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CERLIS Series
Volume 5

Maurizio Gotti, Stefania M. Maci, Michele Sala (eds)

**The Language of Medicine: Science, Practice and
Academia**

CELSB
Bergamo

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CERLIS SERIES Vol. 5

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THE LANGUAGE OF MEDICINE:

SCIENCE, PRACTICE AND ACADEMIA

Maurizio Gotti, Stefania Maci, Michele Sala (eds)

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KIM GREGO / ALESSANDRA VICENTINI¹

English and Multilingual Communication in Lombardy's Public Healthcare Websites

1. Background

Starting from the 1990s, Italy, like other European countries, has been undergoing a process of devolution by implementing forms of administrative decentralisation. Within this trend, a number of public services have been, over the years, partly devolved to local governments. This, in response to a call for greater local autonomy, especially as regards the use of funds deriving from local taxation and paying for services administered locally. Public healthcare belongs to the latter category. What was born as and was for decades a national healthcare system (Servizio Sanitario Nazionale) evolved into so-called local healthcare authorities (Aziende Sanitarie Locali or ASL). Among the advantages expected were an increase in attention to local needs and in economic autonomy, and a move toward a business-oriented approach as opposed to a classic paternalistic welfare system. Whatever the socio-economic outcome of this move, to be evaluated by experts in that field over a lengthy period of time, a practical and tangible consequence, with relevance from a socio-linguistic point of view, was that the devolution of Italy's public healthcare resulted in the immediate, significant differentiation of its ASLs' websites in both their layout and, especially, content. Online communication is deemed especially relevant, for its ethical implications, when it occurs between a country's healthcare institutions and its citizens. Specifically,

¹ Research for this paper was conducted jointly by the two authors. Specifically, Kim Grego is responsible for §1, 4.2, 5; Alessandra Vicentini for §2, 3, 4, 4.1.

the Italian Ministry of Health has published guidelines on web communication, which identify:

una batteria di indicatori articolati in 4 aree tematiche, che ha operazionalizzato il concetto di qualità dell'offerta informativa on line in altrettante dimensioni di analisi:

- area 1 – Caratterizzazione istituzionale e relazionalità
- area 2 – Trasparenza amministrativa
- area 3 – Disponibilità e qualità dei servizi on line
- area 4 – Utilizzabilità e qualità tecnologica.

(Ministero della Salute 2010: 29)²

The institutional nature, rationality, transparency, availability and quality of online services, and usability and technological quality of the communication are thus the seven indicators, divided into four areas, that set the background of this study.

2. Aims

The chapter intends to evaluate the application of the indicators put forward by the Ministry of Health in the English language versions, pages or documents of the websites of Regione Lombardia ASLs. In particular, our aims consist in:

- investigating the multi-lingualism (if any) of the ASLs' websites, focusing on English as the *lingua franca* of international communication;
- seeing what information is provided in which languages, and in English in particular;

2 [a series of indicators organized into 4 subject areas, which has turned the concept of on-line information quality into as many levels of analysis:
 area 1 – Institutional characterization and relationality
 area 2 – Administrative transparency
 area 3 – Availability and quality of on-line services
 area 4 – Usability and technological quality.]

- ascertaining which social groups are addressed when using English;
- determining the linguistic effectiveness of such web-mediated communication.

ASLs were identified as suitable entities for the study because they represent the smallest healthcare institutions in Italy, those that should meet local healthcare needs and be closer to families' needs, those – therefore – that should first be consulted by citizens when in need of institutional health information or services.

The choice of investigating English-language material has a double rationale. As a *lingua franca*, English is employed in Italian institutional communication with both an inbound and an outbound purpose. Inbound, because it is aimed at attracting and including patients/users in need that do not speak Italian or not well enough, for whom it can represent a universal idiom at least for first/emergency contacts. This would be a nationalising drive, i.e. a way to include reluctant users – whether foreign residents, (il)legal immigrants or just tourists – and let them *access* the country's healthcare system. Outbound, because English is used as a means for Italian institutions to reach out to patients/users who might *choose* to be treated in Italy, as part of an internationalising drive (Grego/Vicentini 2011). This would also mean satisfying the obligation that every European country has of implementing multilingualism, very much encouraged both nationally (see the ministerial international policy, Ministero della Salute 2013) and supranationally, in that “multilingualism in Europe [can] provide a firm basis for assessing existing public policies and practices within major areas such as education and health” (European Commission 2014), and “Social Sciences & Humanities research could provide the economic and social analysis necessary for reforming public health systems” (Horizon 2020).

