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## COMMUNICATION NEEDS IN CIRCUMVENTION MEDICAL TOURISM: MULTILINGUAL WEBSITES OF ABORTION CLINICS<sup>1</sup>

The communication aspect of cross-border healthcare and translation and interpreting in this field are under-researched. This paper presents the results of a qualitative webpage content analysis of the multilingual websites of three Viennese abortion clinics. We investigate if and how content affected by a social and cultural taboo is (re)framed linguistically in versions addressed at patients from Poland, where abortion has been largely illegal since 1993. Our results show that awareness of the need for comprehensive target group-oriented information provision and quality translation and/or adaptation varies and that the Polish websites in our corpus tend to adopt a slightly different, more feminist and pro-choice point-of-view in comparison to the German versions.

Keywords: cross-border healthcare, medical tourism, abortion taboo, communication needs, reframing, translation, website content analysis

### 1. Introduction

This contribution presents the results of a small-scale study that seeks to investigate communication practices in circumvention tourism as a form of transnational patient mobility. We take the case of women from Poland as an example to outline how such services are described to a target clientele who have very limited access to legal abortion in their home country, and therefore may consider making use of the services offered by Austrian, German, Czech and other abortion clinics. We frame the topic within the broader fields of

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interpreting studies and cross-border healthcare, before taking a look at legal and social dimensions related to abortion, with a specific focus on circumventive abortion tourism from Poland to Austria.

Abortion and its social and personal repercussions affect, first and foremost, women. Communication and the use of translation/interpretation (T/I) in abortion tourism have not been tackled broadly. In this contribution we seek to address this topic from the perspective of T/I studies. A search of interpreting studies (IS) scholarship (*interpreting, abortion, termination*, including truncations and combinations of these search terms) through databases (Bibliography of Translation and Interpreting (BITRA); Translation Studies Bibliography (TSB)), field-specific handbooks or encyclopaedias (Mikkelsen and Jourdenais 2015; Pöchhacker 2015), and research social networks (ResearchGate, Academia) yields no specific results.

Communication and T/I in healthcare settings have mostly been discussed within public service interpreting (PSI) research. Issues of language barriers and access, health disparities, interpreter provision, and interpreter types and roles are prevalent themes in the body of literature on healthcare interpreting (Hsieh 2015) and also relevant for interpreter-mediated communication in transnational healthcare contexts (Angelelli 2015). While there still seems to be little “interpreting scholarship with a gender-lense” (Norma and Garcia-Caro 2016: 1305; also see Weber et al. 2014), we find a small body of research on interpreting for women, often with a focus on victims of gender violence (Abraham 2000; del Pozo Triviño et al. 2015; Nakajima 2005; Tipton 2017). And while some research focuses more specifically on communication in cross-border healthcare and medical tourism (see below), T/I for women who undergo an abortion does not seem to be present in current IS research. One explanation for this, apart from access difficulties due to the social stigmatization of abortion, is that this specific field falls under the broader domain of transnational patient mobility, where T/I practices are still devoted little attention.

This contribution is thus an attempt to address communication in this field by analyzing how providers of pregnancy terminations communicate their services, which are still considered a taboo in some social groups, in their multilingual websites, and to investigate if at all and in which way assistance through interpreters is mentioned. Our corpus analysis adopts a qualitative comparative approach, and we provide some representative examples for each of the categories of analysis.

## 2. Transnational patient mobility

Patient mobility involving women’s travel abroad for reasons of (fast or legal) accessibility or affordability of an abortion is also referred to as abortion tourism, or circumvention tourism (Cohen 2012) if the procedure is illegal in the

source country. Abortion tourism falls under the field of medical tourism, also referred to as health(care) tourism, and more recently international/transnational patient travel/mobility, or cross-border healthcare as the use of the denominator *tourism* has been criticized for its misleading association with pleasure and relaxation (Sethna and Doull 2012).

Medical tourism has been researched from a marketing, tourism, economic or medical perspective, and, while aspects of communication and T/I are mentioned, they are often not explored in depth (Iacono 2021: 79-82). Transnational patient mobility caters to diverse target groups who may differ from the clientele that is generally associated with healthcare interpreting under the broader field of PSI. Tipton and Furmanek maintain that medical interpreters in Europe mainly serve immigrants, while the communication needs of medical tourism are primarily related to “dental care tourism from Germany and the UK to Poland and other Central European countries, and sporadic medical emergency events related to student exchange programs or traditional summer tourism in the Mediterranean” (2016: 116). From a T/I perspective, the translation regimes and specifics of this field seem to have remained under-researched (e.g. Angelelli 2015; Lee 2015; Muth and Suryanarayan 2020; Iacono 2021) even though on the European level the Directive 2011/24/EU on the application of patients’ rights in cross-border healthcare outlines legal framework conditions.

