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Code-Switching in Bilingual Medical Consultations (Galician-Spanish)

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INTRODUCTION

*Medicine is an art whose magic and creative ability
have long been recognized as residing in the
inter-personal aspects of patient-physician relationship.*
(Hall, Roter, and Rand: 1981: 18)

*It appears to me, that whoever treats of this art should treat
of things which are familiar to the common people (...)
But whoever does not reach the capacity of the illiterate vulgar
and fails to make them listen to him, misses his mark.*
("On Ancient Medicine", Hippocrates, ca. 400 BC)

Every second, thousands of people all around the world go to the doctor's office due to a health problem that requires professional help. Curing the affected body part is not merely a question of science; it is also viewed as an art: the art of communicating efficiently and accurately, from person to person. Communication between a doctor and a patient is described as the "heart of medicine", an inseparable component from science as "two sides of a coin" (de Haes and Bensing, 2009: 287; Panda, 2006: 138).

The primary communication tool we have, normally, is the capacity to speak a minimum of one language, and we possess a set of non-verbal communicative skills that enhance effective interaction (Matsumoto, 2006). Yet, multilingualism is the rule worldwide rather than the exception. Over half of the world's population uses two or more languages daily (Grosjean, 2021: 28). In bilingual and multilingual regions and countries, patients and doctors in these regions may or may not share the same native or dominant language. If the consultation is in the EU, between 40-50 million people speak at least one of its 60 regional and minority languages (RMLs) Europeans speak a regional and minority language, but only three have a status of co-official languages (Catalan, Galician, and Basque)¹.

Moreover, with constant migration in our globalized world, patients and doctors may or may not share the same native language or language proficiency in the local tongue. In 2020, the International Organization for Migration reported 272 million international

¹ Until the exit of United Kingdom of the European Union (2020), there were five co-official languages: the Spanish co-official languages (Catalan, Galician, and Basque), Scottish Gaelic (circa 60,000 speakers, Scotland's Census 2011) and Welsh (circa 900,000 speakers, Source: Annual Population Survey 2023). After 2020, there are only the three Spanish co-official languages. A semi-formal or co-official status means that they can be officially used under an administrative arrangement between the Council and the requesting Member State. Retrieved 4 August 2024: <https://www.europarl.europa.eu/EPRS/EPRS-Briefing-589794-Regional-minority-languages-EU-FINAL.pdf> (Briefing September 2016, Regional and minority languages in the European Union).

migrants, representing 3.5% of the global population, leading to diverse linguistic interactions in healthcare settings (IOM, 2021)². In the EU, multilingualism facilitates this movement of people, since approximately 60% Europeans can converse in at least one other language than their mother tongue (Eurobarometer, 2023)³.

A medical consultation in a multilingual context presents potential communication challenges in achieving its two main goals: resolving the health issue (transactional) and maintaining a good interpersonal relationship between physician and patient. Doctors and patients employ various strategies either to overcome communication barriers stemming from limited linguistic competence or to engage in language negotiation between bilinguals. With regard to the former, solutions include hiring interpreters, speaking more slowly and clearly, reformulating messages, using pictograms, and leveraging technological aids that have become increasingly prominent in recent years to facilitate multilingual communication. In cases of language negotiation, one common strategy is code-switching, which is the focus of this dissertation.

Code-switching is a communication strategy employed by bilinguals, consisting of alternating two or more languages within a conversation (Matras, 2009: 101; Gardner-Chloros, 2009: 202). This language alternation is a functional and socially embedded contact phenomenon that acquires social, discourse, or referential meaning in the conversation (Matras, 2009: 105; Heller, 1988: 3-4). It reflects the speakers' linguistic identity, social relationships, and the conversational context. Bilingual speakers employ code-switching daily in all possible communicative contexts, making it a ubiquitous feature of bilingual communication.

This study examines code-switching in the specific speech community of Galicia, Spain, an autonomous region with two official and closely related Romance languages: Spanish and Galician. Due to centuries of contact, these languages heavily influence each other. Contemporary Galician provides a suitable case for studying language dynamics, being a “dynamic and lively scenario of language shift” and a “language planning laboratory” (Kabatek, 2017). The study focuses on a semi-urban town, a midpoint between predominantly Spanish-speaking cities and Galician-speaking rural areas.

Bilingual speakers express their bilingual linguistic identity by selecting which language to use in each context and alternating between the two languages. In Example 1, a patient switches from Spanish to Galician, talking with her family doctor about her pregnancy:

² International Organization for Migration: World Migration Report 2020. Retrieved 4 August 2024, from https://publications.iom.int/system/files/pdf/wmr_2020.pdf.

³ Countries as Luxemburg (99%), the Netherlands (97%) or Sweden (97%) reported they knew one or more foreign languages. In contrast, only 33% in Poland, Romania (34%) or Hungary (38%) reduced the average. Retrieved 4 August 2024: <https://europa.eu/eurobarometer/surveys/detail/2979> (Eurobarometer 2023, “Europeans and their languages”).

(1) DOCTOR: [uff!]/ eso] es mucho/ eh?

uff! that is a lot, eh?

PATIENT: es muchísimo// e que ti sabes que fame teño? [LAUGHTER]=

it is too much but do you know how hungry am I?

The consultation is held the day before the patient's due date. During her pregnancy she has gained 22 kilos, which is more than recommended. The doctor confirms that it is an excessive weight gain, and the patient agrees. To humorously justify her constant hunger, she switches to Galician, which is followed by laughter. Although both speakers understand each other perfectly in Spanish, the patient's switch to Galician adds humor, effectively easing the conversation's tone and mitigating her justification. This illustrates a case of language alternation that is a strategic choice rather than a linguistic necessity. The strategy proves effective, as both speakers continue the interaction in a relaxed tone. Given her imminent due date and lack of pressing medical issues, the doctor focuses on the interpersonal dimension of the consultation.

The **research goal** of this dissertation is to analyze code-switching between Galician and Spanish in medical consultations. The main research question guiding this work is the following: *Do doctors and patients code-switch during consultations? If so, what patterns can be identified in their use of code-switching?* Thus, this study identifies three dynamics associated with language alternation in a semi-urban primary care clinic:

- *Social dynamics*: Language behavior inside and outside the medical setting.
- *Interpersonal dynamics*: Distance regulation between the speakers in their role as doctor and patient.
- *Situational dynamics*: Socio-discursive functions within the consultations.

The specific **research questions** are associated with the three dimensions of analysis:

1. Social dynamics: What patterns of general linguistic behavior and specific linguistic behavior in healthcare settings can be identified in this Galician social context? Does reported linguistic behavior differ from the actual behavior in medical consultations?

Hypothesis 1: Bilingual speakers negotiate their language use in each interaction due to their language competencies, preferences, and other extra-linguistic factors regarding the social and communicative context. A medical consultation, which combines interpersonal and transactional goals, might be a setting with a high frequency to employ code-switching as a communication strategy. However, speakers might recall alternating between Galician and Spanish less than they do in reality.

2. Interpersonal dynamics: Is code-switching employed in medical consultation as a strategy to regulate the distance and achieve a particular power balance between

doctors and patients? Is the effect the same independently of the direction of the switch?

Hypothesis 2: Code-switching contributes to fulfilling the interpersonal goals of the consultation, i.e., keeping a good relationship based on trust between doctor and patient. Depending on the switch's direction (into Spanish or Galician), speakers can create a different effect in the interaction regarding the distance between them and power dynamics, i.e., agency and hierarchies. The local language (Galician) might be associated with a proximity effect, while Spanish may have a distance effect between speakers of the same speech community.

3. Situational dynamics: Under which situational conditions do doctors and patients employ code-switching throughout the medical consultation? Which socio-discursive motivations do they pursue with the language alternation?

Hypothesis 3: Code-switching is a communication strategy useful for fulfilling the transactional goal of a medical consultation: offering a professional solution to a health problem. Doctors and patients might alternate languages in any or all parts of the interaction (opening, complaint, exploration, diagnosis, and closing), fulfilling a variety of socio-discursive motivations, potentially tied to the direction of the shift.

The combination of the three study dimensions highlights the nature of medical consultations. An interaction between a doctor and a patient is an intersection of a medical and a social arena which allows addressing “a variety of dilemmas inhabiting the medical visit” (Heritage and Maynard, 2006: 19).

The study employs a mixed methodology, combining sociolinguistic and discursive analyses from both quantitative and qualitative approaches. Quantitatively, it includes a descriptive and correlational statistical analysis of social dynamics. Qualitatively, it involves selecting excerpts from interviews and representative cases of code-switching from audio-recorded consultations. Thus, the research combines reported language behavior from questionnaires and interviews with natural language behavior from audio recordings.

The data collection includes two datasets collected in the same municipality at two different points in time. The first dataset consists of 586 audio-recorded consultations and eight semi-structured interviews with family and resident doctors (de Oliveira and Hernández Flores, 2014). The second dataset comprises 208 questionnaires and fifteen semi-structured interviews with selected informants (own collection, 2021). The total material amounts to approximately 102 recorded hours of data. The selection of the municipality for this study was based on geographic, demographic, and sociolinguistic

reasons, thereby ensuring a representative sample for analyzing code-switching in a bilingual context.

With this methodology, we discover multiple interesting aspects of code-switching in bilingual medical consultations in Galicia, showing that this phenomenon is a communication strategy that speakers use to negotiate their language during the interaction. Code-switching fulfills socio-discursive functions related to a medical consultation's interpersonal and transactional goals, i.e., keeping a good interpersonal relationship based on trust and finding a professional solution to one's health issues.

To our knowledge, this is the first comprehensive empirical study of code-switching in Galician-Spanish medical consultations. Galicia, with its two closely related Romance languages and population demonstrating a high level of bilingual competence, offers an ideal setting to study language dynamics. This study also contributes to understanding code-switching in semi-formal and professional contexts, a less explored area than colloquial use (Mondada, 2008). The results may also be useful in the discussion regarding whether Galician should be reinstated as a requirement in public exams for the Galician healthcare system.

The dissertation is organized into six chapters, plus the **introduction**, references, and appendices. Chapters 1, 2, and 3 provide the theoretical background underlying the study. **Chapter 1** discusses the theoretical framework of code-switching and closely related language contact phenomena. **Chapter 2** examines the speech community, including the historical background, language, and society in Galicia. **Chapter 3** addresses bilingual communication and healthcare, with a focus on the bilingual healthcare system in Galicia. **Chapter 4** describes the methodology, including data collection and analytical procedures. **Chapter 5** presents the findings and discussion, divided into three subchapters on social dynamics, interpersonal dynamics, and situational dynamics of code-switching. Finally, **Chapter 6** provides the conclusions, contributions, and suggestions for future research. The last section of the dissertation is reserved for the **references** used in this study, followed by the **appendices**, which offer additional material, including consent forms, questionnaires, interview templates, and full transcriptions of interviews and consultations.

1. MULTILINGUAL COMMUNICATION AND CODE-SWITCHING

We spend our days communicating synchronously in various ways, such as talking in person, video calling, or texting. Communication is a social activity that needs at least two individuals engaging in an interaction. The interaction requires a two-way verbal exchange that goes beyond the mere production of sentences and grammatical competence (Gumperz, 1982: 1). Interpersonal communication is an inherent part of the human being as "a social species that relies on cooperation to survive and thrive"⁴. It is about sharing, understanding, and making connections with each other". In this context, communication is a complex activity and a "powerful means for interpersonal relations" (Escandell, 1996: 159)⁵.

1.1. MULTILINGUAL COMMUNICATION

Bilingual and multilingual communication involve the use of more than one language. It is widely accepted that more than half of the world's population uses two or more languages in their everyday lives (Grosjean, 2021: 28)⁶. Therefore, this situation is the norm rather than the exception. Language contact phenomena has become increasingly relevant in research, as they describe daily language routines in our globalized world⁷.

Code-switching (CS), the unifying term for the examination of a series of mechanisms involving the use of two or more languages in the same conversation, is the focus of this dissertation. Given that there is an "absence of community norms in theoretical models, and [a] difficulty of adjudicating between findings from different methodologies" (Parafita Couto et al., 2021: 2), the following sections will address the field of CS. Initially, comparisons between different theoretical and methodological approaches will be outlined. Then, CS in comparison with other specific language contact phenomena will be

⁴ Editorial: The cooperative human. *Nat Hum Behav* 2, 427–428 (2018). <https://doi.org/10.1038/s41562-018-0389-1>

⁵ A minimum of two participants, a speaker and a receiver, produce a message, which refers to an extra-linguistic reality, objects, and circumstances outside the proper linguistic signs. Therefore, producing the message is, according to these authors, "a difficult task of formulation, which lies in a zone of tension between the linearity of linguistic signs, the norms of the particular historical language and the complex multidimensional extra-linguistic reality." Speaker and receiver interact within a determinate space-time coordinate and within a concrete personal – psychological – and social context (Koch and Oesterreicher, 2007: 25).

⁶ The exact percentage remains unknown, because some communities have still not been studied enough. Moreover, different definitions of bilingualism (native speakers, L2 speakers) make it challenging to compare statistics to offer a clear answer to how many monolinguals, bilinguals, and multilinguals there are in the world. In this work, Grosjean, one of the leading researchers of bilingualism, even indicates that the number might be as high as 65 percent, hoping to "have a definite number one day!" (Grosjean, 2021: 32). Thomason (2001) claims that there are more multilinguals than monolinguals in the world.

⁷ CS is, as mentioned, one of the contact phenomena attracting more research attention. This interest, according to Auer, may be "due to the demise of the monolingual national language ideologies which have become more and more unrealistic in the age of globalization, transnationalism, and migration. Today, multilingual practices are an undisputed everyday phenomenon, even in the European nation-states which hitherto considered themselves to be monolingual." (Auer, 2011: 459).

examined. First, some of the relevant concepts relevant to multilingualism and CS are introduced.

1.1.1. Overview of Relevant Concepts: Bilingualism, Speech Community, and Diglossia

As the term indicates, monolingualism refers to speaking only one language, bilingualism to speaking two languages, and multilingualism to speaking more than two languages. Notwithstanding these definitions, “bilingualism” is typically used as an umbrella term covering the ability to speak two or more languages.

Individual bilingualism refers to the linguistic ability in a minimum of two languages of an individual, whereas *societal bilingualism* refers to this common linguistic ability among a group of speakers forming a social organization beyond the individual or nuclear family (Fromkin et al., 2011: 460; Sebba, 2010: 445). Bilingual individuals have different levels of linguistic competence and have become bilingual through one of many paths. Some bilinguals are native speakers of two or more languages, while others have studied a second language and achieved proficiency to a near-native level. Some individuals grow up in households where multiple languages are spoken. Others become bilingual by choosing to learn a foreign language, while some are born into bilingual communities and learn a second language through their social environment or school. Bilingual ability can also result from life decisions, such as moving to another region or country and acquiring new languages through the educational system.

Societal bilingualism refers to social organizations in states (regions or countries) and communities, which are groups that practice bilingualism among themselves (Sebba, 2010: 445). The languages spoken in a region or country may or may not be recognized as official languages. For instance, Papua New Guinea has only three official languages out of more than eight hundred indigenous languages⁸. Conversely, Bolivia, the most (officially) multilingual country in the world, recognizes in the Constitution all indigenous languages along with Spanish, totaling thirty-seven official languages⁹. Other countries, such as Spain, Denmark and India, have one national language, with some official languages restricted to specific regions.

Societal bilingualism is associated with the concept of a *speech community*, a widespread term in sociolinguistics and the sociology of language. Speech communities consist of speakers who are in daily contact and share not only the language but also the

⁸ Papua New Guinea, with just eight million inhabitants, is the worldwide country with most languages, representing 12% of the world's total. The official languages are English, Tok Pisin, and Hiri Matu. Source: <https://www.britannica.com/place/Papua-New-Guinea/Languages>.

⁹ The indigenous languages were recognized as official languages in the Bolivian Law number 269 of August 2, 2012.

linguistic norms, expectations about its use, attitudes, and values (Labov, 1972: 120-121)¹⁰. Further, speech communities embrace language contact situations: Aronin (2022: 96) explains that language contact occurs when people who speak different languages interact with each other. This interaction influences the languages involved, potentially affecting one or all the languages in contact. These encounters also impact the speakers themselves, possibly altering their language use or even their perception of the languages.

Language use in a bilingual speech community might differ for each language or variety. *Diglossia* is a sociolinguistic phenomenon in which two distinct varieties of the same language are used by a single language community in different social contexts¹¹. Typically, one variety, known as the "high" variety (H), is used in formal settings, such as literature, education, and official communications, while the other variety, known as the "low" variety (L), is used in informal, everyday conversations and interactions. The term diglossia was introduced in sociolinguistics by Ferguson (1959) to describe the relationship between varieties of the same language. Fishman (1972: 92) expanded the concept of diglossia to include the alternating use of languages and stylistic registers, establishing a well-known classification of four ways in which "individual monolingualism, individual bilingualism, and societal diglossia (in his broader definition) operate in communities". Aronin (2022: 102) revisited Fishman's classification (the examples are provided for clarification):

- *With both bilingualism and diglossia*: Guarani-Spanish bilingualism in Paraguay or Spanish-Galician in Galicia (Spain).
- *With diglossia but without bilingualism*: Classical and colloquial Arabic in, e.g., Egypt (Bassiouny, 2005).
- *With bilingualism but without diglossia*: Canada as a federal state recognizing French and English as co-official (Sebba, 2010: 451)¹².
- *With neither diglossia nor bilingualism*, i.e., monolingualism, as in some parts of the USA.

This dissertation adopts Fishman's (1967, 1972) definition of diglossia, referring to the coexistence of different languages within the same speech community, each associated with distinct formal and informal domains. While Fishman's framework suggests clear functional specialization, this study acknowledges that in some bilingual societies, such as Galicia, more than one language may be used within the same domain, either for distinct

¹⁰ The speech community is "the most important kind of social group" (Bloomfield, 1933: 42). See Mesthrie et al., 2009 and Aronin, 2022 for more recent theoretical studies.

¹¹ Diglossia comes from Greek *diglōssos* 'bilingual', on the pattern of French *diglossie*.

¹² Aronin (2022: 102) included Germany, with German-English bilingualism, in this category. This example is, in our opinion, questionable, as English is just an L2, as in many other countries.

functions or through CS (Sebba, 2010: 451). This approach aims to incorporate a more nuanced understanding of language use in such contexts.

Despite being an accepted and widely used concept since the 1950s, the description of diglossia has faced significant criticism. One major critique is the “lack of an account of power in either Ferguson’s or Fishman’s version of the diglossia theory” (Sebba, 2010: 453)¹³. Critics argue that the definition of diglossia overlooks the “origins of diglossia in social relations of inequality” and “the nature of conflicts and social struggles generated by relations of power” (Martin-Jones, 1992: 15; 1989: 118). Galicia exemplifies the origin of a diglossic situation due to shifts in power dynamics starting in the Middle Ages and continuing to some extent today (cf. §2.1.).

A related concept that has gained more attention is *bidialectalism*, which also references high (H) and low (L) varieties (see Alrwaita et al., 2022 for a review), but views the relationship between them differently than that of diglossia. According to Rowe and Grohman (2013), bidialectalism occurs when the H variety is used more frequently in both formal and informal contexts than the L variety. In contrast, diglossia involves a clear division of uses: the H variety is used in formal contexts, while the L variety is reserved for informal purposes. Hence, “bidialectalism is most applicable as a description of linguistic competencies of an individual within a society, rather than a description of the society itself.” (Rowe and Grohman: 2013: 121).

For their analysis, Rowe and Grohman (2013: 130-134) examine the case of Greek Cypriot speakers, who are bidialectal in the local vernacular, Cypriot Greek (L variety), and the superposed official language, Standard Modern Greek (H variety). Additionally, they apply the “native speaker test.” In bidialectalism, native speakers reserve the L variety for in-group use and do not promote it to outsiders. In a diglossic situation, speakers use both H and L varieties depending on the domain, serving as an identity marker.

This leads to the final distinguishing factor: the classification of prestige types (Rowe and Grohman, 2013: 131). In bidialectalism, the low variety lacks social prestige, making the high variety a sign of higher prestige. However, in diglossia, while the high variety holds higher prestige, the low variety is not stigmatized by speakers as it serves as the in-group code.

¹³ Power relations and languages as symbolic capital are, by contrast, the basis for the well-known theory proposed by Bourdieu: “the whole social structure is present in each interaction” (1991: 67). The same applies to Heller’s studies on CS in Canada.

1.1.2. Dynamics of Multilingualism

Multilingualism faces new and multifaceted challenges in contemporary times. The scope of the term now extends beyond the context of different languages being used by individuals or a community as a whole. In today's globalized world, it is possible to talk about a “post-multilingualism era” (Li, 2016a), in which the concept of multilingualism has been reinvented and condensed into a higher complexity¹⁴. Li emphasizes the fluidity, hybridity, and evolving dynamics of how languages are practiced and perceived, influenced by factors such as globalization, digital communication, and complex social identities.

As multilingual communication today is a worldwide phenomenon that occurs both among and within nations, Clyne (2004, and discussed more recently in Maher, 2017; Gabryś-Barker, 2019) claims that multilingual communication “provides a good start to achieving an understanding of variation in communicative styles.” (Clyne, 2004: 24). Rather than being an exception in everyday communication, it is a daily routine across the globe, driven by globalization. This globalization, as noted by Maher (2017), fosters cultural diversity and complex identities, positioning multilingualism as a key element in contemporary sociopolitical issues such as nationalism and regional rights. Gabryś-Barker (2019) further emphasizes the dynamic nature of multilingualism, noting its critical role in bridging diverse cultural and linguistic contexts. Similarly, Altarriba and Heredia (2018) explore the cognitive and societal impacts of multilingual communication, highlighting its integration into global interactions. According to Clyne, globalization has the potential to create a collaborative and dynamic world marked by diversity, but it also carries the risk of leading to a homogenized world fraught with conflict and competition (Clyne, 2004: 24).

Not only are there multilingual nations and regions, but individuals move in increasing numbers from one country to another for various personal, humanitarian, academic, or work-related reasons. Clyne asserts that “the need for multilingual and multicultural communication – communication in different languages and across cultures – will be greatly enhanced by global interaction through the internet/email, and videoconferencing in both business and academic spheres” (Clyne, 2004: 24). He further notes that “global cooperation in politics, academia, and administration, increased migration, short and long term, and study abroad” programs, will also contribute to this enhanced need (Clyne, 2004: 24).

¹⁴ Multilingualism has “multiple ownerships and more complex interweaving of languages and language varieties, and where boundaries between languages, between languages and other communicative means, and the relationship between language and the nation-state are being constantly reassessed, broken, indigenous, minority languages are also constantly being reassessed and challenged”. (Li, 2018: 14-15).

Together with these short- or long-term migrants, their respective languages and cultures migrate with them¹⁵. If the migrants decide to settle in a new region or country, they might start a family, and the household becomes a new multilingual setting. In this dynamic context, individuals can adopt two different policies in their daily lives. The first is adopting a lingua franca, which is currently most likely English, to navigate daily communicative obstacles (House, 2003). Clyne explains that the use of a lingua franca is inherently “inter-cultural communication” because individuals “transfer into their lingua franca the pragmatic and discourse patterns of their own *languaculture*” (Clyne, 2002: 61; Clyne, 2004: 29) ¹⁶. The second one is “promoting multilingual communication in its various forms and potentials of permitting mutual understanding” (House and Rehbein, 2004: 1).

The second option, multilingual communication, requires more effort from the participants, since the process involves various elements: the context of the interaction, the interactants, the languages involved (along with their relationships), and the communicative structure. House and Rehbein (2004: 1-3) explain these components as follows:

- **Interaction:** The process of using several languages by individuals pursuing common communicative purposes. Each interaction occurs within a speech situation, whether oral or written.
- **Interactants:** These are the multilingual individuals who use two or more languages and possess different language skills. Each participant plays a social and communicative role within the interaction. Interpreters may serve as intermediaries if the interactants' skills are insufficient to fulfill the communicative purposes.
- **Language(s):** These include the various language systems employed in these interactions and their different socio-political statuses. Factors to consider include the degree to which speakers keep the languages separate (i.e., alternating or mixing), and typological distance, which refers to the structural differences between the languages in question.
- **Structure:** This encompasses the multilingual communication structures that require the use of two or more languages. For instance, in a business meeting between representatives from different countries, the participants might switch between languages to ensure mutual understanding and effective communication.

¹⁵ We are living in an international and dynamic society, where people can move more easily than was the case some years ago. Moreover, the online space facilitates multilingual interactions. Almost 20 years ago, House and Rehbein (2004: 1) spotted the increasing trend, pointing out the consequent social friction: “We are today witnessing an ever-stronger trend towards multilingual communication both in the international sphere and - due to increasing migration processes also at an intra-national level- a process not without friction”.

¹⁶ The term *languaculture* was adopted from Agar (1994).

House and Rehbein (2004: 1-3) argue that the combination and interrelation of these four elements constitute multilingual communication. They emphasize that the language that speakers use in an interaction is not just a means or a simple medium of communication. Rather, each language is a system related to the other languages and “imprints its own dynamics upon those human beings involved in interaction by structuring their action spaces” (House and Rehbein, 2004: 2). Therefore, they contend that multilingual communication explores the dynamics developed by speakers (with their multilingual skills and cognitive processes), the languages they employ (and their systematic and cultural aspects), within a structured and socially contextualized interaction in a specific communicative setting. In other words, House and Rehbein describe multilingual communication as “a multivariate social expression of the human constitution” (2004: 2) and Clyne (2004: 20) adds that it is a symbol of multiple identity.

Multilingual communication in our globalized world is an asset, not a burden. Clyne (2004, p. 36) emphasizes that it is “advantageous for individuals, families, and nations.” Different institutions within and across nations need to facilitate, maintain, and develop multilingual communication:

- *Governments*: Promote and provide legal protection.
- *Ethnic communities*: Ensure the transmission of languages between generations.
- *Education systems*: Provide teaching and research.
- *Businesses*: Develop daily communication strategies and “understand the significance of language in communication for marketing, trade/tourism, and workplace relations” (Clyne, 2004, p. 36).

According to this classification, a public healthcare setting, our primary focus in this work, involves two institutions: government and business (understood in its broader sense as a workplace). First, the government’s duty is to promote and legally protect medical care in both official languages. In our case, the regional government, the Xunta de Galicia, is responsible for promoting the legal rights of speakers of each official language. Second, besides being a public healthcare service, it is also a workplace where medical personnel interact professionally with patients and colleagues. The combination of these two communication spheres sets the stage for a medical consultation to be a bilingual communicative setting.

1.2. CODE-SWITCHING (CS)¹⁷

Code-switching (hereafter CS) is the practice of alternating between two or more languages within a conversation (Matras, 2009: 101; Gardner-Chloros, 2009: 202; Parafita Couto et al., 2021). This phenomenon occurs commonly among bilingual speakers and is influenced by various social and linguistic factors. In the examples below, bilingual speakers alternate between two different language pairs:

In example 2, a Puerto Rican living in New York alternates between English and Spanish:

(2) and from there I went to live **pa' muchos sitios**. Después viví en la ciento diecisiete **with my husband**

and from there I want to live in a lot of places. Then I lived on 117th with my husband (Poplack, 1980: 597)

In example 3, a speaker of the Kelderaš/Lovari variety of Romani raised in Germany alternates between her native language and German:

(3) aj akana, **obwohl** kadka meres ke muljas tuke varekon, hacares, **du bist total fertig**,
tu si

*and now although here die.2sg because died.3sg 2sg.dat somebody understand.2sg
g you are totally devastated 2s g is (Matras, 2009: 102-103)*

Early studies in the 1950s mistakenly described CS as an indicator of linguistic incompetence or even as a mere performance error made by bilinguals (Weinreich, 1953; Vogt, 1954) 18. However, recognizing the agent as a fluent bilingual highlights that CS is a sophisticated linguistic ability rather than a deficiency. This perspective gradually gained acceptance, leading to the understanding of CS as a sign of bilingual ability. Poplack (1980:

¹⁷This phenomenon is most commonly referred to as "code-switching," a term we adopt in this work. CS is also known by several other names, including code switching (without the hyphen), codeswitching (as a single word), code alternation, and language interaction (Gardner-Chloros, 2009). These terms are still used, although not widely, especially codeswitching as a single word (Sarkis & Montag, 2020; Khan et al., 2023) and code switching without the hyphen (Hajbi et al., 2022; Yuana, 2022). Auer (1995) also uses the term code alternation, while Clyne (2003) introduces the term transversion for instances where a speaker completely transitions into another language, a term that did not gain traction in the literature. Furthermore, the concept of CS is subdivided into several categories based on the syntactic context: alternation, insertion, congruent lexicalization, and back-flagging (Muysken, 1995, 2000, 2013), a classification still often used (cf. e.g., Traffers-Daller, 2022).

¹⁸CS is a theoretical concept that dates back to 1953, though the phenomenon itself had been studied formally prior to being labeled as such. The term was coined by Vogt in 1954 during his review of Weinreich's seminal work, "Language in Contact" (1953). Influenced by Weinreich's work, Vogt understood bilingualism as a complex and universal phenomenon that extends beyond linguistics. He considered CS to be more of a psychological phenomenon with extralinguistic causes rather than purely a linguistic one (Vogt, 1954: 368). Vogt explained CS in terms of its directive function and grouped it with lexical borrowing and loanwords under the category of "linguistic interference" (Vogt, 1954: 369). The ideal bilingual, as described by Vogt, is a speaker who switches languages between sentences based on communicative settings, such as the participants or topics involved. This proficient bilingual would not switch languages without a change in the speech situation or communicative setting and would "certainly not within a single sentence," as this would be seen as a sign of linguistic inability (Weinreich, 1968: 73).

616) reinforces this view, stating, “code-switching, then, rather than representing deviant behaviour, actually indicates a high degree of bilingual competence.”

This association between language alternation and linguistic incompetence has been further refuted in various studies by turning to primary sources, i.e., analyzing real conversations. In her groundbreaking work from 1993, analyzing real data in Nairobi, Myers-Scotton concluded that CS is not a “performance error caused by a lack of ability in the ongoing language.” She asserts that these recordings were so refreshing in terms of research that they “opened my eyes to CS in a number of ways” (Myers-Scotton, 1993: 50). Particularly, she confirmed that CS was a sign of proficiency rather than a lack of competence. Despite this evidence, part of the general public still perceives the alternation between languages as indicative of “language degeneration” (Bullock and Toribio, 2009: xii). On the contrary, bilingual speakers who alternate between languages are fluent in both codes. MacSwan (2005: 55) indicates that language alternation is a strategy exclusive to fluent speakers¹⁹.

Building on this assumption, in this dissertation, CS is approached as a communication strategy employed by skilled bilinguals, consisting of alternating between two or more languages within a conversation. By defining this language contact phenomenon as a strategy, it is a functional and purposeful language process that conveys social, discourse, or referential meaning within the conversation (Matras, 2009: 105; Heller, 1988: 3-4)²⁰.

Alternating between languages allows speakers to express their bilingual identity and communicate effectively. For example, the American-Puerto Rican and the German-Romani from the previous examples combine their family language with the language of the country where they live or were born, demonstrating that alternating languages within their speech community is a common, everyday behavior. The variety of languages used in CS, “including closely related languages, languages in high contact, or even creole languages”, means that definitions of CS may vary depending on the languages and contexts involved (Aly, 2017: 48).

¹⁹ Regarding specifically Galician-Spanish CS, Silva presents this contact phenomenon as the “third indicator of interlinguistic fluency” (Silva, 2013: 305) in contexts of language contact, after the socializing of standard Galician and the reorientation of castilianisms (§2.2.1.).

²⁰ CS, as a functional event, should be understood as a phenomenon that is “not entirely arbitrary, but driven by various levels over language-processing,” as Matras (2009: 105) asserts. In discussing the concept of arbitrariness, Baker and Prys Jones (1998: 58) introduce the degree of consciousness, dividing CS into two levels: the cognitive event and performance. They note that “while bilinguals do consciously code-switch, usually the event is subconscious.” Giles et al. (1987: 26) further elaborate that a strategy or functional event does not necessarily entail full awareness: “it should be noted that use of terms as strategies and intentions does not necessarily imply that these purposive behaviors are always performed or evaluated consciously with full awareness.” Gumperz (1982) defines CS as a conversational strategy, while Heller (1988: 4) describes it as a discourse strategy “for signaling thematic ties, old vs. new information, and so on, as well as for signaling participants’ perspectives on the discourse.”

CS is a complex language contact phenomenon that operates on social, linguistic, and cognitive levels (Grosjean, 2008; Chauncy et al., 2008; Misra et al., 2012). Theoretically, it is a central issue in bilingual research, as highlighted by Milroy and Muysken (1995, p. 7) and most recently discussed in Albahoth et al. (2024). Globally, bilingual speakers use CS daily, making it a common phenomenon in multilingual communities. Bilingual individuals employ a repertoire of languages, varieties, registers, and speech styles to adapt to different communicative contexts. As Zentella (1997) notes, “what monolinguals accomplish by repeating louder, and/or slower, or with a change of wording, bilinguals can accomplish by switching languages” (Zentella, 1997: 96).

This dissertation focuses on CS between Galician and Spanish, two closely related languages. In Galicia, both languages are co-official: Spanish is the national language, and Galician is the regional language. Due to their proximity, both languages have experienced language shift over time in both directions, with the main phenomena “intonation, syntactic, morphological and lexical transfer” (Soto Andión, 2014: 220). Hence, “code” refers to a language and its varieties that “a person chooses to use on any occasion, a system used for communication between two or more parties” (Wardhaugh, 1992: 102)²¹.

Example (4) from the dissertation data shows a patient alternating between Spanish and Galician while explaining the delivery of her first child:

(4) y rompí aguas al día siguiente/y/ yaa/**tuven que ir/ que parín ben**/o sea/ fue rápido
and my water broke the next day and already, I had to go, I gave birth well, I mean, it was fast

The patient and the doctor are bilingual members of the same speech community, frequently alternating between Spanish and Galician to fulfill various socio-discursive functions.

The entire field of CS is affected by what Milroy and Muysken (1995: 12) describe as a “confusing range of terms descriptive of various aspects of the phenomenon.” Since the

²¹ The term “code” was originally derived from the field of communication technology (Fries and Pike, 1949; Fano, 1950; Jakobson, Fant, and Halle, 1952). At that time, “code” was associated not with language but with the process of transmitting signals between systems. When “code” was first adopted in linguistics in the 1950s, its meaning was variable and useful due to its neutral denomination. Similarly, the verb “to switch” was selected because of its association with “electric conduction,” making the term “CS” appear transparent as it referred to the alternation between different language varieties. In the early psycholinguistic studies of bilingualism during the 1950s and 1960s, psychologists assumed that switching languages was akin to flicking an electric switch. As Gardner-Chloros (2009: 11) explains, more sophisticated models followed, proposing that different switch mechanisms controlled input (listening and understanding) and output (speaking). The neutral term “code” can refer to a communication system developed by a single person or a system requiring two or more people. Wardhaugh (1992 [1986]) notes that “code” is an ambiguous concept that avoids misinterpretation and emotional reactions, unlike other linguistic terms such as “dialect, language, style, standard language, pidgin, and creole” (Wardhaugh, 2006: 88). After two decades of research, “code” remained an umbrella term for different linguistic categories, partially overlapping with the term “variety,” which covers languages, dialects, or registers (Blom and Gumperz, 1972). For more details on the origins of the terms “code” and “CS,” see works by Tabouret-Keller (1995), Álvarez Caccamo (1998), and Gardner-Chloros (2009).

1980s, the term "code" has been predominantly used as a synonym for "language" (Poplack, 1980; Heller, 1988; MacSwan, 2005; Bullock and Toribio, 2009; Auer, 2009; Parafita et al., 2013). Gardner-Chloros (2009) expands this definition to include language varieties. The overlapping and sometimes synonymous use of different concepts to describe the same reality further complicates the terminology. Despite the extensive and intensive research tradition, the absence of a commonly accepted terminology leads to what Auer (2011: 452) terms "serious disputes about issues that are partly terminological in nature."

The phenomenon of CS is described using five components: activity type, purpose of the activity, meaning of code, discursive context, and agent.

1. **Activity Type:** Defined as linguistic use (Heller, 1988: 1; Bullock and Toribio, 2009: xii; Auer, 2009: 491; Gardner-Chloros, 2009: 202) or movement, such as "activity going back and forth" (Parafita Couto et al., 2013: 111), a static juxtaposition (Gumperz, 1982: 59), or a simple "situation" (Akmajian et al., 2003: 209). MacSwan (2005: 55) focuses on the speaker as an agent employing CS as part of their speech style.
2. **Purpose of the Activity:** Emphasizes the functionality of the alternation, which serves communicative purposes (Auer, 2009: 491; Gardner-Chloros, 2009: 202).
3. **Meaning of Code:** It refers to language, initially defined as "two different grammatical systems or subsystems" (Gumperz, 1982, p. 59). Gardner-Chloros (2009, p. 202) and Akmajian et al. (2003, p. 209) further broaden this definition to include various language varieties.
4. **Discursive Context:** Typically limited to a concrete and single interaction between speakers, referred to as "speech exchange" (Gumperz, 1982: 59), "communicative episode" (Heller, 1988: 1), "stretch of discourse" (Bullock and Toribio, 2009: xii), "interactional episode" (Auer, 2009: 491), or "same conversation" (Parafita Couto et al., 2013: 111).
5. **Agent:** Usually a bilingual speaker, implicitly assumed in many definitions (Gumperz, 1982; Heller, 1988; Auer, 2009). Often explicitly specified as a bilingual speaker (Bullock and Toribio, 2009: xii; Gardner-Chloros, 2009: 202; Parafita Couto et al., 2013: 111). MacSwan (2005: 55) further refines this by classifying the agent as a "fluent bilingual," highlighting that CS involves speakers with high proficiency in both languages. This last distinction regarding the agent underscores the understanding that by considering CS as a strategy, the notion of linguistic deficit is eliminated.

CS has been studied from various perspectives across a wide range of research areas, resulting in the absence of "a uniform definition and explanation" (Bullock and Toribio, 2009: 1)²². Research on CS encompasses three major frameworks or approaches, which are discussed below:

- **Cognitive (psycholinguistic study):** This approach studies CS as a cognitive process in the bilingual mind.
- **Structural (linguistic study):** This approach focuses on grammatical and syntactical aspects to identify universal patterns in the grammatical constraints of CS.
- **Communicative (sociolinguistic and sociopragmatic study):** This approach examines CS as a social and discursive practice in interactions within a speech community. This is the approach adopted in this dissertation.

1.2.1. CS from a Cognitive Perspective

The phenomenon of CS (CS) can be analyzed through the lens of social dynamics and the cognitive processes governing language switching. Therefore, CS can be viewed either as a communicative strategy used during interactions, as explored in this work, or as a means to facilitate comprehension and improve accessibility to mental representations, which are internal cognitive representations of the external environment.

From a cognitive perspective, alternating between languages is not indicative of a lack of language competence. On the contrary, it is a common behavior among proficient bilinguals (Myers-Scotton, 1993; Bullock and Toribio, 2009; MacSwan, 2005). The significance of CS in "illuminating bilingual cognition and behavior cannot be underestimated" (Bullock and Toribio, 2009: 1). Bilingual speakers employ CS to achieve maximum communicative effectiveness, understanding this language alternation as a strategy to facilitate communication.

In the examples below, both bilingual speakers could opt to explain why they worked less (Example 5) or give a command (Example 6) solely in Spanish or Swahili, respectively. Nonetheless, they seem to prefer to alternate to English to reinforce the message, thereby

²²The multiple definitions of CS stem from its analysis across a wide range of complementary fields within linguistics, including humanities, social sciences (such as sociology and anthropology), human sciences (such as psychology and medicine), and computer science. Sapir (1929: 214) already recognized almost one hundred years ago the interdisciplinary nature of linguistic studies, noting, "It is peculiarly important that linguists, who are often accused, and accused justly, of failure to look beyond the pretty patterns of their subject matter, should become aware of what their science may mean for the interpretation of human contact in general. Whether they like it or not, they must become increasingly concerned with the many anthropological, sociological, and psychological problems which invade the field of language." This acknowledgment highlights the necessity for linguists to engage with broader interdisciplinary issues to fully understand the complexities of CS.

enhancing communicative effectiveness. In the first case, the interlocutor needs to understand the reasons behind working less than usual. In the second case, the interlocutor should follow specific commands to bring something to the speaker.

(5) Spanish–English

trabajé menos porque **then I didn't know some of his business**

"I worked less because then I didn't know some of his business." (Pfaff 1979: 312)

(6) Swahili–English

Labda, [. . .] **bring it at my home.** U-let-e **before** kesho jioni.

"Perhaps you should bring it to my house. You should bring it before tomorrow evening."
(Myers-Scotton 1993a, 1997: 124)

Beyond this scope, from a sociopragmatic perspective, we could further explore the sociopragmatic cues behind this alternation and why English is the most suitable language for this purpose in both contexts. However, for now, we focus on the cognitive processes involved for bilingual speakers and how their brains "store, use, interchange, and convey meaning using alternative codes or alternate the code at use" (Kutas, Moreno, and Wicha, 2009: 306).

Bilingual brains have been described as different from monolingual brains not only in size "and/or pattern of neural activity", but also in their capacity and skills (Reiterer et al., 2005a, 2005b in Kutas et al., 2009: 290). Bilinguals outperform monolinguals in perceptual tests (Bialystok et al., 2006; Bialystok and Shapero, 2005) and tasks involving executive or attentional control, such as handling "misleading information and switching between competing alternatives" (Bialystok et al., 2004: 291; Bialystok, 2006; Craik and Bialystok, 2006). These advantages can be linked to communicative tasks and, specifically, to CS.

Kutas et al. explain that several mental processes are affected by CS (CS), such as "selecting words and structures from the active language, exerting inhibitory control over the currently inactive language, and switching between languages, together with maintaining the relevant word and message level representations needed" (Kutas et al., 2009: 290). The inhibitory control is the ability to suppress responses that are inappropriate in a given context.

As reviewed by these authors (2009: 301), the different information processing involved in CS has been extensively studied, primarily in terms of cognitive costs and benefits. These costs and benefits are related to the cognitive demands and efficiencies associated with processing information during code-switching. Macnamara and Kushnir (1971) analyzed the longer reading times associated with CS, while Ong et al. (2019) provided evidence that switch costs originate "from a combination of at least two loci:

lexical access and a task-specific decision process" (Ong et al., 2019: 1). Conversely, the benefits of CS have also been documented. CS in bilinguals enhances cognitive control, i.e., the ability to use goals to influence behavior, particularly in tasks that require conflict adaptation, where they exhibit fewer errors and improved accuracy over trials (Kehder & Kaan, 2021)²³. Additionally, tasks requiring better inhibitory control and cognitive flexibility, i.e., the ability to switch between thinking about two or more different concepts simultaneously, show faster response times in incongruent Stroop trials (Zhang, 2023).

Additionally, bilinguals who normally code-switch exhibit improved goal-monitoring and inhibition abilities, especially for self-reported deliberate CS, which trains cognitive control processes related to goal maintenance (Gosselin and Sabourin, 2023). Studies on the "predictability of a switch", using "a blocked stimulation design", have shown that costs can be reduced (Meuter and Allport, 1999) or even eliminated (Chan et al., 1983) (Kutas et al., 2009: 301). First, Meuter and Allport concluded that when switches between languages are predictable in blocks, the cognitive costs associated with switching are significantly reduced, as speakers can anticipate the switch and prepare for it. Second, Chan et al. conducted a similar study, giving participants time to prepare for the switch. Their findings indicated that with adequate preparation, cognitive costs can be removed.

The idea of the costs and rewards of CS is part of Myers-Scotton's Markedness Model (1993), a prominent theory in the study of CS in the interface of a structural and a sociopragmatic approach to the phenomenon. According to this model, language users are rational actors who choose a particular language or code based on the perceived costs and rewards associated with that choice. The model suggests that speakers engage in CS to optimize their communication and achieve specific social or interactional goals.

The Markedness Model is influenced by Grice's Cooperative Principle and its associated maxims (1975). Grice proposed that effective communication is guided by four maxims: quantity, quality, relation, and manner. These maxims suggest that speakers should provide sufficient, truthful, relevant, and clear information during their interactions. Myers-Scotton's theory builds on these principles, arguing that CS is a way for speakers to adhere to or deviate from these maxims strategically, depending on the context and their communicative intentions.

Furthermore, the Markedness Model draws from the Relevance Theory developed by Sperber and Wilson (1986), departing from a definition of relevance and two principles of relevance: cognitive and communicative (Wilson, 2016: 5). This duality can be linked to the previous explanation of the examples of CS above. The Relevance Theory posits that human communication is driven by the search for relevance, and that speakers aim to

²³ The cognitive control refers to the ability to use goals to influence behavior.

maximize the communicative effect while minimizing the cognitive effort required for interpretation. In the context of CS, this theory suggests that speakers choose a particular language or code based on its perceived relevance to the listener and the communicative situation. CS can be seen as a means to enhance the relevance of the message by drawing on the associations and meanings attached to different languages or codes. By combining insights from Grice's Maxims and the Relevance Theory, Myers-Scotton's Markedness Model provides a framework for understanding the motivations and functions of CS. It emphasizes the strategic nature of language choice and highlights how speakers navigate the costs and rewards of using different codes to achieve their communicative goals and optimize the relevance of their messages.

The Relevance Theory (Sperber and Wilson, 1986) has also been studied concerning CS in terms of contextualization cues, which are signals that “build contrast that affects the meaning of the utterance,” such as highlighting “noteworthy words in a discourse” (Olson and Ortega-Llebaria, 2010: 59). Within this framework, CS (CS) is one of many cue options, both verbal and non-verbal elements, such as prosody or body languages. Chan (2003, 2004) proposes a Relevance Theory-based approach, building on the contributions of Gumperz (1982) and Auer (1998), that identifies patterns in the motivations behind CS, suggesting it is “seemingly related to the phenomenon of focus” on certain parts of the discourse through language alternation (Chan, 2003: 293).