A mixed methodology combining Critical Discourse Analysis (Fairclough 1993, 1995, 2003; Fairclough *et al.* 2007), multimodality (Kress/van Leeuwen 2001, 2006; Garzone *et al.* 2007), ESP (Gotti 2003, 2011) and lexicological studies was adopted, aimed at producing a qualitative analysis. Within this framework, the specific research questions addressed in the chapter were directed at identify-

ing: a) the quantitative presence of information in English and b) its linguistic quality, i.e. the conformity of the English language used to the Ministry of Health's seven indicators reported in the previous section. For the purposes of the latter, aspects considered for each texts were:

- location within the website;
- genre;
- size;
- subject;
- purpose;
- target audience;
- lexico-syntactic quality.

3. Corpus and quantitative analysis

Lombardy is one of Italy's 20 administrative regions; it is home to about one sixth of the country's population (9,704,151/59,433,744, Istat 2011) and produces one fifth of the GDP (€337,161/1,580,410, ASR Lombardia 2014). These data, and the region's geographical position in the north-west of Italy, close to continental Europe, make Lombardy a significant territory to screen for multilingualism and internationalisation. The corpus collected for analysis consists of all the English-language texts retrieved in the websites of Lombardy's 15 ASLs as of 31 March 2015. The websites considered were, of course, only the official ones published and maintained by Lombardy's ASLs. The devolution process described in Section 1 is responsible for the autonomous – at least to a certain degree – choices in the layout and content of the websites.

The preliminary quantitative analysis identified the foreign languages employed in at least one text throughout the corpus, as reported in Table 1.

<i>Foreign languages found in Lombardy's ASLs (in alphabetical order)</i>	<i>Foreign languages most spoken by the foreign residents of Italy (Istat 2014)</i>
1. Albanian	1. Romanian
2. Arabic	2. Arabic
3. Chinese	3. Albanian
4. English	4. Spanish
5. French	5. Italian
6. Polish	6. Chinese
7. Portuguese	7. Russian
8. Punjabi	8. Ukrainian
9. Romanian	9. French
10. Russian	10. Serbian, Croatian, Bosnian, Montenegrin
11. Spanish	11. Other languages (including Bengalese, English, Polish, French)
12. Urdu	

Table 1. Foreign languages found in Lombardy's ASLs vs the foreign languages most spoken by Italy's foreign residents.

The highlighted languages in Table 1 are those that are not present in the list of the eleven languages most spoken by Italy's foreign residents (Istat 2014).

As far as English is concerned, its presence in the websites of Lombardy's ASLs is shown in Table 2.

<i>ASL websites with English texts</i>
1. ASL Bergamo
2. ASL Brescia
3. ASL Como
4. ASL Lodi
5. ASL Mantova
6. ASL Milano
7. ASL Milano 1
8. ASL Milano 2
9. ASL Pavia
10. ASL Vallecamonica-Sebino
11. ASL Varese

Table 2. Lombardy's ASLs' websites with English texts.

The presence of English language information is confirmed in a quite good number (11 out of 15) of the websites, not fully justified by its low position as one of the ‘other’ foreign languages spoken by foreign residents in Italy, but in line with its role of *lingua franca*.

4. Qualitative analysis

A qualitative analysis of the English texts retrieved in the preliminary quantitative search reveals that the English texts found on the ASLs’ websites are not located in any specific webpage(s); they are usually downloadable PDF brochures/leaflets and mostly include information on common infectious disease or vaccination campaigns, contact information or useful forms that a foreign resident/citizen might need to fill in. They are aimed either at informing or attracting users within the Italian healthcare system, generally pregnant women, new mothers, workers and new immigrants. No specific information is addressed at tourists. A sample lexico-syntactic analysis will help assess their usability and functionality within a multilingual context. Among the ASLs’ websites including English material, ASL Milano 1 and ASL Vallecambonica were selected as case studies, since they serve two completely different territories and comprise some very interesting English language texts in their websites.