In line with findings from healthcare interpreting (e.g. Davidson 2000; Hsieh 2008), a recent study (Iacono 2021) on interpretation in medical tourism with a focus on Germany and Austria suggests that the spectrum of tasks expected of or assumed by interpreters in this context goes beyond ‘mere’ T/I and requires a specific skill set. Similarly, Muth and Suryanarayan mention a wide range of professional designations with different job profiles used by hospitals: “medical interpreter, healthcare broker, patient buddy or international patient manager” (2020: 327). Language assistance may be needed in all phases of the patient mobility service chain (information, booking, travel, accommodation and lodging, treatment, tourist activities, return journey, follow-up, see Quast 2009: 31). Translational services may include coordination of appointments, phone interpreting, follow-up correspondence, translation of medical records, escort interpreting, organization of tourist activities or transport (Iacono 2021: 30-34; Muth and Suryanarayan 2020: 331). For a more comprehensive overview of language assistance for linguistically diverse patients within the EU, see Angelelli (2015), who, in a study incorporating both quantitative and qualitative elements, shows that there is a range of different approaches in place to assist patients who seek to make use of cross-border healthcare services. Her sobering conclusion, however, is that although in some areas professional linguistic support is available, in most instances “appropriate language services are not provided for patients who do not speak the language of the Member State in which they seek healthcare” (Angelelli 2015: iv).

### 3. Abortion as a social taboo

Abortion is illegal in many developing countries, though restrictions also exist in some developed countries with mostly liberal laws, such as the US, Ireland, or Poland. Socially, abortion is often stigmatized (Singh et al. 2018: 20), and considered a taboo “situated at the intersection of the taboos of sexuality and death” (Pizarro Pedraza and De Cock 2018: 114). A woman undergoing an abortion may be blamed for failing to prevent pregnancy, and, many a time, even for killing her own child (*ibid*: 117). The often fierce debate between pro-choice and pro-life supporters, manifest, for example, in activist groups organizing counter-demonstrations when their opponents rally for their goals, reflects the controversial nature of abortion (also see Pizarro Pedraza 2015 on semantic variation and ideology), though research suggests that attitudes are not always “entrenched at either of these extremes” (Hans and Kimberly 2014: 145). Apparently polarized attitudes seem to be unstable and sensitive to contextual parameters (*ibid*: 155). Abortion stigma (Cowan 2017: 259) manifests itself in various fields of social life and is felt not only by women who want to or have had an abortion and those who support them (*ibid*: 159) but also by medical staff (Janiak et al. 2018), and presumably provider institutions, and makes access to data in abortion research difficult (Singh et al. 2018: 20).

### 4. Abortion in Poland and in Austria

From 1956, abortion in Poland was legal for women in a challenging life situation, which was interpreted very liberally, making abortion easily available (see, e.g. Hirvonen 2017: 6). After the fall of communism, abortion was largely delegalized under the Law on Family Planning, Human Embryo Protection and Conditions for Abortion of 1993. Three exceptions remained: danger to the life or health of the pregnant woman, pregnancy resulting from a crime, and fetal impairment. Though repeatedly challenged by both pro-lifers and pro-choicers, the status quo survived until late 2020, when the Constitutional Tribunal ruled that abortion due to fetal impairment was unconstitutional, triggering huge protests (for a more detailed outline of the status of abortion in Poland, see, e.g. Bucholc 2022).

The abortion underground seems to be flourishing. In the 1990s, Polish newspapers published classifieds of gynecologists offering *pełny zakres* ‘a full range’ or *przywracanie miesięczki* ‘restoring menstruation’. Nowadays, such services are offered on-line. It is estimated that between 1/4 and 1/3 of adult Polish women have undergone at least one legal or illegal abortion (Hiszp 2013). Lawful abortions were performed before 2020 at the rate of about 1,000 annually, while abortions on request carried out by backstreet abortionists or abroad are

very difficult to trace. The estimations range from 8,000 (according to pro-life activists) to 200,000 annually, with 10-15% accounting for legal abortions abroad (Hirvonen 2017: 8). The destination countries include Austria, Belarus, Belgium, the Czech Republic, Germany, the Netherlands, Slovakia, the UK and Ukraine.

The social stigma associated with abortion has grown considerably since 1993, as shown by large opinion polls (CBOS 2020), although the trend has slightly reversed since 2016. For a large majority of respondents, difficult personal or material situation of the woman, as well as unwillingness to bear a child do not justify an abortion. The support for legal abortion is very high (around 80%) for all situations when it was actually legal until 2020, except for the case when the child would be born handicapped (64%) or have Down syndrome (38%). 63% of respondents declare their support for the ongoing protests of the “Women’s Strike”, but, apparently, only some of them want full liberalization of abortion.

In contrast to Poland, Austria is ranked among the more liberal countries regarding abortion laws (Singh et al. 2018: 50) even though abortion is in fact still a criminal offence under the Austrian Penal Code (§96), merely not subject to prosecution under specific conditions (§97). Since 1975, induced abortions may be performed within a gestational limit of the first 16 weeks of pregnancy upon medical consultation, and later only if medically indicated, or if the woman became pregnant before she turned 14. The support for legal abortions, however, is not universal: recently right-wing and conservative factions have been rallying for restrictions.

## 5. Case study

### 5.1. Corpus and methodology

Based on a web search (*Schwangerschaftsabbruch/usuwanie ciąży* ‘pregnancy termination’, *Abtreibung/aborcja* ‘abortion’, *Klinik/klinika* ‘clinic’, *Wien/Wiedeń* ‘Vienna’, with AND as operator and truncation) as well as publicly available information on clinics (City of Vienna, 2020), we have found three private outpatient abortion clinics in Vienna with multilingual websites, including Polish (see Table 1). Our analysis presents a synchronous “snapshot” of the websites, as “hybrid media” (Pauwels 2012: 251). To offset possible rapid change of web-content (Kim and Kuljis 2010: 370), offline text versions of the webpages were downloaded in February 2020 (changes introduced as a result of the Covid-19 pandemic were not included in our analysis).

