

# 台灣醫院提供外籍病患口筆譯服務和雙語服務之現況

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## 摘要

在這個全球化的時代，當台灣極力爭取與世界各國積極交流與互動之餘，外國人士在台灣所接受到醫療服務品質的良窳，將會是躋身國際社會重要成員的要素之一。而外籍病患就醫時，語言即是最直接面對的問題，故本研究著重於觀察台灣醫院提供外籍病患口筆譯和雙語服務之現況。研究資料來源主要為研究者與三位醫院工作人士面談，其中兩位為醫院外籍病患服務單位的兩位專員，另一位則為社會服務單位負責招募外語志工的幹部。本研究為質的研究，係將訪談紀錄做要點的分類。受訪者所服務的醫院為大型醫院，目前外籍人士也多半聚集於大城市，希望能透過此研究，整理出台灣目前提供外籍病患醫療雙語服務之現況。除了訪談紀錄，本研究也有包括其它網路資料作為輔助，以建立更完整的現況資訊。研究發現台灣醫療口筆譯和雙語服務的發展才剛起步，無論政府或者各醫療機構仍有許多進步空間及需要更多人力和資源的投入。

關鍵詞：口筆譯，雙語服務，大型醫院，外籍病患

## The Status of Translation and Interpretation Service and Hospital Bilingual Service for Foreigners in Taiwan's Hospitals: A Case Study

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### Abstract

The purpose of this study is to observe the translation and interpretation (T & I) service, and hospital bilingual service (HBS) provided for international patients in Taiwan's hospitals. The research reports from interviews, direct observation, and Internet searches on the various types of services which the case hospital provides for international patients and also notes other hospitals' T & I service and HBS as presented on their websites. The study presents a qualitative case study of a hospital in Taiwan; the case hospital is one of the prototype programs to improve language service for foreigners in the Taiwan hospital system. This case hospital study includes the phenomenon of urban hospitals providing T & I service and HBS for foreign patients. As for the rural hospitals, there is less funding, and few foreigners. Foreigners tend

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to prefer city hospitals for better doctors and equipment; therefore, in this research, a large-scale hospital is chosen for the case study. The results indicate that T & I service and HBS in Taiwan's hospitals are still in the infancy; a lot remains to be done.

Keywords: Translation and Interpretation, Bilingual Service, Large-scale Hospital, Foreign Patients

## I. Introduction

With the rising number of foreign people who visit or work in Taiwan, translation and interpretation (T & I) service and hospital bilingual service (HBS) play an increasingly important role in integrating foreigners into Taiwan's society. In the *Longman Dictionary of Language Teaching & Applied Linguistics* (44), bilingual means understanding and using two languages.<sup>1</sup> Here, hospital bilingual service indicates a system that provides services in two (or more) languages in the hospital. The development of T & I service and HBS in Taiwan is not full-fledged, but still in its early development. It has been three years since the first hospital began providing T & I service and HBS in Taiwan in 2003. Besides, there has been relatively little research into T & I service and HBS in Taiwan's hospitals. As the teachers and the student at a medical university, the researchers hope to observe T & I service and HBS, and recognize the importance of it for our foreign friends' sake.

### The Need of T & I Service and HBS in Taiwan

According to the statistics from the Tourism Bureau, Ministry of Transportation and Communication, Republic of China (Taiwan), a total of 3,519,827 visitors arrived in the Republic of China in 2006.<sup>2</sup> Because of the increasing number of foreigners living in Taiwan who may require medical treatment, some of Taiwan's hospitals are providing T & I service and HBS to cater to their needs. In fact, only large-scale hospitals or big city health centers can afford to provide this special service for foreigners.