4.1. Case study A: ASL Milano 1

ASL Milano 1 serves the western part of Milan area. It is an urban, densely inhabited district, where the foreign residents’ population consisted of 69,524 units as of 1 January 2011 (ASL Milano 1 2012). This figure represents 7.3% of the entire Italian population, with an average age of 29.7, which, compared to 43 in Lombardy, points to young people as the typical social group migrating to this area. The main

continents of origin are Europe (Romania and Albania), Africa (Morocco) and America (Ecuador) (ISTAT 2011). Several companies operate here, with many opportunities for international trade and business. Furthermore, the main tourist attractions of Milan centre are not far away, and hotel accommodation capacity is extremely good (ASR Lombardia 2012).

The expectation was therefore to find lots of English as a *lingua franca* material for foreign residents, tourists and businessmen alike. On the contrary, the scrutiny of the ASL's website returned no presence of foreign language versions of the site (full or partial), not even any signal on the homepage directing foreigners/foreign language speakers at foreign language resources. This means that apparently foreign users are not among the targets of the ASL's communication strategies, with the consequence that foreigners in need of medical information might not be able to find it when looking at the ASL's website.

Indeed, only a manual search allowed for retrieving a document titled *CALIS, Cancer Literacy and Information Seeking* (2013), a research protocol submitted to ASL Milano 1's ethical committee by Università della Svizzera Italiana. The document is in English, given the international relevance of the research, which was conducted and published by a non-Italian University. The implied addressee is the international scientific community acquainted with English, which is clearly used here as a *lingua franca* in a specialised context.

Moreover, English material is present, along with documents in other languages, in the section *Malattie infettive e vaccinazioni*, a thematic area concerning infectious diseases and vaccinations, which is reachable only by those interested in the issue via the path: *Homepage > Malattie infettive e vaccinazioni > Vaccinazioni > Vaccinazioni per l'infanzia*, where a PDF on childhood immunisation information (*Vaccinazioni dell'infanzia: quali sono e quando effettuarle*) is present in seven languages (i.e.: Spanish, Rumanian, English, French, Chinese, Arabic and Albanian). The same applies to the website's section *Malattie infettive*, where users can find ten PDF brochures about various infectious diseases, as can be seen in Table 3.

Title of document	Genre	Size (pag.)	Purpose	Target audience
<i>1. Vaccinations for children: what they are and when to have them</i>	PDF brochure	5	Inform about childhood immunisation campaign	All foreign residents with children
<i>2. Tuberculosis - Test</i>	PDF leaflet	2	Inform about Mantoux test	All foreign residents
<i>3. Tuberculosis</i>	PDF brochure	4	Inform about tuberculosis and its treatment	All foreign residents
<i>4. Ringworm</i>	PDF leaflet	2	Inform about ringworm and its treatment	All foreign residents
<i>5. Scabies</i>	PDF leaflet	2	Inform about scabies and its treatment	All foreign residents
<i>6. Lice: what to do?</i>	PDF leaflet	2	Inform about pediculosis and its treatment	All foreign residents with children
<i>7. Lice</i>	PDF brochure	5	Inform about pediculosis and its treatment	All foreign residents with children
<i>8. Measles</i>	PDF leaflet	2	Inform about measles and its treatment	All foreign residents, especially those with children
<i>9. Meningitis</i>	PDF brochure	4	Inform about meningitis and its treatment	All foreign residents
<i>10. Sexually transmitted diseases</i>	PDF brochure	13	Inform about sexually transmitted diseases	All foreign residents
<i>11. Orally or faecally transmitted disease</i>	PDF brochure	11	Inform about orally/faecally transmitted disease	All foreign residents

Table 3. English texts in the ASL Milano 1's website.

All of these texts seem to address users/patients already within the healthcare system, who are familiar with the ASL's website and can thus quite easily reach the information they are looking for. The focus is on infectious diseases; the documents are meant for information and follow a quite similar move structure: definition of disease – description of transmission and general causes – description of symptoms – description of treatment – description of vaccines and/or prevention of disease.

They are all translations from Italian (L1) into English (L2), as both the textual organisation and the syntactic and lexical choices reveal. Indeed, each leaflet/brochure is translated paragraph by para-

graph, sentence by sentence, and even word by word, into English. The L1 text is juxtaposed to the L2 version (see Figure 1).