Data were coded manually, using a data-driven (inductive) approach, and analyzed qualitatively, following Kuckartz’ (2018) approach to qualitative content analysis (QCA). QCA is a systematic method for analyzing content by applying a category system (coding frame) to textual material (see below). In our case, thematic codes (strands of topics, arguments) were used to describe and

Table 1. Corpus outline

Clinic	URL of the German website	URL of the Polish website	Language range
Gynmed Ambulatorium (GM)	<a href="https://www.gynmed.at">https://www.gynmed.at</a>	<a href="https://www.gynmed.at/pl">https://www.gynmed.at/pl</a>	AR, DE, EN, ES, FR, HR, HU, IT, PL, RO, RU, SL, SQ, ZH
Venusmed Zentrum für Sexualmedizin (VM)	<a href="https://www.venusmed.at">https://www.venusmed.at</a>	<a href="https://www.venusmed.at/pl/aborcja-w-wiedniu/">https://www.venusmed.at/pl/aborcja-w-wiedniu/</a>	DE, EN, HU, PL, RU, SL, RO
Woman & Health Abtreibung und Schwangerschaftsabbruch (WH)	<a href="https://www.unge-wollteschwangerschaft.at/index.html">https://www.unge-wollteschwangerschaft.at/index.html</a>	<a href="https://www.unge-wollteschwangerschaft.at/pl/index.html">https://www.unge-wollteschwangerschaft.at/pl/index.html</a>	DE, EN, HR, HU, PL, RU, SL

analyze our data. We do not seek to provide a full quantitative overview of the frequency of particular linguistic features or a comprehensive comparative analysis of translation strategies, or possibly errors. In certain instances, where specific features are particularly prominent, we include quantitative descriptors.

Our analysis is based on an exploratory and descriptive research question: How is the topic of abortion framed in the German vs. the Polish sites and to what extent is language support communicated in the corpus of websites? Our working hypothesis is that adjustment to the envisaged needs of the Polish clientele may lead to back- and foregrounding of some of thematic (sub)categories, or maybe even to abandonment of some and/or emergence of new ones, specifically as the content to be presented seems tabooed to a greater degree in Poland.

## 5.2. Results

We will first discuss the German- and Polish-language material separately, before discussing parallels and differences comparatively (6).

### 5.2.1. German material

Our analysis of explicit/implicit content was based on a corpus of 30 German webpages taken from the sites of the three clinics (only those directly relevant for women contemplating an abortion).<sup>2</sup>

<sup>2</sup> Due to the large scope of GM's site, 19 webpages were included in the corpus: Main page, *Beratung & Methoden* 'Consultation & Methods' (including subpages), *Was ist zu beachten?* 'To what should one pay attention?' (including subpages), *Kosten* 'Costs', *Das Ambulatorium*

The language and style used in all the German pages is mostly informational, with all three clinics offering their services and support in a professional way (what seems less professional is the number of typographical glitches, particularly with WH). Typical service-oriented phrases include: *Wir bieten* 'We offer', *Wir stehen Ihnen zur Verfügung* 'We are at your disposal', *Gerne werden wir* 'We will gladly', *Wir unterstützen* 'We support', *Gemeinsam werden wir* 'Together we will', [...] *ist unser gemeinsames Anliegen* 'is our joint concern'. Some of the content is redundant and specific text blocks are reused, particularly by WH. All the clinics opt for a mixture of addressing their audience directly (*Sie/Ihnen* 'you') and generally referencing content about/for women (*Frauen* 'women', *die Patientin* 'the female patient', *die/eine Frau* 'the/a woman'), and all use some form of gender-inclusive language (e.g. naming both male and female representatives of a group to avoid the generic masculine, *unsere Frauenärzte und Frauenärztinnen* 'our [male and female] gynecologists', or the use of the capitalized "I" in a word, *unsere MitarbeiterInnen* 'our staff'). Occasionally, explicit advice is given (*Sie sollten* 'you should', *Es ist wichtig, dass* 'It is important that', *Wir empfehlen* 'We recommend'). One reason for this restraint may be that enabling women to make their informed and independent decision is the declared goal of all three clinics (see below). For the procedure as such, all three sites use synonyms such as *Abbruch* 'termination' and *Eingriff* 'intervention', or even *Mini-Eingriff* 'minor intervention', which are more neutral expressions in German, and also *Abtreibung* 'abortion', which connotes more negatively and is often employed by pro-life activists.

All the websites include multimodal features such as pictures, some of which are only depicted in the German versions. Some interactive features such as pregnancy calculators, call-back (GM, VM) or online reservation (WH) contact forms are also used. The pictures show the clinics' interior (reception, waiting areas, exam rooms, exam chairs), the team or symbolic images (e.g. contraceptive devices). With VM and WH, the full names (qualifications, experience) of the team members are listed, the GM site only features the name of the head of the clinic. The choice of the symbolic picture (Figure 1) for WH's start page and all subpages seems puzzling as it depicts two women in a slightly blurred picture in sauna/spa-style clothing.

VM also uses a rather trivial symbolic picture under *Schwangerschaftsabbruch* 'Termination' (Figure 2), while very explicit pictures of the surgical procedure are used by GM (Figure 3).

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'The clinic', *Unsere Grundsätze* 'Our principles', *Das Team* 'The team'. From VM's and WH's sites, much smaller in scope, we included: main page (both), *Schwangerschaft* 'Pregnancy' (including subpage *Schwangerschaftsabbruch* 'Termination'), *Team*, *Kontakt* 'Contact' (VM); *Abtreibung* 'Abortion', *Medikamentöser Abbruch* 'Medical abortion', *FAQ*, *Anreise* 'Arrival', *Team* (WH).