The government of Taiwan has already taken the initiative in promoting the general well-being of foreigners. The *Action Plan for Creating an English-friendly Living Environment* is an example. It is a strategic program that aims to achieve multiple goals in coordination with the *2004 Taiwan Tourism Year* and the *2008 Taiwan Exhibition Year*. The plan will expedite the establishment of routes for packaged tours, and will internationalize and modernize the facilities and service systems of tourist destinations, which will provide the foreigner with a smooth and accessible travel experience in Taiwan. This plan was enacted by the Executive Yuan on November 6, 2002.<sup>3</sup>

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According to the *Bilingual Living Environment Service System*, executed by the Research, Development and Evaluation Commission, Executive Yuan, surveys on the degree of satisfaction among foreigners towards facilities and information services of the English living environment are conducted to appraise the accomplishments of the *Creating-friendly Environment Project*. The rate of satisfaction for 2003 is 40%, 50% for 2005, 60% for 2006, and 65% for 2007. The figures represent the progress Taiwan has made to achieve an English-friendly environment. Taiwan strives to provide foreign residents with daily-life information hotlines and referral services, along with the placement of bilingual signs, and the improvement of the English proficiency of staff working in key government agencies. But, to become a vital member of the global village, making a full mark of satisfaction among foreigners is the goal that Taiwan still has to pursue.

The government of Taiwan withdrew from the World Health Organization (WHO) in 1972, wanted to rejoin and has been applying for membership of WHO since 1997. As of June, 2007, Taiwan still awaits acceptance.<sup>4</sup> Also as a member of the World Trade Organization,<sup>5</sup> creating an English-friendly environment in hospitals for foreign businessmen is vital as it is a prerequisite for becoming a member of WHO and is believed to increase Taiwan's chance of entering WHO.

Many hospitals in Taiwan help international patients whenever they seek treatment, but due to the late start in the field of T & I and HBS in hospitals, only a few hospitals have a specialized system for foreigners, usually dubbed an international patient center, or an international outpatient service. The researchers' investigation of those Taiwanese hospitals with a specialized system of T & I service and HBS is herein reported.

## **II. Literature Review**

### **A. Medical Service for Foreigners in Taiwan - Promotion and Policy**

In order to embrace different cultures and break the language barriers, Taiwan government has instituted the *Bilingual Living Environment Service System*. The purpose of the system is to consolidate governmental and private resources, and to build an internationalized living environment. The Executive Yuan adopted the *Action Plan for Creating an English Living Environment* on October 30, 2002, and set up the Promotion Committee of Creating an English Living Environment to lead, plan, coordinate and promote the overall task. The Committee examines public and private agencies every year in terms of their achievement of making an English-friendly environment. Within four years, 1,257 public and private organizations have been evaluated and 958 units have been awarded for their efforts. Those

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organizations include the Civil Service Yuan, Ministry of the Interior, Ministry of Foreign Affairs, Ministry of National Defense, Ministry of Finance, Ministry of Education, Ministry of Justice, Ministry of Economic Affairs, Ministry of Transportation and Communication, the Central Bank of China, Central Personnel Administration, Executive Yuan, Government Information Office, Department of Health, Environmental Protection Administration, National Palace Museum, Financial Supervisory Commission, Bureau of Energy, Veteran Affairs Commission, National Science Council, Research, Development, and Evaluation Commission (RDEC), Council for Cultural Affairs, Council of Agriculture, Council of Labor Affairs, Council of Hakka Affairs, County Governments, City Governments, and Private Organizations. Hospitals and health agencies are not exempt and those organizations are mostly included in the category of Veteran Affairs Commission and other private organizations.<sup>5</sup>

Taiwan Joint Commission on Hospital Accreditation promulgated a *Hospital Accreditation Standards* in May, 1995.<sup>7</sup> The first chapter of the *Hospital Accreditation Standards*, "Management, Leadership, Role in the Community of a Hospital", article 1.5.1.4 mentioned that in accordance with national health policies, making an English-friendly environment is counted as an item of evaluation.

Subsidized by the Department of Health (DOH), Executive Yuan, Taiwan in 2005,<sup>8</sup> Taiwan College of Healthcare Executives recruited foreigners who are familiar with Mandarin to be interpreters in three hospitals; Municipal Wan Fang Hospital, Ton Yen General Hospital, Kuo General Hospital, located at north, northeast and south Taiwan, respectively. Their principal duties are providing consultation for outpatients and emergency cases, assisting patients with their first visit to the hospital, helping them in registration, getting medicine and paying the bill, accompanying patients to see the doctor and being the communicator between patients and hospital staff members. All of the patients mentioned above are foreign patients; mainly foreign spouses. In 2006, the DOH planned to extend the project to thirty hospitals and attended to foreign spouses from Vietnam, Indonesia, and Thailand.<sup>9</sup> Taiwan College of Healthcare Executives (TCHE), subsidized by the DOH, initiated a project "Promotion on Making an English Medical Work Environment," and translated documents, to English, Vietnamese, Indonesian, and Thai.<sup>10</sup> (See Appendix A)