inglese/English		
Vaccinazioni dell'infanzia: quali sono e quando effettuarle <i>Vaccinations for children: what they are and when to have them</i>		
Le vaccinazioni dell'infanzia riguardano bambini ed adolescenti sino ai 16 anni d'età e comprendono: <i>Vaccinations for children are aimed at children and adolescents up to the age of 16, and include:</i>		
Vaccinazioni obbligatorie <i>Obligatory vaccinations</i>	Vaccinazioni raccomandate <i>Recommended vaccinations</i>	Vaccinazioni raccomandate solo per alcune categorie <i>Vaccinations recommended only for certain categories</i>
Antipoliomielite <i>Anti-poliomyelitis</i>	Antipertosse <i>Anti-pertussis (whooping cough)</i>	Antinfluenzale <i>Anti-influenza</i>
Antidifterite <i>Anti-diphtheria</i>	Antiemofilo <i>Anti-hemophilia (haemophilus influenzae type B)</i>	Antipneumococcica <i>Anti-pneumococcus</i>
Antitetano <i>Anti-tetanus</i>	Antimorbillo parotite rosolia <i>Anti-measles mumps rubella</i>	Antimeningococcica <i>Anti-meningococcus</i>
Antiepatite B <i>Anti-Hepatitis B</i>	Antipapillomavirus <i>Anti-Papilloma Virus</i>	Antivaricella <i>Anti-chicken pox</i>

Figure 1. *Vaccinations for children: what they are and when to have them*, page 1.

Looking at the quality of translation, numerous choices show a literal translation, with lots of syntactic and lexical loan translations:

- (1) *Vaccinazioni dell'infanzia: quando sono e quando effettuarle.*
Vaccinations for children: what they are and when to have them.
- (2) *Vaccinazioni obbligatorie.*
Obligatory vaccinations.
- (3) *Sono gratuite tutte le vaccinazioni obbligatorie e raccomandate, comprese quelle per particolari categorie di bambini (in genere a rischio per patologie).*

All the obligatory and recommended vaccinations are free, including those for particular categories of children (in general those at risk from diseases). (Doc. 1 *Vaccinations for children: what they are and when to have them*, page 1)

- (4) *Il pidocchio, conosciuto da più di 100.000 anni, è uno sgradito ospite specifico dell'uomo: le specie 'umane' non infestano gli animali e viceversa. La specie più comune è il pidocchio del capo.*

Known to man for more than 100,000 anni, lice are an unwelcome guest specific to humans: the 'human' variety does not infest animals and viceversa.^[SEP]
The most well-known variety are the head lice. (Doc. 7 *Lice*, page 1)

The first example shows an incorrect syntactic choice (*when to have them* instead of *when to get vaccinated/when* or *why you should get them*), while the second presents inaccurate lexical realisations (*obligatory* instead of *mandatory*, which usually collocates with the word *vaccination*, see WHO website search engine results with the keywords *obligatory vaccination(s)* – 719 hits – vs *mandatory vaccinations* – 9 hits). In the following two excerpts (3 and 4) there are grammar errors such as wrong prepositions (at risk *from* instead of *for/of*), incorrect singular/plural concordance (*lice are an unwelcome guest; the most well-known variety are the head lice*), incorrect lexical choices (*human variety* instead of *human species*) and words that are left in Italian (*anni* instead of *years*).

As regards the strictly medical terminology, alternatives are usually given between the specialised and the popular term (see Figure 1 above, *pertussis* and *whooping cough*), though there is no coherence throughout the various brochures/leaflets, where sometimes only popular variables are used (*chicken pox* and not *varicella* – see WHO, *Varicella* 2013; *ringworm* and not *tinea* – see WHO, *Ringworm/Tinea* 2014). There are numerous spelling mistakes in all the texts (*anti-meMingococcus*) and no coherence between American and English spelling even in the same brochure and paragraph (*hemophilia* vs *haemophilus*; *fecal* vs *faecal*).

Plenty of similar examples may be reported, emerging from a detailed analysis of the mentioned documents. These all contain inaccuracies and lexico-syntactic calques, which suggests that they were most probably translated from Italian by non-native speakers of English. Generally speaking, though, the lexical and syntactic issues

identified do not seem quantitatively so frequent as to prevent understanding the message and fulfilling their purpose, i.e. to inform foreign residents, with a special focus on families with children, on vaccination campaigns and infectious diseases. Indeed, to verify qualitative comprehension, surveying native speakers of English may be necessary.