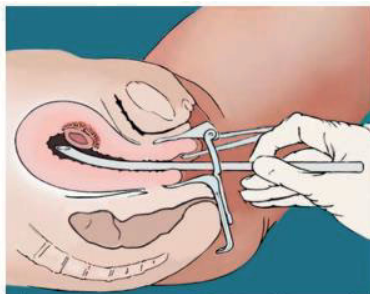


Figure 1. Symbolic picture (WH)

Wenn Sie sich für eine Abtreibung bzw. einen Schwangerschaftsabbruch entscheiden, können Sie bei uns unter bester medizinischer und psychologischer Betreuung diesen Eingriff bis zum Ende des 3. Monats durchführen lassen. Termine gibt es sehr kurzfristig. Die Terminvereinbarung ist telefonisch jederzeit möglich, während der Öffnungszeiten können Sie sich auch gerne persönlich in unserem Zentrum anmelden.



Figure 2. Symbolic picture (VM)



Chirurgischer Schwangerschaftsabbruch (Illustration)

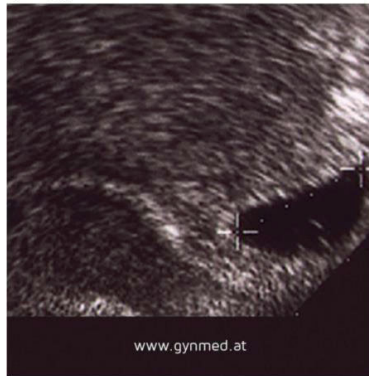
bei einer Regelblutung. Diese sind dadurch bedingt, dass sich die Gebärmutter zusammenzieht, da sie nunmehr leer ist. Gewöhnlich vergehen diese rasch.

Sie bekommen eine örtliche Betäubung des Muttermundes, was Sie als 2-3 kleine Stiche spüren. Sobald das Mittel wirkt, wird der/die Gynäkologin den Muttermund langsam auf einige Millimeter dehnen, bis ein Plastikröhrchen in die Gebärmutterhöhle geschoben werden kann. Durch dieses Röhrchen wird die Schwangerschaft und die Gebärmutter-schleimhaut abgesaugt. Zum Schluss wird mittels Ultraschall kontrolliert, dass die Gebärmutterhöhle leer ist. Der Eingriff dauert insgesamt nur einige Minuten. Direkt nach der Behandlung können kurzfristig Krämpfe im Unterbauch auftreten, ähnlich wie

Figure 3. Illustration of procedure (GM)

Particularly interesting are GM's ultrasound pictures of gestational sacs (5th/6th week) along with the wording which emphasizes that *[d]arin ist kein Embryo sichtbar, weil dieser noch nicht ausgebildet ist* 'The embryo is not visible here as it has not yet developed' (Figure 4); this can be viewed as an expression of a clear POV in favour of medically informed pro-choice decision-taking. The cross-modal relation between the text and the visual elements is mostly illustrative and complementary (Pauwels 2012, 255) and will thus not be discussed in more detail.





Ultraschallbild Fruchtsack 6. Schwangerschaftswoche  
(kein Embryo sichtbar) ©gynmed

Das dazupassende Ultraschallbild sehen Sie hier. Darin ist kein Embryo sichtbar, weil dieser noch nicht ausgebildet ist.

Figure 4. Expression of POV

The content of the German pages may be described along the lines of the following (sub)categories, derived from data-driven categorization:

1. Informed and independent/autonomous decision(-making)
  - 1.1 Challenging process
  - 1.2. Self-responsibility & control
  - 1.3. Possible reasons for abortion
  - 1.4. Decision on the best method
2. Expertise/Experienced team
  - 2.1 Interdisciplinarity
3. Top medical standards
4. Medical facts
  - 4.1 Preparation for abortion
  - 4.2 The abortion procedure itself
  - 4.3 Follow-up & possible complications
5. Accessibility
  - 5.1 Accessibility for international patients
  - 5.2 Safety and anonymity
6. Humane support & respect
  - 6.1 Psychological support
  - 6.2 Unbiased/non-judgmental counselling
7. Timing
8. Costs
9. Legal aspects of abortion in Austria

One central topic stressed repeatedly across all three sites is that a woman is entitled to make an informed and *unabhängige* ‘independent’, *selbstbestimmte* ‘self-determined’, *individuelle* ‘individual’ decision, while the clinics’ role is to provide information and counselling. WH even stress that *In die Entscheidungsfindung eines Paares [...] können und wollen wir uns keinesfalls einmischen* ‘We cannot and do not want to interfere in a couple’s decision by any means’; interestingly, this is one of the two instances across the corpus where not only the woman/patient, who takes the decision, but *das Paar* ‘the couple’ is mentioned. All three also stress that the decision is challenging (*eine große Entscheidung* ‘a big decision’, *alles andere als leicht* ‘far from easy’). GM additionally emphasizes that women should have the right to decide without *moralischem/religiösem Druck von außen* ‘external moral/religious pressure’. Other examples of this very clear stance of GM, advocating women’s rights and conveying a critical view of conservative pro-life arguments, can also be found under category 4 and 6. Outlining the stages of pregnancy, GM for instance points out that *[v]iele Frauen habe [sic] eine falsche Vorstellung dessen [sic] was sich im Mutterleib in den ersten Wochen entwickelt* ‘[m]any women have a wrong idea of what develops in the womb in the first few weeks’. Here GM clearly seeks to counter pro-life arguments to the effect that embryos are human beings and may feel pain. The fact that women may be *verwirrt* ‘confused’ by unreliable information from on-line sources is mentioned by WH, too.