## **B. Using Untrained Medical Interpreters**

In the case study, "The Hospital Cleaner as Healthcare Interpreter," Franz Pöchhacker & Mira Kadric (177) concluded that the untrained ("natural") interpreter clearly fails to maintain a consistent focus on her translatorial role and task and introduced significant shifts in the form and substance of communication.<sup>11</sup>

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Also in another study, "Information Loss in Bilingual Medical Interviews through an Untrained Interpreter," Jan Cambridge (218) articulated that

*"The majority of miscommunications are initiated by the untrained mediators and are due to several causes. Unfamiliarity with the routines and procedures of medical consultations leads to uncomfortable moments. Insufficient command of the appropriate lexicon leads to difficulty in describing pain, and confusion in the use of technical terms. Occupying an inappropriate interlocutor role caused the mediator to over-identify with one party to the encounter (in this case the patient), which lays her open to threats to her own face. This use of inappropriate interlocutor roles also causes relay of meaning to suffer from omission, addition and alteration. Among the additions are the mediator's own, unsignalled, opinions and advice."*<sup>12</sup>

### **III. Results**

Grounded theory is utilized to collect information from interviews of three case hospital staff; Jenny, working in the department of social services in the case hospital and the other two staff, working for the International Patient Center (IPC) providing services for foreigners.<sup>13</sup>

#### **Unconsciousness of the Urge of Stipulating Acts about Interpretation Service in Taiwan**

##### **a. No Hospital with a Standard Medical Interpretation program**

According to the interview with the staff members from the IPC, medical interpretation is a professional field. Medical interpretation in Taiwan is not well established, yet. In some developed countries, such as America, medical interpretation has been developed for some time. In Taiwan, there is no hospital with a standard medical interpretation program; as to date, only a few hospitals provide HBS.

##### **b. No Contract for Medical Interpretation Service**

One of the two IPC staff members stated that, in America, it is required that every hospital should provide professional medical interpreting for patients, and some of hospitals need patients and interpreters to sign a contract for interpretive services. Whereas, in Taiwan, this researcher believes there is no contract for medical interpretation and that it is a "wake-up" call for Taiwan to establish a contract for interpretive services.

##### **c. No Evaluation System for Medical Interpretation**

As the interviewees from the IPC of the case hospital stated, there is no evaluation system for medical interpretation yet in Taiwan, but there exists a government-promulgated evaluation for creating an English-friendly environment (*Action Plan for Creating an English Living*

Environment executed by the Executive Yuan).

#### **d. No Requirement for Hospitals to Interpret with a Certificate**

There is no requirement for hospitals in Taiwan to have a certificate to interpret. One of the two interviewees working for the IPC think that people with professional certificates may feel offended if others who work as medical interpreters without a certificate claim they are professionals in this field.

Judging from the above, the researcher deems that Taiwanese government or authorities concerned should accelerate in stipulating acts for protecting foreigners seeking treatment in Taiwan, such as interpretation contract and protection acts for foreigners. Taiwan is unconscious of the urge of medical interpretation or HBS related issues and because of language barriers foreigners cannot speak out for themselves. Without any acceleration, Taiwan's image in the international community will be damages and Taiwan's chances of cooperating with other counties in the world will decrease. Taiwan should follow suit as the America did in the field of T & I service and HBS. The following is how America sets law for the well-being of the foreigners.

In America, under *Title VI of the Civil Rights Act of 1964*, everyone is protected from discrimination in terms of their race, color, or national origin in institutions or programs assisted by federal finance. The Office for Civil Rights in the U.S. Department of Health and Human Services (DHHS) also follows *Title VI*. On January 29, 1998, DHHS issued a guidance memorandum, *Title VI Prohibition Against National Origin Discrimination--Persons with Limited-English Proficiency (LEP)*. It stated that if LEP persons are excluded from programs or experience delays or denials of services from recipients of federal assistance, such exclusions, delays or denials may constitute discrimination on the basis of national origins, in violation of *Title VI*.<sup>14</sup>

#### **Bilingual Service Smooths the Process of Foreigner Seeking Treatment in the Hospitals**

The languages of the staff members of the case hospital IPC are Mandarin and English literacy. The following is information retrieved from the interviews.