Thus, CS serves as a “textualization” cue, augmenting other contextualization cues. It not only emphasizes specific elements in the discourse but also adds extra meaning that would be harder to convey without the switched utterance. The use of contextualization cues and their influence on focus translate into both costs and rewards. Utterances with CS have been shown to be more costly to process, requiring additional cognitive effort (Grosjean, 1995). However, Olson and Ortega (2010) analyzed whether CS conveys the same information in a bilingual context as intonation does in a monolingual context, as stated by Gumperz (1982). They examined the effects of intonation and CS on the bilingual listeners’ understanding of narrow focus and concluded that CS “conveys a much greater range of inferences that would require more effort to convey in monolingual speech” (Olson and Ortega-Llebaria, 2010: 59). Their analysis concluded that “although in the absence of prosodic cues, code-switching increased the interpretation of focus, the probability of an utterance being perceived as narrow focus was still relatively low” (Olson and Ortega-Llebaria, 2010: 66).

In line with these observations, the creation of mental representations involves combining schemas and computational processes that act upon them, enriching them in given contexts (Thagard, 2005[1998]: 10). Relevance Theory posits that utterances are

deliberately given cues (ostensive stimuli) that help the interlocutor construct a mental representation. This means that the speaker provides information to help the listener visualize what the speaker is thinking or wanting to say. These cues assist the listener in recognizing the intended meaning and creating a corresponding mental representation in their own mind (Loureda et al., 2021: 23; Sperber & Wilson, 1995[1986] and 2002; Wilson, 2003).

One can argue that CS functions similarly, acting as an element that facilitates access to specific mental representations, understood as internal cognitive representations of the external environment. This aligns with the idea that CS, like other contextualization cues, supports the construction of mental representations by providing additional contextual information that aids language comprehension and enhances communication (cf. Sanford, 1981; Duffy, 1990; Gernsbacher & Robertson, 1992; Kintsch, 1998; Garrod, 2004; among others). During information processing, mental representations function as links between the memory system and the human mind. These representations are the outcomes of cognitive processing and play a crucial role in facilitating ongoing communication. Constructing a mental representation involves integrating external inputs, such as visual or auditory language comprehension, with the individual's internal cognitive data and pre-existing mental assumptions (Cruz, 2020; van Dijk & Kintsch, 1983; Portolés, 2007). Further, Truscott and Sharwood (2016) highlight that CS provides contextual cues that aid in the construction of mental representations by integrating external inputs with internal cognitive data.

CS is indeed an inferential phenomenon, as the discourse effects of language alternation depend on the inferences made by speakers, who share common knowledge of the social context where the discourse takes place. For example, a speaker might use inference to choose the specific language to address another person within a particular context (Heller, 1988: 78).

In summary, CS, as a communicative strategy, enhances comprehension and accessibility to mental representations. From a cognitive standpoint, empirical studies reveal that CS facilitates the conveyance of inferences and aids in language comprehension. Furthermore, CS has been analyzed in terms of costs and benefits, exemplified by Myers-Scotton's Markedness Model (1993), which draws from the Relevance Theory (Sperber and Wilson, 1986). While CS incurs costs, such as longer reading and lexical decision times, it also provides benefits, including improved cognitive control, conflict adaptation, and cognitive flexibility, as explained above. Predictable switches can mitigate cognitive costs, as CS relies on inferences made by speakers based

on shared social contexts, thereby optimizing communication by enhancing the inferential process.

1.2.2. CS from a Structural Perspective

The structural approach integrates research on formal constraints, which addresses the issue of "where" CS occurs. In contrast, the communicative approach focuses on social and communicative motivations for switching, which explore the question of "why" CS occurs (§1.2.3.) (Truscott and Sharwood, 2016: 914).

The structural approach, also referred to as "linguistic" (Stell & Yakpo, 2015) or "grammatical" (Gardner-Chloros, 2009), examines CS at all grammatical levels: phonology, morphology, syntax, semantics, and lexicon. The goal is to uncover universal patterns and identify underlying rules, models, and explanations for these patterns (e.g., Gardner-Chloros [2009: 10]), although this perspective does not necessarily adhere to any specific methodology for data extraction (Stell and Yakpo, 2015: 1).

Several influential models guide the study of CS after some early studies that offered empirical evidences showing syntactic patterns (Lance, 1975; Pfaff, 1979). Poplack's theory (1980) primarily focuses on the structural constraints of CS, such as the Equivalence Constraint and the Free Morpheme Constraint.

These constraints suggest that code-switching typically happens at specific points in discourse where the grammars of both languages align (Equivalence Constraint), and it also emphasizes the seamless integration of morphemes from different languages without violating their individual grammatical rules (Free Morpheme Constraint), as in "eat-iendo" (Polack 1980: 586) or "run-eando" (Sankoff & Poplack 1981: 5). This theory suggests that conflict sites in code-switching should not arise. However, examples from spontaneous conversations across various language pairs indicate otherwise, such as those documented by Parafita Couto and Gullberg (2019) for Papiamentu-Dutch, show that they do, refuting the theory²⁴. For instance, in the phrase "un dushi verblijf" ("a nice stay"), the Papiamentu adjective "dushi" precedes the Dutch noun "verblijf," which contradicts the constituent order in unilingual Papiamentu speech (van Osch, 2023: 3; Parafita Couto & Gullberg, 2019).

The linguistic levels of CS in focus depend on the study approach. For structuralists, the *sentence* is the basic unit, while the *turn* is the focus in the socio-discursive approach. One

²⁴ There are multiple counter-examples of studies with different language pairs that contradict the Equivalence and Free Morpheme Constraint theories: Bentahila & Davies (1983), with the language pair Arabic-French; Berk-Seligson (1986), with the language pair Spanish-Hebrew; Bader & Minnis (2000), with Arabic-English; Jake, Myers-Scotton & Gross (2002), with English-Swahili; Cantone & Müller (2008), with French-German; Giancaspro (2015), with Spanish-English; Bhat et al. (2016), with Hindi-English; and Al-Deaibes (2021), with Jordanian Romanized Arabic-English.

of the first syntactic classifications was Poplack's Free Morpheme Constraint theory (Poplack, 1980). The goal was to "delineate, for quantitative analytical purposes, the fundamental distinction between CS and borrowing" (Poplack, 2013: 12). She established three linguistic levels:

- *Tag, emblematic or noun switching*: one single word alternation²⁵.
- *Intra-sentential switching*: alternation within a sentence.
- *Inter-sentential switching*: alternation between sentences²⁶.

This classification has developed over the years, raising questions about the validity of single-word switches for being "exceedingly rare" (Poplack, 2013: 13). However, Poplack's distinctions between one-word switches and borrowings were sometimes unclear and even contradictory, especially concerning instances of non-established or nonce borrowings. Consequently, in most cases she labeled single-word alternations as borrowings.

Currently, it is widely accepted by structuralists that CS involves the alternation between languages within the same conversation, either *between clauses* (inter-clausal or inter-sentential) or *within the same clause* (intra-clausal or intra-sentential) (Deutchar, 2012; Parafita Couto et al., 2021). Nevertheless, some prominent references still acknowledge the occurrence of single-word switches (Bullock and Toribio, 2009: 2; Poplack, 2013: 13).

Following Poplack's influential theory on code-switching (CS), Myers-Scotton proposed the Matrix Language Frame (MLF) Model in 1993, marking an important milestone in CS research. The continued development of this model (Myers-Scotton, 1998; 2002) represents another significant approach to understanding CS phenomena. A psycholinguistics-inspired approach, Matrix Language Frame Theory introduces an asymmetrical perspective on the languages involved in code-switched discourse. It distinguishes "between the 'matrix language' (ML), which provides the morphosyntactic framework for the clause, and the 'embedded language' (EL), which supplies the embedded elements. The MLF Theory posits that the finite verb morphology and word order within a clause will be sourced from the same language (ML)" (Vaughan-Evans et al., 2020: 2). Thus, if the finite verb morphology comes from Language A, the "relative word order within the adjective-noun phrase" is also expected to derive from Language A (van Osch et al., 2023: 1).

²⁵One year later (1981), she develops the classification of one-word switches into two groups: noun switching, defined as 'switches as a single noun in an otherwise L1 utterance,' and switches 'primarily through the use of tags, frozen forms, and idiomatic expressions' (Poplack, 1981: 171).

²⁶The inter-sentential switching has been rebranded with other names: classic CS (Myers-Scotton, 1993a) or alternational CS (Muysken, 2000).

Additionally, Myers-Scotton (1993) introduced several maxims regarding CS to highlight the nuance and functionality of language switching in various contexts: the Unmarked Choice Maxim (switching to the language more appropriate for a given social situation), the Marked Choice Maxim (switching to the language that deviates from social expectations), the Exploratory Choice Maxim (switching to establish new social relationships), the Deference Maxim (switching to the language with more prestige or that aligns with the other speaker's preferences), and the Virtuosity Maxim (CS to demonstrate linguistic skills).

Myers-Scotton concluded in her 1993 study, analyzing real data from Nairobi, that CS is not a performance error caused by a lack of ability in the ongoing language. She found these recordings enlightening for her research, stating they "opened my eyes to CS in a number of ways." Myers-Scotton identified order within the apparent "chaos" of CS, leading to her renowned Matrix Model theory. She observed that "CS did not seem to be unprincipled alternation, based on either the speaker's capriciousness or his/her searching for *le mot juste*." While acknowledging that CS does not negate the principles behind domain and binary-choice models (i.e., that language choice functions probabilistically on a society-wide basis), she noted that its occurrence indicates that associating only one code with one interaction type is overly restrictive (Myers-Scotton, 1993: 50)²⁷.

As with Poplack's theory, the MLF Model has been criticized and counter-examples found that compromised the model (see MacSwan 2006 for an overview of his previous work with counter-examples from French-Italian (1999), Spanish-Nahuatl (1999, 2000), or Spanish-English as in "¿Funciona the computer de tu hermano en la oficina?", as MacSwan (2006) explains that "the computer" is a violation of the model, because a "system morpheme of the embedded language is mixed in with system morphemes of the matrix language (the)" (MacSwan, 2006: 294).

Accordingly, MacSwan (1999, 2000, 2005, 2006, 2009) presented an alternate model, applying Chomsky's Minimalist Program (1995) to the study of CS. He argued that no constraints or structural restrictions are applied to CS aside from the constraints imposed by the mixed grammars²⁸. MacSwan proposed "constraint-free theory" or "null theory" based on a minimal theoretical principle, which favors a simplistic approach to linguistic data. This constraint-free theory focuses on the concept that CS is only constrained by the interaction of a speaker's two (or more) grammars. This approach posits that linguistic variation across languages is due to differences in lexical properties rather than syntactic structures. Lexical items from different languages can be freely selected and integrated

²⁷ In 1993, the proposal to understand code-switching (CS) as a communicative strategy was an innovative idea.

²⁸ Other generativist proposals are those proposed by Mahootian, 1993; Chan, 1999; Alexiadou et al., 2015).

into a syntactic structure, following universal principles of human language computation. MacSwan's model emphasizes scientific parsimony, aiming to explain CS using the simplest and most elegant theoretical constructs without introducing new rules or constraints beyond those of the mixed grammars. Toribio (2017) refuted this approach, arguing that scientific parsimony cannot account for new code-switched structures or the variation between among bilingual speakers of the same language pair but in different communities.

Finally, at the intersection between structural and socio-pragmatic approaches, Muysken's typology (2000, revised in 2013 when he added the fourth category, back-flagging) has been widely applied in various studies. This typology identifies four types of code-switching (CS), each characterized by different contributions of each language in the alternation:

- **Alternation:** Alternation involves the "succession of fragments in language A and B in a sentence, which is overall not identifiable as belonging to either A or B" (Muysken, 2013: 713). This type requires "political competition and high bilingual proficiency" (Muysken, 2013: 720).
- **Congruent Lexicalization:** This typology is characterized by "the use of elements from either language in a structure that is wholly or partly shared by languages A and B" (Muysken, 2013: 713). It is associated with highly skilled bilinguals and refers to language norms that are more relaxed, involving "little typological and/or lexical distance, long contact" (Muysken, 2013: 720).
- **Back-flagging:** This involves the "insertion of heritage language discourse markers in L2 discourse" (Muysken, 2013: 713), which is typical among second or third-generation migrants.
- **Insertion:** Insertion is defined by the "well-defined chunks of language B into a sentence that otherwise belongs to language A" (Muysken, 2013: 712). Unlike alternation, this type of code-switching occurs in languages with "unequal power, (post)colonial settings, low proficiency" (Muysken, 2013: 720). This instance does not involve a strategic choice, and it challenges the assumption that code-switching is characteristic of skilled bilinguals, contradicting earlier theories discussed in this chapter.

Muysken offers a theory on the psycholinguistic elements, indicating that the activation levels of linguistic components during speech production differ depending on the type. For alternation, there is a shift in activation from one language to the other. In the case of insertion, activation in one language is reduced temporarily. Meanwhile, in congruent lexicalization, the processing systems of both languages are partially shared (Green and Wei, 2014: 500).

Overall, Muysken's typology offer a robust framework that not only identifies structural patterns in CS but also integrates socio-pragmatic and psycholinguistic factors, providing a comprehensive understanding of bilingual communication.

CS from a structural or grammatical perspective is a highly influential approach. The foundational theories developed by Poplack (1980), Myers-Scotton (1993), MacSwan (1999) und Muysken (2000), and continue to serve as the theoretical and methodological base today. These theories have been updated by their authors over the years. However, Poplack and Myers-Scotton's theories have faced criticism and counter-examples challenging their universality. Muysken introduced a novel typology that remains widely used. Meanwhile, MacSwan provided a minimalist counter-theory, arguing that no constraints or structural restrictions are applied to CS.

1.2.3. CS from a Communicative Perspective

CS, from a communicative perspective, is a multifaceted phenomenon serving both functional and social purposes within specific communities. It is not merely a grammatical ability or a showcase of bilingual proficiency; rather, it is a strategic tool bilinguals use to fulfill various communicative purposes (Auer, 2009, p. 491; Gardner-Chloros, 2009, p. 202). This study on CS adheres to a communicative approach, viewing CS as a functional phenomenon that serves communicative purposes for bilinguals. Unlike code-mixing, which Auer (2009, p. 491) considers a non-functional language alternation, CS actively contributes to the communication process by enabling speakers to navigate and negotiate meaning effectively. Gardner-Chloros (2009, p. 202) points out that its general function is to enhance communication among bilingual individuals.

CS is deeply embedded in a community's identity and is often governed by specific rules within a speech community (Heller, 1988: 82; Poplack, 2013; Myers-Scotton, 1993). Although there is still no consensus on this aspect (Poplack, 2020), CS provides valuable insights into "how the individual is articulated with the social," demonstrating significant variability between different communities and individuals (Gardner-Chloros, 2009: 18, 165). This variability underscores the role of CS in reflecting and reinforcing social identities and relationships.

CS can also be employed as a compromise strategy when speakers have different language preferences. Gardner-Chloros (2009: 15) describes this deliberate use of CS as "not the easiest solution, but merely the most expedient," highlighting its pragmatic role in facilitating communication under such circumstances.

The evidence shows that CS is more commonly observed in informal contexts rather than in formal or semi-formal settings (Gardner-Chloros, 1991: 186; 2009: 15; Dewaele,

2001; Mondada, 2008; and Paolillo, 1996, 1999). CS is therefore associated with colloquial speech, reflecting the everyday linguistic practices of bilinguals. This prevalence in informal settings further emphasizes its role in natural and spontaneous communication among bilingual speakers.

The socio-discursive approach is a prolific research field (Gumperz, 1982; Heller, 1988; Auer, 1984, 1995, 1999, 2010; Gardner-Chloros, 1983, 1985, 2009; and Bullock and Toribio, 2009, among others). The focus is on the speakers and their social context, including "social constructs such as power and prestige" (Bullock and Toribio, 2009: 14). The research question revolves around the socio-discursive conditions and motivations of CS, or, in other words, "the social factors that promote or inhibit CS" (Bullock and Toribio, 2009: 14). Nevertheless, this approach has different ramifications, which are "extremely varied and cover multiple levels of engagement with plurilingual data, from the societal to the intra-individual" (Gardner-Chloros, 2009: 63). Moreover, some proposals add the ethnographic component to this social approach, since it includes descriptions of situations and communities where CS is employed (Heller, 1988; Zentella, 1997; among others).

The socio-discursive, or conversational approach, prefers the turn as a more beneficial basic unit. Spoken language does not usually operate in terms of a complete sentence, but in turns. Moreno Fernández (2015: 261) notes:

Hay que tener en cuenta que, en la lengua hablada -donde tan frecuentes son las oraciones que quedan incompletas- puede ser complicado distinguir un cambio inter-oracional de un cambio intra-oracional. Esto podría llevar a proponer una clasificación que prescindiera de los conceptos de 'cláusula' o de 'oración' y que partiera de una distinción básica entre los cambios que se producen dentro de un acto y entre actos de habla diferentes. (Moreno Fernández, 2015: 261)²⁹

The socio-discursive approach to code-switching (CS), as described by Auer, presents it as a phenomenon that can manifest in various ways. According to Auer (2009), it "may occur between two turns, or turn internally; it may be restricted to a well-defined unit or change the whole language of interaction; it may occur within a clause or between clauses" (Auer, 2009: 491). This implies that the smallest unit where CS can happen is the clause, while the largest is the entire "interactional episode" (Auer, 2011: 453). Analyzing CS throughout the entire interaction allows for a deeper understanding of the situational context and interpersonal dynamics of the speakers. This comprehensive view helps in identifying the effects of CS on the conversation and the motivations behind language

²⁹ It should be borne in mind that, in spoken language - where incomplete sentences are so frequent - it can be difficult to distinguish an intersentential change from an intrasentential change. This could lead one to propose a classification that dispenses with the concepts of 'clause' or 'sentence' and that starts from a basic distinction between the changes that occur within an act and between different speech acts (Moreno Fernández, 2015: 261, own translation).

alternation, highlighting the importance of considering the broader interactional episode in which these linguistic shifts occur. In this context, conversation analysis emerges as one of the most productive methodologies for examining CS. This approach, pioneered by the German linguist Peter Auer (1984 and thereafter), offers valuable insights into the intricate ways in which language alternation operates within conversations³⁰.

There is a lack of consensus on how the various linguistic levels of code-switching (CS) should be defined from a communicative or socio-discursive perspective, which overlaps with the limitations of a structural approach. As mentioned in the previous chapter, one-word switches are rare, as Poplack (2013) noted in her theoretical revision of her foundational 1980 study. Unlike borrowing or lexical interference, one-word switches have a communicative effect in interaction, providing pragmatic meaning beyond mere semantic content (Chan, 2004, 2005).

In example 7, a Spanish-speaking doctor responds to a Galician-speaking patient using the Galician verb “morrer” (to die)³¹. The doctor repeats this word using an echoic strategy.

(7) DR. D: claro// es mejor **morrer**/ que quedar parálítico
of course, it is better to die, than to become paralyzed

The next level are the switches within a single turn. Speakers alternate between language A and B during their turn to speak. In example 8, a patient explains a physical problem in Galician and concludes the explanation in Spanish.

(8) PAT: e hínchanlle as pernas// **y ese es el problema que tiene**
It that they swell and his legs swell, and that's the problem he has

Between turns, the speaker speaks in language A in one turn and switches to language B in the next one, as shown in example 9 below.

(9) DR.C: e dorme ben?
And do you sleep well?
PAT: durmo!// durmo/ que xa sentada/ que polo día/ séntome na mesa e→
I sleep! I sleep, already sitting, during the day, I sit at the table and
DR.C: a que hora a toma?
At what time do you take it?
PAT: á noite
At night
DR.C: **vamos a cambiarla**→
Let's change it

³⁰ Researchers who apply the conversational analysis framework: Alfonzetti, 1998; Álvarez-Cáccamo, 2013; Cashman, 2005; Cromdal, 2000, 2001, 2005; Gafaranga, 2000, 2001, 2005; Gafaranga and Torras, 2002; Li, 1994, 1998, 2005; Sebba and Wooffit, 1998.

³¹ The three examples provided in this subchapter are part of the data analyzed for this dissertation.

In the classification of linguistic levels, either from a structural or a socio-discursive approach, the main issue is clearly identifying the switching points. This task is not always straightforward, because the transitions are not sudden in the discourse, and alternations go back and forth. The expected way to deal with CS is to find clear and “abrupt” switching points from language A to language B. As Auer (2010: 454) indicates, in reality, the idea that switches are clear-cut “often does not hold.” The identification becomes even trickier when studying closely related languages, such as those examined in this dissertation. Two languages or varieties whose structures are closely related may present “numerous compromise forms in which ambiguous elements of A and B combine” (Auer, 2011: 462).

This macro context of CS, termed the interactional episode (Auer, 2011: 453), is fundamental for communicative analysis and relativizes the importance of setting strict syntactical boundaries. Analyzing CS from a social and discursive perspective transcends precise grammatical points, as the primary research objective is to uncover the socio-discursive motivations behind language alternation in conversations. If CS is approached as a discourse-related phenomenon, “then we have to assume that it has sociolinguistic motivations” (Bassiouny, 2006: 155).

CS pursues a conversational effect that goes beyond the meaning. For example, when a speaker repeats a message in the other language, this repetition has a discursive function (Gardner-Chloros, 2009: 32). Repetitions with an emphasis effect are one of the conventional discursive functions of CS, described in numerous language contact contexts worldwide. If the switching is consistent in different interactions, speakers “usually do that for a specific purpose” (Romaine, 1995: 169).

The motivations behind CS are generally divided into three categories: linguistic (filling linguistic gaps), discursive (achieving particular discursive aims), and social functions (expressing identity) (Bullock and Toribio: 2009: 2).

Filling linguistic gaps can occur as an occasional function to express some ideas more accurately in the other language. This linguistic goal is not a sign of linguistic incompetence generally, but rather a possible lack of specific knowledge, as balanced proficiency is not required to employ CS (Poplack, 1980: 616; Auer: 2011: 459). The other two categories of functions are widely researched: discursive and social motivations. Greer considers CS serves “a tool for maintaining the flow of the conversation or as a means of expressing something about the speaker’s identity” (Greer, 2007: 29).

CS is a multifunctional phenomenon, where each switch “can simultaneously (and ambiguously) fulfill multiple functions” (Bailey, 2000: 175). The discursive and social analysis covers different layers, recognizing that “CS operates in a multi-levelled context” (Heller, 1988: 80). This multi-levelled analysis indicates extralinguistic factors needed to

study CS, such as "topic, setting, relationships between participants, community norms and values, and societal, political and ideological developments influencing speakers' choice of language in conversation" (Li, 1998: 156).

The specific functions can overlap categories; for example, the goal to express an idea more adequately lies between a possible linguistic gap and discursive motivation. There is also a double function when a switch between Language A and B is used for humorous or punning purposes (§5.2.2.). First, it serves a discursive function because the language pun has conversational effects, changing the tone in the interaction. Second, it serves a social function, because humor is culture-embedded and reduces distance between speakers. A third example of the same double function applies to CS used to role-shift (§5.2.3.). See Figure 1 for a depiction of the continuum categorization of the functions of CS. Some categories are at the intersection of two categories, so they are represented accordingly.

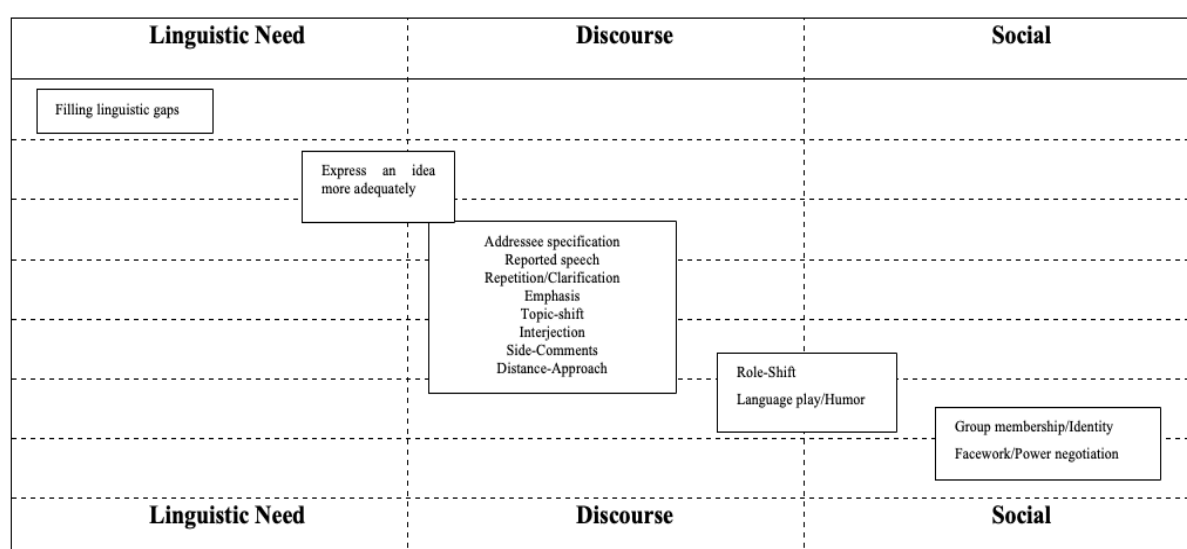


Figure 1: Continuum categorization of functions of CS
Own elaboration adapted from Simmons (1998: 97)³²

From a structural approach, some proposals of universal theories on CS argue that the speaker's behavior is only one side of the coin, given that CS is a rule-governed phenomenon. These theories advocate for "individualized ad hoc explanations" (Myers-Scotton, 1993: 62) and deny the functionality of some switches. From this perspective, a list of such functions does not explain universal linguistic behavior. On the contrary, categorizing CS as a communication strategy implies functionality. Alternating languages is viewed as the "cue by which speakers contextualize their utterances, rendering them meaningful in their conversational context" (Auer, 2011: 460). At a discursive level, CS is

³²This figure is adapted from Simmons (1998). Simmons does not analyze CS but rather examines how doctors and patients communicate during medical consultations. She elaborates a "continuum categorization of factors in health care communication which may inhibit doctors and patients from speaking 'the same language'" (Simmons, 1998: 97). This continuum includes three categories: linguistic, sociolinguistic, and social-type factors.

considered a strategy for compromise or negotiation, "a mechanism for bringing the languages and their speakers closer together" (Gardner-Chloros, 2020: 183).

Despite this accepted assumption that CS is a multifunctional phenomenon, classifying the functions of CS in a definitive closed list is a matter of debate among scholars³³. Auer openly criticized the classification in the form of a list of functions, because reducing the options to a "mere list" might end up being a methodological issue (Auer, 1995: 120). He asserts that a premade list is not a definitive solution that can be applied to each concrete interaction. Besides that, a list does not offer the whole picture of these functions' ultimate conversational meaning. As he states, "the question is not what verbal activities are associated with one language or the other, but instead: in which activities do bilinguals tend to switch from one language into the other" (Auer, 1995, p. 120). However, Auer acknowledges that certain functions (or conversational loci) are present in different bilingual communities worldwide. The arguments against a closed list of functions are the following:

- **Lack of specification or a proper grounding:** Functions may be listed as part of some theoretical classification or methodological description, without an extended explanation with selection criteria.
- **Confusion between categories:** Functions of a different nature (social or discursive) may be blended in the same list. They may also be wrongly labelled.

³³One of the first significant contributions to the study of CS was made in John J. Gumperz's fundamental work "Discourse Strategies" (1982), where he dedicates a chapter to "Conversational CS." This chapter offers a refined typological classification of functions, building on his earlier work with Jan-Petter Blom in 1972, where they introduced the division between "situational" and "metaphorical" CS. In 1982, Gumperz uses the term "strategy" to describe functions and motivations, providing a more dynamic perspective. Several authors have attempted to provide comprehensive lists of functions to define CS based on their findings. For an overview, we selected nine of the most cited lists of functions from Gumperz (1982), Beatens-Beardmore (1986), Appel and Muysken (1987), Heller (1988), Romaine (1995), Hoffman (1991), Auer (1995), Zentella (1997), and Reyes (2004). Heller (1988: 77-81) reviews functions from previous literature rather than developing her own list, adding insights on the identity function. Similarly, Romaine (1995: 161-62) builds her list on Gumperz's theory, adding five more functions. The functions (F1 to F12) are ordered in terms of frequency, from a minimum of 3 to a maximum of 9 occurrences. Addressee Specification (F1) occurs 9 times and refers to the speaker switching languages depending on the interlocutor's linguistic profile. Reported Speech (F2), with 7 occurrences, involves the speaker switching to another language to report an exact quote or paraphrase what another person said. Repetition/Clarification (F3), also with 7 occurrences, involves reiterating the same idea or explaining it in another language. Emphasis (F4), occurring 6 times, sees the speaker reinforcing an important idea by switching languages. Topic Shift (F5), also with 6 occurrences, involves the speaker introducing a new topic by switching languages. Interjection (F6), with 5 occurrences, involves the speaker switching languages to introduce an exclamation or sentence filler. Side-comments (F7), occurring 4 times, involves the speaker providing information not central to the main discourse in another language. Identity (F8), also with 4 occurrences, involves the speaker asserting identity and group membership by switching to a community language. Language Play/Humor (F9), with 3 occurrences, involves the speaker using CS for jokes, puns, and language play. Role Shift (F10), also occurring 3 times, involves the speaker alternating languages to shift roles in conversation. Distance in Discourse (F11), also with 3 occurrences, involves the speaker alternating languages to distance or approach the interlocutor. Mitigation and Aggravation (F12), also occurring 3 times, involves the speaker using CS to regulate the pragmatic effect of discourse, impacting face positively or negatively.

A significant issue is the confusion between categories, as the lists present functions without distinguishing between social and discursive functions. Additionally, the functions can be combined or defined as mixed categories.

- **Lack of a conversational meaning:** Instances of CS may be assigned a general function without a deeper explanation of their conversational meaning within the full interaction.
- **The directionality of the switching being ignored:** The functions may be viewed as applying to both directions of switching, without it necessarily being the case (cf. §5.2.).

The most tempting option when designing an empirical study is to adhere to a closed list of functions. This list simplifies the methodological process, since the starting point is a set of instructions to search for examples. However, each study, framed in a speech community, has to analyze the cases of CS according to specific social and situational parameters.

Bilingual speakers employ CS as a strategy to "negotiate the language for the conversation which is just about to begin, or renegotiate this language after situational shifts" (Auer, 2011: 461). The negotiation involves using language A and language B for different reasons in a dynamic process that Romaine (1995) defines as "changing hats," a very visual and suitable metaphor. The speakers make choices in each interaction, and these choices "are not just choices of content, but are discourse strategies" (Myers-Scotton, 1995: 57) that become a "possibility of social identity negotiation" (Myers-Scotton, 1993: 111) within a specific speech community.

CS serves as a strategy to regulate the distance between speakers, maintaining and leveling boundaries to manage possible conflicts between interlocutors (Heller, 1988: 1)³⁴. Moreover, it can be a mechanism to claim or avoid rights and obligations within an ingroup or with an outgroup. According to Heller (1988, 79), bilingual speakers use language A or language B depending on "who is who and what is expected of them ", while for Gumperz this function is directly connected with the we-code/they-code theory, implying that "both message form and message content play a role in implicature" (Gumperz, 1982: 95).

Language negotiation, or "changing hats," and distance regulation can be studied in terms of politeness theory. For instance, CS to mark a role-shift is a good example of facework, a theory coming from the concept *face*, a term coined by the sociologist Erving Goffman (1967). Face is:

The positive social value a person effectively claims for himself by the line others assume he has taken during a particular contact. Face is an image of self delineated in terms of approved social attributes, albeit

³⁴ Heller (1988) presents CS a language contact phenomenon as a "boundary-levelling or boundary-maintaining strategy which contributes as a result, to the definition of roles and role relationships at a number of levels, to the extent that interlocutors bear multiple role relationships to each other. It is an important part of social mechanisms of negotiation and definition of social roles, networks and boundaries" (Heller, 1988: 1).

an image that others may share, as when a person makes a good showing for his profession or religion by making a good showing for himself (Goffman, 1967: 5).

The concept of face is intertwined with another main concept: role, also introduced by Goffman (1961). The role assumed by a person is constituted by more or less permanent social traits (gender, nationality, age, social status, etc.), but other roles are activated in specific communicative settings. One such communicative setting is a medical consultation, where speakers assume the role of doctor or patient (cf. Bravo, 1999, 2002; Hernández Flores, 2002; Bernal, 2007). Role-shift is one of the main functions of CS, called "change of footing" by Goffman (1981), and has both a discursive and a social function³⁵. First, it is a discursive function because when a speaker changes roles, it marks a shift in the conversation. Second, it is a social function because the speaker assumes the social conventions associated with this new role.

Brown and Levinson (1987) developed their influential politeness theory based on Goffman's concept of face, aiming to present a universal framework to study politeness. They describe a positive and negative face and their respective face-threatening acts. Politeness is a set of verbal strategies to deal with potential face-threatening acts³⁶.

Face, or *social image*, varies interculturally (Bravo, 1999, 2002, 2009). Therefore, *face* is shaped according to accepted and consensual values in the specific cultural community of the speakers. These face features are contemplated from two dimensions or categories of analysis: *autonomy* and *affiliation*. First, the image of autonomy comprises the traits that describe the person with a self-contour within his or her group. Second, the image of affiliation embraces the traits that describe the person in his or her identification with the group. More specifically, sociopragmatic researchers of the Spanish cultural community have attributed to the image of autonomy as the right to think and act as one sees fit (self-affirmation behaviors). The image of affiliation is associated with the desire to maintain ties of closeness and trust with other group members (cf. Bravo 1999, 2002; Hernández Flores 1999, 2002; Bernal 2007, among other works).

The analysis of face in communication is referred to as *facework*, a term which designates communicative behaviors that affect the face of the interactants. Politeness, as a form of facework, aims to balance the image desires of both speaker and addressee. Additionally, interactions may exhibit behaviors where the speaker's image is emphasized (*self-image*) or where the addressee's image is attacked (*impoliteness*) (cf. Hernández Flores 2013, 2015).

³⁶ On the one hand, a positive face refers to the relation between the individual and the society where he/she lives: the want that our own wishes are accepted and approved by others. On the other hand, the negative face alludes to the claim of our own space and "the want of every 'competent adult member' that his actions be unimpeded by others" (Brown and Levinson, 1987: 61-63).

Facework is closely linked to identity and group membership. Observational studies have shown that speakers express their identity as members of the same bilingual speech community, engaging in "group identification, solidarity, distancing, and redefinition of a situation" (Saville-Troike, 2003: 54). Solidarity is shown by switching to the stronger or preferred language of the other interlocutor, which is "strongly linked to face-work" (Auer, 2011: 461). Language and its social rules are crucial in determining group membership. When language serves as a differential marker, it is noted that "switching languages allows bilinguals the option of choosing which group to identify with in a particular situation" (Saville-Troike, 2003: 49).

Research indicates that code-switching (CS) enables speakers to negotiate their interactions. Alternating between languages can introduce ambiguity into the conversation, thereby avoiding a "categorical language choice" (Heller, 1988, p. 81). This ambiguity may help prevent potential sociolinguistic conflicts between speakers. However, Heller points out that choosing to speak one language in a context where the other is normally used can provoke a certain conflict (Heller, 1988, p. 82).

In sum, the phenomenon of CS is multifunctional, serving both discursive and social functions. Alternating between languages allows speakers to negotiate the content of the conversation and manage their interpersonal relationships with their interlocutors in terms of facework.

1.2.4. Integrated theories of CS

CS offers a unique perspective on the structural outcomes of language contact, demonstrating that these outcomes can be "systematic rather than aberrant". Additionally, the act of CS reflects "social constructs and the cognitive mechanisms that control language switching" (Bullock and Toribio, 2009: 1). The methodologies employed in these three linguistic approaches range from observational techniques to cognitive experiments. Some studies combine different approaches and methods, seeking common ground between the various perspectives (Myers-Scotton, 1993; Muysken, 2000, 2013; Chan, 2009; Backus, 2015; Stell and Yakpo, 2015).

Myers-Scotton (1993) provides an intersection between grammatical constraints and social motivations, highlighting how both linguistic and social factors play a role in CS. Building on this, Muysken (2000, 2013) further integrates structural and sociolinguistic factors through his typological approach, which includes insertion, alternation, and congruent lexicalization. This typological approach helps to categorize the different patterns of CS observed in bilingual communities.

Chan (2009) takes this integration a step further by combining structural explanations within a socio-pragmatic framework, thereby considering the functionality of CS and the influence of the community on language alternation. This approach emphasizes the practical and social aspects of CS, showing how community norms and functions impact language use. Similarly, Stell and Yakpo (2015) integrate structural and sociolinguistic perspectives in their studies, reinforcing the notion that understanding CS requires both structural patterns and sociolinguistic contexts.

Despite these integrative efforts, comprehensive approaches that include structural, sociolinguistic, and psycholinguistic perspectives remain scarce. Parafita Couto et al. (2021: 1) note that “while theories proliferate, cross-fertilization between them remains limited.”, concluding that the asymmetries they found in different language are “due to extralinguistic factors, such as community norms, rather than structural properties of the participating languages” (Parafita Couto et al., 2021: 17).

In the same vein, Deuchar (2020) underscores our limited understanding of the interaction between external sociolinguistic factors and internal psycholinguistic and linguistic factors in influencing CS. In line with this, Sharwood Smith and Truscott (2014) propose the *Modulated Online Growth and Use of Language (MOGUL)* framework, which combines “a general model of psychological functioning with relatively clear accounts of representation and processing that readily accommodates social factors” (Truscott & Sharwood Smith, 2016: 903). These authors argue that a theory of CS should be an extension of a broader cognitive theory, detailing how cognitive representation and processing account for CS phenomena. Additionally, social factors must be incorporated into this theory by explaining how they influence and are influenced by cognitive processes.

The diverse theoretical proposals highlight the importance of CS as a communicative strategy. However, theoretical and methodological challenges remain under review, as we have seen in this chapter. Addressing CS by using a “multimethod (...) approach that integrates linguistic, psycholinguistic, and social factors” and offers a comparative perspective would provide valuable insights (Parafita et al., 2021: 1). It would also bring clarity to a complex and often contradictory field that has seen prolific research, especially over the past forty years.

1.3. CLOSELY-RELATED LANGUAGE CONTACT PHENOMENA

The question "What is code-switching?" inevitably leads to another: "What is not CS?" CS is often confused with and mixed up with other related contact phenomena. These concepts sometimes overlap, and the boundaries between them are far from clear, particularly regarding code-mixing and borrowing. In fact, Eastman (1992: 1) considers that the efforts to distinguish these three contact phenomena are "doomed."

Gardner-Chloros (2009) downplays the importance of theoretical definitions, viewing them "merely as a research tool with which to describe data" (Gardner-Chloros, 2009: 11). However, a clear understanding of CS and setting boundaries regarding other related phenomena is crucial for determining the empirical design and further methodological decisions underlying studies. The inconsistencies are on three levels (Poplack, 2013, 2020).

- **Theoretical level:** Analyses with different theoretical approaches may be difficult to compare. Furthermore, research often prioritizes theoretical approaches over empirical work.
- **Methodological level:** Issues arise in the conduct of research, such as the nature of "facts," and considerations of what constitutes evidence.
- **Analytical level:** There is often a lack of contextualization for donor (the language where the contact begins, the matrix language) and recipient (the language that receives the contact, embedded language), other mixing phenomena, and within the speech community. Additionally, Poplack identifies a failure to apply the Principle of Accountability (Labov, 1969)³⁷.

Language contact phenomena have an "exogenous" origin rather than an "endogenous" one (Moreno Fernández, 2015: 250)³⁸. Contact language phenomena do not respond to linguistic factors, rather to social motivations of the speakers, who are the agents of the interaction. Social factors pertain to speakers and their speech communities, including linguistic attitudes and usage contexts, leading to the conferral of a particular social status to the language.

This dependence on external and social causes allows sociolinguists, anthropologists, and discourse analysts to justify their choice of frameworks for studying CS and related

³⁷ The Principle of Accountability is the cornerstone of the quantitative method and is based on the researcher's honesty in collecting data. "That any variable form (a member of a set of alternative ways of 'saying the same thing') should be reported with the proportion of cases in which the form did occur in the relevant environment, compared to the total number of cases in which it might have occurred" (Labov, 1969: 737-738). As Hazen (2011: 33) indicates: "This principle is a basic, and unquestioned, part of variationist methodology today, but at the time, Labov was guarding against scholars picking and choosing data to conveniently (retro)fit their theories".

³⁸ Whereas the exogenous origins refer to influences that come from outside a language or a linguistic community, the endogenous origins refer to changes that occur within a language due to internal factors, without external influence, i.e., developments that occur naturally within a language over time.

phenomena. These approaches view structural factors as the "skeleton" of CS and a means to "convey the communicative effort" (Heller, 1988, p. 11). Hence, the importance of studying CS within a social context is emphasized, even when distinguishing it from other contact phenomena. The social approach inherently denies the notion of universal constraints associated with CS.

Heller (1988) argues that "it is unlikely a universal linguistic grammar for CS exists, or that CS can be distinguished from borrowing or other language contact phenomena on purely formal grounds" (Heller, 1988: 11). Instead, she suggests that certain structural strategies, which are widely available, are employed in each speech community to highlight forms which are socially, discursively and referentially significant.

The distinction between specific universal characteristics of one contact phenomenon versus another is not always seen as crucial from a social perspective, a situation which leads to some terminology being fluid. From this perspective, understanding the exact linguistic nature of the strategies used is less important than understanding "the contribution they make to the verbal repertoire of individuals and the speech economy of the community, and to interlocutors' ability to successfully negotiate and infer social, stylistic, or referential meaning" (Heller, 1988: 16). In this perspective, and in this work, CS is viewed as a conversational strategy that facilitates meaningful and successful social negotiation.

Research on CS is significantly more abundant than on other related contact phenomena. CS is often used as an umbrella term that encompasses other concepts (Shay, 2015: 464; Stell, 2015: 117)³⁹. The term "CS" is powerful and sometimes becomes a catch-all concept, potentially overshadowing interest in other related linguistic phenomena. These other phenomena can provide deeper insights into "the connections between that type of occurrence and others where convergence occurs" (Gardner-Chloros, 2009: 13).

CS is commonly confused with or used interchangeably with other related contact phenomena that share similarities and differences with it. The main related contact phenomena are briefly discussed in this chapter, including language choice, borrowing, code-mixing, interference, and the newer, more contested concept of translanguaging.

³⁹ The term CS is sometimes employed as "a general term to cover all aspects of code alternation between two different languages", mixing concepts as transfer, borrowing and CS in one (Shay, 2015: 46) or for "referring to any phenomenon involving bilingual speech", not specifying any in particular (Stell, 2015: 117). The phenomenon of CS and its research can be even "a victim of the success of the term CS" (Gardner-Chloros, 2009: 13).

1.3.1. CS and Language Choice

Bilingual or multilingual speakers have the possibility to choose a different language for each use context or *domain* (Fishman, 1965, 1972). They might not choose the same language to speak, for example, with family members, friends, or in an international workplace. Hence, a domain encompasses different communicative settings, participants, and related topics. The following example from the daily linguistic life of an Indian linguist illustrates how dynamic the domains of language use can be:

I use Oriya in my home, English in my workplace, Hindi for television viewing, Bengali to communicate with my domestic helper, a variety Hindi-Punjabi-Urdu in market places in Delhi, Sanskrit for my prayer and religious activities, and same conversational Kui with the Konds for my research in their community. These languages fit in a mutually complementary and non-competing relationship in my life. (Mohanty, 2006: 263)

The selection between different languages is strategic. The speaker can "identify herself or himself with the social categories and activities the code symbolizes" (Gal, 1978: 4). The social conventions also play an essential role in this equation. Speakers choose the best language to present an adequate version of themselves in a determined interaction. One of the reasons is the social status of a language in a diglossic context. One language has higher prestige than the other (Ferguson, 1959; Fishman, 1967). This socially asymmetric situation may vary depending on the domain. A language with a lower prestige in a professional setting for example, might have a higher prestige in concrete social circles.

The line between language choice and CS is very thin, because "the same set of determinants governs both phenomena" (Backus and Eversteijn, 2004: 1394). CS and language choice imply a switch-point of a choosing point between one language (A) and another (B)⁴⁰. Three criteria might be applied to distinguish both concepts:

1. **Delimiting the communicative context:** whereas a language choice is previous to the moment that a conversation starts, CS takes place within a conversation.
2. **Identifying the interlocutor:** bilinguals can choose the language when speaking with monolinguals or bilinguals. CS is a phenomenon usually reserved for interacting with speakers that can understand this alternation⁴¹.

⁴⁰ See Backus and Eversteijn, 2004; Gardner-Chloros, 1991.

⁴¹ The characteristic of identifying the interlocutor can be associated with the Communication Accommodation Theory (CAT), developed by the psychologist Howard Giles in 1973 and later elaborated with his associates. This theory was later applied to the field of sociolinguistics. The theory explains how individuals adjust their communication styles to either converge with or diverge from other individuals participating in a conversation. The choice to converge or diverge is influenced by various factors, including social norms, relational goals, the context of the interaction (formal or informal), and the wish to achieve specific communication outcomes (Giles, 1973; Giles & Smith, 1979; Giles, Coupland & Coupland, 1991; Gallois, Ogay & Giles, 2005).

- 3. Assessing the level of deliberation:** a language choice is a rational and deliberated decision. There are a minimum of two options, and the speaker selects one following some criteria. CS is rooted in deliberation, in line with a specific function or purpose (Gardner-Chloros, 2020: 194; Baker and Prys Jones, 1998: 58)⁴².