While this focus on autonomy already indicates self-responsibility, the latter is stressed prominently and repeatedly only by GM. Another, related thread is that women should have the right to control over their bodies (*[...] übergeben die Kontrolle über Ihren Körper für eine kurze Zeit* ‘give up the control of your body for a short time’, *[...] die Frau gibt die Kontrolle nicht ab* ‘the woman does not give up control’), which is also a negative topic in the other two clinics’ German sites. Category 6 may also be linked with individual decision-making and the climate towards abortion that may be viewed as repressive. Both GM and WH stress that *menschlicher* ‘humane’ support and *Respekt* ‘respect’ for *jede Frau und ihre individuelle Situation* ‘each woman and her individual situation’ (GM) is paramount and underline the availability and importance of psychological support (subcategory 1) and *wertfreiem* ‘unbiased’ counselling (subcategory 2). Only GM addresses coping strategies in *Krisensituationen* ‘situations of crisis’, and the fact that an abortion may be followed by *Phasen der Traurigkeit* ‘phases of sadness’ but also viewed as *Befreiung und Erleichterung* ‘liberation and relief’.

Expectedly, all three clinics stress their long-time expertise and the multidisciplinary nature of their teams (category 2 and subcategory 1) and that the procedure is conducted under *höchsten medizinischen Standards* ‘highest medical standards’ and with *topmoderner medizinischer Ausstattung* ‘top medical equipment’ (category 3). All provide medical information referring to

various stages in the process (category 4 and subcategories) and about the legal situation in Austria (category 9), though only GM addresses late termination; terminations for minors are only mentioned by GM and VM. All three sites also stress that the procedures used are *sanft* or *schonend* ‘gentle’, do not hurt much (*Dabei ist der kleine Stich [...] das einzig für sie [sic] spürbare [sic]* ‘this little sting is the only thing you feel’, WH) and that there is not much bleeding. Interestingly, the costs (category 8) are explicitly stated by GM and VM, but not by WH. General physical and *barrierefreie* ‘barrier-free’ (VM) accessibility (category 5) is also outlined by all three, though only GM mentions international patients: *Auch der Wohnort ist ohne Bedeutung. Das heißt Frauen aus anderen Ländern haben den gleichen ungehinderten Zugang zu einem Abbruch*. ‘The place of residence is also of no importance. That means that women from other countries have the same unrestricted access to a termination.’ Interestingly, VM and WH emphasize that the clinics’ premises can be entered *sicher* ‘safely’ and *anonym* ‘anonymously’, a possible indicator of the continuing social stigmatization of abortion in Austria. With GM and WH, *Sicherheit* ‘safety’ (or even *maximale Sicherheit* ‘top safety’, WH) characterize the methods used and their effect. The category ‘timing’ (7) was assigned to content referring to the availability of *kurzfristige, zeitnahe* ‘short-term’, *schnelle* ‘quick’ and *flexible* ‘flexible’ appointments (VM and WH).

### 5.2.2. Polish material

The Polish webpages of the three clinics are translated versions of the German webpages, therefore, a qualitative comparative approach seems adequate to see how content was originally framed and reframed to make it suitable for the envisaged target language clientele. We do not have information on who translated these websites.

GM’s Polish website is the most comprehensive one. Most of the information available in German has been translated into Polish, consequently, the content largely overlaps and all our (sub)categories are present. Out of the 20 pages analyzed under 6.2.1, only one subpage, *Ursachen* ‘Reasons’, that frames unwanted pregnancies and their terminations as very common phenomena worldwide, has no Polish counterpart. The German subpage *Frauen berichten* ‘Women tell their stories’, with three narratives by presumably Austrian women who have had abortions in unspecified clinics, has been replaced by what is presented as a letter of thanks from a Polish patient. Unlike in the German subpage, her first name, age, profession and life situation are not revealed, which gives the impression of secrecy. The letter contains very strong criticism of the abortion law in Poland: *Mieszkam w kraju rządzonym przez cyników, ludzi zakłamanych* ‘I live in a country governed by cynics, mendacious people’, *kobiety w Polsce w niewoli przez cały czas żyją* ‘women in Poland live in slavery

all the time'. In contrast to the German narratives, it does not report on the circumstances of the author's abortion, but only implies she has had one by thanking *w imieniu kobiet z Polski* 'on behalf of women from Poland' the staff of GM, who *w sposób całkowicie życzliwy, normalny pomagają kobietom, które zdecydowały, że dla nich to nie jest ten czas* 'in a completely friendly, normal way help women who have decided that for them this is not the time'. This sentence illustrates far-reaching euphemization as regards both the medics' and the patient's role.

A closer look at the main page shows some differences: Deleted elements are the contact data of the branch in Salzburg (the distance from Poland being much longer) and the section *Unsere Initiativen* 'Our initiatives'. A German video has been replaced with one with the same doctor giving mostly the same information in English. There is no call-back form, instead, users are invited to call the clinic's number to speak in German or English, or another number to reach a person speaking Polish. This is supplemented with the caveat *usługa tłumacza jest dodatkowo płatna* 'the interpreter's services are subject to additional charge', which is confusing, because it remains unclear whether this refers to a visit in the clinic or to phone consultations as well, and the cost is unspecified. *Polskojęzyczny blog naszych konsultantek znajduje się pod adresem: aborcja.org* 'Polish-language blog of our consultants is available under [aborcja.org](http://aborcja.org)' is another addition to the contact data, we will return to this link later on.