- a. The staff or volunteers working for the IPC always treat international patients like friends and they take charge of leading patients to the right places for diagnosis.
- b. Bilingual staff or volunteers help foreign patients translate some brochures or fliers and assist them in filling out some forms patients might need before or after therapy. The bilingual staff calls the service "Direct Service."
- c. Unless patients request the interpreter's company, bilingual staff members do not

- accompany patients to the consulting room so as not to violate their privacy.
- d. With the help of the staff, every patient's history and personal information is documented.
- e. In the IPC, English training programs are regularly held for the hospital staff.
- f. Staff members representing the HBS attend international seminars frequently and hold annual activities for foreigners, like children's drawing competitions.

The two IPC staff members in the case hospital mentioned that some doctors communicate with their international patients without hindrances because they may have studied abroad and have a good command of English or Japanese. Also, each department in the case hospital has at least one English proficient worker to assist patients. So, IPC staff members are not the only people providing language service. This is the purpose of providing language training courses for all the staff in the hospital.

If doctors and staff in the hospital can speak the language of the patient, the process of foreigners seeking treatment can be smooth. While the hospitals provide interpretation service and Taiwan still has no enough professional medical interpreters, there might be some problems of misinterpretation as Franz Pöchhacker & Mira Kadric (177) and Jan Cambridge (218) cited. Especially, one staff working in the IPC observed that a foreign spouse usually comes together with their Taiwanese family members to facilitate communication with doctors and hospital staff. Jenny states that if the hospital staff has communication problems with foreign spouses, the staff will usually find an interpreter from the government to interpret for them through the telephone. Phone service for a professional interpreter may be a solution to avoid using untrained interpreters. Also, as the case hospital do, hiring doctors with a good command of foreign languages or training staff's language ability can be conducive to the HBS and then communication between patients and therapy providers.

### **A Few Hospitals and Institutions Providing T & I Service and HBS in Taiwan**

Following are the hospitals and medical institutions providing T & I service or HBS in Taiwan. The three interviewees provided the information for the hospitals. Most of them are located in more developed areas of western and northern Taiwan.<sup>15</sup>

The three interviewees mentioned seven hospitals and institutions providing T & I service or HBS in Taiwan. This does not mean that only those health organizations provide T & I service and HBS. Some may also provide these services but not have a well-founded system, such as, Fong Yuan Hospital in Taichung County. The two staff working for the IPC also mentioned that Fong Yuan Hospital has a physical examination service for foreigners and the

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service is accredited by the government of Taiwan. They provide T and I language service when they offer foreigners physical examination service.

#### IV. Discussion and Conclusion

From the two interviews with the staff members from the case study hospital, it is clear that Taiwan has just started bilingual and translation service for foreigners in hospitals and that that interpretation service is not professionally organized, yet. When a foreign patient enters a hospital, if one with HBS, there will be a staff member to help them fill out the forms and bring them to meet the doctors, or take them to the X-ray room. Positively, the staff members will try to arrange for patients to meet doctors or therapists with a good command of the foreign language of the patient. The staff members providing bilingual service will avoid accompanying foreign patients to any consulting room in order not to violate the patient's privacy. The IPC also holds language-training programs regularly for staff members. The IPC staff claims that they are equipped with a good command of English and Mandarin, and that they provide bilingual service, not interpretation.

The staff members in the hospital try to avoid providing interpretation service in the consulting room. The government should develop a professional training program for medical interpreters and establish a contract of medical interpretation service. Then, those professionally-trained medical interpreters can take charge of interpretative service for patients and the staff in hospital. Interpreters can do their jobs professionally and protect themselves by a contract to avoid the chances of medical disputes.

In Taiwan, about seven institutions provide bilingual service or T & I service, indicating the slow growth in T & I service and HBS, and the neglect of the need for T & I service and HBS. Especially, with the increasingly large number; 3,519,827 visitors, coming to Taiwan in 2006,<sup>16</sup> and 9,524 foreign spouses marrying Taiwanese in 2006,<sup>17</sup> Taiwan needs to speed up the development of medical service programs for foreigners.

