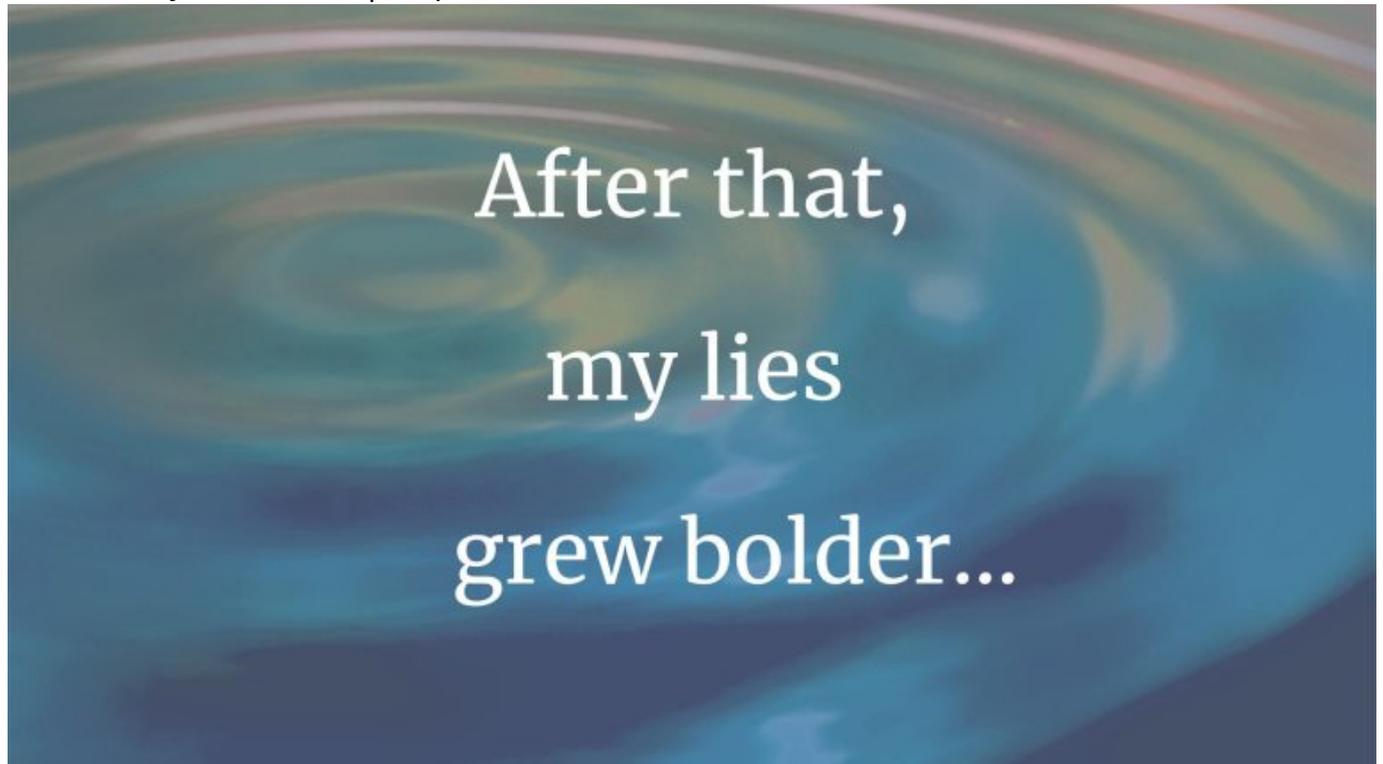


Truth in Translation

Category: Stories

written by N.Y. Sun | September 5, 2023



Editor's Note: This piece tied for first place in the Pulse writing contest, "On Being Different."

I learned from my grandfather how to lie to doctors the same way that baby birds learn chirping: by mimicry.

"All healed," I would translate for my grandfather at appointments. "I used to smoke, but not anymore." "The pain is very faint."

A good apprentice, I knew that he was lying, and I translated it anyway. I was eight years old, and a fast learner. I understood the anatomy of a well-told lie: The basic facts denied by the lie itself. The lie's plausibility. Your facial expression. *Their* facial expressions. A history of trust.

When I asked my grandfather why he downplayed his symptoms, he explained that if he did not, the doctor would prescribe him medicine.

"Thirty percent of any medicine is poison," he said, reciting a Chinese adage.

It didn't take me long to begin crafting lies of my own. At my mother's request, my grandfather had to see the doctor every six months. Eager to please my grandfather, who had raised me while my mother worked out of state, I took on the responsibility of protecting him from modern medicine.

When my grandfather confessed that he didn't want the doctors to question his decrease in weight, I scoured the internet for a plausible

explanation.