The Polish translation of running text is generally of good quality, preserving the tone of the original and sticking to the polite form of address *Pani*, equivalent to the German *Sie* 'you' (the capitalization is optional in Polish, and may even appear overpolite). Abortion is referred to by means of the neutral medical term *aborcja* 'abortion', interchangeably with *usunięcie ciąży* 'removal of pregnancy' that is more likely to be used by pro-choicers, and the euphemistic *zabieg* 'procedure'.

Some translational lapses are noticeable in short, unembedded fragments. For example, the main page features three untranslated elements: *Ethikkommission* 'Ethical commission', *Impressum* 'Legal notice' and *Datenschutz* 'Data protection' (that lead to content in German); and three Polish elements that are hardly comprehensible, giving the impression of machine translations: *Porównanie tabeli* 'Comparison of a table' leading to a table comparing different methods of abortion, *Prasie* 'Press' (dative case) leading to press articles in German and English, and *przez mianowanie* 'through appointment' after the phone number – the most difficult one to decipher, as *mianowanie* only refers to appointment of employees to certain positions. By the same token, an ultrasound image of a six-week pregnancy is described correctly in the running text, while the subheading under the picture is very clumsy: *Ultradźwięki obrazu 6-te tygodnie ciąży (bez zarodka jest widoczny)* 'Ultrasounds of the picture 6th week of pregnancy (without embryo is visible)'. Some of the subsection headings also

display grammatical and stylistic mistakes characteristic for machine translation, e.g. *Od kiedy przerwać to możliwe?* ‘Since when terminating this possible?’.

The blog under *aborcja.org* is run by a Polish language consultant employed by GM between 2009 and 2016, who reveals her full name. The blog’s declared function is as follows: *uzupełnia i poszerza informacje znajdujące się na stronie www.gynmed.at* ‘supplements and broadens the information available in the site *www.gynmed.at*’. Another Polish language consultant currently employed by GM is introduced as well – two posts feature press interviews with her. The POV presented by both the consultants is more militantly pro-choice than that offered by GM’s website itself, and strongly focuses on the situation in Poland to criticize the present abortion law, attempts to make it more restrictive, and hypocrisy of those who proclaim to be against abortion but see their own situation as unique enough to justify it. The language of the blog appears considerably less professional and detached than in GM’s Polish website (where only the patient’s letter displays an emotional tone), with the consultants sometimes using highly colloquial language and even vulgarisms (particularly in the interviews). The POV seems to fluctuate between that of a healthcare professional providing information on services offered by a particular clinic and of a feminist, pro-choice activist, expressing anger with the present status-quo in Poland.

In conclusion, the Polish website of GM shows the emergence of another salient thematic category: the abortion law in Poland (category 10). Highly emotional criticism of its restrictive character often escalates into more general complaints about the excessive role of the Catholic Church in the public life, widespread bigotry and hypocrisy, inadequate sexual education, suppression of women’s rights, etc.

With VM, all the Polish content is presented in one main page containing 830 words, equivalent to the German subpage *Schwangerschaftsabbruch* ‘abortion’, of similar length (872 words). Most of the Polish text is translated from German. After a short introductory paragraph, information is grouped into sections under the headings: *Koszt przerwania ciąży* ‘Cost of termination of pregnancy’, *Przebieg aborcji* ‘Process of abortion’, *Pytania i odpowiedzi* ‘Questions and answers’, *Prawne aspekty aborcji w Austrii* ‘Legal aspects of abortion in Austria’. The last section of 381 words is decisively the longest one. Relevant sections from the Austrian Penal Code and the Act on Children’s Rights are translated into Polish, preceded with the information in bold: *Przyjeżdżając do Austrii znajdujesz się pod jurysdykcją tego kraju i tym samym aborcja jest dla Ciebie legalna* ‘Coming to Austria, you are under the jurisdiction of this country, therefore, abortion is legal for you’. This fragment has no counterpart in German. The only other added fragment is the following question and answer: *Czy muszę receptę wykupić w Austrii?* ‘Do I have to get the prescription filled in Austria?’, *Recepty wystawione w kraju Unii Europejskiej można realizować również w Polsce* ‘Prescriptions made up in a country of the European Union may also

get filled in Poland'. What has been deleted in the Polish page, in turn, are the call-back form and the clinic's contact data. While the clinic's address and phone number are still available at the top of the page, the important information about the opening hours is missing altogether, and obtaining it will require changing the language to German. No information is given about the languages spoken by the staff. This may simply be an oversight on part of the providers, but it might perhaps also suggest that future patients may not rely (only) on the webpage, but presumably also on the help of gatekeepers in obtaining information and getting access. This is where activist groups such as *Ciocia Wienia* might come into play, a group of feminist activists with Polish backgrounds who provide assistance to Polish women seeking an abortion (Horaczek 2021: 22); there is, however, little information available on groups such as these, and, more specifically, on their perspectives on linguistic support.

