, we recommend that non-native doctors learn Swahili which is a lingua franca in Kenya before they are posted in health facilities in the country. Those who work in remote areas of the country should learn the local language that is used in the particular community where they are posted. Patients' access to information is the starting point in the curing process. Communication between doctors and patients is the vehicle by which much of the curing and caring of medicine is shared. This is the very nature and essence of medicine. When a patient communicates directly to the doctor without a go-between, a relationship of trust and empathy develops between a doctor and a patient which quickens the healing process. Any barriers that may hinder clear communication between a doctor and a patient should be lifted. Therefore, the doctor must make efforts to speak the patient's language in order to make this important interaction as clear and direct as possible for the benefit of both the doctor and the patient.

Conclusion

The data presented here indicates that there is loss of meaning during interpretation in a non-native doctor and a monolingual Bukusu patient medical consultation. There was loss due to the discrepancies between English and Lubukusu linguistic properties and loss brought about due to the failure on the part of the interpreter to find the right terminologies to use in order to maximise on equivalence. Whenever there is any meaning loss in medical interpretation, the patient's life is put to great danger and the doctor is liable to medical litigation. Therefore, medical interpretation should be given sufficient weight in healthcare provision. The results of this study are important to policy makers in the health sector on the important role played by interpreters in a doctor-patient interaction. This will in turn help in making decisions on training specialists in medical interpretation and on the employment of trained interpreters in the medical facilities. Information from this study will inform non-native doctors on the importance of having trained interpreters as they handle patients with whom they do not share a language and on how to manage interpreted medical consultations.

References

As-Safi, A. B. (2006) *Loss & Gain and Translation Strategies with reference to the Translations of the Qur'an*. Petra University. Retrieved from http://www.uop.edu.jo

Debra, L. R., & Judith, A.H (2006) *Doctors Talking with Patients/Patients Talking with Doctors*: Improving communication in medical Visits. 2nd ed. London: Preager Publishers.

Dizdar D. (2014). *Instrumental Thinking in Translation Studies*. John Benjamins Publishing Company, https://doi.org/10.107.5/target.26.2.03diz

Hale, S. B. (2007) *Community Interpreting*. London: Palgrave Macmillan. Retrieved from https://doi.org/10.1057/9780230593442

Lewis, M., Paul, G. F., Simons, &Charles, D.F., (Eds). (2016) *Ethnoloque: Languages of the world (*19thed). Dallas, Texas: SIL International. Retrieved from http://www.ethnoloque.com.

Mikkelson, H. (2013) Community Interpreting. In C. Millan & F. Bartrina (Eds.), *The Routledge Handbook of Translation Studies* (pp. 389). London: Routledge.

Moore, C. (2005). *Other Words*. A Language Lovers Guide to the Most Intriguing Words Around the Word. Fitzhenry: Whiteside.

Mudogo, B. A. (2011). Interpretation challenges facing Lukabras listeners when comprehending News broadcasts by the Non-Kabras presenters of Mulembe FM. Unpublished MA Thesis, Kenyatta University.

Nida, E. (2015). *A Componential Analysis of Meaning: An Introduction to Semantic Structures*. Berlin, Boston: De Gruyter Mouton.

Njeru, M. V (2015) Are Translators Traitors: A Philosophical Perspective of Loss and Gain inTranslation. *Global Journal of Human- Social Science*, *15*(8), 251-252.

Orago, S.O. (2007) Meaning Loss in Literal Translation: A case Study of Dholuo Riddles and Proverbs. Unpublished MA Thesis. Kenyatta University

Tiwiyanti, L. & Retnomurti, A. B. (2016). *Loss and Gain in Translation of Culture-Specific Items in Ahmad Tohari's Lintang Kemukus*: A Semantic Study.

Wambui, M. P. (2015) Meaning Loss in the Translated Kimeru Proverbs and Idiomatic Expressions. Unpublished MA Thesis: Kenyatta University.

Wangia, J. I. (2008). Morphological issues in Bible Translation: The Lulogooli Bible. *The Bible Translator, 59*(1), 1-13.

Wangia, J. I. (2014). Tense, Aspect and Case in Bantu and significance in Translation: The case of Lulogooli Bible: *International Journal of English Language and Translation studies,* 2(2), 138-146. Retrieved from http://www.eltjournal.org.