4.2. Case study B: ASL Vallecamonica-Sebino

ASL Vallecamonica-Sebino serves the homonymous valley and lake north of the city of Brescia, in west Lombardy. It is a mountain and rural community, with popular lake resorts by the Sebino Lake and ski areas in the Alps, and has good hotel accommodation capacity compared to other areas in Lombardy (data: ASP 2014). The foreign residents' population consisted of 9,720 units in 2012 (ASL Vallecamonica-Sebino 2014: 12), mostly male and living in the valley's lowlands, closer to industries and public transportation. The expectation, therefore, was for some relevant presence of English texts, at least in the foreign citizens' section, with a differentiation between those aimed at international tourists and those for foreign residents.

The screening of the ASL's website revealed no presence of foreign language versions (full or partial). There was and still is, however, a very visible clickable area on the top-right of the homepage, showing foreign flags and indicating, though without any writings, a link to the so-called International section. Interestingly, although English material is present in this section, and comes first before all other foreign languages, the UK or USA flag is not among those in the homepage. The presence of information in English in the website, however, was limited to this section. A manual search retrieved a document titled *Gioco d'azzardo patologico (GAP) – Ludopatìa*, in the News section, in Italian, English and Chinese, about pathological gambling. This document, however, is part of a ministerial campaign and can be found on other ASL websites, for example Rieti's in the

Lazio region.³ Moreover, in the section *Guide ai servizi*, users can find 17 PDF brochures about various hospitals, wards, surgeries, services and labs in the area, all of which (with only one exception) are trilingual Italian, English and French. These texts seem to address users/patients already within the public healthcare system, who, in other words, must be legal residents, because they mostly deal with specialised treatments and services to access which a referral by a family doctor is usually necessary.⁴ The focus is on admittance/dismissal procedures as well as daily hospital routines. English and French are clearly used as *linguae francae*. The quality of the language shares features with the texts in the International section, analysed in detail below. The International section – which also features material in French, Russian, Arabic, Albanian, Chinese, and Rumanian – represents the most interesting source of English language texts in the website, as it hosts six English monolingual documents (cf. Table 4).

Title	Genre	Size	Purpose	Target audience
1. <i>I'm foreigner and want to have information about the cultural mediation services available for the ASL Seats and at the Hospital</i>	PDF leaflet	1	Inform about language and interpreting services	All foreign residents
2. <i>Guida al ricovero - Guide for foreign citizens</i>	PDF brochure	12	Inform about hospital admittance, stays and dismissal	All foreign citizens, il/legally resident
3. <i>Nascere Oggi - Born today in Valle Camonica</i>	PDF brochure	12	Inform about healthcare services for expecting women / new mothers	Expecting women and new mothers

3 <<http://www.asl.ri.it/cittadino/ludopatie/pdf/Gambling---Poster-in-Inglese.pdf>>.

4 Urgent treatment is however provided by law to all those in need, even if illegally resident, and all the texts specify this.

Title	Genre	Size	Purpose	Target audience
4. <i>Percorsi e consigli - Ways and councils</i>	PDF leaflet	2	Inform about access to prevention and treatment	All foreign citizens, il/legally resident. Special section for expecting women and new mothers
5. <i>Prevenzione e Sicurezza - Prevention and safety information</i>	PDF brochure	4	Inform about safety and prevention on workplaces	Foreign workers
6. <i>Aspetti un bambino? - You are pregnant?</i>	PDF brochure	12	Inform about services for expecting women, including right to and procedure for abortion	Expecting women and new mothers

Table 4. English texts in the international section of the ASL Vallecamonica-Sebino's website.

The lexico-syntactic analysis immediately revealed that these texts are translations and, considering the numerous calques, they are most likely Italian into English translations. This is clear, for instance, in document 5 *Prevenzione e Sicurezza*, which is a mix of excerpts from materials by international organisations like the WHO (source acknowledged), as shown in the following extract:

Five keys to safer food
 Keep clean
 Wash your hands before handling food and often during food preparation
 Wash your hands after going to the toilet
 Wash and sanitize all surfaces and equipment used for food preparation
 Protect kitchen areas and food from insects, pests and other animals. (Page 3)

and original Italian text translated into English, as in the excerpt below:

Foreigners workers
 Informations about prevention
 Accidents and safety [...]
 For all explanations or information You must address at:

Medical Prevention Department of the 'Asl di Vallecamonica-Sebino' - via Nissolina 2 - Breno.