The translation is of very good quality, the only detectable mistake is one typo (*aborcyji* instead of *aborcji*). The page uses the same repertoire of terms for abortion as listed earlier for GM. Direct forms of address are very abundant and, interestingly, they are consistently translated using the informal 2nd person singular, equivalent to German *du* 'you'. This decision may result from a pragmatic adjustment to the expectations of the target culture (Polish websites rarely address their users with the formal forms *pan/pani*, if they address them directly), or from the translator's attempt to create a more friendly atmosphere. These forms of address combine well with the general style of the text, which is informal and unsophisticated (except for the excerpts from legal regulations). Probably the most striking feature is the usage of feminine nouns for medical professionals such as *psycholożka* 'female psychologist' or *ginekolożka* 'female gynaecologist'. The use of such nouns instead of the traditional masculine generic ones is slowly gaining ground, still, it is vehemently opposed by many speakers of Polish (see, e.g. Latos 2020) and often signals feminist attitudes.

Some of the thematic (sub)categories are notably missing in VM's Polish page, particularly categories 1 and 10 that are very salient for GM. Categories 3 and 6 are summarized in one sentence *U nas znajdziesz najlepszą opiekę medyczną i psychologiczną* 'You will find the best medical and psychological care here', and therefore radically backgrounded. The legal aspects (category 9), in turn, are considerably foregrounded.

WH's Polish website consists of the main page and five subpages: *Przerwanie ciąży* 'Termination of pregnancy', *Antykoncepcja* 'Contraception', *Zespół* 'Team', *Wirtualny spacer* 'Virtual walk' (which contains only pictures) and *Kontakt* 'Contact'. The user is never addressed directly, the website features only impersonal constructions. The terms for abortion are the neutral *aborcja*, and *przerwanie ciąży* that gravitates slightly towards pro-choice attitudes.

Out of the six German subpages analyzed above, three do not have their Polish counterparts: *Medikamentöser Abbruch* 'Medical abortion', *FAQ* and

*Anreise* 'Arrival', although all three seem very relevant for Polish patients. Interestingly, medical abortion is not mentioned anywhere, possibly as an option that Poles are not expected to consider. Information on how to reach the clinic is available in the subpage *Kontakt* 'contact', but it is less detailed than in the German subpage.

The Polish main page features very little text (64 words). Besides the contact form, there is only one heading *Przerwanie ciąży Wiedeń, Austria* 'Termination of pregnancy Vienna, Austria' and one sentence *Pacjentkom, które decydują się na przerwaniu ciąży nasz zespół Woman & Health zapewnia indywidualnie fachową i nowoczesną opiekę medyczną* 'Our Woman & Health team provides professional and modern healthcare on an individual basis to patients who decide to terminate pregnancy'. This sentence is a translation of one placed in the German subpage *Abtreibung* 'abortion'. The scarcity of information stands in stark contrast to the text-heavy German main page (924 words), including two interviews with gynecologists explaining how medical and surgical abortions are performed.

The subpage *Przerwanie ciąży* is also much shorter than its German counterpart (203 and 1476 words, respectively). The sentence from the main page is reused here. Decision-making under our category 1 is addressed very briefly and clumsily: *Problem uczucia niechcianej lub nieplanowanej ciąży rozwiąże jedynie właściwie decyzja. Tę samą decyzję podjęły wszystkie nasze pacjentki*. 'The problem of the feeling of an unwanted or unplanned pregnancy will be solved only by the correctly decision. The same decision has been taken by all our patients'. This is an inaccurate translation of *Welche Empfindungen eine ungewollte oder ungeplante Schwangerschaft auslösen mag – es gibt nur eine richtige Entscheidung: nämlich jene unserer Patientin*. 'No matter what feelings may be caused by an unwanted or unplanned pregnancy, there is only one correct decision: the one taken by our patient'. By contrast to the German version highlighting the importance of individuals' decision-making, the Polish text implies that abortion is the only right choice in case of unwanted pregnancy, which may raise ethical concerns.

A visit in the clinic is described without any detail, the user only learns about its duration and that the abortion is preceded by ultrasound scanning and consultation. Notably, the procedure is described as *tzw. zabieg Kiretażu (franc. curettage zabieg wyłyżeczkowania kieszonek dziąsłowych)* 'the so-called Kiretaż (French curettage the procedure of subgingival curettage)', which refers to dental treatment and not gynaecology. Most probably, this is an incorrect translation of the German term *Saugkürettage* 'suction aspiration/curettage'. This is very confusing for the Polish user, likely to deduce that the method is in fact *wyłyżeczkowanie jamy macicy* 'uterine curettage', which involves scraping the uterine lining with a curette and is an older surgical method, different than the one the clinic describes for its German-speaking clientele. Another baffling piece of

medical information is *Na życzenie pacjentki lub w przypadku przeciwwskazań przeprowadzane jest znieczulenie miejscowe* 'On the patient's request or in case of contraindications regional anesthesia is performed'. The sentence is obviously illogical: indications are confused with contraindications, or maybe contraindications for general anesthesia are meant? Moreover, the type of anesthesia offered to the Polish patient is not the same as the one described in German, which is general anesthesia (never mentioned in the Polish website). Last but not least, the sentence implies that abortion may also be performed without any anesthesia (if the patient does not request it). In short, the abortion procedure described in Polish is markedly different than the one described in German. This might mean that the services offered to Polish patients are different (less modern, possibly of lower quality), but, more probably, it is just a spectacular translation failure.

The subpage *Zespół* presents pictures of two doctors introduced as *fach lekarzu z ginekologie i poloznictwa* 'profession physician from gynecology and obstetrics'. This translation is so clumsy that it appears to be in another Slavic language, not Polish.