Language choice and CS are influenced both by social and discursive factors, including who is involved (participants), where the conversation takes place (communicative setting), the topic (content), and the purpose of the interaction (functionality). These factors collectively influence our daily decisions about which language to use in any given interaction. In terms of language choice, different factors influence the process (Grosjean, 1982: 136). The speaker needs to weigh the factors (Grosjean, 1982), assessing the most important. Factors usually appear in combination, as rarely does a single factor determine language choice. For instance, when we choose to speak a particular language, we consider the social context, the participants involved, and the specific purpose of the conversation. If we are at work, we might opt for a language that aligns with professional norms and expectations, such as English in an international business setting. Conversely, at home, we might choose a language or variety that fosters family bonds and cultural heritage. Additionally, our decision may be influenced by the need to convey respect, establish authority, or create social distance. All these considerations come together to form a complex matrix that determines our code selection in everyday communication. We can apply the same logic to language choice and CS, considering different factors for choosing or alternating between languages, as developed by Appel and Muysken (1987):

- **Sociolinguistic profile:** Language proficiency, language preference, socioeconomic status, age, gender, occupation, education, ethnic background, history of speakers' linguistic interaction, closeness and intimacy, power relationship, attitude toward language, and outside pressure.
- **Communicative setting:** Location, presence of monolinguals, degree of formality, and degree of intimacy.
- **Content of the discourse:** Topic and type of vocabulary.
- **Functionality:** Raising status, creating social distance, excluding others, or making requests or commands.

The model becomes more complex with the introduction of a third option: a hybrid language or mixed communicative style (Backus and Eversteijn, 2004: 1394; Gardner-

⁴² Similar to other language contact phenomena, CS “is not a random and unregulated phenomenon, but is rooted in deliberate, if oftentimes unconscious, choices made by speakers in specific discourse situations” (Gardner-Chloros, 2020: 194). Baker and Prys Jones (1998: 58) divides CS in two levels with different levels of consciousness, the cognitive event and the performance: “while bilinguals do consciously codeswitch, usually the event is subconscious”.

Chloros, 1991: 36). In summary, language choice and CS can be distinguished by the interaction's context, the interlocutor, and the deliberation involved. Nonetheless, both are governed by similar social and discursive factors.

1.3.2. CS and Borrowing⁴³

CS and borrowing are two phenomena that can be separated in terms of the linguistic levels where they operate, donor and recipient grammar, diffusion level, structural integration, and functionality.

On a single-word level, borrowing involves loaning a lexical item from one language into another because that word offers a better fit or explains an unbranded reality. CS is usually multiword in nature, and borrowing has a "preponderance of nouns and a lack of function words" (Poplack and Dion, 2012; Poplack, 2017: 157)⁴⁴. There are two categories of borrowings (Poplack, 2017):

- **Nonce borrowing:** One-word and spontaneous single occurrence. *Example (10):* C'est une compagnie allemande et suisse qui fait les ball-bearings SKW. 'It's a Swiss-German company that makes SKW ball bearings.' (Poplack, 2017: 143)⁴⁵.
- **Established loanword:** A single -word that once was a nonce borrowing, but ended up being a trend among speakers of the recipient language, who adopted the now- established loanword. *Example (11):* El feedback de los alumnos nos ha ayudado a mejorar el curso (*The students' feedback helped us to improve the course*).

While the distinction between nonce borrowings and established loanwords is clear in some cases, it is challenging to delineate a precise boundary, as noted by Auer (2011: 454). Comparing borrowings and loanwords with CS reveals more complexities. Viewing both as part of a continuum avoids discussions focused solely on linguistic levels. This theoretical approach posits that borrowing and CS are fluid phenomena within the same process (Poplack, 2017: 141). Nonce borrowings from donor languages are not considered

⁴³ Borrowing is also called transferring (Clyne, 2003) or incorporating (Thomason and Kaufman, 1988).

⁴⁴ The word level is also a unit to consider in CS, as even the most common switches are multiword (Baker and Jones, 1998: 58; Gardner-Chloros, 2009: 13; Auer, 2011: 453; Bullock and Toribio, 2012: 290-294). As Gardner-Chloros (2009: 13) explains, CS includes "single or multiword, integrated or unintegrated, interactionally meaningful or completely unnoticed or unmarked" (Gardner-Chloros, 2009: 13). Baker and Jones (1998: 59) explain CS as the general term that includes all the levels from a single-word describing "any switch within the course of a single conversation, whether at word or sentence level of blocks of speech". Muysken (2000) and Pfaff (1979) use code-mixing as a hyponym to include both intra-sentential code-switching and borrowing.

⁴⁵ Poplack's definitions have often been unclear, particularly concerning nonce borrowings. Over the past forty years, she has proposed various explanations. She questioned the validity of single-word switches, describing them as "exceedingly rare" (Poplack, 2013: 13). However, her definitions were sometimes contradictory, especially regarding the distinctions between one-word switches and borrowings, with particular confusion surrounding non-established or nonce borrowings. As a result, she typically defined single-word alternations as borrowings.

code-switches, despite both requiring knowledge of the donor language. Nonetheless, both CS and nonce borrowings lack the social characteristics of established loanwords (Poplack, 2017: 157)⁴⁶. Conversely, more frequent borrowings do not require donor language knowledge, are widely diffused, and frequently used. Speakers may not realize these lexical items are not native to their language. Thus, CS and nonce borrowings share extra-linguistic characteristics involving levels of recurrence and diffusion (Poplack, 2017: 157). Both phenomena exhibit limited diffusion compared to established borrowings⁴⁷.

Matras (2009: 111) outlines a continuum between CS (CS) and borrowing (B) across seven dimensions, classifying their differences, as seen in Table 1.

(1) Bilinguality	(CS) bilingual speaker $\longleftrightarrow$ monolingual (B)
(2) Composition	(CS) elaborate utterance/phrase $\longleftrightarrow$ single lexical item (B)
(3) Functionality	(CS) special conversational effect, stylistic choice $\longleftrightarrow$ default expression (B)
(4) Unique referent	(CS) lexical $\longleftrightarrow$ para-lexical (B)
(5) Operationality	(CS) core vocabulary $\longleftrightarrow$ grammatical operations (B)
(6) Regularity	(CS) single occurrence $\longleftrightarrow$ regular occurrence (B)
(7) Structural integration	(CS) not integrated $\longleftrightarrow$ integrated (B)

Table 1: Continuum between CS and borrowing

(Matras, 2009: 111)

In terms of bilinguality, CS involves bilingual speakers who can fluidly alternate between two languages, whereas borrowing involves monolingual speakers who incorporate elements from another language into their primary language. Borrowing is common language behavior for many speakers on a regular basis⁴⁸. Unlike CS, which is a phenomenon reserved for bilinguals, borrowings can also be used by monolinguals. Moreno Fernández (2015) explains: “if the speaker uses two systems, we are dealing with an alternation, and if (the speaker) uses only one system, we are dealing with a borrowing” (Moreno Fernández, 2015: 258). This distinction can also be explained in terms of donor

⁴⁶ “A study that labels loan items as CS is basically describing the behavior of borrowing”. Conference offered by Popack online in Abralín on May 7, 2020.

⁴⁷ A restricted diffusion level equals the regularity in terms of Matras (2009).

⁴⁸ Poplack attributes this conclusion to a finding that in almost all empirical studies “borrowed items make up the overwhelming majority of other-language material” (Poplack, 2017: 1). According to her own data, 92% of the switches are one-single word switches and the rest 8% are multi-word switches. Out of this 92%, 78% are established loanwords and 22% nonce words. (Poplack, Abralín online, May 7, 2020).

and recipient grammar. CS occurs when only donor-language grammar is active, and borrowing when only recipient-language grammar is active. The syntactic and morphological integration is from the donor language in CS and from the recipient language in borrowing, with phonological integration varying.

Regarding the composition, CS typically features more elaborate utterances or entire phrases being switched between languages, while borrowing often consists of single lexical items integrated into another language.

CS is used for special conversational effects or as a stylistic choice to convey a particular nuance or identity (functionality). In contrast, borrowing serves as the default expression within the borrowing language, filling lexical gaps (Matras, 2009: 117). When considering the specificity of referents, CS generally relates to lexical items with specific meanings that are difficult to translate, whereas borrowing can include para-lexical elements such as idioms or fixed expressions that are adapted from the donor into the recipient language.

Operationality differentiates the two as well; CS involves core vocabulary items fundamental to communication in both languages, while borrowing can extend to grammatical operations, influencing the recipient language's structural aspects. The regularity of these phenomena also varies, with CS occurring as single, occasional instances within speech, whereas borrowing becomes a regular occurrence within the language, establishing a stable presence.

Finally, regarding structural integration, elements in CS remain distinct and not fully integrated into the donor language, while in borrowing, elements become structurally integrated, undergoing phonological and grammatical adaptation. Borrowings are more integrated linguistically than switches, "but the means of integration are subtle and may not be categorical" (Deuchar, 2020⁴⁹). This feature is related to the functionality. Auer settles the discussion about the differences between CS and borrowing by maintaining that "this dilemma is definitional, not empirical" (Auer, 2011: 454). However, empirical issues may arise from a conceptual misunderstanding. This continuum illustrates how linguistic elements can transition from being instances of CS to becoming fully integrated borrowings, reflecting different levels of linguistic incorporation and speaker behavior.

1.3.3. CS and Code-Mixing

The action of switching resembles a controlled behavior rather than the unordered action of mixing. Some authors make this distinction to better delineate the concept of CS. Other proposals combine both terms (Hames and Blanc, 2000; Matras, 2009).

⁴⁹ Conference offered online in Abralín on July 8, 2020.: <https://aovivo.abralin.org/en/lives/margaret-deuchar-2/>

Traditionally, CS was reserved for inter-sentential switches, while code-mixing referred to intra-sentential switches (Sridhar and Sridhar, 1980; Kachru, 1983; Singh, 1985; Bokomba, 1989; Hoffman, 1991; Baker and Jones, 1998; Wardhaugh, 2006). This primary differentiation can be considered a "superficial distinction," as Auer (1999, 2010) suggests, since it does not explain the complexity behind both concepts beyond this basic syntactic division.

The first method to differentiate both phenomena is through the methodological approach for their analysis. From a structural perspective, code-mixing has been analyzed as a phenomenon that requires grammatical analysis "since, according to Auer (2011) mixing tends to occur within self-contained syntactic units," (Auer, 2011: 462). CS, on the other hand, is reserved for the conversational approach, as it is presented as a "stylistic-rhetorical practice" (Auer, 2011: 462).

Consistent with this approach, Stell and Yakpo (2015) differentiate both phenomena based on the degree of structure and communicative distinguishability. They argue that whereas in code-mixing the mixed elements are "not communicatively distinguishable," in CS the opposite is true. They assert that speakers employing CS "show awareness of alternating between two structurally distinguishable codes" (Stell and Yakpo, 2015: 2). CS is therefore reserved for cases where two languages maintain their independent form, while code-mixing alludes to some convergence between both languages (Meisel, 1989; Muysken, 2000), as exemplified by Myers-Scotton (1992)⁵⁰:

(12) Example of code-mixing Swahili-English:

i-me-*turn black* sana

3-PERF-very

It had turned very black

Code-mixing creates specific forms of convergence reserved for the bilingual practices of the speakers. Auer (2011: 465) notes that these forms "may not be present in the monolingual speech of the same speakers." Drawing boundaries when working with real speech samples is a difficult task. Further, Moreno Fernández (2015: 236) defines code-mixing as the incorporation of some elements of one language while using "basically a different language."

One attempt to establish boundaries was the well-known Matrix Language Frame Model (MLF) by Myers-Scotton (1993, 1998, 2002). The MLF model, as mentioned above, presents two languages that are asymmetric: one is the matrix, and the other is the embedded language. When only one language supplies the frame or the bilingual clause, it

⁵⁰ Meisel (1989) understands code-mixing as the fusion of two grammatical systems in one conversation, whereas CS occurs in dependency of the interaction's context (e.g., speakers or topics of the conversation).

is considered classic CS (inter-sentential). Code-mixing is analyzed under the term composite CS for intra-sentential switches, where "the abstract morphosyntactic frame derives from more than one source language," as Myers-Scotton (2002: 105) describes. However, this widely used theoretical model has faced criticism, particularly directed at the CS composite, due to the complexity of isolating a single parent language (Auer, 2011: 465).

In sum, the differences between CS and code-mixing are explained in terms of distinguishability and morphosyntactic independence. However, there is a tendency towards a lack of accuracy in these definitions, which are either vague or combine both concepts into one term. The boundaries between CS, as a conversational phenomenon, and code-mixing, as a grammatical phenomenon, are more a concern from a structural perspective than from a socio-pragmatic one, where the turn as a basic unit downplays the importance of this distinction.

1.3.4. CS and Interference

Interference is a contact phenomenon characterized by deviations from the norm, involving the incorporation of phonetic, morphosyntactic, and lexical elements of Language A into stretches of speech in Language B (Kabatek, 1997: 222; Treffers-Daller, 2009: 59)⁵¹. The interference involves deviations from linguistic norms by incorporating elements of one language into another, and CS referring to the alternation between two languages without altering the linguistic norms (Poplack and Meechan, 1995: 200). Some scholars argue that these concepts can be similar and intersecting, suggesting that there are instances where the boundaries between interference and code-switching blur (Poplack, 1990; de Bot, 1992; Grosjean, 1995). In such cases, elements of both processes coexist within a single discourse, reflecting the dynamic and fluid nature of bilingual language use (Poplack and Meechan, 1995: 200). This perspective, considering both concepts as fluid, acknowledges that the cognitive and sociolinguistic factors driving these phenomena may overlap, leading to complex interactions between languages in contact (Auer, 1984, 1995).

Language transfer is often considered synonymous with interference, but they are not equivalent. Interference and language transfer, and even a third concept crosslinguistic influence, often serves as an umbrella concept for various phenomena (Odlin, 2012: 1). However, within the context of second language acquisition, interference carries negative

⁵¹ The definition offered by Treffers-Daller (2009: 59) uses "element" as an unspecified umbrella term that covers all linguistic levels, i.e., "phonological, morphological, syntactic, semantic, and conceptual features, lexical items, phrases, clauses, multiword chunks, and graphemic symbols". This mixture between CS and interference has a long tradition, as already by 1953 Weinreich used the notion of interference as a bridge concept to encompass a range of contact phenomena.

connotations, implying error production in language use. Consequently, some authors, such as Traffers-Daller (2009), prefer the term language transfer, or the more neutral cross-linguistic influence (Odlin, 2012). Conversely, psycholinguists often favor the term interference, as it describes a mental process where two or more languages interact. Clyne (2003: 72) further distinguishes between the process (transference, an umbrella term encompassing CS, borrowing, and interference) and the product of this contact, which he labels as transfer.

A primary argument for separating CS from interference is the level of psycholinguistic control over these phenomena. There is a consensus that these processes are cognitively different. Some scholars assert that while CS is a controlled event, interferences may or may not be controlled by the speaker. Kabatek (1997: 220) notes that both processes "can appear in discourse either involuntarily or voluntarily." The degree of deliberation in interference is also categorized into dynamic interference and static interference, indicating whether speakers make "ephemeral deviations" or incorporate these into their grammar (Grosjean, 2001: 7). Within the theory of discourse traditions (Koch, 1987), interferences arise due to the presence of more than one language in the speaker's mind and their familiarity with different discursive traditions (Kabatek, 2017: 32).

Interference can be classified into four categories (Kabatek, 1996, 1997): positive interferences (transposition and hypercorrection) and negative interferences (convergence and divergence). First, the positive interferences are present in the linguistic production, can affect the language system and alter the norm. There are two types, and both are illustrated with examples from the language pair Spanish-Galician:

- **Transposition:** Involves transferring elements from System B into the discourse of System A. Examples: Using Spanish lexical items in Galician, such as *calle* (instead of *rúa*, street), *pañal* (instead of *cueiro*, diaper) or *sartén* (instead of *tixola*, frying pan).
- **Hypercorrection:** Entails creating new elements through conversion rules from B elements into A. The elements can be part of the convergence zone AB. It differs from interference by transposition in that hypercorrection creates new elements. Examples: Using newly created terms in Galician as *hourizonte* (instead of *horizonte*, horizon), *ambiente* (instead of *ambiente*, environment), or *perruquería* (instead of *salón de peiteado*, hair salon).

Negative interferences involve the absence of certain elements in linguistic production, i.e., using elements from the confluence zone of the two contact languages⁵². It is the "linguistics of what is not said" (Kabatek, 1997: 223). It affects the language norm, altering

⁵² The term "negative interference" was coined by Coseriu (1977: 99).

the standard frequency of certain elements in the language; again, examples are taken from the Spanish-Galician language pair.

- **Convergence:** The speakers prefer elements common to both languages, part of the confluence zone AB, for efficiency (marked choice) or due to a lack of divergent element knowledge (unmarked choice). Examples: choosing the form *primo* (instead of *curmán*, cousin) or *esconder* (instead of *agochar*, to hide).
- **Divergence:** speakers prefer not to use elements that are part of the confluence zone AB. They select the furthest away from the other language as a marked choice. Examples include using the most different option from Spanish in Galician, such as *vindeiro/a* (instead of *próximo/a*, next), *vieiro* (instead of *senda*, path).

In summary, interference is a complex linguistic process that requires comprehensive analysis, from psychological to discursive perspectives.

1.3.5. CS and Translanguaging

Translanguaging is the final phenomenon discussed here. It is the newest and most controversial concept, and we have seen a surge in publications on translanguaging over the past decade, since the publication of García and Li (2014)⁵³.

The term translanguaging, developed in the 1990s, is frequently used alongside CS in the literature⁵⁴. Defined by Ofelia García and Wei Li, the most influential authors in this field, as “both the complex and fluid language practices of bilinguals and the pedagogical approaches that leverage those practices” (García and Li, 2017, p. 117), translanguaging aims to enhance the use of both languages and support the learning process (Lewis et al., 2012b). It is described as a dynamic teaching philosophy that “empowers both the learner and the teacher,” aiming to “make meaning, enhance experience, and develop identity” (Li, 2018: 15; García, 2009; Creese and Blackledge, 2015).

Treffers-Daller (2024a, 2024b, 2024c) provides a well-argued rebuttal, questioning whether translanguaging and similar concepts are genuinely different. Advocates of use of the term translanguaging often overlook the historical significance of CS research, including the separability of linguistic systems. While new theories may emphasize their uniqueness, it is essential to clarify how they diverge from earlier approaches, presenting

⁵³ The concept translanguaging has been used in almost 3000 publications in the context of English Language Teaching (ELT) between 2011 and 2021 (Prilutskaya, 2021 in Treffers-Daller, 2024c: 2).

⁵⁴ This concept was coined in Welsh (*trawsieithu*) by Williams in 1994 and translated first as translanguaging by Baker (2001). Williams did not intend to create a theoretical concept “but a descriptive label for a specific language practice” (Li, 2018: 15). Since the 1990s, particularly within the last decade, this term has received much attention. Similar proposed terms, each used a bit differently, include heteroglossia (Bakhtin, 1975), polylinguaging and polylingual languaging (Jørgensen, 2008; Jørgensen, Karrebæk, Madsen, & Møller, 2011), metrolingualism (Otsuji & Pennycook, 2011), codemeshing (Canagarajah, 2011), translingual practice (Canagarajah, 2013), and multilanguaging (Nguyen, 2012) (MacSwan, 2017: 170-171).

balanced viewpoints and solid evidence to support their claims. Further, Treffers-Daller contends that the translanguaging literature draws heavily from CS research, with classroom practices closely mirroring examples found in academic studies. Many proposed teaching strategies are not as innovative as translanguaging proponents suggest. Educators often realize that the methods described under translanguaging are ones they have employed for years, albeit under different terminologies.

The defenders of translanguaging present a “post-multilingual era,” as described by Li (2018: 14-15), as a context that justifies this new theoretical concept. This era refers to a contemporary linguistic landscape where traditional concepts of distinct languages and multilingualism are inadequate to capture the complex and dynamic nature of linguistic practices. According to Li, this context necessitates new theoretical approaches for understanding complex linguistic realities. Translanguaging aims to be a modern and multimodal version of code-switching (CS), encompassing “the linguistic creativity, most visible and audible, in bilingual interactions” (Bhatt & Bolonyai, 2019: 6-7).

The new conception of a multilingual setting presents an open concept of language, beyond “geography-, social class-, age-, or gender-based varieties” (Li, 2018: 19). Consequently, the flexible approach is one of the arguments used to differentiate translanguaging and CS. According to García and Lin, whereas CS is based on the “monoglossic view that bilinguals have two separate linguistic systems,” translanguaging depicts a “heteroglossic, always dynamic, responding not to two monolingualisms in one but to one integrated linguistic system” (García and Lin, 2017: 120).

Complementing the previous arguments, Li proposes a follow-up notion: *Translanguaging Instinct*. This concept is part of the statement that multilinguals possess an advanced quality beyond the structural knowledge of a language. This pragmatic ability enables them to resolve “differences, discrepancies, inconsistencies, and ambiguities, if and when they need to be resolved, and manipulate them for strategic gains” (Li, 2018: 19). These practices have their own *Translanguaging Space*, where language users can modulate their language in a social space that becomes “one coordinated and meaningful performance” (Li, 2011a: 1223).

Treffers-Daller (2024a, 2024b) notes that these definitions often focus more on the setting than the process, complicating our understanding of how translanguaging differs from CS and related concepts. This broad focus allows translanguaging to encompass various multilingual and multimodal practices, replacing terms like CS, code-mixing, code-meshing, and crossing (Li, 2018: 9). Consequently, translanguaging has become a catch-all term for “any practice that is slightly non-conventional” (Li, 2017: 9), which Treffers-Daller (2024c: 17) criticizes as “too broad to be meaningful” and notes that the

pedagogical principles behind it are “hardly new.” This is especially compelling, given the range of other theoretical concepts extensively studied and analyzed, as discussed in this chapter.

Within this imprecise framework, translanguaging has been used to describe varied established practices with different natures, such as translation and interpreting (Heugh et al., 2019), vocabulary teaching (Busse et al., 2020), reading a text in one language and discussing it orally in another (Jones, 2017), or linguistic landscaping (Gorter & Cenoz, 2015) (see Treffers-Daller, 2024c for an overview). García includes CS as part of the translanguaging umbrella, extending its meaning to “hybrid language use (...) a systematic, strategic, affiliative, and sense-making process” (García, 2009: 140). This approach is compatible with bilingual speakers who code-switch in various communicative settings. Thus, translanguaging is predominantly applied as a positive pedagogical tool in multilingual schools, embracing “linguistics, psychology, sociology, and education” (Li, 2018: 27).

Some authors go even further, questioning “the existence of discrete languages, further concluding that multilingualism does not exist” (McSwan, 2017: 167). Consistent with this belief, CS, among other phenomena, is not considered a valid field of study. This approach constitutes a “theoretical endorsement of the idea that what the bilingual manipulates, however masterfully, are two separate linguistic systems” (Otheguy et al., 2015: 282). McSwan firmly criticizes this contradictory double approach, which denies the existence of CS and even multilingualism, while relying on “CS scholarship to support a positive view of bilingualism” (McSwan, 2017: 169). Supporting this point of view, translanguaging is also defined as an unserviceable approach that “provides neither new generalizable knowledge nor new empirical insights” (Bhatt and Bolonyai, 2019: 3). Auer (2022: 22) criticizes the assumptions claimed by Otheguy et al. (2015), considering it a “gross misrepresentation” of how bilinguals engage in language switching and mixing.

In summary, *translanguaging* and CS, as criticized by Bhatt and Bolonyai (2019), Auer (2022), Treffers-Daller (2024), refer to the switching between languages by bilingual speakers in a natural manner. The defenders claim that *translanguaging* is not just a communication strategy but a dynamic teaching philosophy and transdisciplinary theory, combining linguistic, psychology, sociology, and education. In other words, translanguaging is a modern and multimodal version of CS and other language contact phenomena. On the contrary, detractors argue that this concept does not offer anything new to language contact theory, viewing translanguaging as a well-marketed rebranded theory that does not result in “new analyses or novel findings” (Treffers-Daller, 2024c: 19).

1.4. SUMMARY

More than half of the world's population engages in multilingual communication, using two or more languages in their daily lives. Multilingualism is thus the norm rather than the exception. It is influenced by individual and societal factors, with people acquiring multiple languages through family, community, education, or migration.

CS, the alternating use of two or more languages within a conversation, serves as a dynamic communication strategy for bilinguals. This phenomenon, often perceived as a marker of bilingual proficiency, is employed for various functional and social purposes.

From a cognitive perspective, CS reflects linguistic abilities rather than deficiencies. Studies have shown that bilinguals who code-switch exhibit enhanced cognitive control, flexibility, and conflict adaptation. This cognitive agility is demonstrated in tasks requiring executive functions, indicating that CS facilitates comprehension and effective communication.

Structurally, CS operates within grammatical constraints of the involved languages. Foundational theories by Poplack (1980), Myers-Scotton (1993), Muysken (2000), and MacSwan (1999) explain how CS aligns with these grammatical structures. These theories, updated over the years, serve as a theoretical base, though Poplack and Myers-Scotton's models face criticism and counter-examples. Muysken's typology remains widely used, while MacSwan's minimalist counter-theory argues that no constraints or structural restrictions apply to CS. These perspectives highlight the complexity and varied patterns of CS.

Communicatively, CS fulfills specific functions, such as maintaining conversational flow, expressing identity, and managing social roles. It is prevalent in informal contexts and serves as a tool for negotiating relationships and social dynamics. Politeness theory, incorporating concepts like face and role, highlights how CS is employed in social interactions and identity negotiation. For instance, bilingual speakers might switch languages to show solidarity, assert authority, or create social distance, depending on the context and relationship with their interlocutor.

CS is often confused with other language contact phenomena, such as borrowing, code-mixing, or interference. Despite the abundant research work, there is still no consensus about the limitations among different contact phenomena. Borrowing involves incorporating lexical items from one language into another, typically distinguished by their level of integration and frequency of use. Code-mixing refers to intra-sentential language alternation, often seen as less deliberate than CS. Interference involves deviations from linguistic norms due to language contact, affecting phonetic, morphosyntactic, and lexical

elements. Translanguaging, a more recent and contested concept, emphasizes fluid and dynamic language practices, particularly in educational settings. It is often presented as a rebranding of CS and other related phenomena but has faced criticism for its lack of novelty and broad application.

This chapter examined the complexities of multilingual communication and CS, exploring their cognitive, structural, and communicative dimensions while distinguishing them from related language contact phenomena. CS emerges as a multifaceted strategy that not only enhances communication but also reflects and negotiates social identities and relationships in multilingual contexts.

2. THE SPEECH COMMUNITY

Galicia is a Spanish autonomous community located in the Northwest of the Iberian Peninsula. It borders Portugal to the south and Asturias and Castilla y León to the east. Besides the national language Spanish, Galicia has its own official language called Galician. Spanish and Galician are Romance languages that are closely related, both formally and historically. With approximately 2.8 million speakers, *Galician* is also spoken in some neighboring areas in Asturias, León, and Zamora.

2.1. BACKGROUND

The Galician speech community represents the official bilingual region where the local language (Galician) has historically had less social prestige than the national language (Spanish). However, legally both languages have the same rights and must be promoted in public use contexts. Despite these language policies, the number of Galician speakers is dwindling. The current sociolinguistic situation is a result of an irregular story with highs and lows over the centuries.

The historical evolution of the Galician language is closely intertwined with its current sociolinguistic context. This evolution has been thoroughly documented in numerous studies, following a similar narrative, particularly over the past 40 years. (García, 1986; López Valcárcel, 1990, 1991; Rodríguez, 1991; Freixeiro Mato, 1997; Mariño Paz, 1998; Monteagudo, 1999; del Valle, 2000; Regueira, 2006; Loureiro et al., 2012; Acuña, 2013). *Galician* is a language that evolved from Latin in the Northwest of the Iberian Peninsula in the early Middle Ages. Between the 13th and early 14th Century, Galician experienced its Golden Age being the language that was spoken in all domains – oral and written – and by all higher and lower social classes (Rodríguez, 1991: 61). Galician was the chosen language for legal, civil, and ecclesiastical documents, as well as for literary works. However, as early as the 13th century, Castilian, the variant spoken in the central region of the Iberian Peninsula, began to gain more presence in various communicative spheres across different parts of the peninsula. This trend continued, leading up to the unification of the five independent kingdoms at the end of the 15th century, establishing Castilian as the dominant language. Already in the 14th and 15th centuries, the Galician language exhibited signs of linguistic decline. With the unification, Castilian noblemen and the high clergy came to Galicia to take over land and administrative positions. Consequently, these powerful and privileged elites brought Castilian as the language of power.

The following three centuries (ca. 16th to 18th) are commonly referred to in literature and popularly known as the *Séculos Escuros* (*Dark Centuries*), where Galician and Castilian co-existed in a situation of diglossia. The commoners continued speaking

Galician, but the “upper classes of society remained definitely installed in Castilian from the sixteenth century” (García, 1986: 54). Castilian was the language one chose to improve socially, “those who sought social mobility imitated the linguistic behavior of the new Spanish-speaking dominant classes” (O’Rourke, 2003: 117). Thus, Galician survives as a spoken language and loses presence in the written language, in all areas, from legal, ecclesiastical, and literary documents. The disappearance of Galician as a cultivated language carries with it a strong social stigmatization, the effects of which are still somehow palpable today, fostering the idea that Galician was “a rural, rustic form of speech not suitable for high forms of culture” (Álvarez Cáccamo, 1990: 81).

With the arrival of the Enlightenment in the 18th century, there was a continuation of relative stability in Galician-Spanish diglossia. Nonetheless, the number of bilinguals gradually increased, resulting in slight changes to the sociolinguistic setting. Influenced by Romanticism and the emergent nationalist ideology in the 19th century, a Galician intellectual elite contributed to the revival of Galician in literature and the arts during a period called the “Rexurdimento” (*Resurgence*). This period of national construction also initiated the process of normalizing Galician in the broadest sense of the word (Regueira, 2006: 61). Therefore, Galician became a sign of identity and a political symbol. It was only several years later that the Galician language was recognized to have the same official status as Spanish in the region. The Statute of Autonomy of 1936 was the first legislation where Galician and Castilian were granted co-official status in Galicia. The achievement was ephemeral, since that same year the Civil War (1936-1939) broke out. The war gave way to a dictatorship of nearly 40 years, with Francisco Franco in power. During this period, Castilian-Spanish was the only official language in Spain and, therefore, the official language for all public purposes.

In 1975, the dictator Francisco Franco died, leading to a democratic transition that culminated in the Constitution of 1978. With the establishment of democracy, the co-official languages in Spain were once again recognized. Thus, Galicia became officially a bilingual community, reinforced with the Galician Statute of Autonomy of 1980 and the Law of Galician Normalization of 1983. Galician and Spanish are taught in school and citizens have the right to use them in all public domains (e.g., administration, media, public services, and healthcare).

2.2. THE LANGUAGES: GALICIAN AND SPANISH

Four decades after the passing of the Law of Galician Normalization of 1983, some linguistic and political issues have endured over time and are still today in full force. In 2003 the *Orthographic and Morphologic Norms of the Galician Language* were revised. The changes were intended to promote agreement between the official bodies (Instituto

Galego da Lingua and Real Academia Galega), the re-integrationist (Lusism) proposal – that advocate for the integration of Galician with Portuguese – and the intermediate movement known as "minimal re-integrationism (Frías, 2007), which considers Galician part of the Lusophony but with its own norm. This linguistic discussion is called the “normative debate”. This discussion focuses on how normative Galician should be codified and the status that Galician should have relative to Portuguese Galician (Monteagudo, 2003; Frías, 2007; Beswick, 2007; Ramallo and Rei-Doval, 2015). The 2003 revision of standard Galician remains the most recent as of this moment.

2.2.1. Dialectal and Standard Varieties

In Galicia both Galician and Spanish have different dialectal and standard varieties, in addition to language variants that result from the contact between Galician and Castilian (Monteagudo and Santamaría, 1993: 144-146):

1. **Galician dialectal varieties:** *Different dialectal varieties* are spoken by the majority of Galician speakers. These varieties have more or less influence of Spanish, depending on the speech community and the speaker. These varieties are called by different umbrella terms: *traditional Galician* or *popular Galician* (Álvarez, 2010; Álvarez et al., 2006; Sánchez Rei, 2011; Dubert, 2020).
2. **Standard Galician:** The standard variety spoken by highly educated speakers, professional and new speakers, especially in urban areas. Therefore, the language that is spoken by these new speakers (*neofalantes*) was later called “new urban Galician” (Kabatek, 1996; Regueira, 1999; Monteagudo, 2003; Ramallo and Rei-Doval, 2015).
3. **Spanish dialectal varieties:** Varieties with dialectal nuances (Rojo, 2005; Ramallo, 2007).
4. **Standard Spanish:** Spanish with few or no dialect nuances spoken by younger speakers educated in a bilingual system with a high competence in both languages.

Galician and Spanish are closely related languages, both formally and historically. The historical diglossic situation evolved to the point where “four linguistic forms coexist, which can influence each other in different ways” (Kabatek, 2000: 62; see Kabatek, 1991 onwards). For instance, in Galician and Spanish dialectal varieties there are intermediate forms, *hybrid speech varieties* denominated popularly as *castrapo* or *chapurrado*, a pejorative name alluding to their lack of “purity” (Gugenberger, 2008; Rojo, 2004, Kabatek, 1991; Coseriu, 1987). *Castrapo* is a composed word between “cas” (castellano, Castilian Spanish) and “trapo” (old or used cloth), which evokes etymologically a low quality or contaminated variety of Spanish. *Chapurra(d)o*, unlike *castrapo*, has a more

neutral meaning and is not limited only to Galician reality. Chapurrear as a verb means in Spanish "to speak a language with difficulty" (RAE). The origin of this denomination in the work of García (1976: 330):

Un dialecto agallegado del castellano que ha substituído a la variedad estándar y el cual se expresan la mayor parte de los residentes en ciudades y villas o, si se quiere decir de otro modo, los más afortunados socialmente. Y otro dialecto castellanizado del gallego, en el que se expresan la totalidad de los residentes en pueblos y aldeas o de los menos afortunados socialmente, dialecto que ellos mismos llaman chapurrao. (García, 1976: 330)

García established in this same work a linguistic continuum in Galicia that goes from Spanish, *agallegado* (or *castrapo*), *chapurrao*, and Galician (García, 1976: 342). García's definition of both phenomena was later criticized by Coseriu (1987: 137) for having referred to these hybrid varieties as "dialects." The use of dialect confuses the levels of language as a system and speech as an activity. "If speakers use elements of two functional languages, they do not speak one, but two dialects mixed in the speech" (Kabatek, 2000: 261).

A mixed or hybrid variety is formed as a result of the combination of different contact phenomena or processes: code-switching, borrowing, relexification, paralexification, intertwining, or language competition and evolution (Velupillai, 2015). The result can be understood as the third step of a language mixing process. First, speakers employ code-switching and code-mixing; second, code-switching and code-mixing's frequent use might be the first step toward a mixed speaking style; and third, mixed languages, varieties, or *fused lects* emerge (Auer, 1999, 2011). The patterns of language mixing become grammaticized and conventionalized "as language fusion, and the community's inherited variety has adopted elements from another language as a fused lect" (Auer & Hakimov, 2020: 2).

The mixed variety or multisystemic discourse belongs to a *linguistic continuum* between Spanish and Galician (Gugenberger, 2008: 31). The continuum goes from the standard Spanish in one extreme to the standard Galician in the other extreme. These "pure or neutral languages" are ideal constructs because "even when a person speaks in one code, s/he does not talk a neutral language without regional (or social) markers" (Gugenberger, 2008: 32). In fact, the Peninsular Spanish spoken in each region is already a variety per se. Along the continuum between these two unrealistic and neutral extremes, there is a wide range of hybrid linguistic varieties.

Existe una graduabilidad interminable entre estos factores, con lo cual puede haber, entre dos variedades lingüísticas o lenguas, un continuo de posibilidades de realización, un continuo que determina la posición del individuo en el espacio social. (Kabatek, 1997: 220)

Multisystemic discourses are also called bilingual conversational styles, especially present in informal interactions or colloquial varieties (Rodríguez Yáñez & Casares Berg, 2002: 360). This bilingual speech style is composed of different contact phenomena, from which these authors highlighted code-switching as the paradigmatic phenomenon. The conversation is conceived as a negotiation in which the participants co-construct their identities, and the bilingual conversational style is another option of the "communicative repertoire of many speakers with bilingual competence, for whom taking a position at one point or another of the structural continuum has a stylistic and/or identitarian value" (Rodríguez Yáñez & Casares Berg, 2002: 361).

The linguistic debate in Galicia focuses on the interaction between the dialectal varieties and the standard variety, understood as the variety with a symbolic function of the Galician language in all social spheres.

A mirada diríxese agora cara a outros aspectos, como a relación entre o estándar e as variedades dialectais, a potencialidade do estándar para desempeñar a función simbólica da lingua e, en definitiva, como se están levando a cabo a súa difusión entre os distintos sectores sociais e como está a ser recibida por parte deles. (Iglesias Álvarez, 2020: 200)

Defending purism or hybridism are the two current stances toward language use. This dichotomy is also extensible to the attitudes towards code-switching and other contact phenomena proper from hybrid speech practices. On the one hand, a purist position claims the need to avoid linguistic elements coming from Spanish when communicating in Galician. On the other hand, hybridity has been disregarded "in particular in more contemporary scholarly contributions" (Ramallo and Rei-Doval, 2015: 76). However, hybrid speech practices are a common practice among bilingual speakers in Galicia:

Practices resulting from Spanish-Galician language contact such as code-switching or code-mixing are often considered as legitimate as authentic standard features; and speakers wonder why they should start using the legitimate features. For example, using Spanish *jueves* instead of Galician standard *xoves* ('Thursday') is common among traditional speakers (Ramallo and Rei-Doval, 2015: 72)

The Galician-speaking population does not identify with the sociocultural elites and rejects the ideological radicalization of some political stances and their prescriptive approach. The purists tend to focus on academic debates as one of the decision-making forums on language planning, ignoring "the feedback from those parts of society where such standardization is being applied", where the majority of traditional speakers does not identify with the standard variety (Ramallo and Rei-Doval, 2015: 76-77).

The dilemma between the "two Galicians": the Standard Galician (also called Traditional Galician) or the dialectal varieties, i.e., the "norm and language quality" versus

the “colloquial and authentic” (Regueira, 2012; Rei-Doval, 2013; Freixeiro Mato, 2014; Ramallo and Rei-Doval, 2015). In other words, whether it is possible to combine quality with quantity, whether it is more important to focus on how *exemplar* the language we transmit is, and not so much on how many speakers speak Galician in its multiple varieties. In this discussion, it seems it is only a question of time to see which posture will success:

But who defines the limits of the language? Who has the right to decide on the inclusion and exclusion of innovations, whether they are native or imported? In this implicit and explicit “discussion” within Galician society, those who speak according to the traditional system will defend it, and those who speak according to the innovative system will do the same. The question is which of the two groups will triumph over time. (Kabatek, 2017: 39).

Nevertheless, the standard or cultivated variety does not seem to satisfy many sectors of society, neither a more radical sector that advocates an option farther away from Spanish, “that rejects it as insufficient and restrained”, nor the society on the street that might interpret it as “an alien and sterile construct” (Moreira, 2014: 264). One of the reasons for this confrontation is the confusion of relating language planning to language prescription. Language planning “does not prohibit how the speaker speaks as he or she speaks,” but rather its task is “to strive for language promotion in all domains and to purify it in formal and written domains” (Kabatek, 2017: 42).

Thus, finding a meeting point seems to be a complicated task, giving the “multiplicity of ideologies which social actors in Galicia express” (O’Rourke, 2017: 97). On the one hand, there is the rejection of a cultured variety by a popular sector of society, for lack of authenticity. On the other hand, there are the voices that denounce that Galician cannot develop as a language and “maintain its own balance” (Sanmartín, 2009a: 153) if it has to face “the colloquial use that is made of it for the most part and, on the other hand, Spanish as a forced referent” (Moreira, 2014: 269). Definitely, what is unquestionable is that the standardization process affects all sectors of society and will mark the future of the language. This process has become part of “a Galician consciousness, shaping both people’s linguistic ideologies and their perception of legitimacy and ownership in relation to the language” (O’Rourke, 2017: 97).

Linguistic substitution in the rural areas, considered the traditional bastion of transmission, and the influence of the new urban speakers are the two processes that are proposed to trace the path that Galician will take in the immediate future. Despite the pessimism, Ramallo offers two keys to reversing the direction of Galician minoritization: the *neofalantismo* and a new meaning of *bilingualism* (Ramallo, 2021; Kabatek, 2017: 39). Thus, *neofalantismo* as a deep sociolinguistic swift in urban areas is presented as the light in the gloom. First, the new speakers are subjects who “inquire into and transform

their sociolinguistic praxis, not in a spontaneous way, but as a result of a political event” (Ramallo, 2021). The figure of the new speaker will be, from his point of view, overcome once intergenerational transmission is reactivated, this time not with the traditional Galician as has been the case, but with the new varieties initiated by these speakers (Ramallo, 2018: 21). Second, speakers need to analyze the contradictions inherent in being bilingual speakers in a bilingual speech community to bringing an end to Galician being a minority language.

Galician faces a challenging situation of confrontation. Instead of adopting a passive, pessimistic, or radical position, a compromising approach is the most desirable alternative. Thus, purists, traditional speakers, and new speakers converge in a third way of language modernization represented in both urban and rural areas. New urban speakers (*neofalantes*) often relegate rural areas to second place, but it must not be forgotten that these rural communities are the real drivers of language change and resistance, as we have seen throughout history (Kabatek, 2017: 41-42). Renewed Galician and re-symbolized bilingual practices must also be associated with economic and industrial renewal and free themselves from associations with backwardness and instrumental uselessness. If this status is reached, Galician not only will have more optimistic prospects but also a brighter and more stable future.

This thesis takes on the debate on hybridity from a communication and language use perspective in a specific situation: interactions in the family doctor’s office. Therefore, leaving aside variationist aspects, structural analyses, and standardization processes, this work focuses on how language contact generates language alternation phenomena, i.e., code-switching.

2.2.2. Code-Switching

Code-switching between Galician and Spanish has been presented as a communication strategy that goes beyond language necessity, serving as a means to achieve specific communicative effects and engage in interactional negotiation. As such, the limited studies on this topic have primarily adopted sociolinguistic and discursive approaches.

One of the earliest studies, to the best of our knowledge, was conducted by Lorenzo (1991), who analyzed colloquial conversations between neighbors in a rural setting. Similarly, Rodríguez Yáñez (1996) investigated interactions between rural sellers of fresh produce and their clients in an urban market in Lugo, a Galician city.

Álvarez Cáccamo (1990, 1998, 2013) developed a theory about bilingual speech and social power in the urban context of Vigo. From a theoretical point of view, Álvarez Cáccamo (2000) proposed an interesting distinction between language alternation and

code-switching. He criticizes the assumption that all instances of alternation between speech varieties (AL, *alternancia lingüística*) are significant, i.e., have a pragmatic meaning. Álvarez Cáccamo understands language alternation as a structural phenomenon (which we identified as code mixing, cf. §1.3.3.), while code-switching (CS) is the real communication strategy. He divides the phenomenon into four different possibilities: CS with AL, CS without AL, AL without CS, and neither CS nor AL.

In a related vein, Domínguez Seco (1995) presented code-switching and code-mixing as a means to construct group identity and express linguistic ideologies in conversations among friends. Vázquez Veiga (2003) used a case study in A Coruña to draw preliminary conclusions about how code-switching negotiates social relationships. Prego Vázquez (1997, 2006, 2010) also studied code-switching in various contexts, ranging from food markets to early alternations in young children.

More recently, Diz Ferreira (2017) analyzed how the choice of code allows for the expression of rural identity in bilingual interactions. Acuña Ferreira (2013, 2017) further explained how code-switching might be employed to display emotions and engage in gossip.

These studies collectively demonstrate the diverse functions and contexts in which code-switching between Galician and Spanish occurs, highlighting its role as a complex communication strategy that shapes social interactions, identities, and power dynamics. Álvarez Cáccamo's theoretical distinction between language alternation and code-switching provides a valuable framework for understanding the pragmatic significance of these linguistic practices.

The study of code-switching in Galicia is usually analyzed together with other related contact phenomena, such as borrowings from Spanish (*castilianisms*) or interferences, as part of a more extensive discussion about the place of bilingual speeches in the preservation of the Galician language in its standard form. Thus, code-switching between Galician and Spanish does not have a long research tradition as in other bilingual contexts. Three are the main reasons for this lack of studies on code-switching Galician-Spanish:

- The *first reason* behind the low presence of code-switching in research might be the focus of sociolinguistic studies on the evolution and consequences of the last forty years of the linguistic standardization process. It has also been suggested that this predilection for specific sociolinguistic topics, such as the decline of young speakers, also has to do with "the urgency of providing elements more directly related to the commitment to linguistic standardization" (Silva Valdivia, 2013: 306).

- The *second reason* is that code-switching is a strategy that is more present in today's society, where bilingualism has already advanced and is a stable phenomenon. For years, code-switching may have been less mentioned because Galician and Spanish were associated with different social groups, that is, of different socioeconomic backgrounds in rural and urban areas.
- The *third reason* is the lack of large datasets of empirical data, to the best of our knowledge. There are very few examples of speech corpora (such as spontaneous or semi-structured interviews as in Kabatek, 1996) in Galicia, which complicates the studies. The strategies used are: a) reproducing examples heard in casual interactions that have not been recorded and may be altered (Silvia Valdivia, 2013); b) using semi-guided interviews (Vázquez, 2003); c) taking material from public media (Pawlikowska, 2015); or d) recording an ad-hoc corpus (Acuña, 2013, 2017; Diz, 2017), sometimes with a limited scope, adapted to the research goals of the study. These strategies are often insufficient to find a significant number of extracts with language alternation or to provide a greater variety of speakers.

2.3. THE SOCIETY AND ITS SPEAKERS

Galicia is a speech community with a significantly higher quota of active or passive bilinguals. Active or functional bilinguals are those speakers who actively use both languages daily. Passive bilinguals are those speakers who can understand and talk in both languages but prefer one of them. Democracy brought compulsory bilingual education, which provided a linguistic basis in Galician in the oral and written language skills. Despite this enormous improvement, the current tendency is towards an increase in Spanish-dominant speakers, especially among the younger generations.