While the first example is lexico-grammatically correct, the second shows the incorrect use of a noun instead of an adjective (*foreigners* instead of *foreign*), the plural use of an uncountable noun (*informations*), the use of the modal *must* instead of the imperative, the use of *address* instead of *contact*, the use of the preposition *at* after *address*. Moreover, part of the text on page 4, presumably translated from Italian, is also present in other similar online documents,⁵ probably coming from INAIL, Italy's National Institute for Insurance against Accidents at Work. Similar considerations may be made about the lexicon and syntax of the other five documents which, however, seem to be original ASL Vallecamonica-Sebino texts or, rather, translations of Italian originals. Figure 2 shows the text on page 3 of document 2 *Guida al ricovero*.

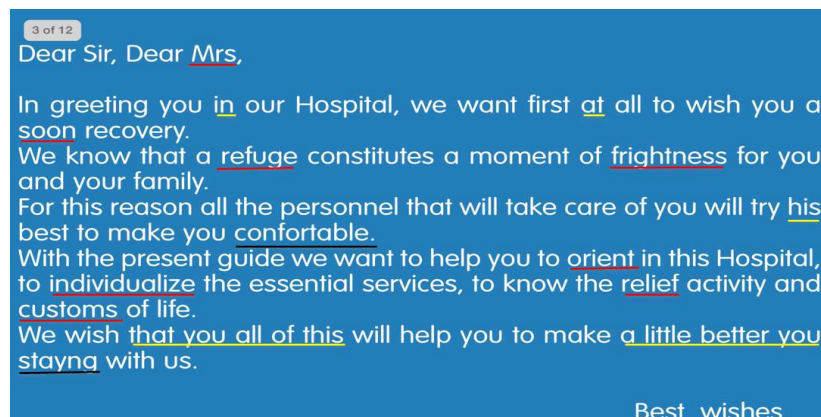


Figure 2. Doc. 2 *Guida al ricovero*, page 3.

The red lines highlight lexically ambiguous choices, the yellow ones syntactic incongruences, the black ones mere misspellings. Whereas

5 For example, in a brochure titled *Foreigners and INAIL: accidents and safety*, <http://www.laprotezionecivile.com/Archivio/dir_articoli/200908181028110.NG.pdf>.

some of these issues are minor (e.g. *Mrs* instead of *Madam*, without discussing the choice of salutation) and do not prevent comprehension, some may indeed cause misunderstandings, with consequences that may prove relevant, given the text's target audience of foreigners in need of health services. One such case is the word *refuge*. From the context as well as a comparison with the Italian brochures on the same website, it seems to have been chosen to translate the Italian word *ricovero*, or (*hospital*) *admittance* – it is indeed one of its translations as reported in most Italian-English dictionaries.⁶ However, although *admittance* and *refuge* do share the common semantic idea of 'shelter' and 'welcoming', because *refuge* is very similar to *refugee*, and the document addresses all kinds of foreigners, including illegal residents, ambiguity may arise as to the possibility of seeking asylum and not treatment in hospitals.

Another example – a syntactic one this time – that highlights the ethical relevance of the language of public healthcare comes from document 6 *Aspetti un bambino?*.

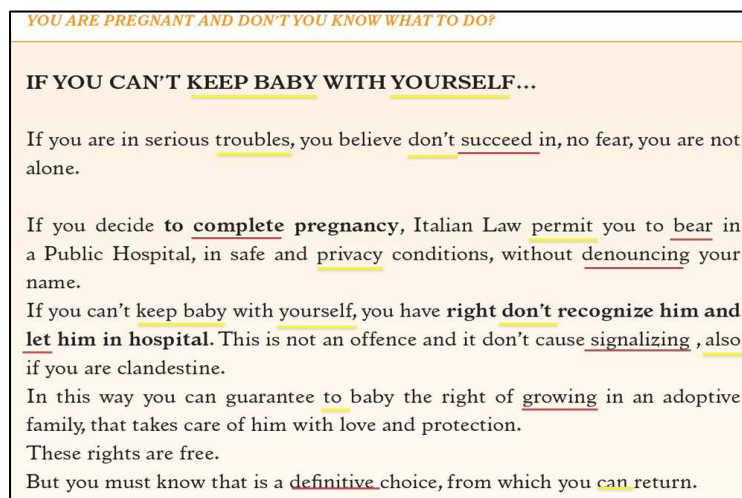


Figure 3. Doc. 6 *Aspetti un bambino?*, page 8.

6 E.g. the *Collins Online Italian-English Dictionary*, <<http://www.collinsdictionary.com/dictionary/italian-english>>, s.v. RICOVERO.