#### American Hospital Language Service

In America, under *Title VI of the Civil Rights Act of 1964*, everyone is protected from discrimination in terms of their race, color, or national origin in institutions or programs assisted by federal finance. The Office for Civil Rights in the U.S. Department of Health and Human Services (DHHS) also follows *Title VI*. On January 29, 1998, DHHS issued a guidance memorandum, *Title VI Prohibition Against National Origin Discrimination--Persons with Limited-English Proficiency (LEP)*. It stated that if LEP persons are excluded from programs or



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experience delays or denials of services from recipients of federal assistance, such exclusions, delays or denials may constitute discrimination on the basis of national origins, in violation of Title VI.<sup>16</sup> L. Ku and G. Flores (435) articulate that federal civil rights policy obligates health care providers to supply language services. Still, wide gaps persist because insurers typically do not pay for interpreters, among other reasons.

In America, the government takes language-limited patients' exclusion from hospitals as discrimination. Although America has provided services for international patients in the hospitals for a long time in terms of their early large number of immigrants, America still faces some problems as L. Ku and G. Flores (435) claimed above. Therefore, the Taiwanese government does not take services for international patients as seriously as America does. It is proposed that the Taiwanese government hasten the development of hospital language service for foreigners and take America as an example to follow.

### **The Evaluation of Taiwan's Hospital Language Service**

The Taiwanese government promotes an English-friendly environment. On October 30, 2002, Executive Yuan adopted the *Action Plan for Creating an English Living Environment* (*Action Plan* in brief) and set up the Promotion Committee of *Creating an English Living Environment* to lead, plan, coordinate and promote the overall task. It evaluates annually how public and private organizations design an English-friendly environment, including hospitals. This program urged hospitals in Taiwan to develop HBS and T & I service. As follows are the items of evaluation:

- (1) Establishing an internationalized living service platform
- (2) Constructing a living service network for foreign nationals
- (3) Reinforcing integrated establishment of a bilingual environment
- (4) Bilingualizing governmental and private websites
- (5) Producing and playing English broadcasting and television programs
- (6) Advancing Chinese-English translation of central government laws and regulations
- (7) Training English talents for relevant competencies
- (8) Setting up a service mechanism to provide advice and guidance
- (9) Reinforcing participation of the public, advertisement and on-site learning.

### **The Case Hospital's Hospital Language Service**

The case hospital obeys the criterion; the case hospital has a bilingual website, English hospital fliers and brochures, language training programs, a program providing translation service, but not interpretation service, and HBS, online booking in English and Japanese, bilingual signs, and activities regularly held for foreigners. So far, they follow the criterion in the

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Action Plan. The case hospital presents a model in creating an English-friendly environment. Therefore, the Action Plan should include other features, like promoting advanced interpretation service and encouraging private and public organizations to put more effort toward the well-being of our foreign friends.

When foreign spouses come to hospitals, they usually use their family members as interpreters. The foreign spouses come from countries, such as, Vietnam, Indonesia, Thailand and some other countries. There is some doubt as to the provision and quality of the service for those spouses. Because the number of foreign spouses is significant, their population in Taiwan is over 130,000 until 2006(Formosa TV News);<sup>19</sup> thus, there is a need to examine the numbers and to face the problems of misinterpretation they may have. Franz Pöchhacker & Mira Kadric (177) cited that the untrained ("natural") interpreter clearly fails to maintain a consistent focus on her translatorial role and task and introduced significant shifts in the form and substance of communication. Jan Cambridge (218) articulated that the majority of miscommunications are initiated by the untrained mediators. Untrained interpreters cannot really help doctors and patients communicate and may misinterpret. So, the government of Taiwan should develop interpretive service in hospitals to avoid interpretation by untrained interpreters.

The government of Taiwan subsidizes the Department of Health, Executive Yuan, to promote interpretive service in three hospitals for the first time in 2005, and then planned to extend the project to thirty hospitals in Taiwan by 2006. The awareness of the medical interpretation service is evidenced by the government's actions. It is hoped that the government promotes interpretive service in urban or large-scale hospitals; later on, rural or small-scale hospitals can also be subsidized by the government or assisted by experienced urban or large-scale hospitals.