2.3.1. Knowledge and Language Use

According to the responses provided by the speakers in Galicia surveyed in the last official survey (IGE, 2018), the vast majority of the population claims to be able to understand Galician (95.46%), with somewhat fewer speaking it (88.05%). Only a residual 0.7% of informants report a total inability to understand Galician, and 3.84% claim to understand only a little Galician. One out of ten inhabitants in Galicia understands little if any Galician. Regarding data on Spanish knowledge (adults between 18 and 69 years old), 99.79% claim to know Spanish: 88.52% report native competence, and 9.02% report very high competence in Spanish (“Encuesta sobre la participación adulta en las actividades de aprendizaje”, INE, 2022). Whereas the oral competencies (understanding and talking Galician) are balanced, this is not the case for writing competencies (reading and writing).

Even today, data indicate that 14.95% of Galicians have trouble reading in Galician, and four out of ten cannot write in Galician (see Figure 2). This situation resulted from the education during the dictatorship (1939-1975), offered exclusively in Spanish.

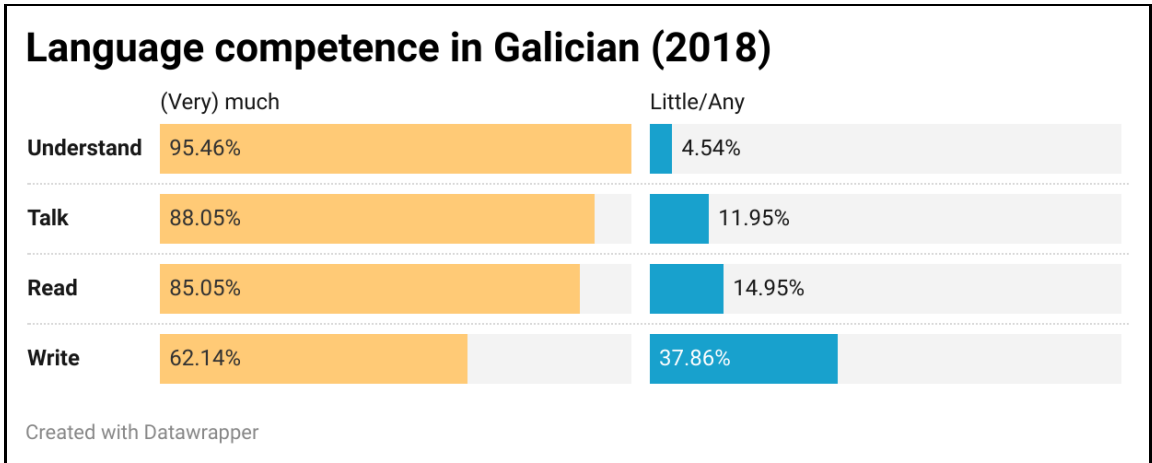


Figure 2: Oral and written language competencies in Galician.
Data: IGE, 2018 (own elaboration)

Currently, just over half of the population of Galicia is monolingual (54.54%) and the other half is functionally bilingual, that is, they use both languages actively depending on the context and the interlocutor (44.69%). There is also an even split between speakers who use only Galician or more Galician than Spanish (51.88%) and those who use only Spanish or more Spanish than Galician (47.35%), as depicted in Figure 3.

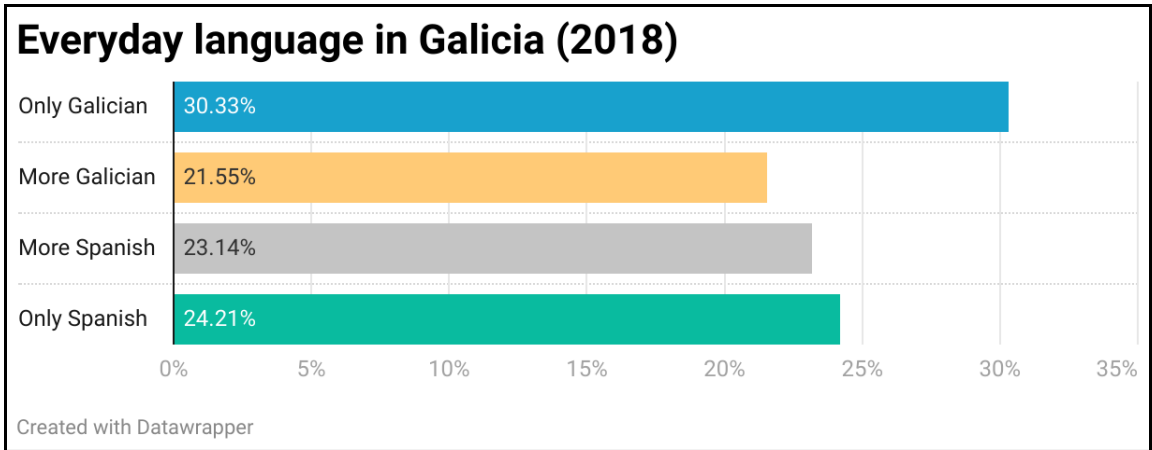


Figure 3: Everyday language in Galicia
Data: IGE, 2018 (own elaboration)

Over the last three decades, the number of Spanish-dominant speakers has doubled, while the number of Galician-dominant speakers and bilinguals (more Galician and more Spanish) has slowly decreased (-24.2% and -18.4%, respectively, as shown in Figure 4). In round numbers, on the one hand, six out of ten Galicians are monolingual in their everyday life. On the other hand, four out of ten speakers are active bilinguals, i.e., they use both Spanish and Galician in their everyday lives. The high incidence of bilingualism was one

of the most outstanding results of the *Mapa Sociolingüístico de Galicia* (1992), where this percentage reached 50.7% (Monteagudo et al., 2005: 17).

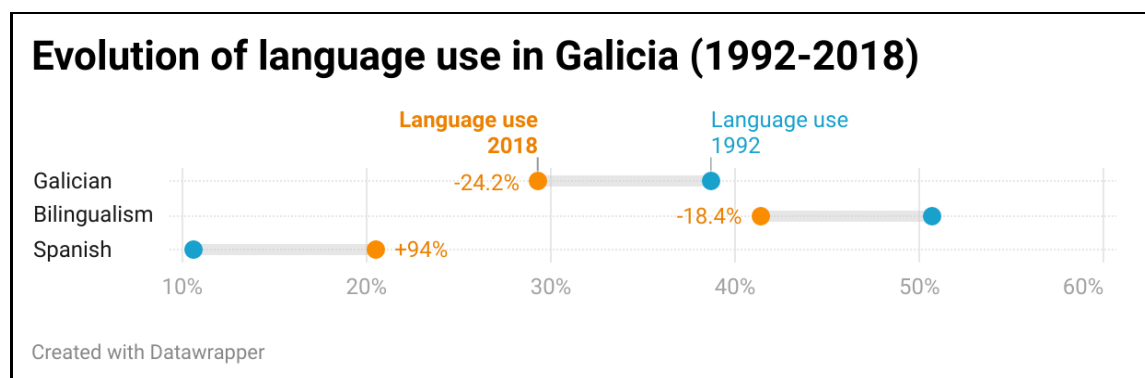


Figure 4: Evolution of language use in Galicia between 1992 and 2018.
Data: MSG and IGE (own elaboration)

The survival of the Galician language depends on its use by new generations. If one consults the evolution from 2003 to the latest survey (2018), one can see a remarkable decrease in monolingual Galician-speaking children (see Figure 5). This situation calls into question the intergenerational transmission of Galician by parents to their children. Moreover, it puts the spotlight on the social and educational factors that influence the choice of language in the youngest. Bilingualism is more or less stable (showing an increase of 7% in fifteen years), and monolingual Spanish-speaking children increased notably in this very short period (29% more than in 2003).

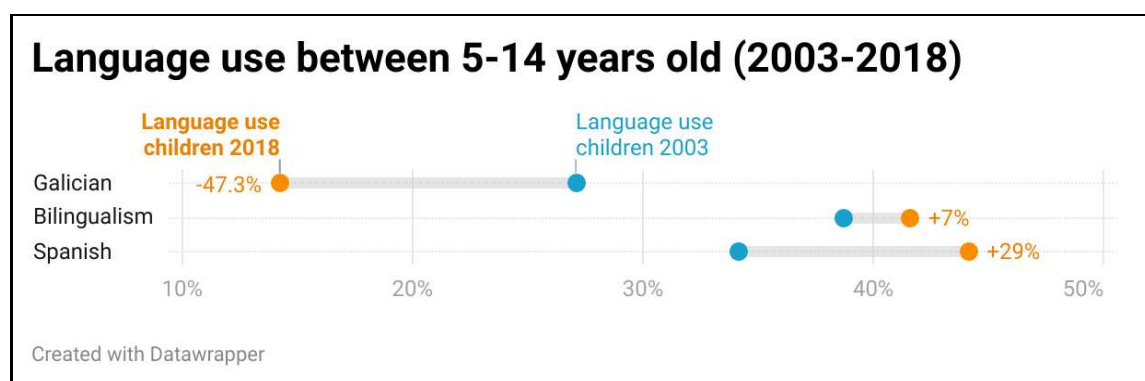


Figure 5: Evolution of language use among children from 5 to 14 years old (2003-2018)
Data: IGE, 2003 and 2018 (own elaboration)

The first language learned at home is a vital factor (see Figure 6 for a visualization). If we compare the everyday language and the first language, it is possible to see that only 8% of speakers who learned to talk in Galician prefer Spanish as their everyday language, and vice versa. Bilingual households, where children have input in both languages from their parents, result in a shared quota of Galician and Spanish speakers, with some higher incidence of Spanish (circa 11% more). Informants who report active bilingualism in their initial language number half those who claim to use both languages daily (23.68% vs. 44.69%). Therefore, we may assume that active bilingualism is adopted when children start social interactions, i.e., in kindergarten and school.

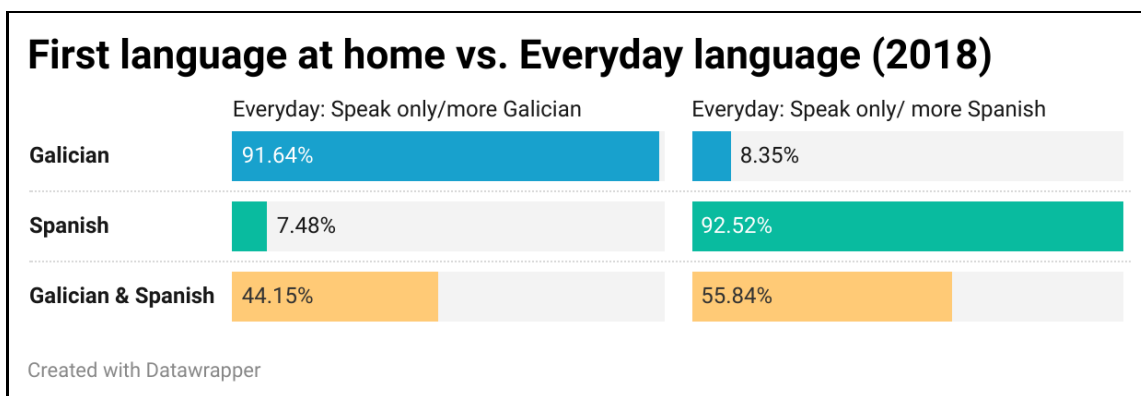


Figure 6: Everyday language regarding the first language
Data: IGE, 2018 (own elaboration)

This brief summary of the current sociolinguistic contextualization yields **five main ideas**:

1. Galician is more powerful as an oral language. The oral competences are very high, especially in comprehension, with a percentage close to the totality of the population (95.76%).
2. Half of the population in Galicia is monolingual (54.54%) and the other half functional bilingual (44.69%) in their everyday life. Besides that, the distribution of Galician and Spanish speakers is also balanced.
3. In the last thirty years there has been a very notable increase in monolingual speakers of Spanish (94% more in 2018 than in 1992).
4. In the last five years, the number of monolingual Galician speakers between 5 and 14 years old has reduced by half, while bilingualism in younger children has remained more or less stable (7% more in 2018 than in 2003).
5. Speakers who have grown up in a monolingual household (Galician or Spanish), tend to maintain this language in the future.

2.3.2. Typology of Speakers

Most Galicians understand and speak both languages flawlessly. However, they choose to speak Galician or Spanish according to their competence or preference. The varying degrees of usage of both languages represent a continuum between monolingualism in Galician and monolingualism in Spanish. There are two main groups: Spanish or Galician dominant speakers and active bilinguals and seven different profiles, with Galician being an everyday language to some extent for nine of these profiles.

2.3.2.1. Galician or Spanish dominant speakers

A third of the Galician population speaks only Galician in their everyday life (30.33%). The monolingual Spanish speakers correspond to one out of four Galicians (24.21%), a quota that increases in every new official survey. In total, 54.54% of Galicians claim to speak either only Galician or Spanish.

Profile 1 → Traditional speakers (family): For these speakers, Galician is the family language. Today they speak only or primarily Galician. The prototype is an older speaker living in rural areas with primary education. Standard Galician is seen as the correct and cultivated variety. The traditional speaker can be an unconfident speaker who becomes a hidden/shy speaker of Galician in public.

Profile 2 → Neo-speakers: speakers who grew up in a Spanish-speaking family and/or community. They consciously adopted Galician, usually the standard variety, as adults as a compromise to revitalize the language. Behind this decision, there might be social, identity or political reasons. The prototype is an urban speaker, high education, and high socioeconomic status.

Profile 3 → Spanish speaker: the other extreme of the continuum corresponds to speakers of only or mostly Spanish. This profile increases over time, especially in cities.

2.3.2.2. Speakers of both Spanish and Galician in their everyday

Almost half of the Galician population (44.69%) use both co-official languages in their everyday life, being active bilinguals. Among these bilinguals, half speak more Galician than Spanish (21.55% of the total population), while the other half speak more Spanish than Galician (23.14%). Active bilinguals choose one language or the other depending on the context or the interlocutor.

Profile 4 → Traditional speakers (community): Galician was the community language where they grew up. Speakers moved to urban areas where they came into contact with Spanish, which offered the possibility of higher social rank due to its greater social prestige. Active bilingual speakers differentiate between family (Galician) and public domains, where they choose to speak either Galician or Spanish, accommodating their language accordingly.

Profile 5 → Professional speakers: whereas Spanish is their primary language, Galician is their working language, typically in public sectors. The prototype is a younger urban individual with medium-high education.

Profile 6 → Functional bilinguals: they switch between both languages depending on the communicative context and the other speaker's preferences. This profile is similar to the professional speaker, but there is no work requirement.

Profile 7 → Occasional or anecdotic speakers: Speakers of mainly Spanish who sometimes speak Galician. The use is ritualized in concrete communicative settings, mainly humor or language puns. This use usually involves strategic switching to Galician, which is considered informal and colloquial.

2.3.3. Sociolinguistic profile of Galician speakers

Traditional, professional, and new speakers of Galician are usually described according to where they live and their educational level. The division between Galician-rural and Spanish-urban is constant throughout history and even more manifest over the last forty years. Therefore, the prototypical sociolinguistic profile of monolingual speakers of Galician differs from Spanish monolingual speakers. The traditional sociolinguistic profile of speakers of only Galician alludes to speakers with the following characteristics:

- *Age:* older speakers;
- *Education:* lower education level;
- *Place of residence:* rural areas.

2.3.3.1. Age: more Galician among older speakers

The percentage of Galician speakers increases with the age of the speakers. This growth in the number of monolingual Galician speakers is quite noticeable, especially after the age of fifty. Young people prefer Spanish and older people continue to be monolingual Galician speakers, although this trend is decreasing with each new official survey (see also Figure 7).

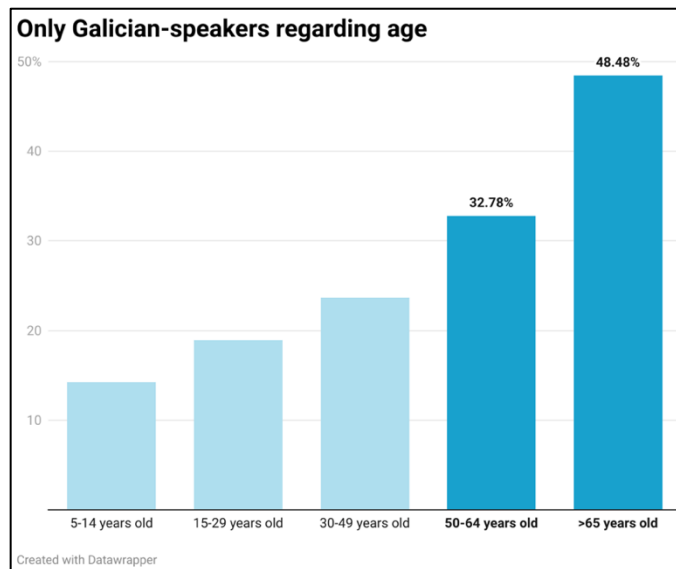


Figure 7: Only Galician-speakers regarding age groups (2018).
Data: IGE, 2018 (own elaboration)

2.3.3.2. Education: the higher the education level, the lesser the use of Galician

Figure 8 shows the number of Galician dominant speakers regarding their level of education, comparing the data of 2003 and 2018. The higher the level of education, the lesser the exclusive use of Galician in everyday life. The percentages for speakers with a low level of education vary by almost twenty points. These points are mainly added to the category of speakers of more Galician than Spanish or Spanish dominant speakers, and to a lesser extent to the use of the two languages with an incidence in Spanish.

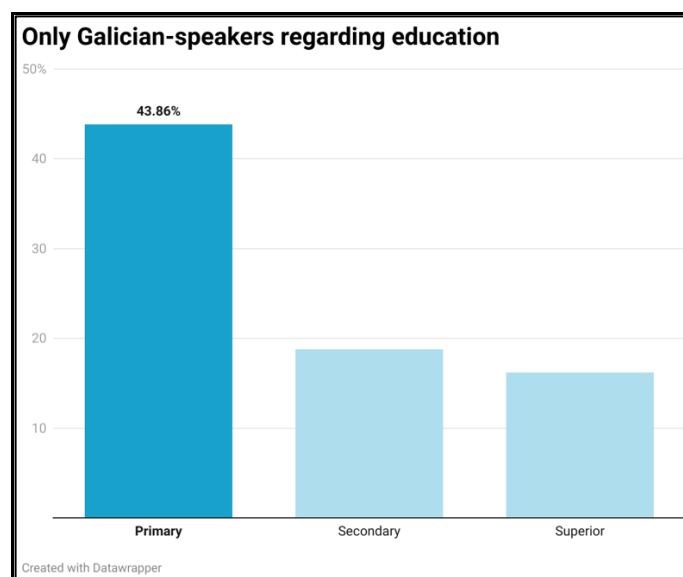


Figure 8: Only Galician speakers regarding the level of education (2018)
Data: IGE, 2018 (own elaboration)

Nevertheless, over the last twenty years, there has been a trend towards a strategic use of the two languages in the form of bilingual practices. The higher the level of education, the greater the tendency to use more Spanish in their bilingual practices.

2.3.3.3. Place of residence: the larger the town, the lesser the use of Galician

The last sociolinguistic criterion to classify the only-Galician speakers is in respect to their place of residence, whether is more rural or more urban (see Figure 9). The trend is downward: the larger the town, the lower the number of Galician dominant speakers, or, in other words, the more Spanish is spoken. This division not only applies to the different population nuclei but also within them. While Spanish is the most used language in urban areas and adjacent districts, Galician is the language of the peripheral areas. This means that the variation does not only reflect geographic criteria, but also economic criteria (Monteagudo, Casares and Neira, 2012: 41).

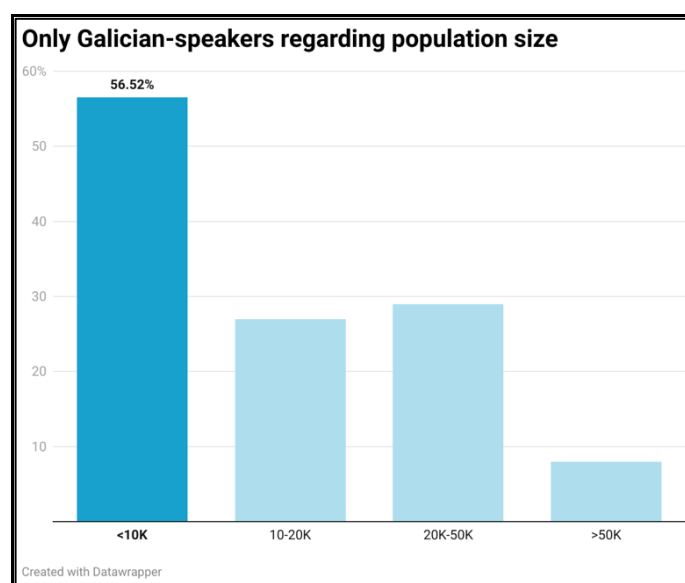


Figure 9: Only-Galician speakers regarding the place of residence (2018)
Data: IGE, 2018 (own elaboration)

In this brief characterization of the profile of Galician speakers, a clear dichotomy can be seen in which more educated, younger, and urban speakers prefer to speak in Spanish. This can be directly related to the higher prestige of the national language. This scenario *shows us a diglossic context that can be explained in greater depth by exploring linguistic attitudes.*

2.3.4. Language Attitudes

After use and knowledge, the third barometer to explain the current situation of Galicians is the one that refers to the language attitudes of Galicians. A language attitude is a belief or opinion from a person towards languages and language use. Language attitudes

can be positive or negative and contribute to the processes of language change in a speech community. In short, it is a "manifestation of the social attitude of individuals" towards that language, dialects, sociolects, and different communicative styles. Language attitudes are a decisive factor in the level of language standardization and its consequent vitality (Moreno Fernández, 1998: 179-181). The following is a summary of the most relevant findings regarding language attitudes in Galicia.

Almost 67% of the total responses reflect three main attitude drivers: a) the use, promotion, and usefulness of Galician; b) politeness and coexistence between languages; and c) Galician as a language that is not subordinate to Spanish and is associated with the value of traditional culture (Monteagudo, Casares and Neira, 2012: 31). Further, this large survey also revealed the following trends:

- 9 out of 10 respondents think that Galicians should be able to speak and write in Galician, but only 6 out of 10 consider that non-Galicians who live in Galicia must learn to do so.
- 7 out of 10 respondents believe that the parents should speak more in Galician with their children.
- 90% of those polled consider that the correct behavior is to answer in Galician if someone speaks to you in Galician. A slightly lower percentage (83,84%) believe that the correct choice is to answer in Spanish if the interlocutor speaks Spanish.
- 8 out of 10 respondents think that Galician is necessary, despite Spanish being the language that everybody understands.
- While almost all the informants (97,2%) believe that Galician is part of Galicia's culture and tradition, just 59% consider Galician a valuable language for professional purposes.
- Half of the Galician speakers (48,1%) perceive the standard variety – presented as the language of the public Galician TV and Radio – as artificial and distant from their dialectal variety.

2.3.4.1. Attitudes towards bilingualism

Bilingualism is widely perceived as the ideal linguistic model for Galicia. Further, most positive attitudes (76%) are justified by a single factor: bilingualism is understood as a social goal and individual linguistic freedom.

- 9 out of 10 people surveyed consider that it is possible to balance language skills in society between the two co-official languages, with a shared commitment between citizens and the education system.

- 95% of the respondents believe that the ideal situation is for Galicians to be able to speak their preferred language based on equal proficiency in both languages.

2.3.4.2. Attitudes related to Galician in different domains

Over 50% of respondents show a positive attitude towards the increased use of Galician in diverse use contexts. Healthcare is ranked second (63.30%), illustrating its importance to society. Neutral responses, indicating indifference towards this initiative, vary from 18.8% (media) to 33% (religious celebrations). According to this report, the decisive factor (85% of responses) in explaining this positive trend is the increased presence of Galician in non-traditional areas.

2.3.4.3. Attitudes towards the future of Galician

Opinions regarding the future of the Galician language are more moderate than in the previous sections. The profile of those surveyed who predict a more pessimistic future for the language are younger, more educated, and employed.

- 6,4% of respondents prioritize the protection of linguistic freedom to avoid language imposition.
- 68% of respondents support promoting the Galician language in public life.
- 48% of those surveyed consider Galician to be a growing language, compared to 34.1% who think the opposite.

2.4. SUMMARY

Galicia, a Spanish autonomous community in the northwest of the Iberian Peninsula, has two official languages: Spanish and Galician. Despite current legal equality, Galician has historically had less social prestige. This summary outlines the historical, linguistic, and societal factors shaping the current bilingual environment.

Galician's historical evolution has led to its current sociolinguistic context. From its Golden Age in the Middle Ages, when it was the dominant language in all social domains, Galician's status declined with the rise of Castilian Spanish. The period known as *Séculos Escuros* (“Dark Centuries”, i.e., 16th to 18th centuries) saw a diglossic situation where Galician was spoken by commoners while the elite adopted Castilian. The 19th-century *Rexurdimento* (“Resurgence”) movement revived Galician, reinstating its cultural and political significance. Despite suppression during Franco's dictatorship, democracy restored Galician's co-official status in 1978, leading to the Law of Galician Normalization of 1983.

Despite legal support, Galician faces challenges in standardization and its relationship with Portuguese. The 2003 revision of the Orthographic and Morphologic Norms, the most recent as of now, aimed to reconcile different linguistic movements. The normative debate centers on how Galician should be codified and its status relative to Portuguese.

After centuries of intense contact between both languages, as well as the norms derived from the co-official status, Galicia has standard varieties and various dialects of both Galician and Spanish, resulting in hybrid varieties reflecting language contact. These mixed varieties, also called multisystemic discourse or bilingual conversational styles, belong to a linguistic continuum between both languages (Gugenberger, 2008: 31). Hybrid speech practices are common among bilingual speakers in Galicia, leading to two current stances toward language use: defending purism (standard varieties) or hybridism, widely understood as a sign of authenticity.

Code-switching between Galician and Spanish is a communication strategy that shapes social interactions and identities. Despite its prevalence, research on Galician-Spanish code-switching is limited, often overshadowed by studies on language standardization. Additionally, there are two main reasons behind this lack of studies: bilingualism is a stable phenomenon today, and both languages are still associated with different social groups. To our knowledge, there are few large datasets of empirical data.

Nowadays, Galicia has a high proportion of active and passive bilinguals. Compulsory bilingual education in the democratic era has improved linguistic skills, yet Spanish as the dominant language is rising among younger generations. Most Galicians understand Galician (95.46%), but fewer can speak (88.05%), read, or write it proficiently. Regarding Spanish competence, 88.52% report native competence, and 9.02% report very high competence. Half of the population is functionally bilingual, using both languages daily based on context. Over the last three decades, the number of Spanish-dominant speakers has doubled, while the number of Galician-dominant speakers and bilinguals (more Galician and more Spanish) has slowly decreased.

Galician speakers range from Galician-dominant to active bilinguals, with seven distinct profiles including traditional speakers (family or community-based), neo-speakers, and functional bilinguals. Galician-dominant speakers are typically older, less educated, and rural; younger, urban, and educated individuals prefer Spanish, reflecting its higher social prestige.

Language attitudes are crucial in understanding linguistic behavior. Most Galicians support bilingualism and the promotion of Galician in diverse use contexts. Healthcare is ranked second, illustrating its importance to society. However, younger, educated individuals are more pessimistic about its future.

There remain certain prejudices about the Galician language's social prestige and professional value. Due to its late linguistic standardization, Galician society is divided between the popular dialectal varieties and the standard variety, which creates distance between the people and the public authorities. This instability provokes mixed language attitudes, which are visible in the trends of language use, with a loss of Galician-dominant speakers. This loss of speakers is more pronounced among younger, urban, and upper-secondary educated speakers. In the last three decades, Galicia has undergone a remarkable sociolinguistic change. Galician monolingualism is succumbing to an increase in functional bilingualism and a notable rise in Spanish monolingualism.

The future of Galician depends on balancing modernization with traditional usage, fostering both urban neo-speakers and rural communities, the real drivers of language change and resistance. Promoting Galician requires addressing societal attitudes and practices to ensure its vitality and growth.

3. BILINGUAL MEDICAL CONSULTATIONS

Bilingual medical consultations are the interactions between a doctor and a patient that are carried out in two languages, either when both participants use a different language, but there is intelligibility, or when they employ code-switching during the interaction. Two types of situations account for this linguistic circumstance. One situation is when the consultation takes place in an official bilingual or multilingual region or country. In this case, doctors are entitled to offer and promote healthcare in the co-official language of the region or country. No patient should be discriminated against due to linguistic reasons. The second reason is the worldwide population movement due to migration. People moving to another region or country might need help communicating before learning the new language. A medical consultation is one of the most sensitive contexts where effective, clear, and close communication is vital.

3.1. BILINGUALISM IN HEALTHCARE

3.1.1. Introduction: Bilingual Settings

Bilingual communication can take place in different concrete bilingual settings, an interactional context where speakers use two languages. A bilingual communicative setting can be characterized as follows:

- **Medium:** oral or written discourse.
- **Domain:** private or a public domain⁵⁵.
- **Language policy:** official or non-official bilingual region or country.

Healthcare is an example of a potential bilingual communicative setting, particularly medical consultation, a professional encounter in which a doctor offers health-related counseling to a patient who requires medical help. Fishman considers a medical consultation to be a perfect example of a situation that is an intersection between specific role relationships (patient-doctor) in a setting appropriate for this professional role relationship (doctor's office) at a suitable time (the physician's office hours). The relationship between domain and situation is not straightforward, since the situation specifics (relationship, setting, and time) may alter the general domain relevance (Fishman, 1968: 41-42). Concerning the general constituents of a medical consultation, either monolingual, bilingual, or multilingual, the medical consultation is a

⁵⁵ The concept of 'domains of language choice' represents "an attempt to provide socio-cultural organization and socio-cultural context for considerations of variance in language choice in multilingual settings". (Fishman, 1965: 86).

communicative setting with well-defined characteristics (Pilnick & Dingwall, 2011; Hernández López, 2009)⁵⁶:

- A general purpose: providing counseling to solve a health issue.
- A fixed spatial setting: the doctor's office.
- A predefined communicative structure.
- A limited timeframe.
- Participants who have an asymmetrical interactional role: doctors and patients.

In a medical consultation, two institutions come together: a governmental institution (public healthcare) and a workplace (clinic). Consultations between a doctor and a patient are described as "meetings between experts in which different kinds of expertise are shared through dialogue and discussion to facilitate decision-making" (van Eemeren, Garssen, and Labrie, 2021: 11). According to this definition, while traditional doctor-patient interactions are often seen as asymmetrical, shared decision-making aims to balance the power dynamics between both participants. Physicians are medical experts, but patients hold power as experts in their own bodies, allowing them to negotiate their treatment or choose not to follow the doctor's guidelines.

Communication plays an essential role in the development of a medical consultation. Good communication skills are fundamental to delivering good service; otherwise, "neither a diagnosis nor a treatment plan can be established" (de Haes and Bensing, 2009: 287). A medical consultation combines instrumental and interpersonal goals, which differs from other communicative contexts.

The characteristics of the medical consultation are not comparable to any other context, since it is a situation in which not only medical matters of great personal importance and emotional charges are dealt with, but also requires the cooperation in unison of both interlocutors, who have very differentiated roles (Hernández López, 2009: 115).

In medical consultations and any other interactional setting within the healthcare domain, medical personnel and patients may have a different linguistic background, i.e., first language, preferred language, or linguistic proficiency. In a bilingual or multilingual consultation, a doctor and a patient converse with one another either in their native(s) language(s) or in one (or more) second language(s). The medium can be oral or written, depending on which channel the medical consultation has adopted. Commonly, a medical

⁵⁶The roles assigned inside the doctor's office are fundamental to understanding the communication dynamics. As a human-centered discipline, medicine involves "role- and task-defined activities of two or more people. Such roles and tasks are defined in a complementary fashion. Roles are based on the linking of the needs of one party, the patient, with an expected set of responses (services) from the other party, the physician (...). The patient's tasks and responsibilities complement those of the physician. (...) The term "patient" characterizes an individual in terms of a larger social system" (Engel, 1980: 535-536).

consultation brings the doctor and patient together in a single physical setting, and the medium is oral, i.e., a *face-to-face interview*. The reason for this relates to a common and specific feature of the consultation: the need for a physical examination. Nevertheless, and especially within the last few years, online consultations (e-health) have become more frequent, but this option is still not prevalent. Computer-mediated consultations combine some of the spontaneity of an oral encounter with a written format.

Focusing on the domain and space where a medical consultation takes place, we are dealing with a public service that occurs commonly in a medical facility – a private doctor's office, a clinic, or a hospital – and therefore belongs to the sphere of *institutional communication*, being a semi-public communicative setting. We should note that a physical setting for the interaction is not necessary for this communication to be considered institutional, i.e., a doctor can provide counseling and assistance outside the office. An institution is a hierarchical and task-oriented organization, such as a company or a courthouse. In an institution, discursive identities are developed within the institutional relationships (Portolés, 2021: 172). A medical consultation, as an example of an institutional encounter, is based on the following assumptions (Valero, 2005: 195-196):

- The participants have *specific roles*: the asymmetry (Heritage & Greatbatch, 1991; ten Have, 1991; Irwin & Richardson, 2006) and strategies to overcome it (McCabe & Healey, 2018; Macagno & Rossi, 2019) between the two parties is intrinsic to the institutional context.
- Each institutional context imposes certain *constraints*.
- Each institution has its *particular inference markers* and its *particular procedures*: grammatical structures, turn exchanges, lexical choices, and body language (Heritage, 1997: 164).

Legally, a bilingual or multilingual medical consultation can take place in two regions or countries which are either *officially* or *non-officially* bilingual or multilingual. The official bilingual or multilingual context refers to regions and countries in which more than one language is deemed “official”. Thus, according to the law, medical consultations are a public service and therefore need to provide an opportunity for the participants to use any of the official languages. This legal situation is the case, for example, of bilingual or multilingual countries such as Canada and Switzerland, as well as bilingual regions such as Galicia (Spain) and Wales (United Kingdom).

The *non-official* bilingual or multilingual context refers primarily to immigrant communities anywhere in the globalized world. Multilingualism due to migration is the norm rather than the exception, especially in large urban areas (Menz, 2011: 5). Every day in medical consultations around the world patients who have limited skills in the national

language of the host country switch to another language to be able to communicate with the doctor or other clinical personnel. As happens in other communicative contexts, English is commonly used as a *lingua franca* (House, 2003). If this switching is not possible due to a lack of linguistic knowledge from one or both sides, the service of certified interpreters is required⁵⁷. Interactions in healthcare are “disproportionately” more complex due to “globalization, digitalization, and economization of the healthcare system in the last decades”, and the tendency will continue worldwide. (Hohenstein and Lévy-Tödter, 2020: 4).

Hence, bilingual and multilingual medical consultations are an excellent context for research on bilingualism and multilingualism in institutional communication (Lüdi, Asensio, and Longhi, 2016: 139). The medical consultations as a bilingual communicative setting analyzed in this dissertation can be described in three parameters, focusing on all the constituents of on-site medical consultations in primary care:

- **Medium:** oral discourse (face-to-face interview).
- **Medical context:** family doctor-patient interaction.
- **Linguistic context:** official bilingual community.

In addition to all the common constituents applicable to monolingual consultations, interactions in more than one language inside the doctor’s office must take into account the language negotiation as an additional factor to consider to complete the consultation’s purpose successfully.

3.1.2. Oral Discourse: Face-to-Face Interview

Over the centuries, healthcare has been conducted primarily through spoken encounters in the form of medical consultations (Brown et al. 2006: 81). This spoken encounter takes usually form in a face-to-face interview (oral discourse) inside a doctor’s office and, occasionally, if the circumstances require, by telematic means (via telephone or

⁵⁷ Cross-cultural doctor-patient interaction has three possible configurations and in two of them the service of the interpreter is needed. The *Type 1* is doctor/foreign-language patient, where the language skills of the doctor and/or patient are sufficient to hold a conversation without friction. The *Type 2* and *Type 3* is when this balance is not present and a triadic exchange -with interpreter- is needed. *Type 2*: doctor/foreign-language patient/ad hoc interpreter, i.e., a companion of the patient or some other worker at the clinic who speaks the native language of the patient. Lastly, *Type 3* substitutes the ad hoc interpreter by a trained interpreter provided by one of the parts. (Valero, 2005: 193). Communication with patients with limited knowledge of the local language leads to different types of misunderstandings and information loss, from linguistic inconsistencies to social disagreements. We can divide the socio-linguistic (elsewhere you write this without the hyphen – what have you done throughout your thesis? I believe the spelling without the hyphen is now more common, since it’s been 60 years since the coining of the word) origin of these misunderstandings into four categories: “pronunciation and word stress; intonation and other features of speech delivery: tunes, rhythm, and stress in speech; *Grammar, vocabulary, and lack of contextual information*: vague language, markers of time, and misleading use of yes and no; and *Style of self-presentation*: low self-display, different ways of structuring information, topic overload, recycling, and overlapping; or interrupting talk” (Roberts et al., 2005: 469-473).

video call)⁵⁸. However, in a medical consultation, spoken discourse is usually combined with written discourse, i.e., a patient record, a medical report, or a prescription. Combining “larger social units of speaking and writing” is a feature that medical care shares with other institutions, such as administration, law, or schools (House and Rehbein, 2004: 5; Ehlich and Rehbein, 1994)⁵⁹.

Health communication can be approached from multiple perspectives. In this study, the focus is the spoken discourse, more specifically the verbal communication between a family doctor and a patient in a bilingual consultation, leaving aside other disciplines and possible communicative analyses⁶⁰. Health communication is a broad field that encompasses the analysis of a variety of spoken, written and computer-mediated texts and processes (Harvey & Koteyko, 2013). It is “essentially an inter- and multi-disciplinary field that goes beyond the core disciplines of communication and medicine to include such fields and sub-disciplines as media studies, sociology, philosophy, social psychology and informatics”. (Harvey & Koteyko, 2013: 2).

Either in person or remotely, a good command of language is essential in a medical consultation. Language is the medium for “mediating people’s experiences of, and beliefs about, health and illness” (Harvey & Koteyko, 2013:1). It is what is called the *art* of medicine, the art of communicating efficiently, but with empathy. Therefore, the study of healthcare communication has mainly two general approaches, the bio-medical (the *science*) and the socio-relational (the *art*), “as reflecting either an emphasis on the body part to be fixed or on the patient to be treated” (Cordella, 2004: 6). This dichotomy between science and art in medicine, and in healthcare communication by extension, is often introduced in the description itself. Medicine as both art and science is “interdependent and inseparable just like two sides of a coin. The importance of the art of

⁵⁸ Since 2020, remote consultations have become more present in our daily lives. The relevance of remote consultations became evident during the recent COVID-19 pandemic, which allowed healthcare professionals to keep doing their crucial work to cope with the virus and prevented unnecessary contact. The pandemic “provided the impetus for swift and widespread scaling up, with rapid changes to regulatory frameworks and financing mechanisms to enable this expansion (...) it is cost effective and efficient way of enabling access to care” (Richardson et al., 2020: 76). However, face-to-face consultations are still the most effective type of healthcare encounters, and further studies are needed to improve the remote communication between doctors and patients.

⁵⁹ Spoken discourse and written texts are often interwoven. This is the case of a patient’s history, which is written based on oral narrative. In other words, “discourse and text are practices in a continuum of ‘the medium of language’ stretching from oral to written” (House and Rehbein, 2004: 3-4). For a more into detail discussion, cf. Halliday, 1989 and Ehlich, 1996.

⁶⁰ While this study primarily engages with sociolinguistic and sociopragmatic analysis, it is important to distinguish this approach from the study of Languages for Specific Purposes (LSP) (Gunnarson, 1997). LSP focuses on the linguistic structures and terminology specific to professional or technical fields, both in general (Fleischman, 2008) and within specific languages, such as Spanish (Aguirre Beltrán, 2012). By contrast, the present analysis examines verbal interactions within medical consultations with family doctors, allowing for an exploration of social, interpersonal and discourse dynamics that extend beyond the confines of specialized language.

medicine is because we have to deal with a human being, his or her body, mind and soul” (Panda, 2006: 138).

3.1.2.1. *Communicative Immediacy and Distance*

The differentiation between communicative immediacy and distance (Koch and Oesterreicher, 1985) goes beyond the medial dichotomy between spoken and written discourse. In their theory, the terms “spoken and written” are defined as ambiguous, since they “refer to a purely medial difference (...) and different *conceptions*” (K&Ö 1985, Kabatek, 2021: 229)⁶¹. Aside from the medium, these concepts can also be used in speech communities whose languages do not have a written system.

Immediacy and distance are the opposite poles in a communicative continuum, and they can be roughly equated to what we would understand as informal and formal speech. The continuum proposed by Koch and Oesterreicher contains distant and immediate text or discourses, not being equivalent to spoken and written texts or discourses; even a strong correlation is unavoidable (Kabatek, 2021). Therefore, we can have immediate texts that are written, i.e., a WhatsApp message, and also distant texts that are spoken, i.e., parliamentary discourse⁶².

In order to situate an utterance or text along the continuum, Koch and Oesterreicher (2007) proposed a list of *communicative conditions* (extra-linguistic conditions) and *verbalization strategies* (linguistic strategies), that are strongly related⁶³. A medical consultation is a suitable example that fits between formal and informal speech, between immediacy and distance. The basis of communication is one of immediacy, but the situational context is one of distance. Depending on the sociocultural context, the distance may be more noticeable. For example, a medical consultation in an Anglo-Saxon culture will have more distance than in a Hispanic culture.

A medical consultation combines **communicative conditions** attributed to immediacy and to distance, both of which vary from one cultural context to another⁶⁴. First, the interaction between a doctor and a patient occurs usually in a semi-public

⁶¹ Based on Ludwig Söll’s observation (1985), Koch and Oesterreicher propose for the latter the terms “immediacy” and “distance” in order to take into account a universal continuum along which language is realized (Kabatek, 2021: 229).

⁶² Koch and Oesterreicher reserve the term “text” for distant discourses and “discourse” for immediate ones (2007: 33). These authors present a continuum with nine different forms of communication and discursive traditions, from level I (immediacy) to level IX (distance). A conversation with the family (I), a private telephone conversation (II), a private letter (III), a job interview (IV), a printed version of a newspaper interview (V), a sermon (VI), a scientific lecture (VII), an op-ed article (VIII), and a legal text (IX).

⁶³ A more detailed explanation on communicative conditions and verbalization strategies can be consulted in Koch and Oesterreicher, 2007: 26-35.

⁶⁴ The communicative conditions are ten: type of communication (public/private), degree of familiarity, emotional implication, anchorage in the communicative situation, referencing from the speaker’s “here and now”, degree of physical proximity, degree of cooperation, type of dialog, degree of spontaneity, and topic fixation.

environment, i.e., a clinic. However, other communicative conditions generally associated with immediacy are also present, such as a trustworthy and emotional atmosphere, a certain degree of spontaneity, anchorage in the communicative situation, and action and referencing from the speaker's "here and now". Further, a medical consultation allows for relative physical proximity, in the case of a face-to-face consultation. The room setting varies according to cultural conventions, and there is usually a strong cooperation in the interview (dialogical character) between doctor and patient. The thematic fixation and professional objectivity are located more towards the distance pole of the continuum since the medical consultation is an encounter (in person or remote) with the transactional goal of solving a health problem.

With regard to the **verbalization strategies**, immediate and distant discourses can be classified according to four main parameters: extralinguistic or linguistic contextualization; degree of planning, character, and syntax. Regarding the first strategy, the contextualization, Koch and Oesterreicher (2007) present four types of contexts⁶⁵:

- *Situational context*: people, objects, and actions within a specific communicative situation.
- *Cognitive context*: individual context (experiences with and knowledge of each other) and general context (common knowledge about the world that the speakers share).
- *Linguistic communicative context*, also known as *co-text*: all the information within the concrete interaction.
- *Other contexts*: paralinguistic context (intonation, intensity, locution speed, etc.) and non-linguistic context (gestures and mimicry).

While immediate discourses allow more flexibility, distant texts have a are more restrictive regarding situational, cognitive, and (non-)linguistic contexts. This variation can be even within the same type of interaction. Focusing on healthcare communication, participants in an interaction between family doctors and their patients have a broader cognitive context, due to a continuing relationship over time. On the contrary, an interaction with a doctor in the emergency room is usually the first time a patient sees this physician.

The second, third, and fourth parameters (degree of planning, character, and syntax) are closely related. A distant text has a higher degree of previous planning and a definitive character, while the spontaneity of an immediate discourse does the opposite. A medical consultation follows a fixed structure, albeit the face-to-face interview can develop in

⁶⁵ These types of contexts are based on Coseriu's classification (1974).

different ways. This spontaneity allows the face-to-face medical consultation to develop in different ways, which contributes to its more provisional nature compared to a distant text that has a higher degree of planning and a definitive character. In essence, the flexibility and adaptability of spontaneous, immediate discourse make the interactions during a face-to-face medical consultation less fixed and more dynamic. However, what is said inside the doctor's office is normally registered by the doctor in written form, in the patient's record, which makes the interaction more definitive.

Moreover, the aggregative or integrative syntax, referenced in Koch and Oesterreicher's model of language variation, is also mixed. Koch and Oesterreicher's model distinguishes between language of immediacy (spoken, informal, spontaneous) and language of distance (written, formal, planned). This feature is explained by Briz (2010) in his Scale of situational variation, based on Koch and Oesterreicher's theory, as having more or less control over the production. The degree of planning and the character of the discourse influence the syntactical structure. Immediate discourses, like face-to-face medical consultations, tend to have more spontaneous and flexible syntax, whereas distant texts exhibit more planned and integrated syntax. Briz (2010) expands on this by illustrating how situational contexts can affect the degree of control speakers have over their language production, leading to variations in syntactical choices.

