Interview with Juan Antonio Torrecilla

Today we begin a series of Podcast Interviews for medicalenglishblog.com. The aim is to try and discover a little bit more about the lives of those working in the health care system, and in the process use and learn English. My aim is to interview as diverse a variety of workers as possible: Doctors, nurses, librarians, researchers, in fact all those who work in medicine. And today, it gives me great pleasure to start this project off and to interview Dr Juan Antonio Torrecilla, a Thoracic surgeon working in Son Espases Hospital.

Good morning Juan Antonio

A) Good morning

Q) How are you?

A) Fine

Q) I’d like to begin and I’d like you tell me something about your background, where you come from etc?

A) OK. I was born 30 years ago in Barcelona, in a town near Barcelona. My parents went from Extremadura to Catalonia to have a better life. I was born there. I have a sister and I rose up (1) as a normal kid and everything was normal.

Q) Before we continue with, more questions where I am going to focus on Medicine, born near Barcelona – this must mean you are a Barcelona supporter.

A) No.

Q) Ok, let’s continue to the next question, focusing a little bit on medicine. Why did you decide to study medicine?

A) I don’t know, maybe vocational, but when people asked me when I was a child what I wanted to do I answered that or I wanted to be a doctor or a truck driver (2). I chose to be a doctor.

Q) And did you have anybody else in the family, any relatives who were doctors before?

A) No.

Q) And what made you choose becoming a truck driver rather than a doctor?

A) I don’t know, maybe to help another (3) people, when I saw a doctor when I was in a hospital I liked and I was wondering, I wondered how could be the life in the hospital, and I wanted to be there working. I don’t know it’s very hard; it’s very difficult to explain it in words. It was a feeling.

Q) Ok. And it was a feeling from a little boy, a feeling to want to help people, to want to work in hospitals, from quite young. What age more or less?

A) Since I have…since I can remember.
Q) Ok. fantastic..fantastic. Where did you study, Juan Antonio?

A) In Barcelona, in the Universitat de Barcelona.

Q) And what did you think about your medical training? Do you have any comments, anything which really made a big impression on you?

A) too much theory and too little practice. I think that when I finished my career (4) I saw very few patients. It was a theory, and theory and theory, when you finish you don't know anything about.

Q) Do you think that this has changed now? Do you think now there's still too much theory and not enough practice or do you think things are changing in medical education?

A) I don't know if things have changed a lot

Q) Ok, and thoracic surgery or surgery in general. Why did you choose to become a thoracic surgeon any particular reason or..?

A) No, in fact I knew that I wanted to be a surgeon more than a doctor because I don’t know, because I like to make something different every day and it’s like climbing or you have all the adrenalin when you are in the operating theatre (5).

Q) The operating theatre

A) You feel good because you ….

Q) Everything is alright and everything in a right way. It’s a very good feeling.

Q) In the UK surgeons are not considered or at least they are not titled as doctors; they are titled as Mr or Ms (6) in England there’s a feeling that the surgeon, in some way, is apart from the doctor. Do you think there is any relevance to this? Do you feel this is the same in Spain? Are surgeons a different breed from the doctors?

A) in the general population?

Q) In here – in the medical field?

A) No, we have different fields. And Pneumologists or thoracic surgeons – there are things that Pneumologists can do better and I can do some things better than them. We complement.

Q) so, it is a complementary role between, for example, in the thoracic area, it’s a complementary between Pneumologists and thoracic surgeons?

A) yeah.

Q) Is the relationship easy? Is the relationship fluid? Is there a feeling of working together with the same aim or are there difficulties sometimes?
A) We can work together very well, in fact I am doing my Ph degree with them, and in particular in the pulmonary area we work very well together. If they have a problem they and us problem, and I think it is a two way relationship.

Q) Two-way relationship, harmony, fantastic. Ok. At present we are living through very difficult times, the moment in Spain is particularly problematic. How does this affect your work? Does this affect your work, the difficulty in the general state of affairs in Spain, in the country?

A) Yes, life is harder since all this stuff started. We cannot make good medicine without money. It’s a thing which is very hard to comprehend (7) by the politicians, but I think they don’t know what we are doing here and the real medicine is very expensive, in fact, we can not offer the same services as 10 years ago or better services than 10 years ago with the same money because there are more patients now than before and all the complementary tests are more expensive there is more technology each time..