Again, the same colour code applies as in Figure 2. Focusing on the use of syntax, an example of serious ambiguity is the use of *can* in the last line. The text informs pregnant women who do not want their baby about their right to give birth anonymously and to give the child up for adoption. The Italian law on the matter is clear about the mother's right not to acknowledge her new-born child (Presidential Decree no. 396/2000, art. 30), furthermore stating that she has 60 days to change her mind (Law 184/1983, art. 11).⁷ After that, the procedure will start for the child to be adopted. In this complex, changing legal context, it is evident how the use or omission of the adverb *not* in conjunction with the modal *can* may indeed give rise not only to momentary confusion but also to serious legal issues.

Analogous examples of questionable lexical and syntactic usage are recurrent throughout the six documents analysed in detail. The rather frequent calques point to the translations having possibly being made by non-native speakers of English, most likely by Italian speakers. Comprehension of the information provided in the documents thus proves oftentimes compromised, in certain cases, like those reported, with significant ethical implications.

5. Summary of results and conclusions

Upon the basis of the samples considered here, it is possible to observe that, from the viewpoint of quantity, the presence of English language information is scarce, with eleven out of 15 websites containing just a few texts of any kind in English. It is particularly unexpected that even the populous areas surrounding Milan do not seem eager to reach out to potentially international users/patients. Moreover, tackling multilingual communication must be a quite recent necessity;

7 This was changed, with limits, by the recent 2802 sentence by the Italian Supreme Court of 7 February 2014, which allowed a woman who had given up her new-born child for adoption to change her mind past the legal terms.

evidence thereof is that all the English and foreign language texts were uploaded on ASL Milano 1's website only in 2010, and on ASL Brescia's website even in 2015.

On the qualitative side, the most relevant feature is that there are very few original texts, since most are (likely to be) L1 (Italian) into L2 (English) translations. The original texts are in some cases copied from English originals (e.g. UNICEF or WHO informative brochures and leaflets). The analysed translations, including those presented in the case studies in this chapter, are mostly low-quality linguistic products, suffering from numerous syntactic calques and incongruities, as well as unsuitable lexical choices at both the non-specialised and specialised levels, which, all combined, may sometimes prevent understanding and result in non-communication.

The devolution process has indeed led to variations in the layout, content and organization of Lombard ASLs' websites even as regards multilingual information. Its presence is both scarce and randomly distributed across the corpus examined. Concerning English, in particular (other languages would require separate studies), the following observations apply. To begin with, English does tend to be used as a *lingua franca*, as such a purpose would imply a larger presence of the language, not only in terms of pages/documents present in the website, but also of full English versions of ALSs' websites.

Another important issue to highlight is that almost all the English texts retrieved while screening the corpus of the 15 websites of Lombardy's ASLs have been identified through lexico-semantic analysis as translations. The use of translation is in itself problematic, if only for the time and money a professional (L2 into L1) job requires, two factors of some relevance when discussing web (which means fast) communication, and a public service (funded by public money). Indeed, the results of the analysis point in particular to L1 into L2 translations, and this has at least two important implications. On the one hand, it means that the focus of any linguistic qualitative evaluation moves from language assessment to translation quality assessment, which requires an altogether different methodological approach (House 1977/1997; Grego 2010). In this particular case, the quality of the translations was oftentimes such as to prevent full comprehension of medical procedures as urgent as abortion, for example.

On the other hand, both translating original texts and evaluating translations appear to be, generally speaking, time-consuming processes, hardly justified in fast-paced web communication, unless it regards long-lasting documents like guidelines or annual information, in which case, though, centralised translations at ministerial level to be shared locally have been identified as better strategies (Grego/Vicentini forthcoming).

A third consideration stems from a Critical Discourse Analysis perspective, i.e. considering the relations of power implied by discourse. It is agreed that access to healthcare information is a right for everybody, irrespective of the language spoken, and as such it should be as inclusive as possible. In this view, withholding information from citizens/users implies withholding power from them, as well as preventing individual choice. The ethical aspect of whether some specific information is provided in one language and not in another (especially when this is given in the country's main language – Italian, in this case) is thus evident, pointing to questions such as: who chooses what to say what in what language(s)? On what grounds, and for what purpose(s)? Who is included/excluded, how and why? What are the implications? Is it better to have some poorly communicated information, or to have no information at all? Of course, it is not for the linguist but for policy-makers to address these issues. The discourse analyst, in this respect, can only offer professional linguistic analysis, informed interpretation, constant critical confrontation.

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