In a medical consultation, particularly in a society like the Spanish one, it is possible to experience a mixture of distance features (formal forms of address, mitigation, precise terminology, etc.) and immediate features (informal forms of address, affectionate names, pragmatic order of words, etc.). In short, medical consultations, especially in a Hispanic sociocultural context, can be described as semi-formal. The format is formal due to its structure and institutional context, but the communicative strategies are closer to proximity, approaching physicians and patients.

3.1.2.2. Good Communication in Healthcare

Language is the main tool of the face-to-face interview, but it is not the only element in this communicative encounter. Broadly speaking, all behavior is indeed a form of communication, also inside the doctor's office. The gestures, the physical image, the laughter or crying, and even the absence of words in the form of delivered silences are part of the communication process. An impression of a successful or failed communicative encounter is directly connected to the (un)satisfactory interpersonal relationships between doctors and patients. Thus, "the most effective physicians are those who fulfill not only the roles of discoverer of pathology and healer (i.e., instrumental behaviors) but also of psychosocial care givers (i.e., affective behaviors)" (Sydow Campbell, 2005: 424).

Healthcare authorities are well aware of the importance of good communication that glues together the art and the science of medicine. For instance, SERGAS, the Galician public healthcare service, has published a manual designed to address the manner, or “style”, of communication that doctors should use with their patients. The *Style Manual of the Galician Public Healthcare Service* highlights the role of institutional representatives assumed by a doctor, and emphasizes the goal-orientated function of communication inside a doctor’s office⁶⁶:

In general, good communication generates good relationships, while poor communication is the source of many conflicts. In healthcare, communication between professionals and patients has been recognized as an essential element. The quality of communication in healthcare is directly related to the positive results obtained both from a health and human point of view. When doctors communicate with patients in our healthcare system, they are assuming the role of representatives of the institution. (Manual de Estilo dos Profesionais do SERGAS, 2015: 19-20)

Clarity and patient-oriented communication are also the characteristics described in the aforementioned *Style Manual of the Galician Public Healthcare Service*⁶⁷. This manual includes a list of fourteen general recommendations to enhance an effective spoken communication⁶⁸. Besides other general recommendations, there are specific

⁶⁶ Created in 1989, the Galician Healthcare Service (in its Galician acronym SERGAS) is the organism in the Xunta de Galicia in charge of the healthcare public assistance. SERGAS integrates all the regional healthcare centres and services. In 2015, the SERGAS published the Manual de estilo dos profesionais do Servizo Galego de Saúde. Recomendacións para unha comunicación efectiva co paciente. Available online: https://www.sergas.es/Calidade-e-seguridad-do-paciente/Documents/5/Manual_de_Estilo_Profesionais_gal%20definitivo_10_fevereiro.pdf

⁶⁷ As a general rule, communication with the patient should deliver clear and thorough uncomplicated messages. This plain requirement is as old as medicine, and it was mentioned as early as Hippocrates (ca. 400 BC) in his essay “On Ancient Medicine”. According to his understanding and in his time, physicians should adapt their language to communicate more efficiently to people (or they “miss their mark”), so that lay people could better understand their health status: “It appears to me, that whoever treats of this art (medicine) should treat of things which are familiar to the common people (...) illiterate persons cannot find out themselves, but still it is easy for them to understand these things when discovered and expounded by others (...) But whoever does not reach the capacity of the illiterate vulgar and fails to make them listen to him, misses his mark”. (On Ancient Medicine, Part 2, Hippocrates, ca. 400 BC, translation by Francis Adams, 1849).

⁶⁸ The entire list with the 14 recommendations for medical personnel to enhance an effective spoken communication (Style Manual SERGAS, 2015: 21-22) is as follows: 1) Greet, introduce, and identify yourself. 2) Promote communication in the recipient’s native language. 3) Whenever possible, conduct the interview seated, or at the same level. 4) Let the patient talk, ask him/her questions, and ask for his/her opinion. 5) Conduct the conversation without interrupting. 6) Listen actively. 7) Look [the patient] in the eye. 8) Summarize, ask questions, paraphrase to verify that patients have understood. 9) Provide information in advance and systematically regarding the aspects related to the situation: 9a) Speak in a language adapted to the characteristics of the listener. 9b) Avoid terminology and technical language. 9c) Order ideas and messages. 9d) Use short and simple messages. 9e) Do not ramble or beat around the bush: “Get to the point”. 9f) Do not mix topics. 9g) Use examples that the patient can relate to. 9h) Speak positively. 9i) Repeat the most important ideas. 9j) And ask if they understood you, if they have any doubts, and if they want to know something else. It is very important to be sure what they understand. 10) Show interest and concern for people’s problems and needs, both those that have been verbalized and those that are non-verbal. 11) Assume communication as an attitude and as an ability that can be learned. 12) Use visual aids whenever possible, thus increasing the potential for comprehension and recall. 13) Say goodbye making it clear what has been agreed, what they have to do next time, where they have to go and which person they should or can contact. 14) State the conclusions of the conversation.

guidelines regarding bilingual language use, which is the main focus of the style manual. SERGAS promotes communication in the patient's native language, not specifying any other details. In other words, the employer recommends that the clinic personnel accommodate to the patients' language, whether they speak Galician or Spanish. The language behavior sometimes differs from this recommendation (cf. §5.1.3.).

A simplified language register is one of the main suggestions in this Style Manual. The information should be provided in a plain fashion, summarizing, repeating, asking questions and paraphrasing information to verify that the patient understands. The register should be adapted to the patient and, in general terms, clinic personnel should avoid complex technical terminology or "beating around the bush". The time for the consultation is limited, and the main goal is to "get to the point", but never to the detriment of the communicative quality, which can be translated to an enhanced quality of life. This is in line with Fallowfield (1992), who finds that "the ability of patients to complete treatment successfully is more likely with effective management" (Fallowfield, 1992: 41).

The recommendations regarding good and effective communication provided by the Galician healthcare institution take into consideration customer-satisfaction indicators (Style Manual of the SERGAS, 2015: 15-16), from which we emphasize the following: a) short waiting time; b) no constraints to talk inside the doctor's office; c) no-time rush; d) good manners and warm atmosphere; e) enough quality information; f) participation in agreement about treatment.

Although each consultation is unique and depends on a variety of personal circumstances, as we discussed before, interactions between a physician and a patient in a medical facility are, to some extent, ritualized and institutionally regulated. A medical consultation has a clear motivation, a problem-solving orientation, a well-known structure, common communicative goals and a time limitation. Therefore, as a service, rituality plays a social role, which is "the provision of care and the maintenance of public health (...) regulated by legal and social norms" (Bigi & Rossi, 2020: 18).

By appointment, a patient goes to the doctor's office due to a health-related issue. During the time-limited medical consultation, which is seven minutes per consultation in Galicia, the physician offers counseling and, if pertinent, a treatment to solve the health problem⁶⁹. The medical consultation is guided by a communication model with the following functions ("Six function model of medical communication" by de Haes and Bensing, 2009): "fostering the relationship(s), gathering information, providing information, decision making, enabling disease and treatment-related behavior,

⁶⁹ The doctors in the corpus analyzed in this dissertation also confess that some patients require more attention, so they frequently go beyond the allotted time. They claim to put the patient's welfare before their own. This results in delays in assigned appointments and longer working hours.

responding to emotions”. This model is closely related to the indicators that SERGAS considered when writing recommendations for professionals in their Manual (2015).

In the model proposed by Haes and Bensing (2009), two different typologies of functions are mixed: interpersonal and transactional functions or goals⁷⁰. Thus, a medical consultation is somewhere on the continuum between a formal (transaction) and an informal (conversation) discourse. The doctor employs a discourse with professional characteristics and the patient’s discourse is more colloquial. Hernández López (2009) concludes that: “from the contact of these two discursive modes, then, a doctor-patient discourse emerges, which is nor professional nor colloquial” (Hernández López, 2009: 121). Levinson uses the term *activity type* to refer to this type of encounter with mixed functions of different natures. An activity type is a “fuzzy category whose focal members are goal-defined, socially constituted, bounded, events with *constraints* on participants, setting, and so on, but above all on the kinds of allowable contributions” (Levinson: 1979: 368)⁷¹.

For practitioners and patients, talking is the way they achieve their goals in the medical consultation. Putting it simple, patients want to improve their health, and physicians want to perform their professional duties. Within the short interaction, they need to arrive at some kind of understanding to get a diagnosis and devise a treatment plan. A consultation is a two-way street: the participants need to reach an agreement, and the physician must figure out the right diagnosis and treatment. However, part of the process involves the patient being convinced to adhere to the treatment and follow it to the end. Transactional and interpersonal goals are interconnected, and the consultation needs to accomplish both in order to be viewed as successful. Good communication is what make this connection possible, and this can influence the final outcome of the consultation.

Through interaction, doctors and patients exchange their viewpoints, perspectives, and preferences regarding medical issues, establish shared and optimal treatment decisions, and build trusting relationships. Communication can even be a way to influence the outcomes of a consultation: it is through communication and interaction that doctors can ensure patients’ understanding and recall of medical knowledge, as well as demonstrate empathy, enhance trust, and improve patients’ satisfaction with care (van Eemeren, Garssen and Labrie, 2021: 1).

⁷⁰ See Caffi (2007).

⁷¹ This author offers other examples of interactions in this fuzzy category, such as “teaching, a job interview, a jural interrogation, a football game, a task in a workshop, a dinner party and so on”. Levinson identifies some equivalents “roughly equivalent” to this concept, as “speech event” and “episode” (Hymes, 1972; Gumperz, 1972) (Levinson, 1979: 367-368).

Transactional and interpersonal goals in a medical consultation are universal, but the characteristics in individual consultations vary depending on cultural differences.

3.1.3. Family Doctor-Patient Interaction

The broad area of healthcare communication includes both interaction of patients with various professionals in healthcare settings, as well as interactions between clinical personnel in their respective workplaces. The main participant combinations within the healthcare domain are the following in terms of two participants, i.e., dyadic interactions: a) doctor-patient; b) patient-other clinical personnel (nurses, therapists, technicians, administration staff, among others); c) patient-patient; d) patient-companion(s); e) doctor-companion(s); f) other clinical personnel-companion(s); and g) professional-professional (peer interaction between medical and non-medical personnel). The previous combinations can be extended to triadic interactions, i.e., communication in healthcare settings with three participants, such as: i) doctor-patient-companion, or ii) doctor-other clinical personnel (resident doctor, nurse)-patient, which are among the most common combinations⁷².

3.1.3.1. Doctor-Patient Interaction

Doctor-patient interaction is the most interpersonally complex among the three types of interactions. However, we should not underestimate the importance of the other interactions that provide patient care, which relies on more clinical personnel than just the physician (Iedema, 2007: 4). The reason behind the particular complexity of the doctor-patient interaction is that it involves "individuals in non-equal positions, it is often non-voluntary, [it] concerns issues of vital importance, [it] is therefore emotionally laden, and [it] requires close cooperation" (Ong et al., 1995: 903).

A non-equal position denotes a significantly greater interpersonal asymmetry in hierarchy compared to other forms of interaction. In the doctor-patient dynamic, this asymmetry is evident due to the inherent power relationship, which Gwyn (2002) claims to stem partly from the structure of a medical consultation (Gwyn, 2002: 63). However, this imbalance is not solely a product of institutional frameworks, as ten Have (1991) argues it emerges "in and through the details of physicians' and patients' situated interactions" (ten Have, 1991: 138).

While the hierarchical dynamics within healthcare have undergone significant evolution over the past three decades, a shift towards a more intimate relationship is

⁷² As analyzed and discussed in §5.2. and 5.3.

occurring. Healthcare is progressively embracing a model centered on the individual rather than solely focusing on the patient, suggesting a move away from the traditional, more static role of the patient towards an approach favoring partnership. Coulter and Oldham (2016) view this approach as "treating patients as individuals and as equals in the business of healing; it is personalized, coordinated and enabling" (Coulter & Oldham, 2016: 114).

The interactions within a medical consultation are governed by well-defined roles assumed by both parties. Medical professionals provide a service, while patients seek and request professional assistance, thus their urgent need is subordinated to the expertise of the healthcare provider. This asymmetry, however, is not a fixed feature but rather negotiated throughout the consultation, reflecting a semi-formal interaction. Language serves as a tool for negotiation, with code-switching, as analyzed in this dissertation, serving as a communicative resource for bilingual doctors and patients. This negotiation occurs within a semi-formal spectrum, which ten Have (1991) defines as "sometimes almost like conversations (and) at other times they resemble interrogation (...) zigzagging between the two poles in a way that is negotiated on a turn-by-turn basis by the participants themselves" (ten Have, 1991: 158).

Both participants actively regulate the asymmetry and power dynamics during consultations, with patients increasingly playing a predominant role in bridging the gap between themselves and healthcare professionals. Effective communication and collaboration between both parties are pivotal in this process, giving more responsibility and thus power to both doctor and patient as "partners" in the interaction. This shift changes the notion of what constitutes power in a doctor-patient relationship. Embracing a person-centered care approach involves acknowledging individuals' capabilities and potential to manage and improve their own health, rather than merely viewing them as passive recipients of care or victims of disease (Coulter & Oldham, 2016: 114).

This approach aligns with narrative-based medicine, which is seen as an "indispensable complement" to evidence-based medicine (Gülich, 2017: 142). Narrative medicine has emerged as a response to the limitations of traditional doctor-patient interactions within medical consultations, where the conventional approach has often been found lacking.

Die narrative Medizin hat sich aus der Praxis der Arzt-Patient-Kommunikation heraus entwickelt, genauer gesagt: aus der Unzufriedenheit mit der üblichen Anamnese in Form eines Frage-Antwort-Schemas und der Einordnung der Patienten-Aussagen in medizinische Kategoriensysteme. Das Anliegen, auch das subjektive Krankheitserleben des Patienten ernst zu nehmen und in die Diagnosestellung einzubeziehen, wurde bereits in der Uexküllschen Psychosomatik deutlich, in der sich die Bedeutung des Erzählens erst allmählich herauskristallisiert hat (Gülich, 2017: 142).⁷³

⁷³ "Narrative medicine has developed from the practice of doctor-patient communication, more precisely: from the dissatisfaction with the usual anamnesis in the form of a question-answer schema and the categorization

A fundamental aspect of "person-centered care" also lies in the involuntary nature of the interaction, if one wants to address a health concern. Consequently, the doctor-patient interaction in a medical consultation constitutes a communicative genre that is distinct from any other context (Hernández López, 2009: 115). This interaction includes the activities of a "narrator" and a "listener" who co-construct the development of an illness (Gülich & Krafft, 2015; Gülich & Schöndienst, 2015). Both participants need to collaborate to achieve the same goal: finding a solution to a medical issue. However, doctors and patients might not assign the same level of importance to different information regarding aspects of the illness.

Arzt und Patient messen nicht unbedingt denselben Krankheitsaspekten Bedeutung bei, insofern kann es hier zu Aushandlungsprozessen kommen. Narrative Rekonstruktion ist in der Regel mit Interpretation und Evaluation verbunden. Zugleich ist sie Arbeit an der Erinnerung und weist oft sprachliche Spuren dieser Erinnerungsarbeit auf (Gülich, 2012; Gülich, 2017: 143)⁷⁴.

In summary, effective communication and cooperation are the key words in doctor-patient interaction (Gülich, 2020: 43). This is even more evident in cases where linguistic resources are insufficient, such as consultations with young children (Hausendorf & Quasthoff, 1996) or with non-native speakers (Gülich, 1994; Frank, 2000; Kale et al., 2013).

3.1.3.2. Doctor-Patient Interaction in Primary Care

Doctor-patient interactions can take place in different public, private, face-to-face, and remote environments as consultation rooms, emergency rooms, by the bedside, via telephone or video conferencing, as well as telematic through e-mail or other online means (Eemeren, Garssen, and Labrie, 2021: 3). All these types of interactions can occur also in primary care, which can be described as follows⁷⁵:

Primary care is the first level of professional care, in which people present their health problems and the majority of the population's curative and preventive health needs are satisfied (...) Primary care is generalist care, focused on the person as a whole, rather than on a single specific organ or health problem (Kringos et al. 2015: 30-31).

Family practice is commonly presented as the core of primary care. Nevertheless, the internal organization of the healthcare system, and the "mix of disciplines that make the

of patient statements into medical categories. The concern to take the patient's subjective experience of illness seriously and include it in the diagnosis was already evident in Uexküll's psychosomatics, where the significance of storytelling gradually crystallized" (Gülich, 2017: 142, own translation).

⁷⁴ "The doctor and patient do not necessarily attach importance to the same aspects of the illness, so there can be negotiation processes. Narrative reconstruction is usually associated with interpretation and evaluation. At the same time, it is work on memory and often shows linguistic traces of this memory work" (Gülich, 2017: 143, own translation).

⁷⁵ "Primary care as an organizational concept should be distinguished from "primary health care", which has a broader and more political connotation. For instance, the latter concept refers to the reduction of exclusion of patients and the promotion of equal access to health resources, along with the role of leadership and dialogue among stakeholders to achieve that goal, and it also covers both health care and other sectors, such as social care." (Kringos et al., 2015: 31).

primary care workforce”, vary from country to country (Kringos et al., 2015: 31). Broadly speaking, primary care also includes internists, pediatricians, primary care nurses, physiotherapists, pharmacists, home care workers, podiatrists, and mental health care professionals, such as psychologists, psychiatrists, and psychotherapists” (Kringos et al., 2015: 31).

Family physicians are the first line of primary care. Inside the consultation room, a professional (the doctor) and a layperson (the patient) interact in an interview. Depending on cultural conventions and other conditioning factors, the physical layout of the setting determines the different spaces that doctors and patients occupy. In Spain, doctors and patients are usually separated by the desk and the computer screen, which keeps physical distance between the speakers.

The interview takes place inside a public space and has an approximate pre-established duration, regulated by the health authorities. In Galicia, family physicians working in public healthcare have slots of seven minutes per consultation, two minutes if the patient only needs to refill their prescriptions. As ten Have (1991:138) described, medical interviews are tightly organized interactional events, whether we focus on the space-time coordinates or the interview structure. Within a short time, a doctor and a patient engage in a complex type of conversation, which can be divided into different parts. The RIAS framework (Roter Interaction Analysis System) identifies 39 categories of events within a medical visit, of which 24 are task-focused and 15 are socio-emotional activities (Roter & Larson, 2001, 2002)⁷⁶. Nowak (2009, 2011: 437) increases the number of activity types still further, with forty-eight activity types and one hundred activities during an ordinary doctor-patient talk, divided into eight sequence components⁷⁷.

Despite the variable number of activity types and activities, the general structure of a medical consultation is considered universal but subject to modifications according to the socio-cultural context⁷⁸. This structure is established in medical training and is considered accepted by society due to repeated experience (Heritage & Maynard, 2006: 14). One of the first influential typologies was the one offered by Byrne and Long (1976), who proposed

⁷⁶ The RIAS system, developed by Roter and associates (2001, 2002, 2003), is described as the most influential system to offer an exhaustive classification of events that take place in a medical consultation, combining task-related and interpersonal actions. However, the success of RIAS over the last twenty years has not shied away from criticism. Critics based on microanalysis studies focus on the lack of “content, context and meaning in medical interaction, sacrificing these for an overview across medical encounters in which the interactivity – the capacity for one party to influence the behavior of another, or to adjust behavior in response to another – become invisible” (Heritage and Maynard, 2006: 4).

⁷⁷ Nowak (2009, 2011) analyzes doctor-patient consultations in German-speaking countries. For this purpose, Nowak (2011) uses twelve selected natural language studies from different authors. The eight sequence components are the following: I. Opening; II. Initial initiative; III. Not-listening; IV. Asking for information; V. Giving orientation; VI. Giving information; VII. Mutual planning and decision making and VIII. Closing. This sequence is following the universal structure, but it focuses on the verbal actions taken by the doctor.

⁷⁸ “Medical practice is similarly laminated onto the sociocultural base of interaction and cannot be separated from it, and this creates many difficulties and paradoxes” (Heritage and Maynard, 2006: 20).

a sequence of action regarding primary care encounters: “a) greeting and relating to the patient; b) ascertaining the reasons for the patient’s attendance; c) conducting a verbal or physical examination, or both; d) considering the patient’s condition; e) outlining further treatment; and f) terminating the consultation” (Byrne and Long, 1976: 132)⁷⁹.

As we can see, Byrne and Long’s typology is physician-centered. As Harvey and Koteyko observed, “a number of structural typologies (...) are designed from the perspective of, and intended for, the medical practitioner”, which they consider that “inevitably downplays the role of the patient” (Harvey & Koteyko, 2013: 10), leaving no room for negotiation in the interaction or any kind of contribution. In this regard, ten Have (1989) presented a much simpler typology, more open to negotiation. The author calls it the “Ideal Sequence”, which also has six steps⁸⁰:

1. *Opening*: The doctor and patient establish an interactional relationship.
2. *Complaint*: The patient presents the problem/reason for the visit.
3. *Examination or test*: The doctor conducts a verbal or physical examination or both.
4. *Diagnosis*: The doctor evaluates the patient’s condition.
5. *Treatment or advice*: The doctor (in consultation with the patient) details treatment or further investigation.
6. *Closing*: The consultation is terminated (Heritage & Maynard, 2006: 14)⁸¹.

This sequence organization is considered to be a flexible guideline; in other words, the sections need not follow a fixed order in each medical encounter. Instead, the sequence may be altered anytime by the participants, who can “break out of and return to particular activities, reopen them and reinstate task orientations that they had previously treated as complete” (Heritage and Maynard (2006: 15).

The “Ideal Sequence” by ten Have (1989) is based on an idyllic scenario of shared decision-making in the medical encounter. Professionals have the medical knowledge, but patients have the power over their bodies. Thus, their biomedical and personal goals may occasionally conflict (Mishler: 1984), as a medical encounter is a real-time interactional product with two main actors: a physician and a patient, who have “various levels of mutual understanding, conflict, cooperation, authority, and subordination” to construct the

⁷⁹ This study from 1976, titled “Doctors talking to patients”, was a path-breaking analysis of doctor-patient communication. The authors developed their conclusions about communicative behavior based on a large corpus with 2500 tape-recorded primary care encounters. From the title itself is the physician-centered perspective clear. As Heritage and Maynard (2006: 1) indicate, “The authors had little to say about patients’ contributions to the encounter or the sociocultural context of social interaction in primary care”.

⁸⁰ This dissertation organizes the findings using this typology (§5.3.).

⁸¹ The delineation of each step of ten Have’s Ideal Sequence (1989) is provided by Heritage and Maynard (2006: 14).

interaction (Heritage and Maynard, 2006: 1). Hence, Charles et al. (1997) affirm that, ideally, shared decision-making has four requirements:

- Two participants – physician and patient – are involved in the consultation.
- Both parties take steps to participate in the decision-making process to determine appropriate treatment.
- Information sharing is a prerequisite to shared decision-making: both patients and physicians bring both information and values.
- Both parties must agree to the treatment determined resulting from the joint decision-making process (Charles et al., 1997: 685-688).

Shared decision-making is grounded upon the principle that there should be a balance of the asymmetrical power between the two participants in medical practice. This certain balance is reached through negotiation during the interaction. “Power may be there in different forms and in different ways, all constantly changing in dynamic response to the behavior of others” (Tannen, 1987: 5). Thus, power dynamics and relations “are always and everywhere contextual (...) along structures of domination, is implicated in concrete situated social practices”, involving specific actors within a socio-cultural context, with its particular rules and resources within a precise, structured organization (Davis, 1988: 99).

3.1.3.3. Primary Care in Spain

In 1984 primary care in Spain experienced a thorough reform. The current system is the beneficiary of this profound change in work philosophy. The major improvements included the incorporation of family physicians and nurses into multidisciplinary teams, the hiring of full-time professionals, the development of health promotion and disease prevention programs, the development of community programs, and the construction of new infrastructures (Fernández del Río, 2010: 621).

After the reform, the primary care system in Spain was strengthened and is today a referent in other countries (Fernández del Río, 2010: 624). In fact, globally the Spanish healthcare system is considered a high-quality and successful program⁸².

⁸² One indicator of this assessment is found in the Bloomberg Global Health Index (2019), in which Spain leads the list as the healthiest country in the world. Despite the positive ranking that Spain has reached in this index, healthcare expenditure corresponds to 8.2% of GDP, which is inferior to other European countries. Of the total expenditure, the vast majority goes to the public health system (71.4%), and the remaining 28.6% is reserved for the private health system. According to Eurostat (2018), mean healthcare expenditures in the EU correspond to 9.9% of GDP. Germany leads the list, with 11.5% of GDP, followed by France (11.3%) and Sweden (10.9%). In the last two places in the ranking are Romania (5.6%) and Luxembourg, a small country with a very large GDP, which spends 5.3% in healthcare. Beyond its worldwide reputation for quality, the overall satisfaction rate in Spain is superior to the EU average. Whereas the EU healthcare satisfaction average is 71%, in Spain 77% of the population has a positive opinion about their healthcare system. The Eurobarometer ranking is led by Belgium (97%) and again ends with Romania (25%). Full report of Eurobarometer: Survey about patient safety and quality of healthcare (2010): <https://europa.eu/eurobarometer/surveys/detail/796>. Full Eurostat report: <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20201202-1>. Bloomberg Global Health Index (2019) available at: <https://www.bloomberg.com/news/articles/2019-02-24/spain-tops-italy-as-world-s-healthiest-nation-while-u-s-slips>.

Spain has a universal public healthcare program, which means all those living in Spain have the right to receive free healthcare, whether or not they contribute to the public treasury. Consultations and treatments are almost entirely free of charge, and medicines are paid for on a copayment basis. Physicians in the public healthcare system are public servants and have a fixed salary, plus up to 15% incentives depending on the number of patients.

Family doctors work within a multidisciplinary team and have a gatekeeping function in the healthcare system. They are responsible for delivering an initial diagnosis and, if necessary, referring the patient to a specialist physician in a hospital⁸³. Upon turning fifteen, an adolescent is assigned a general practitioner, and the patient no longer is attended by a pediatrician. Patients have the right to request a change whenever needed due to a personal preference or a change in residence.

Besides the political and socio-economic context, primary care in Spain, like in every community, is situated within its socio-cultural context. Healthcare providers and patients are not only bound by professional protocols but also by the cultural norms, values, and belief systems they share as members of the same community. These shared socio-cultural factors influence their interactions, shaping the way identities and relationships are constructed and maintained within the healthcare environment (Hernández Flores, 2020: 311). As indicated by Brown and colleagues (2006), professionals and clients are also members of the same community. Their personal factors are also present inside the office, as healthcare encounters are “inevitably influenced and shaped by various social, cultural, political, and economic factors”. It is challenging for both clients and professionals to separate their life histories and socio-economic positions from their interactions in the consulting room (Brown et al., 2006: 1).

Therefore, a long-term relationship is conceivable in a Spanish primary care consultation, allowing trust (*confianza*), respect, and, ultimately, a greater level of interpersonal closeness. *Confianza* and respect are social attributes ascribed to the social image of the Spanish community (Bravo, 1996, 1999; Hernández Flores, 2002; Bernal, 2007) and are related to personal security and social closeness. For these reasons, a family doctor-patient interaction in Spain can be related to social features usually attributed to the family domain (Hernández Flores, 2020: 318)⁸⁴.

⁸³ This gateway role differs from other healthcare systems, such as those of France or Germany. Regarding the fixed salary, Spain is almost a unique case relative to France, Germany, Denmark, Italy or the United Kingdom. Source: The European Observatory on Health Care Systems. World Health Organization.

⁸⁴ Currently the Spanish healthcare system faces some challenges that are shared with other healthcare systems in the European Union: aging population, supply side changes, financial constraints and shortage of personnel (Kringos et al., 2015: 27-30). In our study context, the aging population and the shortage of personnel are key challenges. On the one hand, the population is increasingly ageing in Europe, which propels a changing

3.1.4. Official Bilingual Community

Bilingual medical consultations have a linguistic context in which code-switching might or might not be employed. In this study, the medical consultations take place in an official bilingual community where two closely related languages have equal legal rights. Thus, patients and doctors understand both languages, and have the right to speak their language of choice. The other scenario is the interaction between a migrant, who may or may not have competence in the local language, and a doctor. In both cases where doctor and patient do not share the same language, two different strategies can follow⁸⁵:

- Exploit one's own communicative repertoire, i.e., using a lingua franca (most likely English as the most globalized language), using communicative strategies such as code-switching or extralinguistic strategies (drawings, pictures, body language, gestures, etc.), among others.
- Exploit the communicative repertoire from others, i.e., requiring the service of an interpreter (ad hoc or professional) or using multilingual written material provided by the clinic.

The Style Manual published by the Galician Healthcare System (SERGAS, 2015: 31) addresses the challenge of attending patients with limited knowledge of the language, and it recommends the following: “a) we will try to take into account the language difficulties in understanding; b) we will consider possible cultural and religious differences and special circumstances that may be present; c) use pictograms, which are useful and functional for communication with people who have language difficulties”.

As we can see from these vague recommendations, the healthcare managers do not specify concrete communicative strategies. They also mix issues about limited language knowledge and possible intercultural problems. Within the general recommendations in relation to communication, the Style Manual suggests matching, if possible, the native

demand in the present and future. Spain is at the forefront of the aging population, especially Galicia (second place after Asturias). Spain has the second highest life expectancy in the world, surpassed only by Japan. A future scenario will include more expenses in healthcare with a higher rate of multi-morbidity, a strengthened caregiver or nursing home infrastructure and other related social services. On the other hand, and related to the financial crisis, European countries experience intense migration flows. A shortage of personnel in healthcare in several countries across Europe led to the increased migration of healthcare workers. Spain has received a remarkable flow of migrant workers, primarily coming from Spanish-speaking countries in South and Central America, because of the lack of language barrier. Still, the percentage of doctors working in Spain who were born in other countries (13.7% in 2016) is far from that of other countries, for instance, Switzerland (47.1%), Australia (53.9%) or the USA (30.2%). Data from the OECD: https://read.oecd-ilibrary.org/social-issues-migration-health/recent-trends-in-international-migration-of-doctors-nurses-and-medical-students_5571ef48-en#page23

⁸⁵ Receiving medical attention in one's native language is encouraged, viewed as therapeutic due to the mental stress that can arise during a medical consultation. The Style Manual of the Galician Public Healthcare System (2015) explains that one of the pragmatic strategies to follow in terms of oral communication is to “welcome” the patient by using his/her native language, “that linguistic code that leads directly to the affectivity of the person to be assisted”. This circumstance can be even more decisive in psychiatric care or gerontology, “since the cerebral cortex, where learned languages are stored, is the first to suffer lesions”.

language of the patient⁸⁶. The suggestion implicitly refers to speaking either Galician or Spanish, depending on the bilingual patient's preferred language, as their right to speak both co-official languages in Galicia. Hence, this recommendation is specific to these languages and does not allegedly apply to others. However, it does not provide additional details.

Healthcare professionals around the world employ common strategies to overcome linguistic barriers, taking into consideration the particularities of their national or local context. For example, in Switzerland, a country which is officially multilingual, the health system is heteroglossic, and cross-linguistic and intercultural communication is a daily concern. A 2007 report by the Swiss Federal Office of Public Health points out that communication issues should be taken into consideration in the frequently poorer health situation of migrants in the country⁸⁷. To avoid health-related issues, communication between healthcare professionals and patients (laypersons) includes various strategies to facilitate the dynamic process of healthcare (Heath, 1992: 236).

Asensio (2011) analyzed the strategies to overcome linguistic barriers in a hospital near Basel (Switzerland) through a questionnaire to nurses. Lüdi, Asensio and Longui (2015) sorted the strategies by frequency of use, providing an overview of the most frequently used strategies in this Swiss study case (Lüdi, Asensio and Longui, 2015: 139), as summarized below⁸⁸:

- *First group (most frequently used)*: this group of strategies is led by the one's language repertoire, followed by use of the patient's family or friends as resources, consultation with a fellow staff member speaking a similar language, use of brochures or other written documents by the hospital, exploitation of one's own linguistic repertoire, consultation with a fellow staff member speaking the patient's language, interpreting body language and gestures.
- *Second group*: turning to a non-medical employee speaking the patient's language, and use of drawings and pictures.
- *Third group*: consultation with a professional interpreter, and recourse to a non-medical employee speaking a similar language.

⁸⁶ To achieve effective communication, it is recommended that communication in the receptor's native language be promoted. (Style Manual SERGAS, 2015: 21).

⁸⁷ The study "Monitoring on the migrant population's state of health in Switzerland (GMM)" was carried out in 2004. The full report published in 2007 by the Swiss Federal Office of Public Health can be consulted at: <http://www.bag.admin.ch/shop/00038/00242/index.html?lang=en>

⁸⁸ We have divided the strategies into four groups, from the most frequently used to the least frequently used, to simplify the presentation of the quantitative data. We added up the total of occurrences for all the positive frequencies for each strategy. First group (39-40 occurrences); second group (36 occurrences); third group (28 occurrences); and fourth group (5 occurrences) (Lüdi, Asensio and Longhi, 2015: 140).

- *Fourth group (less frequently used)*: Phone call to the national interpreter service. Some respondents reported explicitly that they never used this resource, while others were not familiar enough with the process of making use of this service.

3.1.4.1. *Personal Communicative Resources*

The most intuitive set of strategies comprises the communicative resources that all speakers have in their repertoire. Before involving a third party, a speaker can try to overcome the communicative difficulty using one or more linguistic and extra-linguistic strategies:

- *Linguistic repertoire*: simplifying one's language, using one's knowledge of the patient's language, using a *lingua franca* (English or another), or other communicative strategies (e.g., code-switching).
- *Body language*: gestures, pointing to the relevant body part, etc.
- *Other extra-linguistic techniques*: drawing or showing pictures.

These strategies can certainly be combined with each other, and often are, in order to speed up the consultation and solve a complex communicative encounter.

3.1.4.2. *Communicative Resources from Others*

Making use of the linguistic repertoire from other people alludes to mediated communication: when speakers have a partial or total lack of knowledge of the other's language, and a third party is required (Cambridge, 1999; Davidson, 2000; Valero Garcés, 2005, 2010). Depending on the language competence of the healthcare providers and users, the interpretation service might be conceived for those patients who neither speak the local language(s) nor English as a *lingua franca*⁸⁹.

The interpreters may be ad hoc, professional interpreters hired in advance or using an official telematic service in on the spot, if the region or country offers this service. The ad hoc interpreters usually are family members that come with the patient as companions. Moreover, clinical personnel who speak the same language or a similar one from the same linguistic family may also be on hand in these situations. This group of communicative strategies includes, in addition to these two types of human mediators, written informative documents, often offered in several languages.

⁸⁹ This is the case of Switzerland, the previous example, where the preconception is that all doctors working in their healthcare system are qualified to conduct a medical consultation in English, as we can deduce from the instructions provided by the Swiss Academy of Medicine Research: "Patients who do not speak a Swiss national language or English often cannot make themselves understood and were therefore sometimes not properly understood. It is now well established that language barriers impair the quality of health care. It is also clear that professionally trained interpreters are better suited to translate a conversation between patient and doctor than ad hoc interpreters (such as randomly present staff or family members)." (own translation, Schweizerische Akademie der Medizinischen Wissenschaften, 2019: 58).

- **Professional interpretation service:** requested prior to a consultation or accessed via telematic means, such as phone calls to a national interpreter service. Countries like Switzerland and the United States offer these services, and in Spain, some autonomous communities, such as Aragon and Castilla-La Mancha, also provide them. The role of interpreters faces various challenges, as highlighted in several studies. Trained interpreters tend to reduce information loss compared to untrained, ad hoc interpreters (Valero Garcés, 2005). However, trained interpreters might sometimes overstep their role as mediators, filtering information they deem unnecessary (Davidson, 2000, 2002). Additionally, the presence of professional interpreters can negatively impact communication if doctors and patients engage in "language switching" (Cambridge, 1999). When doctors and patients alternate between languages during a conversation, significant information loss and misunderstandings can occur. In such scenarios, even professional interpreters may struggle to maintain the flow and accuracy of communication.
- **Ad hoc interpretation service:** a patient's companion, fellow medical staff or a non-medical employee speaking the patient's language or a similar language, e.g., using Spanish with a Portuguese speaking patient. Ad hoc interpreters are normally considered the less preferred option, because they can be counterproductive to the doctor-patient interaction, and their participation "deepens the communicative asymmetries that are inherent to this type of discourse" (Bühlig & Meyer, 2004: 58). Thus, ad hoc interpreter conversations "frequently exhibit shifts in the assignment of participant roles, in interaction order and in contribution type" (Menz, 2011: 7).
- **Multilingual written support:** Multilingual brochures and other written documents provided by the healthcare authority. These materials are available in the medical facility and can be handed directly to the patient and/or be displayed inside the clinic.

3.1.5. Code-Switching in Healthcare

Code-switching as a communication strategy in the healthcare domain was described as a widespread practice in medical writing as early as in medieval times. Early Modern English was often mixed in medical written texts with Latin and French (Voigts, 1989, 1996; Hunt, 1990; Hunt & Benskin, 2001; Pahta, 2003, 2004a, 2004b, 2011). Three communicative contexts were identified as providing particularly fertile ground for code-switching: specialized medical terminology, intertextuality (references and quotations), and medical recipes. Medieval writers indicated "consciously or unconsciously their

associations and aspirations and their ideas concerning their target audience” (Pahta, 2011: 123).

Regarding contemporary oral interactions in healthcare, speakers can employ different strategies to enhance communicative effectiveness. These communicative strategies help to ensure that their messages are received and understood correctly because the patient's well-being is at stake. Doctors, can, for instance, adjust their voice tone to pair an affective content with their words (Milmoie et al., 1967); regulate politeness through prosody (Vickers and Goble, 2018); explain a complex health issue with colloquial terms (Wood, 2018: 464); or reduce the physical distance between them and the patient.

Bilingual speakers have another option in this extended repertoire. They can alternate between languages to fulfill the discursive and interpersonal goals of the interaction, i.e., find a solution to a health issue and keep a good interpersonal relationship between doctor and patient. The importance resides not only in *what* is said but in *how* it is said (Hall, Roter, and Rand, 1981: 19).

Folks appreciate feeling a sense of kinship with their primary care providers, and code-switching to highlight a common bond in the patient-provider relationship is one means of achieving this. Similarly, it can engender trust in the partnership. If the patient sees a willingness of the physician to accommodate to their manner of speaking, they may come to view the doctor as more genuine and may therefore have faith in the diagnoses and plans they formulate. Code-switching can also enhance a patient's understanding of the encounter (Wood, 2018: 465).

Despite the broad understanding of code-switching by Wood, he presents it as a powerful tool to build a good atmosphere inside the family doctor's office⁹⁰. Code-switching offers a sense of closeness and trust that will ultimately contribute to an appropriate diagnosis and adherence to the treatment proposed.

3.1.5.1. *CS in Mediated Consultations*

When the consultation in a doctor's office involves the presence of an official interpreter, code-switching might also be a strategy to build rapport with the patients, as Anderson (2012) lays out: “Code-switching by institutional representatives shows a functional sensitivity both to broad institutional aims and to the specific sub-aims of the various phases of the encounter (...) need to create a collaborative relationship in order to successfully diagnose and treat the patient” (Anderson, 2012: 115).

Anderson analyzes consultations in Italian mediated consultations with Nigerian and Ghanaian patients, native speakers of English. She identifies the functions of code-switching by lay participants (patients) and institutional representatives (medical

⁹⁰ For Wood, “code” is an umbrella-term for tone, dialect, language, or lexicons. Lexicons refer to medical jargon and specialized terminology. Doctors have the option to “switch” to simplified terms or explanations to help patients better understand their explanations and guidelines. (Wood, 2018).

personnel and professional interpreters) in these consultations. Whereas institutional representatives alternate between Italian and English, the “lay participants take the initiative in CS more rarely, mainly when pressing personal concerns are at issue” (Anderson, 2012: 115). Migrant patients with a limited knowledge of Italian employ borrowings in crucial instances where very personal worries are at stake. Patients reserve code-switching, therefore, for ritual greetings and farewells, minimal responses to yes/no questions or to other types of questions, and to accept or reject a translation (Anderson, 2012: 131-132). Meanwhile, physicians switch primarily to English to maintain a structure to the interview, signaling a transition between parts of the encounter, and additionally building rapport with patients to ensure that they will indeed follow the treatment (Anderson, 2012: 135).

Language is negotiated during the interaction, and patients take partial control over the mediated conversation using an “unflagged” language alternation (Sankoff & Poplack, 1988: 1176). These “unflagged” switches are those without an explicit reference or noted by the speakers, based on the assumption that patients have at least a passive understanding of Italian they can bring to this public service context (Anderson, 2012: 143). The role of code-switching is the recontextualization of the medicated interaction in terms of a collaborative model (Davidson, 2002) among the doctor, the patient, and the interpreter.

The *collaborative model* consists of the mediated interactions where speakers make transitions between translation and activity coordination phases, based on Clarke’s notion of *common ground* (Clark, 1996: 139). The common ground is the shared information that speakers bring from a previous conversation that allows them to negotiate a conversation, which is a form of social coordination. According to Davidson, code-switching can be problematic in this triadic mediated interaction because it breaks the supposed “perfect and reciprocal absence of knowledge of the other’s language by both of the principal interlocutors” (Davidson, 2002: 1293). This assumption might be a falsely constructed reality far from some of the existent triadic mediated interactions where the speaker who needs linguistic assistance has at least a passive knowledge of the language.

The opposite scenario of a triadic mediated interaction occurs when the patient lacks linguistic knowledge, a circumstance that can result in a third-party taking control over the interaction. In this case, the power balance does not favor the patient, who might lose information if he/she does not understand what the physician and the interpreter are discussing in the doctor’s office. In this instance, the patient becomes a passive interlocutor, a non-participant in his/her own consultation (Hutchby and O’Reilly, 2010). This scenario was described in the context of Spanish-speaking migrants in the United

States with limited or null proficiency in English. Spanish monolingual migrants going to the doctor in the company of a family member acting as an ad hoc interpreter may experience a “process of patient disempowerment”. This “disempowerment” happens when two parts (doctor and ad hoc interpreter) conduct the interaction in a language the patient cannot understand. Within this unbalanced communicative context, code-switching to English is a strategy used by the bilingual interpreter and the physician to distance the patient from his/her own consultation. The language alternation is instigated by the presence of a bilingual third party, who construct, together with the doctor, a “reality of the patient’s ailment” (Vickers, Goble, and Deckert, 2015: 154, 158 and 167).

3.1.5.2. CS in Non-Mediated Consultations

Code-switching is widely present in medical settings located in official multilingual countries. Multilingual societies are found all over the world, but some areas have more incidence due to colonialism, e.g., British colonies in Africa or Asia⁹¹. Despite the geographic distance from our study case, some similarities in the use of code-switching are found in these African bilingual speech communities.

In former British colonies in Africa, such as Nigeria and Zimbabwe, where English is still the official language, the colonial language coexists with several regional languages in each country. In post-colonial societies, while English is the predominant language in university study programs and professional environments, the regional languages can be the first language of both physicians and patients (Singo, 2014: 49). Code-switching and code-mixing are common phenomena among the educated and uneducated population in formal and informal speech contexts. The younger generations tend to alternate more than the elderly, who “are tied to maintaining the purity of the indigenous languages” (Odebunmi, 2013: 378).

Singo analyzes code-switching in medical consultations in Harare (Zimbabwe), where English and Shona are official languages, among others. Shona, the local language, is the main native language of the population. English is the professional language, e.g., the language at the university. In this example, the doctor studied in English and the patient is a lecturer at the university. Doctor and patient switch between English and Shona in a follow-up visit regarding the patient’s pregnancy. The switches to Shona had the following social and discursive motivations (Singo, 2014: 50-54):

- *Greetings and introductions*: the first contact to create familiarity and a more relaxed atmosphere.

⁹¹ See Myers-Scotton (1993) or Essien for studies on code-switching in African old colonies or in Asia (Leung, 2010).

- *Interpersonal relationship*: linguistic convergence and identification with the patient.
- *Emotional identity*: asking intimate questions or addressing personal and sensitive topics (such as mentioning her baby: “mwana wenyu”).
- *Explanations, repetitions, and emphasis*: use of these to ensure the understanding of information.

Code-switching is presented in this context as a strategy with a “potential to improve medical communication”, key for effective interpersonal communication. The alternation between English and the local languages serves as an instrument that patients and physicians have at their disposal to “address communication challenges” (Singo, 2014: 48, 54). This study concludes that local languages should be given greater status in medical training, as English is currently the only language at the Faculty of Medicine. In our Galician case study, despite the legal equality of Spanish and Galician, only 2.36% of the subjects in Medicine are taught in Galician⁹².

Language selection and alternation can also happen during initial encounters. Odebunmi (2010, 2013) examines initial medical interactions in Nigerian hospitals, a context similar to that in Zimbabwe where English and Yoruba, alongside other languages, serve as official languages. Odebunmi presents code-switching between English and Yoruba as *strategic*, while categorizing code-mixing as *non-strategic* based on Myers-Scotton’s principles of unmarked and marked choice. However, defining code-mixing as non-strategic appears contradictory as the author acknowledges its functional utility. Odebunmi describes code-mixing as a phenomenon typically used for contextually specific purposes⁹³. The strategic and non-strategic division is connected with discourse-related and participant-related code-switching (Auer, 2009):

- *Strategic code-switching*: switches related to context-shaping and context-determined acts. The functions associated with these contextualized switches are: “relax tension, flaunt competence, assure, save face, joke, reformulate and warn” (Odebunmi, 2013: 396). This functionality is a mix of discourse (i.e., reformulation) and interpersonal motivations (i.e., facework).
- *Non-strategic code-mixing*: the unmarked choice is reserved to allude to “cultural and institutional linguistic routines” (Odebunmi, 2013: 396). The functions ascribed to this participant-related alternation type are phatic communication, the

⁹² Data from the course 2020-21 (Universidade de Santiago de Compostela). Available at: <https://www.usc.gal/gl/servizos/area/normalizacion-linguistica/promover/campanas-dinamizacion-linguistica/boa-medicina>.