## **V. Future Work for This Study**

In this research, mainly the status of T & I service and HBS of the case hospital is reported. In the future, it would be better to include other hospitals providing T & I service and HBS in a study, which would give a clearer status of T & I service and HBS in Taiwan's hospitals. The future work should also clearly divide language services into several categories: service for foreign workers, for foreign spouses from south Asia, and for others staying in Taiwan for other reasons, like work or business. The backgrounds of the three groups are quite different. The T & I service for them should be specially designated. Some of the cultural problems that may happen in Taiwan's hospitals, like culture shock, are topics to probe further.

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It is hoped that through research, the government of Taiwan and Taiwan hospitals can attend to the importance of T & I service and HBS for foreigners in Taiwan. As the university teachers and the student of Chung Shan Medical University, the researchers hope the school authorities will also begin establishing programs in the university hospital for T & I service and HBS to serve foreigners at Chung Shan Medical University as well as other foreigners in central Taiwan.

### Annotation

1. The definitions of "bilingual," see *Longman Dictionary of Language Teaching & Applied Linguistics*.
2. The number is from the Tourism Bureau, Ministry of Transportation and Communication, Taiwan.
3. The details of the *Bilingual Living Environment Service System (BLESS)* are available. See the website of Research, Development and Evaluation Commission, Executive Yuan.
4. The brief history of WHO is on the website of Association of Clinical Research Professionals.
5. The list of WTO shows Taiwan a member. See The Official Website of Taiwan for WTO Affairs.
6. For the list of the evaluated organizations, see Research, Development, and Evaluation Commission, Executive Yuan. < <http://www.bless.nat.gov.tw/down/3.htm>>
7. For the content of *Hospital Accreditation Standards*, see the website of Taiwan Joint Commission on Hospital Accreditation.
8. For this news, see the website of Department of Health, Executive Yuan, Taiwan.
9. For the news, see *Chunghua Daily News*.
10. The translated documents in English, Vietnamese, Indonesian, and Thai are available. See Taiwan College of Healthcare Executives.
11. Franz Pöchhacker & Mira Kadric. "The Hospital Cleaner as Healthcare Interpreter: A Case Study." *The Translator*. Volume 5, Number2 (1999), 161-178.
12. Jan Cambridge. "Information Loss in Bilingual Medical Interviews through an Untrained Interpreter." *The Translator*. Volume 5, Number 2 (1999), 161-178
13. Jenny's interview was on Oct. 27, 2006, and the other two interviews on Nov. 16, 2006. The interviewees working for the IPC requested that their names and the name of the case hospital remain anonymous; a condition of the interviews.
14. The detail of the *Title VI Prohibition Against National Origin Discrimination--Persons with Limited-English Proficiency (LEP)*, see U.S. Department of Health & Human Services.
15. Following are the hospitals providing T& I service or HBS in Taiwan.

- (1) Chunghua Christian Hospital, Chunghua
  - (2) Taipei Medical University Municipal Wang Fang Hospital, Taipei
  - (3) Li Shin Hospital, Chungli
  - (4) The Pearl S. Buck Foundation, Taipei
  - (5) Taiwan Adventist Hospital, Taipei
  - (6) National Taiwan University Hospital, Taipei
  - (7) Jen-Ai Hospital, Dali, Taichung
16. For the number, see Tourism Bureau, Ministry of Transportation and Communication, Taiwan.
  17. For the number, see Department of Statistics, Ministry of the Interior.
  18. The detail of the Title VI Prohibition Against National Origin Discrimination--Persons with Limited-English Proficiency (LEP) ,see U.S. Department of Health & Human Services.
  19. The number is from the TV news but there is also news on the website of the TV. See <<http://tw.news.yahoo.com/article/url/d/a/070601/11/f7pe.html>>