“Just a diet change,” I told the doctor without waiting for my grandfather’s reply. Looking as wide-eyed and innocent as a ten-year-old can look, I added, “He recently became a vegetarian.”

After that, my lies grew bolder—and with their help, the unsuspecting doctor at our busy clinic always gave my grandfather the all clear. Whenever I’d successfully helped my grandfather dodge the doctor’s suspicions, I felt proud at fulfilling my duty.

The older I became, the better I understood why we lied: My grandfather, who grew up in impoverished rural China, didn’t trust these American doctors with their strange machines and expensive medicines. He also didn’t want to burden my mother, who was working fourteen hours a day in another state, with more fees and appointments.

But the older I became, the more anxious I grew about our game of deception. I understood that one day, inevitably, one of our lies would obscure a symptom that pointed to a serious illness. When I was in sixth grade, after we’d lied to my grandfather’s doctor about how many packs of cigarettes he used to smoke, I spent the summer scrolling through WebMD and PubMed, learning about lung cancer; and that fall, I read up on sleep disorders and the efficiency of continuous positive airway pressure (CPAP) machines.

Meanwhile, beneath my rapidly growing fear, a fascination with the human body and all the ways it could break was slowly blossoming. I read books about doctors and their most fascinating patients and, in the process, inadvertently began to understand the hospital hierarchy that intimidated my grandfather.

It was in one of these books that I first read the term “medical mistrust.” I had subconsciously shared that mistrust until, ironically, I started trying to understand medicine in order to craft better lies.

The more I learned about the human body, the more I understood that I knew nothing. The complexity of physiology that I adored—an intertwining of systems that explained the visible effects of molecular events—meant infinite possibilities for diseases I hadn’t ever heard of.

Then, one Friday afternoon in seventh grade, my neighbor and I were waiting for our friend to come over and play trivia games when our friend’s mother called to tell us that the friend could not come, because her father had passed away. A blood clot had caused sudden cardiac arrest.

We were shocked: We had seen him at school earlier that week, seeming perfectly healthy. Then my neighbor recalled our friend’s mentioning, that same week, her father’s swollen legs.

Immediately, I remembered my grandfather’s doctor appointment that morning: The doctor had asked if my grandfather’s legs ever swelled, and I had said no without waiting for my grandfather’s response.

His legs only swell at night, I'd reassured myself.

I ran home and hysterically begged my grandfather to see a doctor. When he finally agreed, I called the doctor's office and found that the earliest available appointment was Monday.

That weekend was the longest of my life. As I maniacally researched lower-extremity edema, endless horrors awaited on WebMD and PubMed: From kidney failure to heart failure, every possible cause seemed to threaten my grandfather's life.

On Monday, to my great relief, the doctor diagnosed my grandfather with high blood pressure. Though the experience was terrifying, it also taught me to grudgingly respect how any seemingly innocent symptom could be the tip of an intricate iceberg of illness. The fascinating mechanisms behind medical disorders left me in awe.

I decided that I never wanted my grandfather to lie to a doctor again—but the challenge was to convince him. For him, the priority was to avoid medical attention and intervention. I could not confront or force him as my mother had attempted to do. Instead, I tried to imagine things from his perspective.

If I'd grown up in impoverished rural China, I realized, I wouldn't trust these American doctors any more than my grandfather did.

I began acting as a mediator as well as an interpreter. I researched the imaging tests the doctor suggested and described to my grandfather in Chinese how they worked.

After hearing my explanations of the doctor's list of risks and benefits, my grandfather became more receptive to the doctor's suggestions and began honestly relaying his symptoms to me. Instead of pressuring him to take his medications, I encouraged him to listen to the doctor's analysis of each option and reminded him that he could always make his own decision afterwards. I tried to understand the real concerns behind his decisions, and I made sure that he felt comfortable with the doctor's plan and was willing to carry it out. For example, he refused to take medications that he believed would cause *shànghuǒ*, or "heatiness," a concept in traditional Chinese medicine, so I reviewed the prescription's side effects and assured him that the *reqi* ("hot air") would pass quickly.

Over the past decade, my efforts have been fruitful. My grandfather began staying on his blood-pressure medications and has been using his CPAP machine regularly.

Watching his journey in the healthcare system has inspired me to begin my premedical studies in college and volunteer as a translator at an internal-medicine clinic serving largely Chinese-American immigrant patients.

Though my grandfather is still sometimes reluctant to trust the doctor, he trusts me. In the doctor's office, he no longer offers lies for me to translate.

Instead, he says, "Nora, *ni shuo ba.*" ("Nora, you tell them.")