⁹³ This division resembles the classical classification of code-switching in two categories: metaphorical and situational (Gumperz and Bloom, 1972).

indication of deference, the display of personal styles, and the accommodation to dispreferred code choices.

On the one hand, participant-related functions are present in all the five stages of the consultation that the author identifies: the opening, diagnostic interaction, the announcement, and the closing. On the other hand, discourse-related functions are located only in the complaint and diagnosis stages. Traditional culture and political power are connected in Nigerian consultations through the alternation between English and Yoruba:

The phenomenon of code selection in Nigerian hospitals reflects the multi-code nature of the interactions, shows the culture-institution nexus that governs the meetings, reveals linguistic flexibilities despite the dominance of English in the Nigerian orthodox medical institution, and presents a context-sensitive communicative terrain that permits linguistic and goal negotiations (Odebunmi, 2013: 397).

Alternating between two languages in a medical consultation combines discursive and interpersonal purposes. The proper code selection ensures that participants put “on course the healing process which is the ultimate goal of the encounter” (Odebunmi, 2010: 2). Further, the language negotiation during the entire consultation serves to maintain a good atmosphere inside the room and potentially develop a good relationship in the long term.

3.2. GALICIAN HEALTHCARE SYSTEM

According to the *Lei de normalización lingüística de Galicia* (Galician Linguistic Normalization Law), passed in June 1983, Galician and Spanish are both official languages in Galicia. Galician citizens have the right to use both languages to interact, orally or in writing, in public domains, including the healthcare system. However, Galician is the official institutional language in Administration and Public Entities that depend on the Xunta de Galicia (Galician Government)⁹⁴.

The *Plan xeral de normalización da lingua galega* (General Plan for the Normalization of the Galician Language, hereafter PNL) was approved unanimously by the Galician Parliament in September 2004⁹⁵. The PNL is considered one of the most important advances in extending the social use of Galician, after the approval of the *Galician Linguistic Normalization Law* in 1983. This document includes 400 concrete measures to promote the use of Galician in different areas of society, divided into two parts⁹⁶:

⁹⁴ Law 1/1981 of the Statute of Autonomy of Galicia, ratified on April 6 1981. The language general law is included in Article 5. Regarding the language use in public domains, we can find this Article 6, Section 1 (Law 3/1983, *Lei de normalización lingüística de Galicia*). Concerning the institutional language: Article 4, Section 1, Law 3/1983.

⁹⁵ More than 70 people representing different Galician social areas participated in the writing over more than two years. Further, 26 personal interviews and 959 questionnaires were collected to enrich the project. (PNL, 2006 :27)

⁹⁶ Structure of the PNL, 2004: pp. 41-47. Regarding Area 5 - healthcare: pp. 163-189. Retrieved from: https://www.lingua.gal/c/document_library/get_file?folderId=1647062&name=DLFE-8928.pdf.

- *Transversal topics*: linguistic rights; new technologies; and linguistic resources; and
- *Vertical areas*: administration; education, family and youth; media and cultural industries; the economy; **healthcare**; society; and external language projection.

Focusing on healthcare, the PNL includes three general aims to raise awareness and defend the use of Galician in different medical domains: public and private healthcare, pharmacy, veterinary and medical associations (PNL, 2006: 171).

- To promote health and assistance services using the patient's first language.
- To avoid any linguistic discrimination against or hindered for using Galician in their relations with health institutions, respecting individuals' linguistic and cultural rights⁹⁷.
- To promote the general use of the Galician language in healthcare.

3.2.1. Galician in Medicine

A Galician degree in Medicine can only be obtained at the University of Santiago de Compostela (USC). According to recent data from the USC (academic year 2020-2021), only 2.36% of teaching hours in Medicine are held in Galician. This low percentage, provided by the Commission for Linguistic Normalization (CNL) of the Faculty of Medicine and Odontology of the USC, is attributed to the large number of students from outside Galicia who "sometimes contribute to consolidate and increase the linguistic prejudices of the Galician students" and, therefore, perpetuate the tradition of offering education mainly in Spanish⁹⁸. Having studied Medicine in Spanish, new physicians might readily embrace Spanish as their professional language. As explained in greater detail in the analysis, in our data it is possible to observe how Spanish is the preferred language for interactions between equals or with ascendent hierarchy (§5.2.3.).

From the language policy perspective, the PNL advocates for the increased use of Galician in medical facilities, if this is the language spoken by the patient, because "the use

⁹⁷ The fundamental right not to be discriminated against on the basis of language is enshrined in the 1981 Statute of Autonomy of Galicia (Article 5, Section 4). Full text under: <https://www.xunta.gal/estatuto/titulo-preliminar>.

⁹⁸ Data provided by the Commission for Linguistic Normalization (CNL) (Comisión de Normalización Lingüística) of the Faculty of Medicine and Odontology at the USC. Retrieved from: <https://www.usc.gal/gl/xornal/novas/boa-medicina-campana-sensibilizacion-curar-prexuios-galego>. The CNL promotes periodic campaigns to promote the use of Galician in the faculty. One of the latest (2021) titled "A boa medicina" ("The good Medicine") proposes a visual campaign with posters in the faculty lobby with the "four recipes for good medicine": 1) "The robe, very clean and curious" (professionalism); 2) "The pockets of the robe, large" (emotions); 3) "The ears, to listen" (attention); 4) "To speak, languages" (communication). The last two "recipes" are focused on the multilingualism present in their present as Medicine students and in their future as healthcare workers. Good medicine means good communication, regardless of the language in which it is included, "also ours, Galician". (Campaign's website, retrieved from: <https://www.usc.gal/gl/servizos/area/normalizacion-linguistica/promover/campanas-dinamizacion-linguistica/boa-medicina>).

of Galician will improve the relationship between doctor and patient and the efficiency of the healthcare work” (PNL, 2006: 166). This official guideline insists that professional competence sets a distance from the patient, comparing this distance effect with using Spanish instead of Galician. The comparison alludes to the sociolinguistic dichotomy between Spanish (distancing language-formal use) versus Galician (proximity language-informal use) (§5.2.). The PNL emphasizes that Spanish is not a language that serves as a means to keep the distance between doctor and patient with a “therapeutic efficacy” (PNL, 2006: 166)⁹⁹. The physicians and other healthcare workers are presented as the actors who must negotiate which language to use in the medical encounters, since they indicate that their “position of technical superiority” makes it easier for them to open the dialogue in Galician and, if necessary, switch to Spanish. PNL calls this a “linguistic proximity to the patient” (PNL, 2006: 167). Ultimately, healthcare is considered a critical domain “for the maintenance and recovery of the Galician language,” sustained in two justifications. The first reason is that healthcare has a high social value, and it serves as an exemplary sector. The second reason is that citizens interact more frequently with personnel in this sector than in others. Therefore, the promotion of Galician in this sector has a more significant impact than in other sectors.

3.2.2.1. Strengths and Weaknesses

The argumentation regarding the use of Galician in healthcare presents strengths and weaknesses in healthcare. The PNL critically analyzes the state of the language in this use domain (PNL, 2006: 167-171). The strengths are oriented towards the theoretical advantages that the use of Galician in healthcare has, but the weaknesses refer to the actual application of those advantages by healthcare workers and patients (see Table 2)¹⁰⁰.

	AREA	STRENGTHS	WEAKNESSES
A	Legal status	• Legal framework to use and promote Galician.	• Insufficient regulation in the protection of the user's Galician language. • Not enough campaigns and internal support and promotion.

⁹⁹ The official document provides a metaphorical explanation: “O castelán non é unha lingua áulica que garanta por distanciamento un placebo de eficacia terapéutica”. In English: “The Galician language is not a courtly language that guarantees, through distance, a placebo of therapeutic efficacy”. (PNL, 2006: 166).

¹⁰⁰ The data were updated to 2022.

	AREA	STRENGTHS	WEAKNESSES
B	General use and knowledge	• (IGE 2003) Majority use of only/more Galician (Two thirds of the population, 61.2%) and ca. 20% of hidden use¹⁰¹. • (IGE 2003): Knowledge (Good or very good): 89.57%. (IGE 2018): Stable (88.05%).	→ (IGE 2018) Use: drastic reduction (only/more Galician): 41.88%.
C	Use and competence in healthcare	• Very good oral professional competence by the majority of the healthcare workers. • Improvement in written competence due to an increase of Galician courses. • High knowledge of Galician by the majority of students and professors in Medical School. • More use of Galician with the patient. More positive attitudes. • Public protocolary use of healthcare managers.	• Insufficient correspondence between the language of healthcare personnel and patients. • Almost any presence of Galician in Medical School (2.36% of teaching hours) or scientific communication (preferably Spanish or English). • Less use in the private sector. • Healthcare managers of lower rank use more Galician than those of higher rank. • Increased mobility of healthcare personnel: more employees come from outside Galicia and Spain.
D	Official written use	• All normative documentation is in Galician (all levels from the Health Council to the daily practice). • Signage in Galician. • Official publications and software are in Galician.	• Patient's records, medical histories and prescriptions are often filled in Spanish (with a template in Galician). • External software and new forms/signs are usually in Spanish.
E	Linguistic Resources/Support	• New publications: Galician Dictionary of Medical Terms (2002), Galician Medical Vocabulary (2008), Manual of Style for Professionals of the Galician Health Service (2015), among others¹⁰². • There is a Commission for Linguistic Normalization (CNL) in the Faculty of Medicine and Odontology at the USC.	• Very few publications in Galician. • Insufficient linguistic resources (textbooks, etc.). • Lack of knowledge of popular vocabulary related to the medical profession.
F	Pharmacy/Drugs	• Rural pharmacies use more Galician in the day-to-day relationship with clients.	• Drug packaging and their instructions are never in Galician. Rare use of Galician in the writings of the pharmaceutical associations.

Table 2: Strengths and weaknesses of Galician in healthcare
Data from PNL 2006, updated to 2022. Own elaboration

¹⁰¹ The document refers to "hidden speakers" when describing Galician-dominant speakers who try to speak in Spanish, even though they might be recognized by other Galician speakers as "hidden speakers" (PNL, 2006: 166).

¹⁰² The language standardization service (Servizo de Normalización Lingüística) of the University of Santiago de Compostela offers a complete list of the resources available for each area of knowledge, including health sciences: https://www.usc.gal/gl/servizos/snl/terminoloxia/biblio-term_SAU.html. See 2.2.2. for the partial analysis of the content of the Style Manual for Professionals of the Galician Health Service (Manual de Estilo para profesionais do Servizo Galego de Saúde, SERGAS).

The potential use of Galician in healthcare is promising due to the high awareness of its importance among all stakeholders—political sectors, medical and non-medical personnel, and health service users—highlighting its value in providing a better healthcare service. Likewise, its use is promoted in all documentation, signage, external communication, and publications. However, this possibility of use does not imply a fundamental change in day-to-day communication. Galician has practically no presence in the medical school or in interactions in clinics and hospitals. Moreover, its written use is also limited, despite the availability of software and templates in Galician in the Galician public health system.

3.2.2.2. Galician in Primary Care Clinics

The *Observatorio da Lingua Galega* (Observatory of the Galician language, hereafter OLG) presented in 2008 a follow-up report to explain the situation of Galician in healthcare. The Observatory defined it as a paradigmatic setting because the medical domain is considered a “prestigious, formal and cultivated domain” (Report OLG, 2008: 11). The report focuses on three different health contexts: hospitals, primary care clinics, and pharmacies¹⁰³. Following the focus of interest of this work, we concentrate on the results obtained in primary care clinics. The data were collected through surveys and at expert panel meetings. In total, a telephone survey was carried out in 220 of the 494 primary care facilities throughout Galicia¹⁰⁴. The four main topics in the questions were oral communication, written communication, and language attitudes (Report OLG, 2008: 60-87).

Oral communication: According to the respondents, Galician is the preferred language when interacting with patients (approximately 60% prefer Galician vs. 40% Spanish). However, Galician is used less frequently in internal communication between peers. The data shows an inverse relationship between rank and the use of Galician. While 32-33% of medical personnel and managers speak Galician, 47.5% of administrative staff claim to speak it. Consequently, internal meetings are mostly conducted in Spanish (68%) due to the predominance of Spanish-speaking managers.

¹⁰³ To the best of our knowledge, the 2008 report is the last one published by the institution and is therefore the most recent. The original title is “Situación da lingua galega na sociedade: Observación no ámbito da sanidade” (“Situation of the Galician language in society: Observation in the healthcare domain”). The Observatorio da Lingua Galega, founded in 2007, is part of the Secretaría Xeral de Política Lingüística da Xunta de Galicia (General Secretariat of Linguistic Policy of the Xunta de Galicia). The main goal of the Observatorio is “to obtain first-hand knowledge on the situation of the Galician language in Galician society”, as well as “to contribute to the linguistic diversity of the world and to promote regional minority languages”. All the reports are published open-source on their website (www.observatoriodalingua.gal), but since the government change in 2009, the Observatorio da Lingua Galega has not published any new report.

¹⁰⁴ There are 463 clinics in Galicia, according to the National Healthcare System (2022): <https://www.sanidad.gob.es/estadEstudios/sanidadDatos/tablas/tabla16.htm>.

In 90% of the clinics surveyed, no official criteria, rules, or norms exist that regulate language choice. Nonetheless, they affirm that in spoken patient care, Galician is the default language used 72.2% of the time. Additionally, 27.8% of professionals claim to accommodate the patient's language, whether they speak Spanish or Galician. No informant reports Spanish as the default language.

Besides Galician and Spanish, other foreign languages are also occasionally used in Galician primary care facilities. The multilingual communication occurs in interactions with migrants without knowledge of Spanish and Galician. The data indicate that 83.3% of the informants used English to solve a multilingual interaction, while 35.2% opted for French, and 27.2% used the neighboring language, Portuguese.

Written communication: Despite the official efforts to promote the local language in public domains, oral Galician is found to be used approximately twice as frequently compared to written Galician in these domains ($\cong 60\%$ vs. $\cong 30\%$). In contrast, corporate communication, for example, official paperwork, prospects and other documentation, is mainly in Galician (between 74%-84%). Furthermore, almost all of the external and internal signage is in Galician (82.6%). The percentage increases in signage of the clinic's names, as 95.3% are in Galician. On the other hand, internal documentation and software are presented in both languages. The percentage of Galician in these resources varies from 41% in software to 63.8% in course materials.

The informants are aware that this lower incidence of Galician in written communication may be due to a lack of linguistic competence. They associate writing with the standard variety of Galician, while oral communication is usually carried out in the dialectal varieties. The need to improve written competence in Galician is acknowledged by 63.2% of the medical centers, but no center encourages in-house language training.

Language attitudes by doctors: Six of every 10 informants (63.6%) consider that using Galician is an advantage for workers in primary care, especially when dealing with elderly patients. A similar proportion (59.1%) believe that the situation of Galician is the same as five years ago, and 20.5% consider that the use of Galician has increased. Moreover, 89.6% think that the use of Galician in primary care will not increase in the next five years. Nonetheless, only 17.2% think that the level of Galician in their premises is deficient, while 27.3% consider the level to be "normal" use, and 60% think it is very sufficient.

3.2.2. Language Use with Doctors

The PNL hints at the reasons behind the language choice and language behavior inside the doctor's office. This official document indicates that patients may hide that they are

Galician speakers as part of an old prejudice that speaking in Galician would be counterproductive for the patient in a situation of vulnerability. As Spanish may be understood as the ordinary language for a well-educated doctor, a "higher being", using the term used in the PNL (p. 166), the thought is that a doctor will be keener to provide technical help if the patient speaks in Spanish. According to the PNL, this behavior can be categorized as a communication strategy, one associated with older patients (PNL, 166).

According to the official data provided by the Instituto Galego de Estatística (IGE), a tendency to speak more Spanish in specific domains is observed (see Figure 10). Speaking in Spanish with doctors or in banks ranks second (+41%) in settings where Spanish is more used generally, surpassed only by communication with their children's teachers (+63%). These data can be interpreted as Galician speakers tending to choose Spanish when going to the doctor, as opposed to speaking their everyday language.

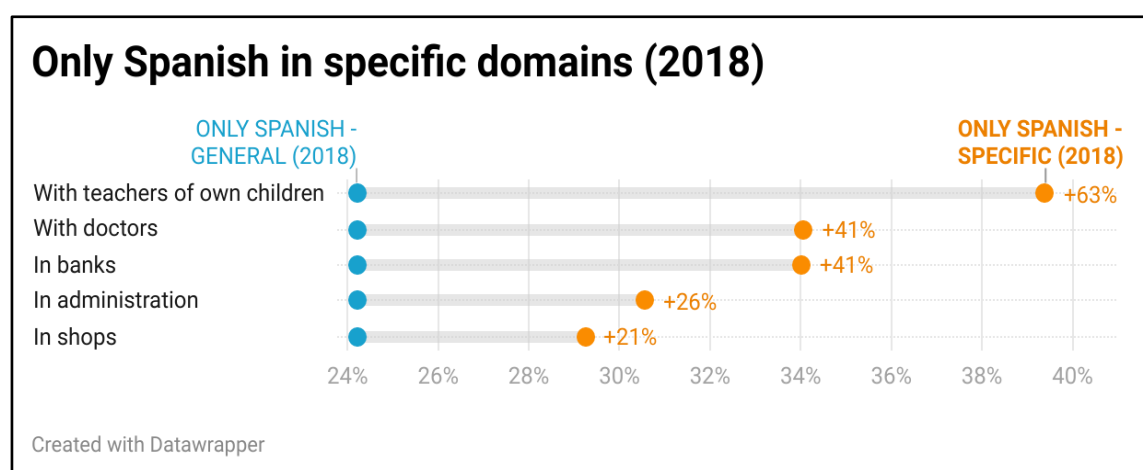
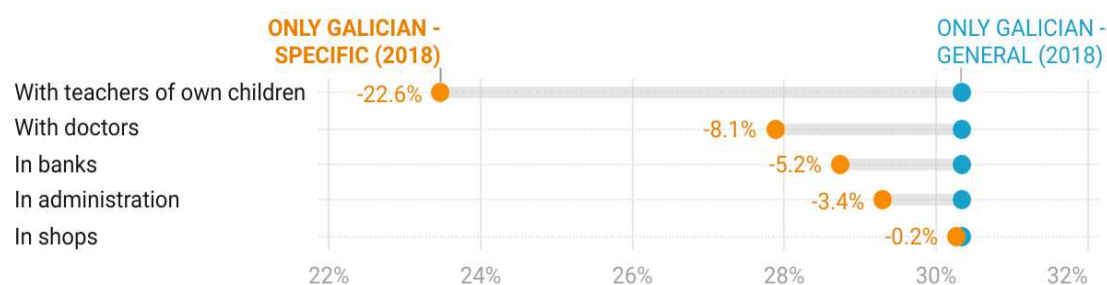


Figure 10: Comparison of "Only Spanish" in general and specific domains
Data: IGE, 2018 (own elaboration)

Consulting the same data regarding the use of only Galician, the difference between everyday use and the specific use in certain domains is less pronounced than for the exclusive use of Spanish (see Figure 11). However, the health domain is again in second place, behind talking with the children's teachers at school. The healthcare domain is 14 percentage points behind first place, as 8.1% of the informants admit not using their everyday language, i.e., Galician, when they go to the doctor.

Only Galician in specific domains (2018)

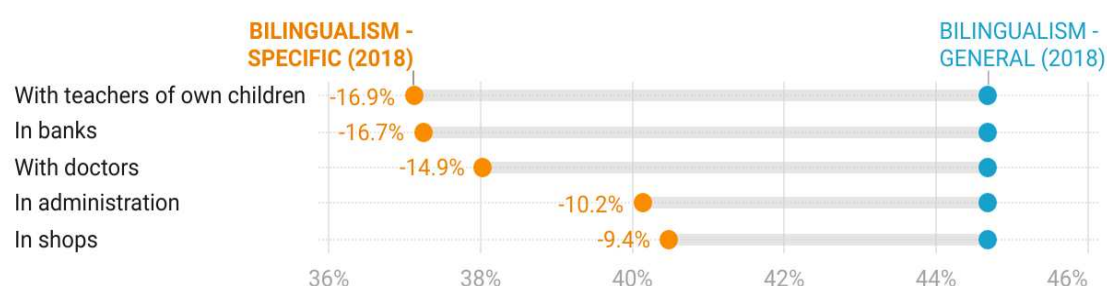


Created with Datawrapper

Figure 11: Comparison of “Only Galician” in general and specific domains
Data: IGE, 2018 (own elaboration)

In addition to their monolingual interactions, some speakers talk in both languages daily, typically favoring one (more Galician or more Spanish)¹⁰⁵. Compared to general use, bilingual practices are reduced by almost 15 percentage points in medical practice. The healthcare domain is in third place, behind talking with the children’s teachers and interacting in banks. Figure 12 suggests that speakers prefer monolingual practices in specific communicative situations. This may indicate that speakers associate the use of a particular language use with a certain domain. As already seen, in the case of healthcare, Spanish has a more significant presence than Galician.

Bilingualism in specific domains (2018)



Created with Datawrapper

Figure 12: Difference of bilingual practices in general use and specific domains.
Data: IGE, 2018 (own elaboration)

Bilingualism in a specific context varied significantly in the 15-year span between 2003 and 2018, increasing substantially in all contexts. These data indicate that 20 years ago, the tendency to choose or alternate between Galician and Spanish in specific use contexts was less common than today. After interactions in banks (37% more in 2018 than in 2003),

¹⁰⁵ The percentages were calculated with the sum of the numbers of speakers of more Galician and more Spanish. Data from the IGE (2003 and 2018 survey).

the healthcare domain is the context of use where bilingual practices have increased the most (39% more in 2018 than in 2003). This increase is substantially higher than the incidence of bilingualism in everyday use (21% more in 2018 than in 2003).

Focusing on linguistic uses in medical practice, significant changes can be observed in the last two decades (see Figure 13). Monolingual practices in Galician have dropped notably (30% less in the 15-year span), monolingual practices in Spanish have been stable in that period (4% more since 2003), and bilingualism is rapidly gaining ground (between 30% and 49% more).

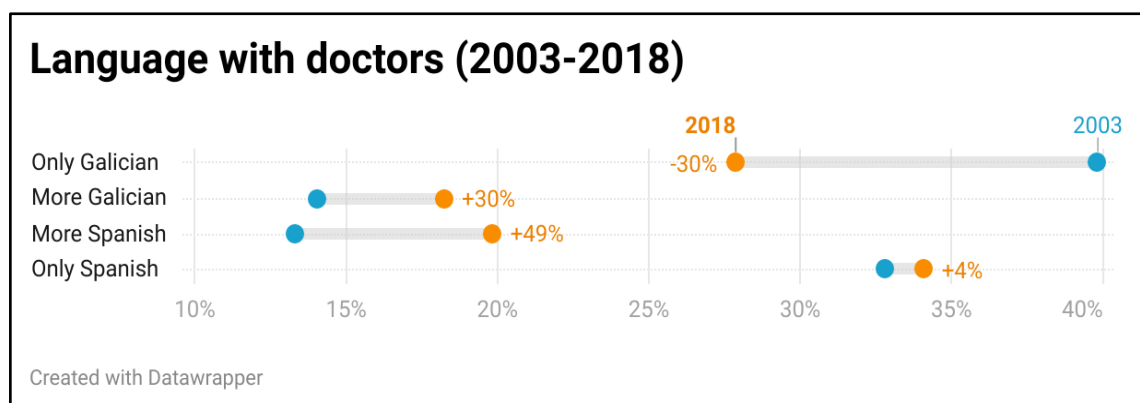


Figure 13: Language use with doctors in 15 years span
Data: IGE, 2018 (own elaboration)

The linguistic shift in the last two decades is evident. This change is towards Spanish, which can be seen in a clear-cut way if we compare the everyday language with the language used with the doctor (Figure 14). Speakers of Only Spanish and More Spanish are totally consistent in their language choice. Only 5.39% of speakers of More Spanish and 0.43% of monolingual Spanish speakers use Galician in consultations. In contrast, 6.88% of monolingual Galician speakers and 34.12% of bilingual speakers with a predominance of Galician admit to using Spanish when interacting with the physician.

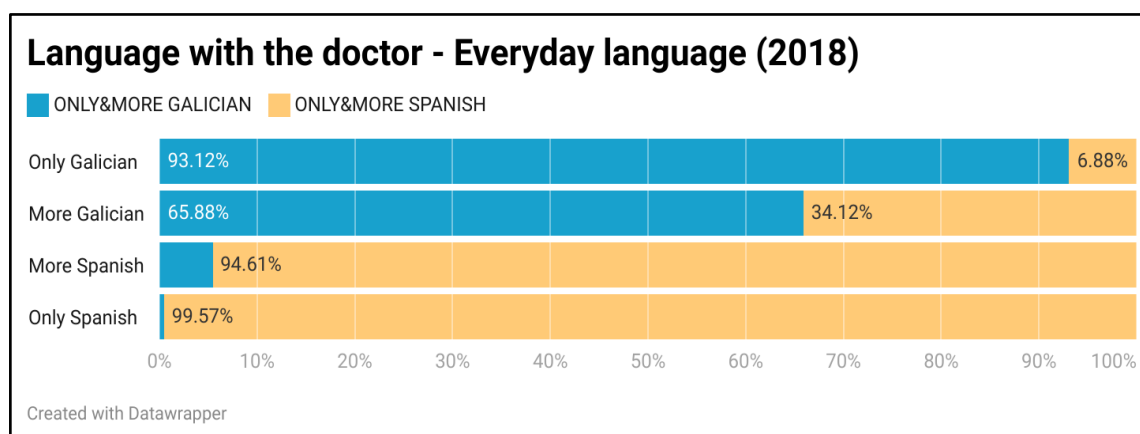


Figure 14: Language used with doctors divided by the everyday language
Data: IGE, 2018 (own elaboration)

The healthcare domain is one of the most dynamic areas of linguistic use and one of the points of displacement of Galician in favor of Spanish. Therefore, the healthcare domain is a focus of research interest, particularly with its fast evolution in the last two decades. The monolingual practices in Spanish are increasing exponentially, while the use of Galician is falling, and the bilingual practices are scaling positions rapidly. Galician speakers are at the center of this linguistic shift, abandoning their usual language to interact with doctors.

3.2.3. Linguistic Legal Rights

Independently of where they receive medical counseling, patients have the right to be assisted in a language in which they can better communicate. The right to health is a fundamental human right, and it is part of the main goals of the United Nations. The legal right comes together without any discrimination based on different grounds, including language, as stated in **Fact Sheet 31**:

Non-discrimination and equality are fundamental human rights principles and critical components of the right to health. The International Covenant on Economic, Social and Cultural Rights (art. 2/2) and the Convention on the Rights of the Child (art. 2/1) identify the following non-exhaustive grounds of discrimination: race, colour, sex, **language**, religion, political or other opinion, national or social origin, property, disability, birth or other status. (The right to health, Fact Sheet 31: 7).¹⁰⁶

The right to receive proper healthcare includes the possibility, for those who do not speak the same language(s) as the healthcare personnel, to solicit linguistic support. The same right is applied within official bilingual communities, but not only as a means to overcome a lack of linguistic competence. Official bilingual regions must preserve the use and knowledge of both official languages, in our study case, the national Spanish and the local Galician.

Galician regained its place in the public arena with the Spanish Democracy in 1975, established with the promulgation of the Spanish Constitution of 1978¹⁰⁷. In 1983, the Law of Linguistic Normalization (*Lei de Normalización Lingüística*) was enacted. With the 1983 Law, the lawful use of the language was reinstated and explicitly protected in public domains in which it had previously been banned: schools, media, and healthcare. Galicians

¹⁰⁶ Fact Sheet number 31 issued by the Office of the United Nations High Commissioner for Human Rights and the World Health Organization.

¹⁰⁷ The right to receive health care in your language extends to the general right to receive information concerning your health and healthcare service, which was included in the Spanish Constitution of 1978. Other laws that include the right of communication in Galicia until today are the following (chronological order): General Law of Healthcare (Law 14/1986); Basic law regulating patient autonomy and the rights and obligations regarding clinical information and documentation (Ley 41/2002); Law on the cohesion and quality of the National Health System (Law 16/2003); Law of Health in Galicia (Law 8/2008).

have the right, but not the obligation, to use Galician in public domains (Article 6, Section 1).

Lei 3/1983 de Normalización Lingüística (*Law of Linguistic Normalization*)

Article 4 (Section 1): Galician, as Galicia's own language, is the official institutional language of the Autonomous Region, its Administration, Local Administration, and Public Entities depending on the Autonomous Region. (Section 2) Castilian (Spanish) is also the official language of the State.

Article 6 (Section 1): Citizens have the right to use Galician, orally and in writing, in their relations with the Public Administration within the territory of the Autonomous Region.

Therefore, if patients have the right to use Galician in a medical consultation, we could presume that healthcare providers must have sufficient language competence in Galician. However, the previous law also applies to healthcare providers, and they do not need to have previous knowledge of Galician. Regarding the public healthcare system (SERGAS), yearly examinations are held to recruit healthcare workers as civil servants with lifetime contracts until retirement. While the general call includes a Galician language requirement, fulfillment of this requirement is deemed to add merit, but it is not an exclusion requirement. If the candidates have studied secondary school in Galicia, they have an equivalent to a CELGA 4, the official examination corresponding to the C1 level in Galician (according to the CERF¹⁰⁸). If not, the official examination includes a language test to assess the level in Galician (see Call 2021 for public employment). The Galician language test is mandatory and gives the candidate extra points (5 out of 60 points), but here too, it is not a reason to discard a candidate if he/she fails the test¹⁰⁹.

Call 2021 for public employment (SERGAS / Galician Public Healthcare Service):

Article 7: Accreditation of knowledge of Galician language. In order to comply with the standardization of the Galician language and to guarantee the right of the users of the different

¹⁰⁸ Common European Framework of Reference for Languages: Learning, Teaching, Assessment, abbreviated in English as CEFR or CEF or CEFRL. The CERF describes foreign language proficiency at six levels: A1, A2, B1, B2, C1 and C2. Full document under: <https://www.coe.int/en/web/common-european-framework-reference-languages>.

¹⁰⁹ The test consists of ten multiple-choice questions and the examinees have fifteen minutes to answer this exercise worth five points in total. The requirements to apply for a position in the public health sector changed with the local government, which shifted from a coalition between socialists and nationalists (2005-2009) to a conservative government (2009-today). The last call with the previous government included Galician knowledge as a requirement, as we can read in Article 7 (Decree 199/2008): "Accreditation of knowledge of Galician language. In order to comply with the standardization of the Galician language and to guarantee the right of the users of the different health services of the Galician Health Service to its use as well as the promotion of the normal use of Galician by the public authorities of Galicia, the knowledge of the Galician language will have to be accredited in the terms established by the corresponding calls for applications". Full text available at: https://extranet.sergas.es/opewb/docs/gal/Personal/Doc/OPE/Decreto_oferta_feas_G-2008112711141_gal.htm. In contrast, candidates to a public employment in healthcare in Catalunya, Basque Country, Navarra, and Valencian Community must have accredited a language proficiency to be a public healthcare worker.

health services by the public authorities of Galicia, in the selective tests that are called in the development of this call, a Galician language exam will be included, except for those applicants who accredit their knowledge of Galician language according to the current regulations. The bases of the calls for the selective processes will establish the nature of this exam and the assessment of this test, and the equivalent accreditation of the knowledge of the Galician language.

In summary, the current situation of bilingual healthcare in Galicia presents strengths and weaknesses. The following list provides a summary with 10 of the foremost ideas collected from the aforementioned official reports:

- The PNL includes healthcare as one of the main areas to promote the use of Galician.
- Galician has a minor presence in the Medical School program (USC): 2.36% in the academic course 2020-2021.
- Communication in Galician in primary care clinics occurs more often in oral than in written form.
- Spanish is the preferred language for interactions between peers.
- Healthcare professionals claim to use Galician as the default language to interact with patients.
- Six of every 10 healthcare professionals consider the use of Galician to be an advantage for workers in primary care, especially in treating elderly patients.
- The healthcare domain has favored a fast displacement of Galician in favor of Spanish in the last two decades (2003-2018). Despite this, healthcare providers assert that they use Galician as the default language when addressing patients.
- Patients and doctors have the right to use either Spanish or Galician in the doctor's office.
- Galician is not a requirement for becoming a public healthcare worker.

According to these data, Galician is in a situation of inferiority with respect to Spanish in the field of health in Galicia. The public authorities do not seem to sufficiently support the presence of Galician in two fundamental contexts to favor its subsequent use in consultations. The first is the academic setting in medical school, and the second is the public hiring process, where knowledge of Galician is considered a merit, yet lack of Galician competence is not a factor for employment exclusion.

3.3. LANGUAGE NEGOTIATION

Language negotiation is a communicative tool available to bilingual speakers from the same speech community whose first languages do not match. However, the negotiation can be explicit or implicit. Implicit negotiation is the one where language alternation does

not occur. In this case, the speakers do not share the same language but “implicitly” accept the situation because of mutual understanding, i.e., each speaker speaks one language and neither accommodates. On the contrary, explicit negotiation is when at least one speaker alternates languages with or without returning to their primary language. In total, the linguistic behavior in a Galician use context, i.e., a medical consultation, can follow six different patterns combining all the options with the two co-official languages: Spanish (in the table as X) and Galician (in the table as Y):

- **No apparent negotiation:** *Option 0*, where both speakers speak the same language: Galician or Spanish. This pattern can be applied by monolingual or bilingual speakers.
- **With implicit negotiation:** *Option 1*, where each speaker speaks a different language, either Galician or Spanish. This pattern applies only to passive bilingual speakers (those who understand both languages and may or may not be fluent in them) or active bilingual speakers (speakers who are able to accommodate the other speaker’s language, but choose to maintain their preferred language in a situation of mutual understanding).
- **With explicit negotiation:** *Options 2-5*, where speakers switch between Galician and Spanish. This pattern applies only to active bilingual speakers.

The six possible language combinations are displayed with examples in Table 3 below. Options 0 and 1 are presented with white backgrounds since they are not the focus of this research, which is language negotiation, particularly interactions where the doctor, the patient, or both alternate languages. The contexts with code-switching (explicit negotiation) are present in *Option 2* to *Option 5*:

OPTIONS	LANGUAGE BEHAVIOR	MOTIVATION	EXAMPLE ¹¹⁰
<i>Option 0</i>	No apparent negotiation: Both speakers speak the same language (either X or Y)	Concordance. No need to switch.	Doctor: <i>¿toma la medicación como le dije?</i> Patient: <i>yo sí, doctor. Lo hago como me dijo.</i> Doctor: <i>muy bien, ¡bien hecho!</i>
<i>Option 1</i>	With implicit negotiation: Doctor speaks X / Patient speaks Y	Mutual understanding. No need or (expressed) wish to switch.	Doctor: <i>¿toma la medicación como le dije?</i> Patient: <i>eu si, doutor. Fágoo como me dixó.</i> Doctor: <i>muy bien, ¡bien hecho!</i>

¹¹⁰ Own elaboration. All examples in this table are entirely fictional. They show a fictitious interaction between two bilingual speakers – a doctor and a patient –, who speak Galician and Spanish.

Option 2	With explicit negotiation: Doctor speaks X / Patient switches from Y to X	The patient accommodates to the doctor's language preference (X). No return to the original language.	Doctor: <i>¿toma la medicación como le dije?</i> Patient: <i>eu si, doutor. Fágoo como me dixo.</i> Doctor: <i>muy bien, ¡bien hecho!</i> Patient: <u>¿tengo que hacer algo más?</u>
Option 3	With explicit negotiation: Patient speaks X / Doctor switches from Y to X	The doctor accommodates the patient's language preference (X). No return to the original language.	Doctor: <i>¿toma la medicación como le dije?</i> Patient: <i>si, doutor. Fágoo como me dixo.</i> Doctor: <u>moi ben, ben feito!</u>
Option 4	With explicit negotiation: Patient <u>OR</u> doctor switch between X ↔ Y	Doctor <u>OR</u> patient switches back and forth, fulfilling different social/discursive functions.	Doctor: <i>¿toma la medicación como le dije?</i> Patient: <i>eu si, doutor. Lo hago como me dijo.</i> Doctor: <i>muy bien, ¡bien hecho!</i> Patient: <i>Y tengo que hacer...algunha cousiña máis?</i>
Option 5	With explicit negotiation: Patient <u>AND</u> doctor switch between X ↔ Y	Doctor <u>AND</u> patient switch back and forth, fulfilling different social/discursive functions.	Doctor: <i>¿toma la medicación como le dije?</i> Patient: <i>eu si, doutor. Lo hago como me dijo.</i> Doctor: <i>muy bien, ben feito!</i> Patient: <i>y tengo que hacer...algunha cousiña máis?</i>

Table 3: Possible language behavior in a bilingual medical consultation in Galicia.
Own elaboration

Option 0 refers to a communicative context where negotiation is unnecessary because both speakers share the same language, either X or Y. This scenario typically occurs when the everyday language of the doctor and the patient is the same. For example, María goes to the doctor to check the results of a blood test. She is a Spanish-dominant speaker and uses Galician during the consultation. Doctor Couto, who is also a Spanish-dominant speaker, communicates in his preferred language, Spanish, in his workplace. There is no apparent negotiation since both are Spanish-dominant speakers. However, it might be the case that the doctor, despite having Spanish as his preferred language, sees that Carmen, a Galician-dominant speaker, is the next patient on the list. As a result, he begins speaking directly in Galician from the moment she enters the room. Thus, this second consultation takes place only in Galician.

In *Option 1*, both active and passive bilingual speakers converse in their preferred language. As mutual comprehension is not an issue, there is no need, nor apparent wish to shift to the other's preferred language, because both speakers are competent bilinguals and

they maintain this option throughout the entire interaction. Both speakers agree to respect the other's selection because both can understand each other without any problem. We refer to this as implicit negotiation, as both parties tacitly accept the bilingual interaction. This behavior is widespread in Galicia in all private and public domains (§5.1.3.). Using the same fictitious example, this would be the case if Doctor Freire's daily language is Spanish. She has been Teresa's doctor for years and knows her patient is a Galician speaker. They maintain their preferred languages during the consultation based on this long-term relationship and mutual understanding.

From *Options 2* to *5*, the speakers negotiate in each interaction their language preferences through the alternation between Spanish and Galician. The options between 2 and 5 require that one or both speakers switch from one language to another. Options 2 and 3 are generally early language alternations to accommodate to the other speaker's language, usually at the beginning of the interaction. Thus, there is no return to the original language. In the previous example with the patient Teresa Castro, we can imagine a similar situation: Doctor Freire is on vacation, and Doctor Fraga will cover for her. She does not know Teresa usually speaks Galician, so she greets her in Spanish. Teresa answers in Galician, which triggers the language alternation by Doctor Fraga. The rest of the consultation takes place in Galician.

Options 4 and *5* are language alternations throughout the interaction back and forth, pursuing different socio-discursive functions. One speaker or both explicitly negotiate the interaction by employing code-switching. In our previous example, Doctor Freire, despite having Spanish as her preferred language, can also speak Galician. She switches to Galician with Teresa to make some jokes, which allows her to keep a relaxed atmosphere inside the doctor's office.

3.4. SUMMARY

In this chapter, we have discussed bilingual medical consultations, which involve interactions between a doctor and a patient conducted in two languages. These consultations occur in either bilingual or multilingual regions or due to global migration. We analyzed bilingual settings, focusing on healthcare as a communicative context characterized by oral or written discourse, public or private domains, and official or non-official language policies. Medical consultations, as a semi-informal and professional encounter, exhibit unique characteristics like a fixed spatial setting, predefined structure, and asymmetrical, but dynamic roles between doctors and patients.

We evaluated the dynamics of bilingualism in healthcare, emphasizing the interaction between doctors and patients. Communication in medical consultations is crucial,

involving instrumental and interpersonal goals. Good communication skills are fundamental for effective service delivery, encompassing both the science and the art of medicine.

The chapter outlines various strategies to overcome linguistic barriers, including personal communicative resources (linguistic repertoire, body language, extra-linguistic techniques) and mediated communication (professional or ad hoc interpreters, multilingual written support). Code-switching emerges as a significant strategy, enhancing communicative effectiveness and building rapport between doctors and patients.

The second part focuses on the Galician healthcare system, our study case, that operates under bilingual policies established by the Galician Linguistic Normalization Law of 1983, allowing the use of both Galician and Spanish languages. The General Plan for the Normalization of the Galician Language (PNL, 2006) aims to promote the use of Galician in various sectors, including healthcare. However, the use of Galician in medical education and practice remains limited, with only 2.36% of medical classes at the University of Santiago de Compostela taught in Galician (course 20-21).

In primary care clinics, Galician is predominantly used for oral communication with patients, while written communication often defaults to Spanish. Nonetheless, the use of mostly Galician to talk with the doctor decreased in the last two decades, but bilingualism increased substantially. There is a disparity in language use among healthcare professionals, with Galician used less frequently in internal communications between peers and by higher-ranking managers.

Efforts to promote Galician in healthcare include the production of medical resources in Galician and the establishment of linguistic normalization commissions. Despite these efforts, the actual application of Galician in healthcare settings faces challenges due to insufficient regulation, lack of linguistic resources, and the preference for Spanish in professional interactions.

Legal frameworks support the right of patients to use Galician in medical consultations, yet healthcare providers are not mandated to have prior knowledge of Galician. This has led to a linguistic shift favoring Spanish in healthcare over the past two decades. The need for improved written competence in Galician and the recognition of linguistic rights in healthcare are ongoing issues, highlighting the complex dynamics of language use in Galicia's healthcare system.

Finally, this chapter outlines how bilingual speakers within the same speech community negotiate language choices during interactions, particularly in contexts involving two mutually intelligible languages, such as the case of Galician and Spanish in Galicia. It details six possible language patterns in bilingual consultations, ranging from no apparent

negotiation (monolingual interactions) to explicit negotiation through code-switching between Spanish and Galician.

4. METHODOLOGY

This study analyses code-switching as a communication strategy in which physicians and patients alternate between Spanish and Galician. They negotiate the language throughout the interaction, whether for social, interpersonal, or discursive reasons. Even when no change occurs, the opportunity for language change is a constant.

4.1. DATA COLLECTION

Research on code-switching is usually developed in a delimited bilingual speech community where it is possible to construct boundaries and gradual membership (Auer, 2011: 458; Rampton, 2000). The study took place in the same Galician municipality and data were collected at two different times (2014 and 2021). The selection of this space was based on geographic, demographic, and sociolinguistic factors. It has the following characteristics:

- A small semi-urban town with approximately 10,000 inhabitants, situated within the area of influence of a major Galician city, where the reference hospital is located¹¹¹. The middle size of these populations favors proximity social dynamics, including the doctor-patient relationship.
- Stable evolution of bilingualism over the last two decades (circa 40%) and Galician as the dominant language (approximately 50%) and Spanish-dominant speakers represent the minority, less than 10%.
- There is only one primary care clinic of the municipality, which serves the urban (60%) and rural population (30%), as well as some adjacent rural areas outside the municipality, corresponding the latest to 20% of their patients. The public clinic offers the standard services in middle-size towns: family practice (six physicians), pediatrics (one doctor), midwife, physiotherapy, odontology, and emergency room.

The data collection used in this dissertation combines two different datasets. First, a dataset comprising 586 audio-recorded primary care consultations, as well as semi-structured interviews with the eight family doctors and resident doctors whose consultations were recorded (de Oliveira and Hernández Flores, 2014). Moreover, a second dataset provides 208 questionnaires and 15 semi-structured interviews with a selection of informants (own collection, 2021). The total material processed in this study amounts to circa 102 recorded hours.

¹¹¹ One-third of the population (29.16%) in Galicia lives in municipalities with less than 10,000 inhabitants, which corresponds to eight out of ten Galician municipalities. Due to the sensitivity of the data and the agreement reached with the Ethics Committee of the Galician Healthcare Service (SERGAS), the recording site is kept completely anonymous by the authors, thus safeguarding the identity of physicians and patients.

4.1.1. Audio-Recorded Corpus

The audio-recorded dataset corresponds to the *Corpus de interacción médico-paciente* (de Oliveira and Hernández Flores, 2014)¹¹². To the best of our knowledge, this is the only recent bilingual corpus (Spanish-Galician) with audio-recorded medical consultations in existence¹¹³.

4.1.1.1. Design and Description

Six general practitioners, the pediatrician, and the emergency doctors participated in the recordings. They represent the entire permanent medical staff in this clinic. This dataset comprehends a total of circa 800 consultations. Of these approximately 800 consultations, 586 correspond to the six family doctors (three women and three men)¹¹⁴. In this dissertation, these 586 consultations are analyzed, equivalent to an audio material of 83 hours, 7 minutes, and 40 seconds¹¹⁵. The average duration per consultation is 8 minutes and 31 seconds¹¹⁶.

The sub-corpus of conversations with code-switching contains 178 consultations (30.38%), equivalent to 27 hours, 12 minutes, and 5 seconds of audio material (see Table 4)¹¹⁷.

DOC-TOR	SPECIA-LITY	GEN-DER	N=CONSUL-TATIONS	TOTAL REAL-TIME	AVERAGE DURATION	CONSULTA-TIONS WITH CS	TOTAL TIME CONSULTATIONS WITH CS
Dr. A	Family	M	64	08 h 23 min 19 sec	7 min 52 sec	11 (17.19%)	01 h 38 min 47 sec

¹¹² The corpus was recorded as part of the multidisciplinary project UC-CARE (2013-2016) from the University of Copenhagen (Denmark). The archive number is 514- 0033/194000. I warmly thank Professors Nieves Hernández Flores and Sandi Michele de Oliveira, as well as the University of Copenhagen for their great generosity in providing the data for my use in this dissertation. I will be always grateful for their support, without it, this dissertation would never see the light of day.