Although the webpage mentions consultations before the abortion and possible psychological assistance, it is by no means clear in what languages these may be conducted.

In fact, the Polish website of WH addresses all the thematic categories listed above, but does so in a very cursory manner. The proportion of the information presented in Polish to the information presented in German is clearly the lowest, moreover, there are serious inconsistencies between the two versions.

## 6. Discussion and conclusions

The quality of the three Polish versions of the websites under analysis varies significantly. All of them make extensive though selective use of translation from German and partially reframe content. We do not possess any information on who created the Polish sites and upon which premises (e.g. machine translation with/without post-editing vs. human translation, professional vs. lay translator, with regular fee or without proper payment, etc.). Based on typical grammatical/linguistic glitches, we suppose that we deal, at least in part, with machine translations edited at a later stage, though not always with much care. The style, register, and orientation of the German original webpages that aim at professional and detached information is kept, though in some passages a more emotional and slightly more critical and feminist tint emerges in the Polish versions.

While two of the clinics appear to have made some effort to offer their Polish clients comprehensive and understandable information (GM, VM), with some minor glitches attributable to careless revision of machine translations (GM), the



third clinic (WH) either seems to have invested less time and energy (and possibly money) or is perhaps not aware of the low quality of its Polish site. Here, the language is clumsier, interspersed with mistakes to the point of being hardly understandable. The Polish pages provide a drastically condensed version of the German content and much information that might be considered highly relevant to international patients is left out or warped.

While most of the categories derived from our analysis of the German webpages are present across the Polish corpus, the general focus tends to shift. For instance, the major orientation towards autonomous and informed decision-making is much more prominent in the German corpus. Perhaps this is due to an assumption that a Pole seeking abortion providers in Austria is already past the decision-making stage. Legal information, in turn, is foregrounded in the Polish webpages, which implicitly highlights the contrast with the status quo in Poland. One subcategory that is unexpectedly missing in the Polish material is “Safety and anonymity”, maybe the very distance from the patient’s environment is assumed to guarantee both. Most of the textual additions fit under the previous (sub)categories and seem fully explicable in view of Polish patients’ needs (e.g. to obtain presumably cheaper medicines after return to Poland).

One new category was derived inductively from the Polish material (GM): the abortion law in Poland. Although its emergence is not surprising, the degree of outspoken criticism and emotionality was unexpected. This outspokenness goes hand in hand with a shift in POV towards a more critical and less detached one that is noticeable in GM’s website, particularly if considered jointly with the blog. However, an apparently opposite trend toward reduced directness and euphemization of abortion is also detectable in the same website (in the Polish patient’s letter of thanks).

Generally, a fairly neutral use of terminology sometimes slightly gravitating towards a more pro-choice language is characteristic of all three websites when it comes to describing the procedure as such both in German and in Polish. Interestingly, a more feminist style is present in VM’s Polish website through the inclusion of a pronouncedly gender-specific phrasing (feminine nouns for medical occupations) that is uncommon in Polish but in this case, we assume, a deliberate decision. Another highly interesting shift is the tinting of a specific passage in WH’s Polish website towards abortion being the only reasonable decision, which, however, need not necessarily be seen as a deliberate choice as WH’s site contains several other passages that can be put down to a faulty translation.

In most cases, the reasons for changes in content are transparent: call-back forms, for instance, would not work with Poles if the clinics do not provide full-scale language assistance in Polish. In other cases, however, the deletion of content seems puzzling: WH, for instance, does not offer any information on medical abortion, potentially leaving Polish users under the impression that this is not an available option.

GM and VM perceive the need to address potential patients directly. Interestingly, in Polish GM opts for the more formal and polite way of addressing users (*Pani*), while VM opts for the more informal (and more common in websites) 2nd person singular. WH's Polish pages, in comparison, are kept strictly impersonal – perhaps an indication that the translator did adopt a functionalist translation strategy, whether on purpose or not remains unclear.

In general, it can be said that Polish users are given the chance to obtain fairly comprehensive and understandable information, though sometimes with a slightly more feminist and critical POV, with two of the clinics, while the third website is less successful in transporting relevant content.

Surprisingly, the language needs of international patients are only cursorily and superficially touched upon in the German material, while two of the Polish websites (VM and WH) do not address this issue at all, which may discourage monolingual Polish patients. GM mentions an interpreting service in its Polish site, but does not provide adequate information on how this system works. Polish users may learn much more about GM's Polish language consultants and the variety of functions they perform (interpreting, mental support, providing information, assistance in organizing the stay in Vienna) from the linked blog, and particularly from the press interviews it contains.

Overall, the scarcity of information on how language barriers may be bridged may be read as proof for our assumption outlined at the beginning that language needs in medical tourism are underrepresented and under-researched. Despite the limitations of this study, which analyses a small corpus of webpages in only two languages, we feel that it is fair to assume that more research would be needed to arrive at a clearer picture of how international patients' language needs are met in situations which are of critical importance to women in vulnerable circumstances. To offset the limitations of this small-scale study it might be useful to investigate the Polish patients' and the language consultants' perspectives on language mediation in abortion tourism by means of more ethnographically-oriented methods, possibly incorporating also activist groups who provide support to women seeking an abortion. In addition, it would also be interesting to see whether websites of other abortion clinics, also from other destination countries (Germany, Netherlands) or in other national contexts, use different strategies for (re)framing and adapting content to a specific clientele.

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