## Reference

1. Anonymity (Two persons.) Personal Interview. Nov. 16, 2006.
2. Association of Clinical Research Professionals. Association of Clinical Research Professionals. 2007. <<http://www.mpat.org.tw/front/bin/home.html>>
3. Bilingual Living Environmental Service System, Research, Development, and Evaluation Commission, Executive Yuan. Department of Regional Affairs, Research, Development, and Evaluation Commission, Executive Yuan. 2007. <http://www.bless.nat.gov.tw>
4. Chunghua Daily News Website. Chunghua Daily News. 2007. <http://www.cdnnews.com.tw>
5. Department of Health, Executive Yuan, Taiwan. Department of Health, Executive Yuan, Taiwan. 2007. [http://www.doh.gov.tw/CHT2006/index\\_populace.aspx](http://www.doh.gov.tw/CHT2006/index_populace.aspx)
6. Department of Statistics, Ministry of the Interior. Department of Statistics, Ministry of the Interior. 2007. <http://www.moi.gov.tw/stat/index.asp>
7. Formosa TV News. Formosa Television. Taichung. Jun 2, 2007.
8. Franz Pöchhacker & Mira Kadric. "The Hospital Cleaner as Healthcare Interpreter: A Case Study." *The Translator*. Volume 5, Number2 ,1999, 161-178.
9. Leighton Ku and Glenn Flores. "Pay Now Or Pay Later: Providing Interpreter Services In Health Care." *Health Affairs: The Policy Journal of the Health Sphere*. 24, 2005: 435-444.
10. Jack C. Richards, John Platt, Heidi Platt. *Longman Dictionary of Language Teaching & Applied Linguistics*. Hong Kong: Pearson Education Asia Limited, 2005.
11. Jan Cambridge. "Information Loss in Bilingual Medical Interviews through an Untrained Interpreter." *The Translator*. Volume 5, Number 2 (1999), 161-178.

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12. Jenny. Personal Interview. Oct. 27, 2006
  13. Research, Development, and Evaluation Commission, Executive Yuan. Research, Development, and Evaluation Commission, Executive Yuan. 2007. <http://www.rdec.gov.tw>
  14. Taiwan College of Healthcare Executives.. Taiwan College of Healthcare Executives. 2007. < <http://www.tche.org.tw/>>
  15. Taiwan Joint Commission on Hospital Accreditation. Taiwan Joint Commission on Hospital Accreditation. 2007. < <http://www.tjcha.org.tw> >
  16. The Official Website Taiwan for WTO Affairs. The Bureau of Foreign Trade, MOEA. 2007. < <http://wto.trade.gov.tw>>
  17. Tourism Bureau, Rep. of China (Taiwan). Tourism Bureau, Rep. of China (Taiwan) 2007. <http://www.taiwan.net.tw>
  18. U.S. Department of Health & Human Services. U.S. Department of Health & Human Services. 2007. < <http://www.hhs.gov>>

## Appendix A

Promotion on Making an English Medical Work Environment, sample.

名稱	英文
1.醫院常用字彙對照手冊	
2.醫院服務人員英語對話手冊	
3.涉外表單	
3-1.出生證明書	Birth Certificate
3-2.死亡證明書	Death Certificate
3-3.診斷證明書	Certificate of Diagnosis
3-4.重大傷病證明申請書	Major Illness or Injury Certificate/ Application Form
3-5.轉診單	Hospital/ Clinic Referral Form
3-6.手術同意書	Hospital (Clinic) Surgery Consent Form
3-7.麻醉同意書	Hospital (Clinic) Anesthesia Consent Form
3-8.檢查、治療同意書	Examination/ Treatment Consent Form
3-9.收據	Hospital Receipt
3-10.藥袋	
3-11.一日健康檢查注意事項	Items to Note for One Day Physical Examination
3-12.勞工檢查注意事項	Health Examination for Laborers/ Points to Note
3-13-1.門診就醫流程圖(一)	Out-patient Care Procedure Sample 1
3-13-2.門診就醫流程圖(二)	Out-patient Care Procedure Sample 2
3-14.急診就醫流程圖	Emergency Service Procedure Sample
3-15-1.住院就醫流程圖(一)	Hospitalization Procedure Sample 1
3-15-2.住院就醫流程圖(二)	Hospitalization Procedure Sample 2
3-16.健康檢查流程圖	Physical Examination procedure Sample
3-17.出院流程圖	Sample Of Discharge Flowchart
3-18.各科看診病症參考表	Symptoms Categorized for Each Department
3-19.門診各類身份收費標準	Outpatient Care Co-payment List
3-20.診斷書及證明書收費標準	Diagnosis and Certificate Fees List Sample
3-21.中央健康保險局部份負擔金額表	Bureau of National Health Insurance Co-payment List
3-22.初診掛號單	First Visit Form/ First-time Visit Record Sample



Map: Taiwan Travel Network. <http://travel.network.com.tw/main/travel/default.asp>

Demarcation of hospital sites: Jun-Cheng Chen

### 通訊資料

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