¹¹³ The research consortium UC-CARE (2013-2016) was a project mainly financed by the University of Copenhagen that studied the control of antibiotic resistance: forms of knowledge, standards, and technologies in general practice. One of the work packages focused on communication and language as an incidence factor in antibiotic resistance. Professors de Oliveira and Hernández Flores, from the English, German, and Romance Languages Department at the University of Copenhagen, proposed a study in Spain, a country with a high incidence of antibiotic resistance, which was of interest to Denmark as a case study. The research goal was to observe the discursive and socio-cultural dynamics and their impact on medical consultation and the possible prescription of antibiotics (see de Oliveira, Hernández Flores, and Rodríguez Tembrás, 2019).

¹¹⁴ The register and coding of the consultations of the pediatrician and the emergency room remains incomplete to this date (2022). The focus of this dissertation is to analyze medical consultations with family doctors and their adult patients. Thus, the remaining consultations are not relevant to this study. First, the pediatric consultations were not relevant because the patients are children and the accompanying adults are the ones who usually interact with the physician. Second, the emergency consultations involve a non-regular physician, which limits the ability to consider ongoing interpersonal dynamics.

¹¹⁵ Despite their similar working hours (from 8 a.m. to 3 p.m.) with slots of 7 minutes (normal consultation) or 2 minutes (prescription renewal), each doctor recorded a different number of consultations. The main reasons are three: a) Not all doctors had the same number of patients per day; b) not all doctors worked/recorded every day; and c) doctors only recorded a selection of consultations under their discretion. (What about d): Not all patients consented to the recording of their consultation.)

¹¹⁶ This time is similar to the official assigned by the Galician public health system (SERGAS).

¹¹⁷ The total time refers to the duration of the entire consultation in which speakers employ code-switching, not only to the specific turns where speakers switch between Spanish and Galician.

Dr. B	Family	M	122	21 h 43 min 30 sec	10 min 41 sec	32 (26.23%)	05 h 48 min 49 sec
Dr. C	Family	M	61	07 h 09 min 45 sec	7 min 03 sec	16 (26.23%)	01 h 59 min 35 sec
Dr. D	Family	W	119	18 h 21 min 17 sec	9 min 15 sec	23 (19.33%)	04 h 10 min 26 sec
Dr. E	Family	W	88	12 h 49 min 06 sec	8 min 44 sec	57 (64.77%)	09 h 02 min 24 sec
Dr. F	Family	W	132	14 h 41 min 40 sec	6 min 41 sec	39 (29.54%)	04 h 32 min 04 sec
TO-TAL			586	83 h 07 min 40 sec	Mean = 8 min 31 sec	178 (30.38%)	27 h 12 min 05 sec

Table 4: Description of corpus and sub-corpus used in this dissertation
Own elaboration

4.1.1.2. Data Protection, Legal Procedure, and Consent Forms

The data collection followed a strict anonymity policy, as well as a thorough legal procedure to get authorization to record the consultations, involving four levels of permissions¹¹⁸:

- *Galician healthcare authorities (Ethics Committee)*: General project authorization in their public healthcare system¹¹⁹.
- *Clinic managers*: Permission to conduct the study and recordings on their premises during working hours.
- *Healthcare workers*: Request to participate in the study and get permission to record them carrying out their work duties.
- *Patients*: Individual written consent form to be recorded after being informed of the study by the doctor and warned by a sign at the office's door.

All of the healthcare workers allowed the recording, agreed to record their patients once patient consent was given, and accepted being individually interviewed. Physicians reported in the personal interviews the very few and sporadic cases of patients who refused to be recorded. In those cases, the doctor either did not activate the recorder or stopped

¹¹⁸ The researchers working with these data had to sign a legal disclosure document that ensures the data protection and good faith of its use in research. Until the publication of this dissertation, besides the corpus' authors, only the researcher signing this dissertation had access and had analyzed to the primary care consultations. The interactions were recorded without the presence of the researchers (Professors de Oliveira and Hernández Flores, University of Copenhagen) inside the office to not interfere at any time in the natural course of the medical consultation and therefore reinforce the anonymity.

¹¹⁹ The corpus data collection was conducted in accordance with the legal framework of the University of Copenhagen (514-0033/194000) and approved by the Comité Autnómico de Ética de Investigación de Galicia (Servicio Galego de Saúde, SERGAS). Approval Code: 2014/013.

the recording at once, letting the patient know that it was a personal and acceptable decision¹²⁰.

4.1.1.3. Working Process

Due to the sensitivity of the data and the restrictions agreed with the ethics committee, the working process with the corpus has been processed entirely manually, which limited the options and slowed the process. This process was undertaken solely by the researcher. The steps were the following:

- **Register and classification:** Organizing raw audio materials (approximately 120 hours) to select only consultations with family doctors (approximately 83 hours).
- **Audio processing:** Listening to all the consultations, dividing the audio blocks into single consultations, and grouping the consultations divided in more than one file¹²¹.
- **Annotation:** Creating an Excel document with file number, beginning and end of the counter, length, doctor, patient's information, spoken language by patient and doctor, type of patient (going to the doctor's office alone, with a companion, or on behalf of a third party), and a brief explanation of the content (medical issue, communication flow, diagnosis and treatment and any other noteworthy aspects of the consultation).
- **Codification and tagging:** Transforming the data into a .csv document with specific tags for statistical analysis purposes, allowing the computational analysis in Python (see §Appendix B, Section 1).
- **Transcription:** Transcribing consultations with code-switching using the transcription system used by the research group ValEsCo (Valencia Español Coloquial, University of Valencia, Spain) as the basis. All personal names, places, or any information that could identify the participants were anonymized in this process¹²².

¹²⁰ The exact number is unknown because the doctors were not required to register these cases. Nonetheless, some of the physicians mentioned in their interviews the pleasant surprise at the trust their patients demonstrated in them, as nearly all patients consented to being recorded.

¹²¹ Some doctors activated the recorder at some point in the morning and left it running for more than one consultation, sometimes during hours. This circumstance made the recording process more complicated since the audio file had to be divided into fragments. The opposite situation was also encountered, i.e., in some cases, physicians stopped recording the same patient while the patient went to the reception desk to request an appointment or consult with the nurse. In between, they sometimes recorded another patient, which meant listening to the fragments several times to ensure that it was the same patient in a two-part consultation.

¹²² This transcription system is grounded in the traditional transcription conventions utilized in Conversation Analysis (see Jefferson, 1973 and subsequent references). The Val.Es.Co system is widely employed in Spain,

4.1.2. Questionnaires

The second dataset is composed of 208 questionnaires and 15 interviews with a selection of fifteen informants and was collected between 2020 and 2021 in a municipality with the same demographic and sociolinguistic characteristics as the small semi-urban town where the “Corpus de interacción médico-paciente en Galicia” (de Oliveira and Hernández Flores, 2014) was recorded¹²³. The sociolinguistic data allow us to compare findings with the natural language behavior from the corpus, measuring language use, knowledge, and attitudes towards the two official languages and code-switching in Galicia.

The semi-urban towns in Galicia are middle-size population units in between Spanish-dominant cities and Galician-dominant rural municipalities¹²⁴. These municipalities are the scene of a current linguistic shift towards bilingualism in Galicia (Monteagudo et al., 2021: 9). These middle-size municipalities represent 36.4% of the total population. The cities are home to 36.83% and rural areas are losing more and more of their population (26.77%) due to population displacement for work and education.

The small town analyzed has the following sociolinguistic profile, similar to other Galician small towns: approximately 60% of the population always speaks Galician in their daily lives, 35% of the population speaks both Galician and Spanish in their everyday lives, and approximately 5% speaks Spanish. Despite this distribution, according to the last official data (2011), almost all of the population in this unidentified population claims to speak Galician (>95%) and understand Galician (>98%) (Population and Housing Census, INE, 2011).

The questionnaires were designed following the guidelines offered by the PRESEEA methodology (2021 [1996]), the Mapa Sociolingüístico de Galicia (1992, 2004), and the Instituto Galego de Estatística (2018)¹²⁵. This study adopted the following PRESEEA guidelines in order to offer a representative sample “of the universe that is going to serve to the sociolinguistic study” (2021 [1996]: 13):

particularly in research on oral interactions. For a comprehensive list of transcription systems, please refer to: <https://www.uv.es/valesco/sistema.pdf>.

¹²³ Research on code-switching is usually developed in a delimited bilingual speech community where it is possible to construct boundaries and gradual membership (Auer, 2011: 458; Rampton, 2000).

¹²⁴ Galicia has seven cities, densely populated areas over 50,000 inhabitants. The biggest Galician city is Vigo (Pontevedra) with 296,692 inhabitants.

¹²⁵ Moreno Fernández, F. (1996). Metodología del “Proyecto para el estudio sociolingüístico del español de España y de América, PRESEEA”, *Lingüística*, 8: pp. 257-287. Revised version from 2020, available in the project’s website:

[https://preseea.linguas.net/Portals/o/Metodolog%C3%ADa%20del%20Proyecto%20para%20el%20estudio%20socioling%C3%BC%C3%ADstico%20del%20espa%C3%B1ol%20de%20Espa%C3%B1a%20y%20de%20Am%C3%A9rica%20\(PRESEEA\)_Moreno%20Fern%C3%A1ndez%20\(2021\).pdf](https://preseea.linguas.net/Portals/o/Metodolog%C3%ADa%20del%20Proyecto%20para%20el%20estudio%20socioling%C3%BC%C3%ADstico%20del%20espa%C3%B1ol%20de%20Espa%C3%B1a%20y%20de%20Am%C3%A9rica%20(PRESEEA)_Moreno%20Fern%C3%A1ndez%20(2021).pdf)

- The sample uses quotas with uniform affixation to create the need to find informants beyond our circles of influence or people who tend to be interviewed more easily.
- The study case is stratified using three social variables: gender, age, and education level.
- The study assigns a minimum of three informants to each quota (gender, age, and education level, see table in §4.3.2.2.) to allow the tie-breaker.

4.1.2.1. Social Variables: Gender, Age, and Education Level

The three social variables were adapted to the needs of this study as follows:

- **Gender:** Female or male.
- **Age:** This study divides the informants into four groups: 18-34, 35-49, 50-64, and >65, instead of the three generations used in PRESEEA (20-34, 35-54, and >55). As the informants over 50 years old were particularly relevant for this study, we divided them into two groups. The age average in the study case is 46.67 years old, and the age average in the corpus is over 50 years old.
- **Education level:** The education levels are three: primary, secondary, and higher. The first level (*primary education*) covers informants who have completed primary-level education but either left school at that point or have not completed secondary-level education. The second level (*secondary education*) alludes to informants who finished secondary school and may have started, although not finished, higher education. The third level (*higher education*) is for informants with a university/high professional degree or equivalent. In order to process all the statistical information easily, the education options were divided into six levels:
 - Primary A: without any formal education or illiteracy.
 - Primary B: primary school (Educación General Básica (EGB certificate), secondary education not attempted or not completed, or equivalent.
 - Secondary A: secondary school (first level) or equivalent.
 - Secondary B: secondary school (second level), professional education (first level), or equivalent.
 - Higher A: Bachelor's degree, professional education (second level) or equivalent.
 - Higher B: Master's degree or higher.

4.1.2.2. Sample Design

The representative sample was designed with 72 informants distributed in three informants per square to allow the tie-breaker. Each age group counts eighteen informants in equal proportion between men and women and among the three education levels: primary, secondary, and higher (see Table 5).

	18-34 years old		35-49 years old		50-64 years old		>65 years old	
EDUCATION LEVEL	M	F	M	F	M	F	M	F
Primary	3	3	3	3	3	3	3	3
Secondary	3	3	3	3	3	3	3	3
Higher	3	3	3	3	3	3	3	3
TOTAL	18		18		18		18	

Table 5: Sample distribution of 72 informants designed for the questionnaires
Own elaboration

A total of 208 informants answered the online and paper-based questionnaires with 33 questions (see Table 6 below and §Appendix D, Section 1 and 2 for the full questionnaire)¹²⁶. The youngest person was 18 years old (the minimum permitted age), and the oldest was 89 years old, which is a wide-time span (71 years).

GENDER	POPULATION	COUNT	MEAN	STD. DEVIATION	MINIMUM	MAXIMUM
M	Rural	33	42.33	18.03	18	79
M	Urban	28	48.28	20.09	18	89
F	Rural	104	39.15	12.86	20	78
F	Urban	43	43.37	13.24	18	80

Table 6: Statistical description of the sample (208 questionnaires)
Own elaboration

The most prolific informant profile willing to participate in the study was women below 50 years old with secondary and higher education. Due to the ease of participating through the online survey, more responses were received from younger people. Older participants were recruited in person, on-site, one by one, targeting specific sociolinguistic profiles (gender, age group, and education level) to complete the minimum number of participants (3) per category, mostly through paper surveys (the preferred format for older participants) or by providing a QR code for completing the survey on their mobile phones. The researcher collected the remaining participants (the required sociolinguistic profiles) randomly in public spaces in town, such as shops, coffee shops, the local library, the social center, and on the street, first asking about their age and education level¹²⁷. The sample of informants who completed the survey is displayed in Table 7 below¹²⁸:

¹²⁶ With a population size of ca. 10,000 inhabitants, a confidence level of 95% and a margin of error of 7%, the sample size is 193 informants to get representative results. Calculation made with sample size calculator from Qualtrics: <https://www.qualtrics.com/blog/calculating-sample-size/>

¹²⁷ Some profiles were more difficult to find than others, and this responds to the very nature of the community represented. This was particularly the case of two of the profiles. First, the profile of younger informants (18-34 years old) with primary education. Few young Galicians reach the age of majority without any kind of academic certification. Second, the profile of informants over 65 years old with superior education. In particular, those born in the postwar period from the end of the 1930s are less educated than the generations born in democracy, when education became mandatory.

¹²⁸ We discarded one questionnaire of the 209 participants: Survey #118: Male, 44 years old, higher education (master or superior). He is originally from this region, but he currently lives outside Galicia, according to his answers.

	18-34		35-49		50-64		+65	
EDUCATION LEVEL	F	M	F	M	F	M	F	M
Primary	4	4	6	3	7	3	4	4
Secondary	18	5	18	10	7	5	3	3
Superior	28	12	41	6	7	3	3	4
TOTAL	71		84		32		21	

Table 7: Final sample collected for this study (208 questionnaires)
Own elaboration

The sample has the following general characteristics regarding the three main social variables (gender, age, and education level):

- **Gender:** 29,3% are male and 70,7% are female.
- **Population:** 66.3% live in rural areas and 33.7% in the urban area.
- **Education level:** 16.82% have primary education; 33.18% completed secondary school; and 50% of the informants have higher education.

The distribution of participants mirrors that of the overall population in this small semi-urban town, with exactly two-thirds residing in rural areas and one-third in urban areas. The education level distribution among participants is also realistic for such a population, showing a trend toward higher education levels in the newer generations¹²⁹.

4.1.2.3. Questionnaire Design

The questionnaire has thirty-three brief questions divided into seven short sections (§Appendix D, Section 1 and 2). The maximum time to complete the questionnaire was calculated to be 10 minutes. The purpose was to collect information about general language behavior and the specific language behavior in the healthcare domain:

- 1. Personal data:** Basic sociolinguistic profile with a mandatory answer (gender, age, education, social status, and environment).
- 2. Language knowledge and use:** A short linguistic biography of the informant and the intergenerational transmission of languages.
- 3. Languages in your daily life:** Language use and preferences in different life domains and with different people (family, social circles, and public domains).
- 4. Language attitudes:** General linguistic attitudes towards Galician and Spanish using a Likert scale from 1 (totally disagreed) to 5 (strongly agreed). Question number 17 divides

¹²⁹ The official data regarding education level in Galicia (INE, 2021) are: primary A (5.7%), primary B (9.7%), secondary A (33.5%), secondary B (19.9%), and superior (31.1%).

the Likert scale regarding language attitudes towards Spanish and Galician to avoid automatic answers.

5. Language alternation: Use patterns and attitudes towards code-switching.

6. Talking with the family doctor: Information about the linguistic behavior inside the doctor's office and a general overview of patients' profiles.

7. Talking with a doctor at the hospital: Contrast between language behavior in a primary care consultation with a consultation in the hospital.

A group of six people of different ages and backgrounds tested a pilot survey. Before launching the questionnaire, their suggestions to improve understanding were incorporated into the final draft¹³⁰. The testers needed between 6, the fastest tester, and 8 minutes, the slowest tester, to complete the questionnaire.

The survey was distributed online (Google Forms) in two versions: in Galician and in Spanish. First, the questionnaire was distributed through personal channels (social media, emails to official offices, and a personal network). Additionally, the communication department of the Town Hall accepted the proposal to post a call to action on their social media platforms. Given the language policy of local administrations in Galicia, the post was customarily written in Galician and included a link to the Galician version of the survey. The post specified the participation requirements: adults over 18 years old, living in the study area, and users of the primary care clinic.

The last responses were collected in person in the town, either by sharing the Google Forms link with a QR code or by using a paper-based version, especially with elderly participants who took part in the survey with sometimes the help of an intermediate (public social center). The focus of the study was not specified to avoid a biased answer. The instructions were deliberately vague, with the following wording: "I will ask you some questions regarding how people speak in your town."

4.1.2.4. Data Processing

Once the number of informants was reached, the data were transferred from Google Forms to an Excel document for further data processing. The answers were filtered, translated into English, and simplified through manual codification, especially for open questions with longer answers (cf. §Appendix D, Section 3). The thirty-three questions were tagged as one word (e.g., "population") or two hyphenated elements (e.g., "switchwith_doctor"). The answers were also codified in different categories simplified in

¹³⁰ These improvements were related to making questions more easily understandable, making changes in the distribution of questions, and tips for adding new options in multiple-choice. Moreover, their answers were studied to make further improvements.

a maximum of three words (e.g., “personal topic”, “match L1 doctor”). The purpose of this process was to facilitate the subsequent statistical treatment and the data visualization in graphs and tables. Then, the Excel document was converted into a .csv document for reading in Python.

4.1.3. Semi-Structured Interviews

The third part of the dataset is composed of semi-structured interviews. First, a dataset of interviews with the six family doctors and the two resident doctors responsible for the 586 audio-recorded medical consultations and part of the same “Corpus de interacción médico-paciente en Galicia” (2014). Additionally, a second dataset was collected by the researcher in 2021 with semi-structured interviews of 15 informants in the same population as the questionnaires. This second set of semi-structured interviews was collected to enhance the information provided in the questionnaires and contextualize the audio-recorded consultations once the researcher analyzed the questionnaires and the audio recordings¹³¹. The 15 sociolinguistic profiles were selected based on age, gender, education level, urban or rural residence, preferred language (varying usage of Spanish and Galician according to the profiles described in §2.3.2.), linguistic attitudes, and different socioeconomic backgrounds to ensure a variety of perspectives and opinions.

4.1.3.1. Interviews with Doctors (*de Oliveira and Hernández Flores, 2014*)

The dataset of interviews with doctors contains six semi-structured interviews with six family physicians and two resident doctors. These doctors represent all the family physicians and resident doctors in primary care at the clinic (See Table 8)¹³². The original purpose of these interviews was framed within a project on communication strategies and antibiotic resistance (§4.3.1.). Thus, only a selection of questions about linguistic preferences and communication strategies was taken into consideration for this study.

DOCTOR	GEN- DER	MEDICAL EXPERIENCE	EXPERIENCE IN CLINIC	LANGUAGE PREFERENCE	LANG. INTERVIEW	DURATION
<i>Dr. A</i>	M	27	8	GAL/SPA	SPA	1 h 33 min 18 sec
<i>Dr. B</i>	M	33	3	GAL	SPA	30 min 33 sec

¹³¹ Interviews, along with other ethnographic field notes, have been proved to be valuable data to “allow us to make sense of aspects of social context that the participants make relevant in the medical consultations” (Vickers et al., 2005: 167).

¹³² The interviews were conducted by Prof. de Oliveira and Prof. Hernández Flores (University of Copenhagen). All the interviews were conducted and answered in Spanish because the researchers (also interviewers), did not speak Galician. As their research assistant, I was in charge of the other steps: first summary, analysis, extraction of excerpts and transcription. The interviews have a variable duration, depending on the time availability of the interviewees during their working hours and the conversational fluency.

<i>Dr. C</i>	M	29	8	SPA	SPA	55 min 53 sec
<i>Dr. D</i>	F	32	20	SPA	SPA	39 min 20 sec
<i>Dr. E</i>	F	29	8	GAL	SPA	23 min 07 sec
<i>Dr. F</i>	F	25	3	SPA	SPA	45 min 41 sec
<i>RES-GAL</i>	F	2-3	2-3	SPA	SPA	33 min 53 sec
<i>RES-COL</i>	F	12	1	SPA	SPA	35 min 18 sec
<i>TOTAL</i>						5 h 57 min 03 sec

Table 8: Description of the interviews with doctors used in this dissertation
Own elaboration

The medical staff had three male and three female family doctors, as well as two resident doctors. The six family doctors are between 50 and 60 years old, which can be calculated from their medical experience, a datum provided in the interview. With all the partial information extracted from the interviews and consultations, we can draw a brief personal and linguistic profile to contextualize the physicians:

- **Dr. A** is the clinic's chief doctor. He is a traditional speaker of Galician and states that he uses Galician and Spanish equally in his daily life and work.
- **Dr. B** is the oldest male doctor but one of the newest in the clinic. Before studying Medicine, he completed a Bachelor's in Primary Education. He is a traditional speaker of Galician with constant interference in Spanish.
- **Dr. C** is a Spanish speaker with interferences from Galician, especially on a phonetic level.
- **Dr. D** is the oldest female doctor and the physician with the most experience in this clinic. She is the only non-Galician family doctor, and her native language is Castilian Spanish.
- **Dr. E** says she accommodates her language to the patient's preference and mostly speaks Galician. At the time of the study, she is the only doctor mentoring resident doctors.
- **Dr. F** was born and raised in a Galician city in a Spanish-speaking family. She speaks only Spanish in her private life and work, and she does not accommodate to the patient's language. Nonetheless, she uses abundant Galician borrowings.
- **RES-COL:** She is a first-year resident doctor doing a second medical specialty. At the time of the study, this resident doctor has more than 10 years of medical experience. She is originally from South America but has lived in Galicia for 12 years.

- **RES-GAL:** She is a third-year resident doctor. She is a Galician and has no previous medical experience.

4.1.3.2. Interviews with a selection of informants (own collection, 2021)

The first part of this dataset with interviews was collected expressly for this dissertation and after analyzing the information provided by the questionnaires. In total, a selection of fifteen informants were interviewed. The interviews provide metalinguistic impressions and their natural language behavior during the interviews¹³³.

The selection of profiles was made *a posteriori* once the questionnaires were received and reviewed. This methodological decision allowed us to choose the 15 most relevant sociolinguistic profiles after identifying patterns in the answers regarding gender, age, education level, language preference, socio-economic background, and attitudes towards language use. Contact with the prospective interviewees was made through social media, third parties, and in person in different public spaces (i.e., cafés, social center, or sports activities for seniors). The interviews were conducted face-to-face during two fieldwork trips between September and November 2021¹³⁴.

The researcher had no prior personal relationship with the interviewees, nor any personal attachment to the region. However, some basic personal information about the person was collected beforehand in the first contact or through a third party to personalize the list of questions¹³⁵.

The final list of profiles has a balance between seven women and eight men, a broad age range (from 23 to 78 years old), different professions and education levels (from primary to university level), as well as a varied linguistic background (only-Spanish speakers, Traditional/Standard only-Galician speakers, active bilingual speakers)¹³⁶. The dataset contains a total of 13 hours, 37 minutes, and 52 seconds of recordings. The duration of the interviews is variable, but a minimum of 30 minutes was ensured. The interviews were conducted mainly in Galician¹³⁷.

¹³³ For this purpose, the method followed by Kabatek (1996) inspired our data collection. He refers to the research proposal by Agheysi and Fishman (1970: 151): “Data obtained through interviewing may be difficult to process and score, but the research interview can be particularly effective for attitude assessment, especially when used to complement the observational method”.

¹³⁴ Fourteen of the 15 interviews were conducted in person and in a public space ensuring the best sound quality possible, always at the interviewee’s choice, and in line with the Covid health recommendations. However, due to the pandemic, Informant #5 asked for an interview using a video call-platform.

¹³⁵ Daily use language, approximate age, education level, current or previous profession, and other relevant biographical details, such as if they were living abroad or family status.

¹³⁶ Speakers of normative Galician use the standard variety approved in 1983 (with a revision in 2003). Traditional speakers use different non-standard varieties of Galician, characterized for including a higher level of hybridism with Spanish, especially with loanwords from Spanish (cf. §2.2.1.).

¹³⁷ The duration of the interviews varied depending on how talkative and engaged the interviewee was and their availability, as some were interviewed during work hours. The interviewer, a native Galician speaker, purposefully alternated between Spanish, Standard Galician, and Traditional Galician to see if these changes

All interviews were conducted following the same template with a question guide (cf. §Appendix E, Section 2 and 3), following a similar structure as the questionnaire. The interview had three parts:

- The first part included questions about their linguistic biography and linguistic habits, i.e., knowledge and use.
- The second part focused on their general linguistic attitudes and linguistic attitudes toward code-switching.
- The third part contained questions about their linguistic dynamics in the healthcare domain (primary care and hospital).

Beyond the question guide, each interview was personalized according to the informant's profile, i.e., life experience, education, age, or personal interests. To bring naturalness and fluency to the conversation, interviewees marked the flow, order, and priority of topics with their statements. Before starting the recording, the interviewer explained the project and the content of the written consent, allowing the informants to read it carefully and sign it¹³⁸.

The interviews were recorded using a recording device with an integrated dual stereo microphone positioned in front of the interviewee. Each file was processed with a filter to reduce background noise. Moreover, all names were anonymized in the recording using the software "Audacity." The interviews were transcribed manually following an orthographic transcription. The last step was to select and extract the excerpts used in the analysis.

The 15 informants have a distinctive approach to language based on their different life experiences and backgrounds. All of the informants live in the same small semi-urban town. Only 3 out of 15 were born outside of this small town. Each informant represents a group of speakers:

- **Informant 1** is a public servant who speaks Galician at work and Spanish in her private life. She is a Galician speaker in her professional environment.
- **Informant 2** represents the group of speakers who often alternate between languages, considering Spanish of higher social prestige.

would impact the interviewees' responses. I always explicitly agreed on the language of the interview before starting, whether we would speak in Spanish, Galician, or if the interviewer and interviewee would each keep their preferred language.

¹³⁸ The typical reaction of the interviewees, symbolic of their trust in the interviewer, was to sign without reading the entire document. However, a copy was always provided, and it was explicitly stated that they could read it at home in more detail and contact the researcher if they had further questions.

- **Informant 3** is a Galician-dominant speaker who actively advocates and promotes the language. She is critical of the language policy, perceiving it as insufficiently protective of the local language, Galician.
- **Informant 4** is a young Galician-dominant speaker with a higher education who is proud of her identity. As a future teacher, she is aware of her generation's responsibility for the survival of the language.
- **Informant 5** is a neo-speaker of Galician, with the peculiarity that he began his linguistic awareness, hand in hand with nationalist political militancy, at a late age (approximately 50 years old). He considers that the only way to protect the language is to speak it in its standard form and in all contexts.
- **Informant 6** represents the group of speakers who, despite growing up in a Galician-speaking household in a rural area, have Spanish as their daily language. She attributes this choice to the influence of language use in kindergarten.
- **Informant 7** considers Galician as a great part of his own identity. He gets emotional during the interview, fearing a complex future for the language. He is a speaker of traditional Galician who is involved in social activism to promote the use of Galician.
- **Informant 8** is one of the first-generation Galician emigrants. He came from a humble background and built a prosperous career from scratch. Now in his retirement, he has reconnected with the Galician language in his social life, where he is again accepted as a member of the community.
- **Informant 9** was born in the Galician diaspora and returned in adulthood. His Galician parents did not speak with him in Galician, which conflicted with his linguistic and social identity. He speaks in a hybrid variety, constantly mixing Spanish and Galician, which triggers some fun in his social circle.
- **Informant 10** represents the small group of immigrants in this small town, representing circa 2% of the population¹³⁹. After 16 years in the region, he speaks fluent Spanish and claims to understand Galician very well. His daily life flows between both languages in his family and social circles, even Spanish is his dominant language.

¹³⁹ In Galicia, 4.17% of the population is immigrant. Data from 2020 (IGE).

- **Informant 11** is a young (23 years old) Spanish-dominant speaker. As a future teacher, he understands the importance of her future profession as a teacher in promoting the Galician language.
- **Informant 12** represents the older speakers who see Spanish as a means of social climbing. She started speaking Spanish in her new urban life in town when she married a prosperous businessman.
- **Informant 13** represents the speakers who changed at some point in life to speak Spanish in their everyday lives but came back consciously to speak mostly Galician.
- **Informant 14** represents a Galician-dominant speaker with a lower education background who do not need to switch to Spanish in their daily life.
- **Informant 15** represents a group of bilingual speakers who strategically use both languages in their lives, depending on their role in the conversation and the socioeconomic status of the interlocutor.

Table 9 summarizes this set of informants, besides offering the technical details of all interviews.

#N	GEN DER	AGE	EDUCATION	RESIDENCE	PROFE- SSION	MIGRATION BACK- GROUND	LANG. INF.	TRANSMI- SSION CHILDREN	LANG. INF. INTERVIEW	LANG. INTERVIEWER	INTERVIEW DURATION	INTERVIEW PLACE
#1	F	38	Higher B	Urban	Public Servant	----	Spa	Spa/Gal	Mix (Spa + Stand Gal)	Gal (Stand)	35:03	Workplace
#2	M	75	Secondary A	Urban	Tailor (Retired)	----	Gal (Trad)/Spa	Spa	Gal (Trad)	Gal (Trad)	44:49	Tailor shop
#3	F	50	Secondary A	Rural	Auxiliary Nurse	----	Gal (Trad)	Gal	Gal (Trad)	Gal (Trad)	1:03:49	Cafe
#4	F	25	Higher A	Urban	Master Student (teacher)	----	Gal (Trad)	----	Gal (Stand- Trad)	Gal (Stand- Trad)	56:04	Cafe
#5	M	77	Higher B	Urban	Chemist (Retired)	----	Gal (Stand)	Spa	Gal (Stand)	Gal (Stand)	1:40:41	<i>Videocall</i>
#6	F	39	Higher A	Urban	Pharmacist	----	Spa	----	Gal (Stand)	Gal (Stand)	46:18	Cafe
#7	M	61	Secondary A	Rural	Sport instructor	----	Gal (Trad)	----	Gal (Trad)	Gal (Trad)	54:12	Social Center
#8	M	78	Secondary A	Rural	Mechanic (Retired)	Germany (30-60 y/o)	Gal (Trad)/Spa	Spa	Gal (Trad)	Gal (Trad)	1:09:20	Social Center
#9	M	65	Primary B	Rural	Construc- tion worker (Retired)	France (0-30 y/o)	Mix (Spa + Gal Trad)	Spa	Mix (Spa + Gal Trad)	Gal (Trad)	32:25	Sports Hall
#10	M	38	Higher A	Urban	Factory worker	Ukraine (0-20 y/o)	Spa	Spa/Others	Spa	Spa	36:36	Social Center
#11	F	23	Higher A	Urban	Master Student (teacher)	----	Spa	----	Spa	Spa	53:13	Cafe
#12	F	74	Secondary A	Urban	Housewife	----	Spa/Gal (Trad)	Spa	Gal (Trad)	Gal (Trad)	1:05:43	Cafe
#13	M	62	Secondary B	Rural	Bank employee (Retired)	----	Gal (Trad)	Spa	Gal (Trad)	Gal (Trad)	53:54	Social Center
#14	F	77	Primary B	Rural	Housewife	----	Gal (Trad)	Gal	Gal (Trad)	Gal (Trad)	34:38	Social Center
#15	M	78	Secondary A	Urban	Business owner (Retired)	----	Spa	Spa	Gal (Trad)	Gal (Trad)	1:11:07	Private house

Table 9: Sociolinguistic profile of the 15 informants and technical details of the interview
Own elaboration

4.2. ANALYSIS DESIGN

This thesis aims to analyze code-switching in an official bilingual community (Galicia) within a specific communicative setting, i.e., the medical consultation in primary care. This study presumes that code-switching is a strategic alternation between languages that serves communicative functions beyond a potential lack of language knowledge. Bilingual speakers, in this case doctors and patients, alternate languages with different social use contexts as a negotiation means. When referring to negotiation, it is a fact that Galician doctors and patients can understand both languages effortlessly. However, they speak Spanish or Galician due to their personal preference, a higher competence in their first language, and other extra-linguistic reasons involving social and situational dynamics. From a legal point of view, doctors and patients are free to choose which language they use in this public service. Doctors select a language to use in their professional setting after medical training mainly conducted in Spanish (cf. §3.2.1.). Patients searching for a solution to a health issue select a language in a potentially emotional and stressful communicative context.

Code-switching is a discursive phenomenon, but it is also a socially embedded one. Therefore, a full understanding of code-switching requires going beyond the testing of theoretical positions to new studies offering methods that lie “outside the box” (Gardner Chloros, 2009: 7-9). Thinking outside the box in this context means reviewing methodologies and theoretical approaches initially conceived for monolingual settings and applying them to a bilingual setting.

A medical encounter is an intersection of a medical and a social arena, which allows for addressing “a variety of dilemmas inhabiting the medical visit” (Heritage and Maynard, 2006: 19). This study combines a sociolinguistic study (macro-study) and an analysis of situational and interpersonal dynamics (micro-study) through discourse analysis from a quantitative and qualitative approach. This methodological combination aims to offer a complete overview of the conditions and purposes under which speakers employ this communication strategy in a medical consultation¹⁴⁰. The macro-level of analysis

¹⁴⁰ Vickers, Goble, and Deckert (2015) made the same statement in their study of code-switching in medical consultations in South California, where a third party used code-switching as a mechanism of interaction control. Thus, macro-level contextualization was found to be fundamental in describing the social structure because “the participants were making relevant their identities as members of particular macro-level groups within the context of Southern California”. Besides that, “an increasing number of scholars have argued that it is possible to examine data from an integrated approach in which analysis of both the micro-interactional level and the macro-level social structure work together to explain interactional phenomena” (Vickers, Goble, and Deckert, 2015: 158). In this study in South California (English-Spanish), as well as in the multilingual work by Auer (1995, 1999, 2005) or Garafanga (2005), among many, one crucial question is how speakers index their identity and membership within an interaction. In a study of code-switching on a radio show in Hong Kong (Putonghua-Cantonese), Zhang (2005) concludes that individual acts of speech and interaction at the micro level allow participants to ‘play out’ the social structures relevant to the macrosociolinguistic setting in which

underpins the interpretation of the micro-analysis of interpersonal and situational dynamics (Vickers et al., 2015: 167). Thus, the analysis is based on a triangulated inquiry employing sociolinguistic data (questionnaires and interviews) and corpus-based data (audio-recorded consultations)¹⁴¹. This mixed-method approach allows us to compare the reported and the natural language behavior:

- *Reported linguistic behavior*: The questionnaires and interviews examine general language use in different private and public contexts, focusing on healthcare settings. The reported behavior also includes language attitudes towards Galician and Spanish and metalinguistic reflections about the current sociolinguistic situation.
- *Real linguistic behavior*: The analysis of audio-recorded consultations describes how speakers behave in a natural communicative setting. Further, it explains how doctors and patients alternate languages as part of their interaction in a medical consultation, fulfilling interpersonal and transactional goals.

The observation and subsequent analysis depart from a prior deep understanding of linguistic dynamics in Galicia¹⁴². A certain level of deep knowledge from inside the speech community and the social circumstances of bilingual behavior has been pointed out as an asset in studying bilingual data, for instance, how the speakers' competence is relevant to the assessment of their language choices, or how their shifts may or may not be significant in a conversation (Gardner-Chloros, 2009: 3-4). However, it is also essential to maintain a distance from the research object and rely on empirical data to avoid distorting the interpretations.

particular speech events are situated" (Zhang, 2005: 372). Pawlikowska (2015) followed similar guidelines in her dissertation, in which she also studied code-switching between Galician and Spanish in a radio show on the Galician public Radio. Second, concerning the communicative setting, research on doctor-patient interaction in a medical consultation from a general perspective has been studied in-depth. However, there is a bifurcation between quantitative and qualitative research approaches (Heritage and Maynard, 2006: 368). A combination between a pragmatic and a discursive/dialectical method is considered a suitable match for the study of doctor-patient interaction, as we can see in a very recent study on argumentation between doctors and patients by van Eemeren, Garssen, and Labrie (2021). They indicate that a pragma-dialectical approach "sets specific standards for what it means for doctors and patients to reasonably engage in argumentative discourse and simultaneously does justice to the (sometimes slightly different) ways in which doctors and patient argue in practice (van Eemeren, Garssen, and Labrie, 2021: 13).

¹⁴¹ A triangulated inquiry is a study that "combines multiple observation perspectives with multiple data-collecting strategies, multiple data-processing, and multiple data analyses" (Sevigny, 1981: 74).

¹⁴² The researcher, a native speaker of both Galician and Spanish, was born and raised in a community with sociolinguistic characteristics similar to those of the populations where the survey, interviews, and corpus were collected. Additionally, the researcher taught Galician as a second language (L2) and Galician Sociolinguistics and Pragmatics for six years prior to the completion of this dissertation.

4.2.1. Methodological Limitations

The methodological decisions adopted in this study follow principles regarding theoretical and empirical foundations laid out by Poplack (Poplack, 2013: 11-14). Departing from a structural approach, Poplack's studies consider social contextualization to be of greater importance. Moreover, she advocates for an exhaustive analysis based on a large dataset, avoiding cherry-picking while explaining the phenomenon. Poplack identifies five principles to analyze code-switching:

- **Contextualization:** Consideration of the data of actual bilingual interactions situated in the context of the speech community in which they were produced.
- **Principle of accountability:** Rigorous statistical quantitative analysis combined with qualitative analysis¹⁴³.
- **Distinguishing contact phenomena:** The distinction among different manifestations of language contact, clearly defining the limits of each, is especially important in pairs of interlegible and closely related languages¹⁴⁴.
- **Linguistic continuum:** Contextualization of mixing strategies with respect to each other and to the monolingual benchmark varieties (standard and dialectal varieties) involved.
- **Degree of unpredictability:** Each choice during speech production is subject to a certain degree of unpredictability. Thus, the analysis of language alternation, as adopted in this work, benefits from systematization and a combination of data of different natures that are complementary to each other (questionnaires, interviews, and audio-recorded data). These two analytical fundamentals enable us to trace the motivation behind the switch.

The previous principles apply to the communicative approach¹⁴⁵. Regarding the linguistic continuum, different phenomena can be combined in the same speech production, e.g., interferences, borrowings, and code-switching. When both languages are so closely related, as Spanish and Galician, the task of dividing where one starts and the other ends is not simple. Contact phenomena of diverse nature "may affect, simultaneously or in combination, the same speech segment," complicating the "task of identifying and tagging codes-languages in presence" (Rodríguez Yáñez & Casares Berg, 2003: 363). The linguistic continuum between Galician and Spanish is framed in the context of hybrid bilingual practices (Pawlikowska, 2020 [2015]: 176). These bilingual

¹⁴³ Poplack follows this principle proposed by her mentor Labov, 1969.

¹⁴⁴ As described in this work, Spanish and Galician, the two Romance languages, have had intensive contact over the centuries, which complicates the clear identification of language contact phenomena, i.e., hybrid bilingual practices. For a more detailed explanation, see Chapter 2.

¹⁴⁵ Code-switching is a communication strategy that accepts different theoretical and methodological interpretations with respect to other similar contact phenomena (§2.2.).

practices are widespread in oral interactions in all socioeconomic extracts and situational contexts, especially in colloquial oral encounters. Similarly, these interactions occur with either Galician or Spanish as the base language. Based on these theoretical-methodological considerations, this study excludes the following from the analysis of code-switching: (1) conversational routines in Spanish, (2) Galician diminutives, and (3) borrowings. The following sections explain the hybrid bilingual practices that are excluded from the analysis of code-switching and provide the justification behind the following methodological decisions.

4.2.1.1. Conversational routines in Spanish: greetings and farewells

Greetings and farewells in Spanish while speaking in Galician are typical conversational routines in Galicia. The ritual use of Spanish in opening and closing sequences is a common practice inside and outside the doctor's office and is widely observed in audio-recorded consultations (§5.3.1.)¹⁴⁶. This study does not include these data in the analysis because this behavior is not considered an explicit language negotiation. Specifically, it is viewed as an unmarked choice, which is classified as a non-strategic switch (Odebunmi, 2013)¹⁴⁷. However, from a structural approach, it is code-switching between Galician (matrix language) and Spanish (embedded language). If included in the quantitative findings, the numbers would be altered because it is a widespread conversational routine that does not have an effect on the interaction. Example 13a and 13b show a typical greeting (opening) and farewell (closing) between a doctor (DR) and a patient (PAT) in a consultation:

Example (13a): Opening¹⁴⁸

PAT: buenos días

good morning (SPA)

DR. B: ola/ bos días/ (*first name*)

hi, good morning, (first name) (GAL)

¹⁴⁶ The same ritual behavior in greetings, gratitude, and farewells was identified in Galician radio programs Pawlikowska (2020 [2015]: 132-133), following the steps of Blas Arroyo (1998a), who found the same conversational rituals in the Valencian radio. One of the first to point out this direction was Heller (1988: 84), who determined the same opening and closing rituals in Canada: “English routines used in ingroup interactions by older francophones or French routines used by anglophones in intergroup interactions in openings, among others.” Lannto, in her study on code-switching in the Basque Country concluded that the “pure language,” i.e., without castilianisms, was a sign of formality. Thus, these conversational routines or common borrowings from Spanish were appropriate, or even compulsory in this speech community (Lannto, 2015: 37-38). Further, Mondada (2018) analyzed greetings as a device to find out and agree on the spoken language in service encounters.

¹⁴⁷ Odebunmi (2013) observed the same phenomenon in Nigeria and called it “non-strategic code-mixing”. These switches are the unmarked choice to allude to “cultural and institutional linguistic routines” (Odebunmi, 2013: 396). The functions ascribed to this participant-related alternation type are phatic communication, the indication of deference, the display of personal styles, and the accommodation to dispreferred code choices.

¹⁴⁸ Dr. B, male patient, 83 years old.

COM: buenos días

good morning (SPA)

DR. B: buenos días// séntate aí// bota aí unha firma/ que estamos facendo aí un traballo pa'... (*explanation*)

good morning (SPA), sit there and sign it here, we are doing work for...(explanation)

PAT: non será o pasaporte/ non?

it's not the passport, is it?

DR. B: [LAUGHTER]

Example (13b): Closing¹⁴⁹

PAT: bueno/ así que ahora as recetas xa están/ ((...)) [para medio ano]

well, so now the prescriptions are already ((...)) for half a year

DR. A: [xa están na farmacia]/ si/ para medio ano

they are already in the pharmacy, yes, for half a year

PAT: muy bien/ veña doctor

very good (SPA), alright (GAL), doctor

DR. A: veña/ hasta loguiño

alright, see you soon (Colloquial GAL)

PAT: hasta luego/ [bos días]

DR. A: [hasta logo!]

4.2.1.2. Code-mixing: Galician Diminutives

Whereas code-mixing is a grammatical phenomenon, code-switching has a conversational nature (§1.3.3.). Galician diminutives in Spanish-based speech production are a transfer of a grammatical morpheme (a suffix) from the source language (Galician) to the recipient language (Spanish). Galician diminutives (*inho, ña*) are also common among Spanish speakers in Galicia. The suffix is added to a Spanish noun: *trabaj-ÑOS* (=little jobs). As part of the language alternation rituals, the Galician diminutives are part of the contextualization concerning the linguistic continuum (Poplack, 2013: 12). For instance, Dr. G in the examples below (14a, 14b, 14c), a doctor who is a Spanish-dominant speaker, employs Galician diminutives as part of her communicative style in most of her consultations (§5.3.2.):

¹⁴⁹ Dr. A, male patient, 71 years old.

[**Example 14a**] Dr. F (20): un moment**íño**, rey (*Eng: Just a moment, dear*)

[**Example 14b**] Dr. F (26): le duelen las mani**ñas** / su marido da trabai**ñ**os (*Eng: Your hands hurt / You husband causes you trouble*)

[**Example 14c**] Dr. F (30): el otro braci**ño**, reina (*Eng: The other arm, dear*)

4.4.1.3. Borrowings

Borrowings are different from one-word switches, which have a conversational meaning, as in the following example 15a, as already explained in §1.3.2.:

[**Example 15a**]

PAT: parálitica é o piore/ se morro/ non pasa nada

paralytic is the worst, if I die, it's okay

DR. D: claro// es mejor morrer/ que quedar parálitico

of course, it is better to die than to become paralyzed

Speakers of dialectal varieties of Galician use borrowings from Spanish on a regular basis. Common borrowings are not part of the analysis in this dissertation since they are a different contact phenomenon. Some semantic fields of everyday vocabulary in Spanish are widely used in colloquial varieties of Galician, e.g., body parts (*pantorilla*, *rodilla*, *jueso* [*hueso*]); months (*mayo*, *junio*, *julio*); related medical terms (*análisis*, *formigueo*); the discursive particle *bueno*; and other standard terms (*firma*, *estudio*, *carajo*, *plazo*, *hecho*)¹⁵⁰, as in Example 15b below:

[**Example 15b**¹⁵¹]

PAT: si// e que agora en mayo din que empezan/ ó mellor hasta septiembre/ octubre/ ou noviembre// si// pero bueno/ que suelen ser por outras zonas

yes, and now in May, people say they start, maybe until September, October or November, yes. But, well, this used to be in other zones

Even though it is not that common in our data, Galician loanwords are also used by Spanish speakers, especially in semantic fields related to rural everyday life (**colo** = *lap*, **leira** = *field, plot*, **rañar** = *plow*)¹⁵².

¹⁵⁰ Dr. B.

¹⁵¹ Dr. A.