Q) Population getting older

A) We work under pressure; if you don’t make things in the right way you can be demanded (8); then medicine is more expensive and I think they should understand it.

Q) You mentioned that the politicians don’t really know what doctors are doing. Do you think that the general public has an idea of the work of the doctor or do you think that maybe the general public as well has a strange idea what about you are doing? They don’t have a real idea about what you are doing.

A) The patient knows. The general population that don’t (9) use the medical services, I don’t know. They see us like as (10) a kind of elite and they don’t know if we deserve to be here, but the patient knows perfectly. The chronical chronic (11) patient knows better and he don’t (12) understand why they are doing this with us.

Q) Today we have just learnt that the Local Health Minister has resigned. What do you think about this? Do you have anything to comment about this?

A) It is necessary but I don’t know if she is deciding all the things they are doing or if it is a plan from higher statements (13).

Q) OK, the future? The future, we hope will be positive, we hope that we have an optimistic future. How do you see the changes in Thoracic surgery in 5 years, for example?

A) In 5 years, not too many changes, maybe minimally invasive surgery – surgery with small incisions and less pain- all of this is developing now, but I think the change for surgery in general will be great in 20 or 30 years. I think if cancer have (14) a treatment; I think surgery will not be as important as now.

Q) So, do you think in the future there will be no surgeons? Everything will be treated medically and not surgically?

A) Yeah. Now I think more than 50% of the operations are because of cancer; 50 years before it was tuberculosis and we go on operating, but I cannot think about a surgery like now without cancer. I hope there is a treatment in not many years.
Q) A cure – in a short time. Do you have any children?

A) Two.

Q) Two. Boys or girls?

A) One boy and a girl.

Q) OK; one boy and a girl. You when you were little had, as it were, a kind of vocational desire to become a Doctor from a young age, even as you said earlier, maybe just to be a surgeon. Would you recommend your children to become doctors, to become surgeons, to go into medicine?

A) If they like, yes, but they should know the wards (15) on duty(16) before they decide but if they like; in fact my older child wants to be a doctor.

Q) He wants to follow in the footsteps of his father.

A) Yeah.

Q) And thank you very much for answering these questions about the medical profession from your point of view, but somebody has told me that you are a very good guitarist, Juan Antonio.

A) I am a guitarist.

Q) You are a guitarist but I have been told that you are very good. And do you have a role model?

A) Yeah, the guitar is very complicated to be based just on one model: Jimi Hendrix, Stevie Ray Vaughan; they are people I’d like to play like them but it’s not possible.

Q) When you come out of the operating theatre, and you want to relax do you go home, pick up your guitar and play…?

A) Yeah.

Q) Juan Antonio, thank you very much. It’s been a pleasure speaking to you.

A) You’re welcome.

Q) And thank you listeners, and until the next interview. Bye for now.

Footnotes

1) Rose up should be “grow up”. To grow up is to grow from a child to an adult; in actual fact children talk about adults as “grown ups”.

2) “Truck driver” is US English; the equivalent in the UK would be “Lorry driver”.

3) “Another” is single and therefore here it should be “other people”.
4) “Career” is not the same as “carrera” in Spanish. In Spanish we use “carrera” to talk about both the University undergraduate training, and the professional career. In the UK it refers to the latter.

5) “Operating theatre” or even “theatre” in a hospital refers to the area where surgeons operate, and comes from the time when teaching hospitals had an area above where the students watched the operations from above, as in a theatre.

6) “Ms” refers to a woman, whose marital status is unknown.

7) “Comprehend by” would be better “understand for”

8) To demand means ask for something. Here, Juan Antonio was using a typical false friend between English and Spanish because in Spanish “demander” means “to take somebody to the law court”. The word he should have used was “sue”.

9) Both in number (9) and (12) he confuses “don’t” and “doesn’t”; both “population” and “he” and third person so they should be followed by “doesn’t”.

10) Both in (10) and (11) Juan Antonio self corrected himself – “like” to “as”, and “chronical” to “chronic”.

13) Here, “statement” is another false friend because in Spanish “estamento” means “social strata or classes”, and is even used to talk about “politicians”. In English “statement” means “afirmación”.

14) Cancer is third person and should be followed by “has” not “have”.

15) “Ward” is the area where the patients are hospitalized.

16) “Duty” in Spanish is “guardia” – “To be on duty”.