¹⁵² Examples taken from Dr. G 47/50/51. Bilingual speech practices where we can identify contact phenomena are common among speakers who “wonder why they should start using the legitimate features” and stop using hybrid conversational styles (Ramallo and Rei-Doval, 2015: 72). These authors mention the borrowing *jueves* (Thursday), a term corresponding to everyday vocabulary: using Spanish *jueves* instead of Galician standard *xoves* (‘Thursday’) is common among traditional speakers”. Some castilianisms are already considered part of the Galician everyday vocabulary, “already belong to the proper lexicon, forms that many would no longer consider castilianisms, but rather normal Galician words, such as *Dios* (God, gal: *Deus*), *calle* (street, gal: *rúa*), *hasta* (until, gal: *ata*), *solo* (only), *pueblo* (village, folk; gal: *vila*, *pobo*)” (Kabatek, 2000: 181, the added translations are mine). For further research on this topic see also Dubert, 2005; Gugenberger, Monteagudo, Rei Doval, 2013.

4.2.2. Statistical Treatment of the Data

The quantitative analysis begins with a basic statistical study, applying both descriptive and correlational analyses. First, the descriptive report provides an exhaustive quantitative analysis of the survey results, transforming them into variables. Second, the correlational analysis determines whether a relationship exists between two or more quantifiable variables, but it does not establish a cause-effect relationship. The following correlational tests were conducted: a) *Chi-Square Test* and b) *Cramer's V Coefficient*. Both tests start from a cross-tabulation of contingency tables. The correlational analysis measures the association between quantitative (nominal) dependent and independent variables. The tests were run using the programming language *Python* through the web-based interactive computing platform *Jupyter Notebook*. This statistical analysis offers an initial exploratory approach to the quantitative data, providing foundational statistical findings. These findings serve as a basis for further, more in-depth quantitative and qualitative analysis.

4.2.2.1. Pearson's Chi-Square Test

The Pearson's Chi-Square Test determines whether the association between two variables is statistically significant. Whereas the null hypothesis formulates that there is no significant association between the two variables being studied, the alternative hypothesis states that there is a relationship between these two variables, i.e., the independent variable affected the dependent variable. The Chi-Square test is a calculation to reject or fail to reject the null hypothesis. The Chi-Square statistic compares the *observed values* (actual counts computed from the sample) to the *expected values* (the values of each cell in the table, if no relation exists between the two variables). Chi-Square distributions are a family of distributions with only positive values and are specified by giving their degrees of freedom. The shape of the distribution changes as the degrees of freedom increase. Degrees of freedom, in this context, refer to the number of values that are free to vary in the final calculation of a statistic, and they are determined by the number of categories minus one for each variable.

An associated value to the Chi-Square is the ***p-value***, which is the area under the density curve of the Chi-Square distribution of the test statistic value. A *p-value* is a probability value, showing how likely the data would have occurred by random chance. The *p-value* is expressed in numbers between 0 and 1. The smaller the *p-value*, the stronger the evidence to reject or fail to reject the null hypothesis and, therefore, accept the alternative hypothesis. Typically, it is accepted that a *p-value* below .05 is statistically significant, i.e., there is less than a 5% probability that the null hypothesis is true, i.e., that the results might be random. In order to decide if the Chi-Square result is statistically

significant, we need to determine if its value is large enough to reject the null hypothesis. If the test is significant, we further look at the data to learn the nature of this relationship between variables.

4.2.2.2. Cramer's V Coefficient

Cramer's V measures the strength of association between two nominal variables, and it is based on Pearson's Chi-Square test. Since *Cramer's V* is not affected by sample size, this statistical test is used in this study as a complementary test to contrast the results obtained through the *Chi-Square test*. The coefficient ranges from 0 to 1, with 0 indicating no association between the two variables, and 1 indicating a complete association between two variables. To calculate Cramer's V, first compute the Chi-Square statistic (χ^2) from the contingency table, then use the formula $V = \sqrt{\chi^2 / (n * k)}$ is the total number of observations (n) and (k) is the smaller dimension of the table minus one. This provides a measure of association between two nominal variables, ranging from 0 to 1:

- >0.5: high association
- 0.3 to 0.5: moderate association
- 0.1 to 0.3: low association
- 0 to 0.1: little if any association

4.2.3. Study Dynamics

The analysis is divided into three parts: social, interpersonal, and situational dynamics. These interrelated study dimensions offer a complete overview from three levels, from the broader to the more specific, combining data from the audio-recorded consultations, questionnaires and semi-structured interviews:

- **Society:** study case in a small semi-urban town.
- **Speakers:** members of the speech community playing their role as doctor and patient.
- The concrete **communicative context:** the medical consultation in primary care.

4.2.3.1. Social Dynamics

The *social dynamics* (§5.1.) explain the general use and language attitudes towards Spanish and Galician in a small semi-urban town, focusing on the concrete language behavior with the family doctor. The results are organized into two parts. The first part summarizes the findings on language use and attitudes, with the number of examples provided in parentheses:

- Findings (10) on general language use and on language use with the doctor (7).
- Findings on general language attitudes (10) and specific language attitudes regarding healthcare (3).

The sociolinguistic study combines a quantitative and a qualitative approach. On the one hand, the quantitative study consists of a descriptive and correlational statistical analysis (§4.3.2.). The survey answers were transferred to a csv. document, which was processed with *Python* in the *Jupyter Notebook*. With the help of this tool, descriptive and correlational analyses were applied. The most relevant results are organized in a list of key findings visualized and visualized in a figure using the online software Datawrapper¹⁵³. On the other hand, qualitative research in social dynamics consists of excerpts of the interviews with informants and doctors selected after completing the statistical analysis. For the qualitative study, the analysis process contained the following steps:

- Production of the orthographic transcription of all interviews, through repetitive listening.
- Annotation of the main topics of each interview, highlighting the most relevant contributions by informants and doctors in each transcription.
- Compilation of a list of recurring themes in the interviews, grouping the informants' statements by topic.
- Content analysis and interpretation based on the survey data and official data (INE, IGE¹⁵⁴).

The second part of analyzing the social dynamics is a statistical description of the six types of monolingual and bilingual consultations in the corpus:

- Monolingual in Spanish.
- Monolingual in Galician.
- Bilingual with implicit negotiation: the doctor speaks in Language X and the patient in Language Y.
- Bilingual with implicit negotiation: code-switching employed only by the doctor, only by the patient, or by both speakers.

For that purpose, all corpus metadata were transferred to a csv. document, which was processed with *Python* in *Jupyter Notebook*. From this descriptive analysis, all absolute and relative frequencies related to monolingual and bilingual medical consultations were extracted. Likewise, the frequencies were crossed with the available sociolinguistic data about doctors and patients (gender, preferred language), besides other information

¹⁵³ Two programs were used to prepare the graphs: the online program Datawrapper or the tool provided in Word.

¹⁵⁴ INE: Instituto Nacional de Estadística (Spain); IGE: Instituto Galego de Estatística (Galicia).

about the consultation (with/without a resident doctor, with/without a companion, length, etc.), applying the corresponding correlational tests (§4.3.2.). Finally, a transcribed example of each type of medical consultation was added.

4.2.3.2. *Interpersonal Dynamics*

The *interpersonal dynamics* (§5.2.) analyze the interaction between doctors and patients, who combine the social role as members of the same community and the situated role in the doctor's office, and how they negotiate the distance with the alternation of languages. The findings are presented in two groups:

- **Code-switching to Galician** (proximity and affiliation): the first part combines excerpts from the interviews and three prototypical use cases.
- **Code-switching to Spanish** (distance and authority): the second part also includes insights collected from the interviews and the three most common use cases.

4.2.3.3. *Situational Dynamics*

The situational dynamics (§5.3.) develop a set of prototypic cases of code-switching employed throughout all the parts of a medical consultation fulfilling socio-discursive functions. The six parts of the ideal sequence of a medical consultation are grouped into three units, each of them with the four most common use cases identified in the audio-recorded consultations:

- **Opening and closing:** Routine sequences with greetings, farewells, expressions of gratitude, and small talk. The interpersonal component is fundamental.
- **Complaint and examination:** Transactional sequences in which all the relevant information is collected (through the interview and the physical examination), identifying, if possible, the condition.
- **Diagnosis and advice/treatment:** The information collected and processed is transformed into a diagnosis of the disease. This diagnosis is accompanied by a detailed explanation of the solution to the problem in the form of advice or pharmacological treatment. In this final part, the transactional aspect is combined with the interpersonal aspect, as the physician needs the patient to trust their professional judgment and understand the importance of adhering to their recommendations.

See Figure 15 for a visualization of the three layers of analysis (social, interpersonal and situational dynamics):

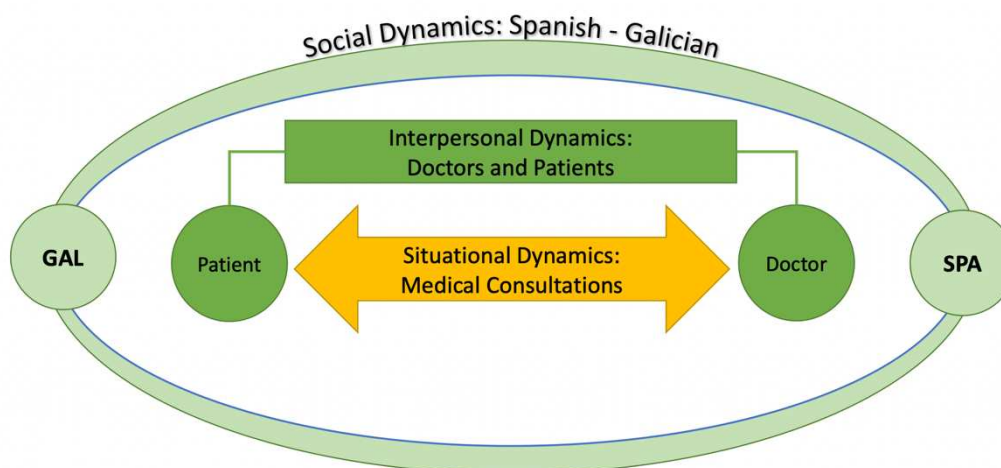


Figure 15: Three layers of analysis, ranging from the broader to the more specific.
Own elaboration

In interpersonal and situational dynamics, the qualitative discourse analysis is based on a selection of representative cases of code-switching regarding a specific socio-discursive function. Regarding the interaction, the focus is not on the verbal activities associated with Spanish or Galician but on the activities that trigger code-switching. As Auer rightly pointed out, the importance lies in "which activities ... bilinguals tend to switch from one language into the other" (Auer, 1995: 120). The process of the qualitative analysis is as follows:

- Observation of the behavior after listening to the consultations in their entirety on multiple occasions, taking note of the particularities of each one.
- A pilot study with the consultations with code-switching of one doctor (Dr. A), creating a list of interpersonal and situational patterns.
- Application of the same procedure to the other five doctors comparing the frequency of the use cases.
- Selection of the most representative examples to create a comprehensive list of use cases.

Each case is described following the same analysis design. First, a title summarizes the socio-discursive function of code-switching. Then, a description of the consultation is provided, including basic information about the speakers (indicating the language behavior of the switcher), the medical reason for the consultation, and the total length of the interaction, as in the following example:

- **Doctor:** Galician speaker. Behavior: *Spanish-Galician-Spanish*¹⁵⁵.

¹⁵⁵ The consultation begins and ends with Spanish and in the middle is held in Galician, i.e., a single switch or there could be multiple instances of code-switching throughout the consultation.

- **Patient:** Woman, 84 years old. Spanish-dominant speaker.
- **Consultation:** Back pain after a cold.
- **Length:** 10 minutes and 20 seconds.

After this summary of basic information, the excerpt's transcription is displayed, together with the analysis. The discourse is explained by focusing on the turns in which speakers employ code-switching, adding an interpretation of the possible socio-discursive motivations. In the interpretation, the analysis is supported by all the additional information from the semi-structured interviews with physicians and informants.

4.3. SUMMARY

In this chapter, we have outlined the comprehensive approach employed in this dissertation to study code-switching in bilingual medical consultations. We combined quantitative and qualitative methods to understand the social, interpersonal, and situational factors influencing language negotiation.

We described various language use negotiation strategies that bilinguals may employ, ranging from no apparent negotiation to explicit negotiation involving code-switching. The data collection comprises two datasets obtained in the same community in Galicia:

- **Audio-recorded corpus:** This includes 586 recorded primary care consultations and 8 in-depth interviews with all the physicians who participated in the recordings. The corpus was collected in a semi-urban primary care clinic in Galicia (de Oliveira and Hernández Flores, 2014).
- **Questionnaires and interviews:** This includes 208 questionnaires and 15 interviews conducted with a selection of informants based on their sociolinguistic profile in a similar demographic area as the corpus. This second dataset was collected ad hoc by the researcher to complement the recordings with contextual sociolinguistic data.

We presented the sociolinguistic and discourse analysis approaches employed, focusing on social, interpersonal, and situational dynamics. A mixed-method approach was used to compare reported (questionnaires and interviews) and natural (audio-recordings) language behavior, providing a comprehensive overview of code-switching in medical consultations.

The study adopts principles from Poplack's structural approach, emphasizing social contextualization through rigorous statistical analyses. Different contact phenomena, such as conversational routines, were excluded from the analysis to focus on explicit language negotiation.

In the following chapters, we will approach the data from three perspectives:

- **Social Dynamics:** Examining general language use and attitudes in the community, with a focus on language behavior with family doctors.
- **Interpersonal Dynamics:** Analyzing interactions between doctors and patients to explore how code-switching regulates social distance and power balance, depending on the direction of the switch and its effect on their interaction.
- **Situational Dynamics:** Analyzing prototypic cases of code-switching in all the parts of medical consultations, highlighting the socio-discursive functions.

These analyses will provide a detailed understanding of the multifaceted nature of code-switching in bilingual medical consultations.

5. RESULTS AND DISCUSSION

The findings are divided into three parts. The first part (§5.1.) contains the results related to social dynamics: general and situated language use and attitudes. The second part (§5.2.) focuses on the role of code-switching in the interpersonal dynamics between doctor and patient. Finally, the third part (§5.3.) analyzes the situational dynamics of developing a set of prototypic cases of code-switching employed in medical consultation.

5.1. SOCIAL DYNAMICS: GALICIAN – SPANISH

The social dynamics explain how bilingual speakers in Galicia use Spanish and Galician in different domains in a semi-urban town. In order to understand what happens linguistically *inside* the doctor's office, the focus of this dissertation, it is necessary first to puzzle out what happens to both languages *outside* (i.e., in other communicative contexts). Further, this first analysis describes how the social context influences the communicative situations in which speakers switch between Spanish and Galician, focusing on the medical context¹⁵⁶.

5.1.1. Language Use

The main findings on general language use were obtained from the questionnaires and interviews. Further, the principal findings on language use in doctor-patient interactions contextualize the situational use of Spanish and Galician in the study case¹⁵⁷.

¹⁵⁶ This study does not offer a percentage of people who understand Galician, which would require a more extensive sample since the rate is close to 100%, as we see in the official data from 2011. We assume at least a good passive knowledge of Galician in all the informants since the questionnaires were distributed only in Galician (see 4.2. Data collection), and participation was voluntary. The city council, as our intermediary, decided to spread the questionnaire only in Galician, although they received a link to it in Galician and Spanish. The communication department published the questionnaire on their social media, helping us reach out to the community and responsible for the participation of some of the 208 informants. Additionally, participants were collected in situ and were asked before if they could complete a questionnaire either in Galician or Spanish. The most common answer was "either language is good." Further, thirteen of the 208 informants speak only in Spanish, i.e., never speaking in Galician in their daily lives.

¹⁵⁷ To explain statistically the social dynamics in this speech community, we extracted the data from the 208 questionnaires and ran the statistical significance tests (Chi2 and V's Cramer). The Pearson's Chi-Square Test produces a Chi-Square statistic and a p-value, which indicates the likelihood that the observed data occurred by chance. A p-value below 0.05 typically indicates a significant result. Cramer's V is calculated using the Chi-Square statistic, sample size, and the minimum dimension minus one. The coefficient ranges from 0 (no association) to 1 (complete association), with interpretations: high (0 to 0.1 little to no association); 0.1 to 0.3 (low); 0.3 to 0.5 (moderate); and 0.5-1.0 (high) (§4.3.2.). Thus, the variable language of daily life was crossed with 38 variables related to linguistic biography, self-assessment, daily activities, and daily interactions. Then, we focused exclusively on the statistically significant ones (p-value < 0.05 and Cramer's V value between 0.1 and 1.0): a) Personal variables: age group and population; b) parents', and if so, then you want to make "language" plural) language of daily life; c) first languages in which the informants learn to talk, read and write; d) best languages to talk, read and write: self-assessment of the language in which the informants feel more competent; e) languages used in various daily activities; f) preferred languages to talk with different family members; g) languages with social circles. A summary of the results (Chi2, p-value and V's Cramer) is displayed below the figures.

5.1.1.1. Findings on general language use

1. Galician is the most spoken language, and 4 out of 10 speakers are functional bilinguals, i.e., they use both Galician and Spanish in their everyday life

Regarding the general data on language of daily life, Galician is the most spoken language in our study case. More than half of informants claim to use only Galician in their everyday life. A third part of the informants are functional bilinguals, i.e., they use both languages in their daily interactions, selecting the most suitable depending on the context and the receptor. The quota of monolingual Spanish speakers is minimal. The exact distribution between the four linguistic possibilities is as follows:

- Only-Galician speakers: **55.77%**
- Only-Spanish speakers: **6.25%**
- Bilingual speakers (Galician dominant): **17.31%**
- Bilingual speakers (Spanish dominant): **20.67%**¹⁵⁸

Consulting the last up-to-date official data from 2011 (Housing Census, INE), there is a similar distribution in 2011 and 2021 indicates a stable linguistic contact over the last decade¹⁵⁹. Galician is still the stronger language, and a third part of the population are functional bilinguals, with an almost equal sharing between more Galician and more Spanish.

2. Galician is dominant in rural areas, with bilingualism dominating in the urban areas

The data sample has a distribution of two-thirds living in rural areas and one-third living in urban areas, which is the same distribution in the population of the study case¹⁶⁰. Galician is the main language in rural areas, while bilingualism dominates in urban areas (53.52%):

¹⁵⁸ Only-Galician or only-Spanish speakers refer to individuals who claim to use only Galician or Spanish in their daily lives on all occasions. Thus, we prefer this denomination (a translation from the original “falantes de só galego”) rather than “monolingual speakers of Galician” to avoid the false interpretation that these speakers cannot speak the other language of the region. According to official data (“Coñecemento e uso do galego”, IGE 2018, § 2.3.1), only a residual 0.7% of informants (from 5 years old) report a total inability to understand Galician, and 3.84% claim to understand only a little Galician. Regarding data on Spanish knowledge (adults between 18 and 69 years old), 99.79% claim to know Spanish, 88.52% report native competence, and 9.02% report very high competence (“Encuesta sobre la participación adulta en las actividades de aprendizaje”, INE, 2022, retrieved from <https://www.ine.es/jaxi/Datos.htm?tpx=61126> and <https://www.ine.es/jaxi/Datos.htm?tpx=61127>).

¹⁵⁹ The exact percentages from INE 2011 are not displayed to preserve the anonymity of the municipality. Nonetheless, the percentages were almost identically, showing consistency over the last ten years.

¹⁶⁰ Our data sample has a distribution of 66.3% (n=137) living in rural areas and 33.7% (n=71) in the urban area, which is very close to the actual distribution in our study case: 64.97% (rural) and 35.03% (urban). Data from 2019 (INE).

- **Rural areas:** Galician (only or dominant) → 76.64% // Spanish (only or dominant) → 23.36%
- **Urban areas:** Galician (only or dominant) → 66.20% // Spanish (only or dominant) → 33.80%

Galician has a strong presence in monolingual speech practices in the rural areas (64.96%), as compared to the 38.03% of urban informants who speak only Galician on a daily basis. Despite the low percentage of monolingual Galician in urban areas, use of Galician is actually also spoken more frequently than Spanish. This is due to the higher tendency of Galician-dominant bilingualism downtown (28.17%), more than double in respect to the rural informants (11.68%).

Spanish-dominant bilingualism is more stable between urban (18.25%) and rural areas (25.35%). Lastly, there are 65% more monolingual speech practices in Spanish in the urban area (8.45%) than in rural areas (5.11%) (see Figure 16).

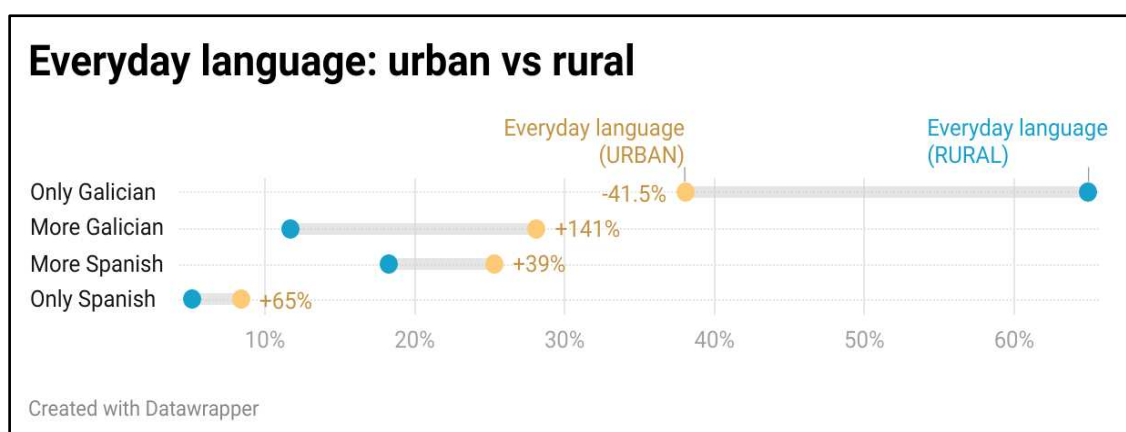


Figure 16: Language of daily life vs. population (study case)
Data from 208 questionnaires (2021). Own elaboration
Population: Chi² Value: 15.40785262 | p-value: < 0.01 | Cramer's V: 0.244¹⁶¹

The informants observed the same clear division between rural and urban linguistic uses (§ 5.1.2.). This separation is also related to a socio-cultural and economic difference, more marked in the past than today.

¹⁶¹ The variables Gender ($p=0.477$, $V=0$) and Education ($p=0.747$, $V=0$) are not statistically significant in our data; therefore, we do not consider these sociolinguistic variables in the analysis. The variable Education is typically described as a sociolinguistic variable that influences the use of Galician and Spanish. The contingency table crossing education with language of daily life has 15 degrees of freedom. To double-check if this might have influenced the statistical results, we ran the test using different combinations with fewer degrees of freedom. First, we simplified the six education levels (low A/B, medium A/B, higher A/B) into three levels: low, medium, and higher education, with six degrees of freedom instead of 15 did not offer more significant results ($p=0.621$, $V=0$). Second, we tested the variable Education with three education levels with the language of daily life in two groups (Galician and Spanish). This crossing has only two degrees of freedom. The observation was even less significant than the real division of the language of daily life with four levels (Galician, More Galician, More Spanish, and Spanish): $p=0.852$, $V=0$). The independent variable Age is statistically significant, but the sample would need to include more older informants to corroborate these results.

3. Galician was the first language at home (focus on speaking), and Spanish prevailed in school (focus on reading and writing)

As depicted in Figure 17, almost half of the respondents have learned to speak Galician (46.3%), followed by speakers who learned to speak in both languages (28.1%) and, in third place, those who learned to speak in Spanish (23.6%).

The trend is reversed regarding formal learning, i.e., reading and writing. In first place are speakers who learned to read and write exclusively in Spanish (43.8%). This data refers most likely to speakers who went to school in a pre-democratic period. Second, some have learned to read and write in both languages (41.9%). Informants who received compulsory education in the democratic era in Galicia studied in a bilingual school system. Finally, in third place, 11.8% responded that they learned to read and write only in Galician¹⁶².

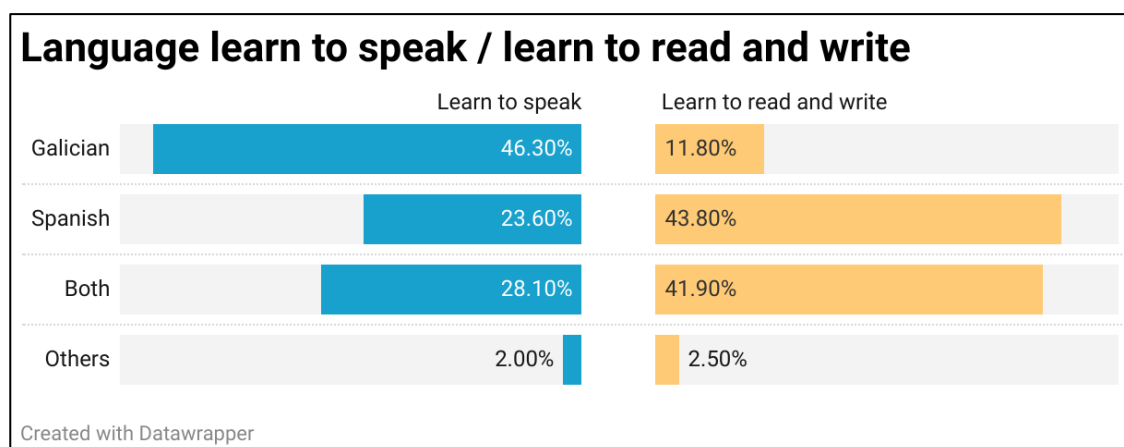


Figure 17: Language in which informants learned to speak, read, and write

Data from 208 questionnaires (2021). Own elaboration

Learn to talk: Chi² Value: 86.95764901 | *p*-value: <0.01 | Cramer's V: 0.244

Learn to read and write: Chi² Value: 23.08822549 | *p*-value: <0.01 | Cramer's V: 0.151

This distribution is in line with the informants' self-assessment of their oral and written proficiency.

4. Speakers feel more confident speaking Galician, but they claim equal confidence in both language in reading and writing

The language the informants learned to read and write can be directly correlated with the language they consider most fluent in speaking, reading, and writing¹⁶³. Once again,

¹⁶² Galician was incorporated into the school system at the beginning of the democratic era (Real Decreto 1981/1979 from 20 July). Hence, informants who learned to read and write only in Spanish are mostly over 50 years old. In this sample 71.43% were over 65 years old and 75.76% were between 50-64 years old. There were fields to indicate other languages they learned to speak or to read and write. No informants specified any other languages they learned to speak. Five informants indicated other languages they learned to read and write: Catalan (2), Russian (1), French (1), and a fifth who did not specify.

¹⁶³ All 208 participants answered the question regarding oral competence (*in which language do you feel more competent speaking?*), while 207 answered the reading question (*in which language do you feel more competent reading?*), and 206 informants answered the writing question (*in which language do you feel more*

the influence of their school years is fundamental to understanding these numbers. First, in speaking, half of the respondents rated Galician as the language in which they have the highest oral proficiency. This percentage is similar to that of those who learned to speak Galician. 38.94% consider they have a balanced bilingual proficiency, and 12.02% think they speak better in Spanish (Figure 18).

Second, in reading, six out of 10 respondents consider they have a similar fluency in both languages, followed by Spanish (26.09%) and Galician (14%). Third, in writing, the answers are more divided than in reading. Almost half of the informants (48.06%) think they are equally competent in both languages. The other half is divided between those who claim to write better in Spanish (29.61%) or in Galician (22.33%)¹⁶⁴.

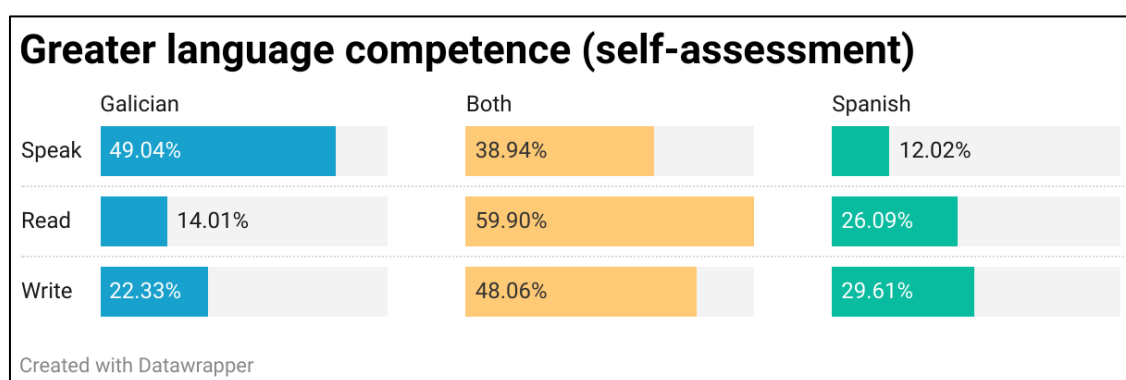


Figure 18: Language in which informants feel more competent to talk, read, and write
Data from 208 questionnaires (2021). Own elaboration

Best language to talk: Chi² Value: 163.02658930 | *p*-value: < 0.01 | Cramer's V: 0.617
Best language to read: Chi² Value: 33.96232879 | *p*-value: < 0.01 | Cramer's V: 0.261
Best language to write: Chi² Value: 64.54799873 | *p*-value: < 0.01 | Cramer's V: 0.378

There are two explanations to contextualize these numbers. First, the pre-democratic education in Spanish reduced the written comprehension and expression skills of Galicians over 50 years of age, as Informant 8 clarifies:

(16)¹⁶⁵ Pero os que entendemos, xa che digo, nós non tuvemos gramática gallega ningunha, pero a través do meu abuelo, a miña abuela, miña nai e esas cousas conservamos aquelas cousas e un pouco que les, un pouco tal, que lendo enténdelo ben todo, non? Pero claro, gramaticalmente estás un pouco fóra de..., da cousa, e ortograficamente tamén, tes fallos. Non se practica tampouco. Eu leo e tal e moitas veces si, si, e tal, pero non me poña a escribir. Eu vou pa ochenta anos, que vas facer? (*Informant 8: male, 78 years old, secondary education*)

The second possible explanation is the overexposure of Spanish in daily activities involving reading and writing.

5. Greater exposure to Spanish than to Galician in daily activities

competent writing?). The association between language of daily life and best language to talk is high (0.617), which shows a consistency in the answers.

¹⁶⁴ The higher competence in Spanish in reading (Cramer's V=0.27) and writing (Cramer's V=0.229) is related to the language in which they learn to read and write (participants who attended school before or after democracy, i.e., with or without Galician in school).

¹⁶⁵ All excerpts are translated into English in Appendix A.

Figure 19 shows that speakers have, on a daily basis, more passive exposure to Spanish than to Galician in entertainment and information searches. Spanish exclusively stands out among the four activities (reading, Internet, and TV/Radio), with a minimum of 56.10% of the responses.

This tendency towards Spanish might respond to the more extensive available offer in Spanish, whether through all Spanish national TV channels or on the Internet, especially for a younger audience (video games, social media, etc.). In the first activity (writing), when presented broadly, the fact that informal writing, e.g., messaging with friends, was also included influenced the more balanced responses between Spanish (56.10%) and Galician (43.9%). Nevertheless, Galician, whether exclusively or more Galician than Spanish, has a much lower presence than Spanish in reading (24.75% in total), Internet use (18.81%), and watching TV or listening to the radio (13.26%).

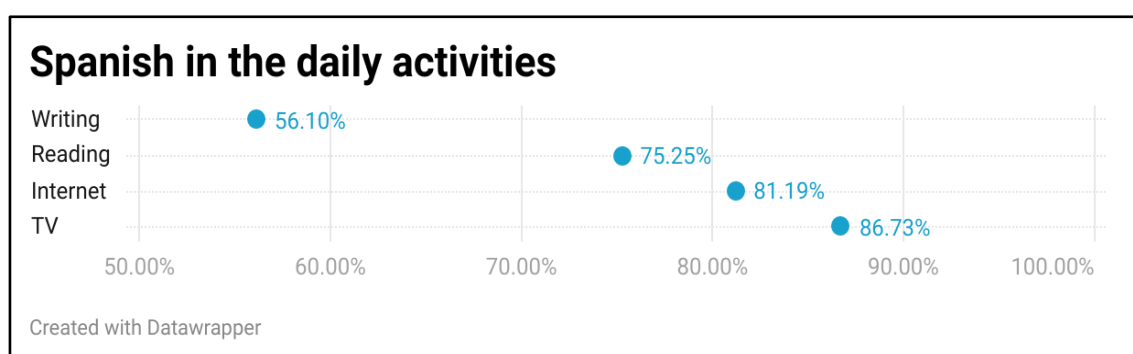


Figure 19: Use of Spanish in daily activities (writing, using the Internet, watching TV, and reading)
Data from 208 questionnaires (2021). Own elaboration

Writing: Chi² Value: 92.55540391 | *p*-value: < 0.01 | Cramer's V: 0.371
Reading: Chi² Value: 45.91311157 | *p*-value: < 0.01 | Cramer's V: 0.246
Internet: Chi² Value: 19.26041159 | *p*-value: < 0.01 | Cramer's V: 0.130
TV/Radio: Chi² Value: 19.20082282 | *p*-value: < 0.01 | Cramer's V: 0.132

Media (newspapers, TV, radio) was the most voted option in the questionnaire of domains where Galician should be used more (81.5%, cf. 5.1.2.). This support also comes from Spanish speakers, as Informant 1 points out:

(17) Hombre, en los medios de comunicación podría usarse más, sobre todo en la escrita. Sobre todo, yo echo de menos los periódicos gallegos que son en castellano, que dices tú, salvo determinados artículos, que son así en gallego por no sé qué razón, creo que debería ser en gallego, no sé... Y bueno, la televisión, sí que tenemos una televisión cien por cien en gallego. Bueno, los medios de comunicación si, en general. Y bueno, en la escuela también algo más, porque es eso, por ejemplo, en el caso de mi hija que yo creo que debería usarse... Y bueno, yo en el médico por ejemplo en (***) yo creo que hablan prácticamente todos en castellano los médicos, o sea, sí que estaría bien también... (*Informant 1: female, 38 years old, higher education*)

6. Bilingualism was less prevalent in the previous generation

Comparing the language of daily life of the informants (median 40 years old) with their parent's language of daily life, we can observe a similar tendency to speak more Galician

than Spanish (see Figure 20). However, the vast majority of the previous generation is monolingual (78.26%). Bilingualism was less prevalent in their parent's generation: 49.7% fewer speakers of Galician and 41.6% of speakers of more Spanish. It is unknown whether these responses are more oriented towards the language their parents spoke to them or the language their parents used in general in their daily lives.

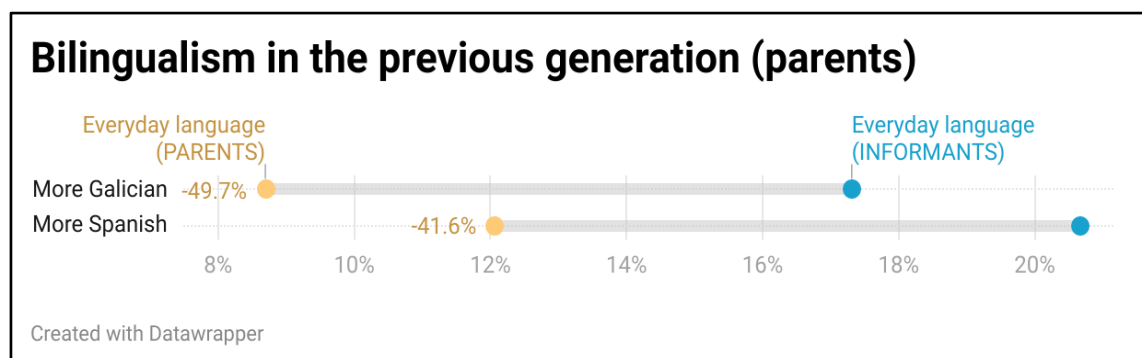


Figure 20: Language of daily life vs. parent's language of daily life
Data from 208 questionnaires (2021). Own elaboration
Parent's language: Chi² Value: 110.59039335 | *p*-value: <0.01 | Cramer's V: 0.401

Informants 11 and 10 observed this behavior within their family. The parents speak between them in Galician, but they prefer to educate their children in Spanish.

(18) Sí que era lo que pasaba. Les pasó a mis padres, que entre... o sea, mis abuelos entre ellos hablaban en gallego y después con ellos en castellano. (*Informant 11: female, 23 years old, higher education*)

(19) Son muy raros porque... las hijas (*her wife and sisters*) hablan castellano y los padres hablan en gallego. (*Informant 10: male, 38 years old, higher education*)

The older generation's tendency to speak more Galician is related to the greater use of Galician when talking with older family members.

7. Galician is spoken less frequently with the younger family members (children and grandchildren)

Seven out of ten informants (73.08%) speak only or primarily Galician in their daily life. This ratio varies when asking for their language with different family members. Focusing on the older generations (grandparents and parents) and younger generations (children and grandchildren), we observe a clear difference: Galician is more spoken with the older generations than with the younger family members (children and grandchildren) as depicted in Figure 21¹⁶⁶.

Galician-dominant speakers report speaking Galician with their parents slightly more often than in their daily life (an increase of 0.9%). When interacting with their

¹⁶⁶ Grandparents (164 answers), parents (183 answers), children (136 answers) and grandchildren (62 answers).

grandparents, there is a notable increase, with 10% more informants using Galician. However, this trend reverses with younger generations: 6.1% fewer speakers use Galician with their children, and 20.6% fewer use it with their grandchildren. This indicates a progressive decline in the intergenerational transmission of the Galician language within families.

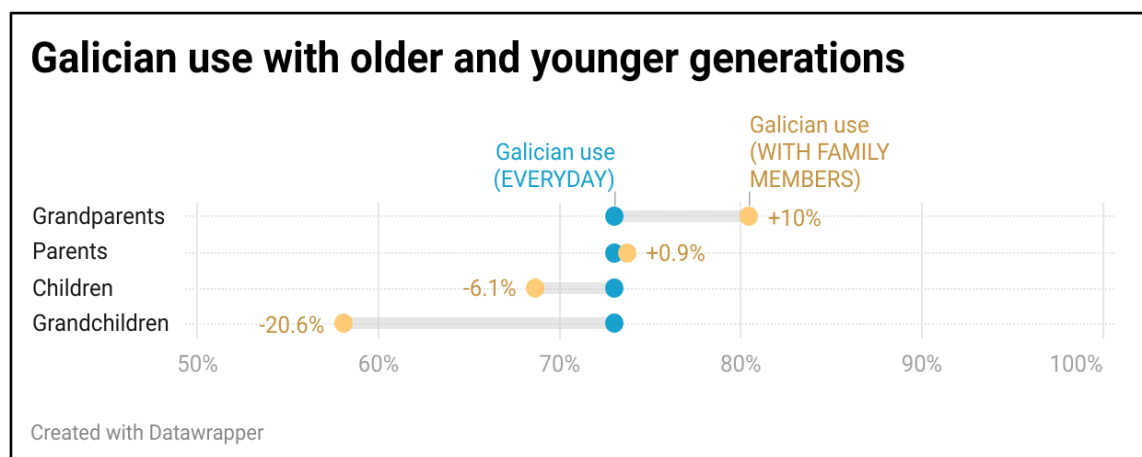


Figure 21: Comparison between Galician use in the everyday and with different family members
Data from 208 questionnaires (2021). Own elaboration

Grandparents: Chi² Value: 123.98708619 | *p*-value: < 0.01 | Cramer's V: 0.487

Parents: Chi² Value: 169.52456506 | *p*-value: < 0.01 | Cramer's V: 0.545

Children: Chi² Value: 145.50119754 | *p*-value: < 0.01 | Cramer's V: 0.584

Grandchildren: Chi² Value: 47.44687253 | *p*-value: < 0.01 | Cramer's V: 0.465

Communication in Spanish with the grandchildren was frequently mentioned in the interviews, both from their perspective as a grandparent and parent, as explained below by Informants 1, 15, and 14.

(20) Los abuelos le hablan castellano, normalmente, gallego a ver, a lo mejor... De hecho, bueno, sí que hablan, por ejemplo, mi suegra sí que habla gallego, en su vida normal. Y sí que a veces sí que les habla en gallego, pero es raro, normalmente tira del castellano. (*Informant 1: female, 38 years old, higher education*)

(21) É un fallo que hai, e eu aí tamén me incluyo, é que ós fillos e ós netos non lles falamos en galego. (*Informant 15: male, 78 years old, secondary education*)

(22) Eu sempre en galego, si. Unicamente algún momento cando os nenos eran pequenos que empesaban a falar castellano, agora xa falan galego. Si. Os netos digo, eh? (*Informant 14: female, 77 years old, primary education*)

8. Fewer bilingual practices between co-workers and more with clients

Besides family members, the questionnaire also included a question regarding the informants' language use in their social circles (see Figure 22). The circles range from the closest (friends) to those from whom more distance is kept (e.g., managers at work). The objective of this question was to observe the dynamics caused by hierarchical differences, i.e., the language spoken with peers, staff under the informant (below), and bosses (above).

Language choice is consistent, particularly in contexts of proximity with friends and peers (classmates and workmates). When interactions occur in situations of more significant asymmetry (talking with the boss or employees), monolingual exchanges are more likely than bilingual ones. When interactions tend toward the transactional (talking with customers), there is a stronger tendency toward bilingualism¹⁶⁷.

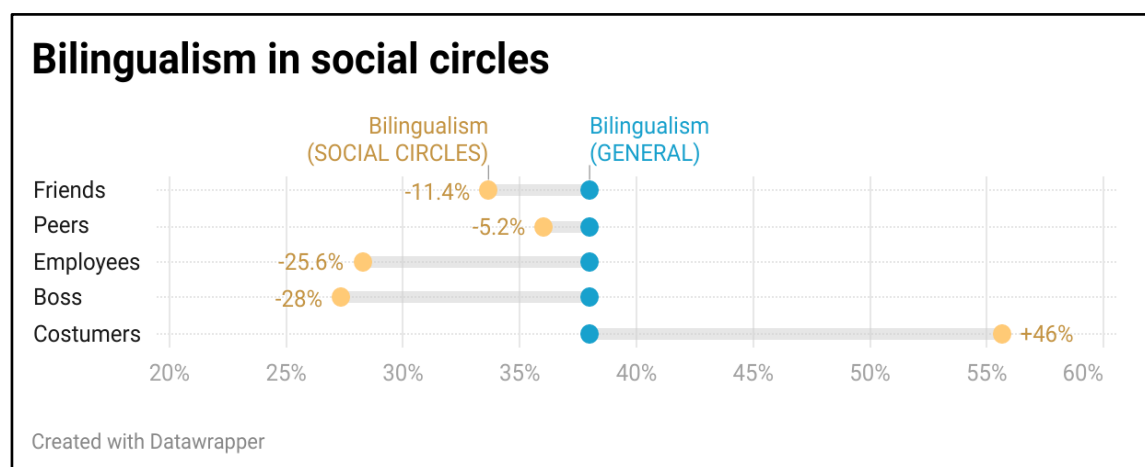


Figure 22: Comparison between bilingualism in the everyday and with different social circles
Data from 208 questionnaires (2021). Own elaboration

Friends: Chi² Value: 259.15395093 | *p*-value: < 0.01 | Cramer's V: 0.642
Peers: Chi² Value: 179.34974824 | *p*-value: < 0.01 | Cramer's V: 0.556
Employees: Chi² Value: 117.21467635 | *p*-value: < 0.01 | Cramer's V: 0.530
Boss: Chi² Value: 125.32255451 | *p*-value: < 0.01 | Cramer's V: 0.495
Customers: Chi² Value: 110.73807953 | *p*-value: < 0.01 | Cramer's V: 0.493

Monolingual exchanges dominate in work environments in this sample, perhaps because they are mostly small local companies. This is the case of Informant 15, owner of a medium-sized family-run business, who speaks Spanish at home and claims to speak Galician with his employees¹⁶⁸.

(23) Así como hai moita xente que fala galego na casa, ou coa familia e tal e ca xente que tes contacto, por exemplo, no traballo, eu fálole a todo mundo galego. Excepto a un cubano que temos alí, que tamén lle podo falar que enténdeo. Pero nas fábricas e no traballo a xente fala galego. (*Informant 15: male, 78 years old, secondary education*)

9. Four out of ten speakers accommodate to the other's language

When the data on language accommodation are displayed, it is possible to identify the number of active bilinguals (37.98%) and the people who accommodate their language (38.46%). To the question: "If I talk with someone who can speak Galician and Spanish..." Four out of ten would match the interlocutor's language, whether or not it matches their preferred language (see Figure 23).

¹⁶⁷ We must remember that the sample was collected in a small tourist town with an abundance of tourist-oriented businesses: restaurants, bars, hostels, small stores, etc..

¹⁶⁸ Approximately 90% of the local businesses in this small town have less than 5 employees. Data: IGE, 2019.

Nonetheless, six out of ten informants would continue to speak their language of daily life, since they are confident their interlocutor would understand them. In both cases, there is an implicit language negotiation, whether one person gets closer to the other through language shift or each “agree” to speak their language of daily life, not posing any problem to either party.

Active bilinguals choose which language to speak according to the situational context or their role. For instance, speakers in the professionals use Galician to perform their duties as, typically, public servants in the administration of the Xunta de Galicia (cf. 3.1.2.):

(24) Nosotros aquí (*Town Hall*) lo que hacemos es si nos hablan en gallego nosotros contestamos en gallego y si nos hablan castellano...A ver, los que hablan en gallego hablan en gallego, a mí me sale el castellano, por ejemplo, si me hablan en castellano, pero bueno, yo en el trabajo uso muchísimo el gallego. Procuro siempre de primeras entrar con el gallego, ¿sabes? Empiezo yo, es donde me solté más, en el trabajo, porque yo antes el gallego, la verdad, me costaba muchísimo y ahora me siento bastante suelta hablando gallego. (*Informant 1 (public servant): female, 38 years old, higher education*)

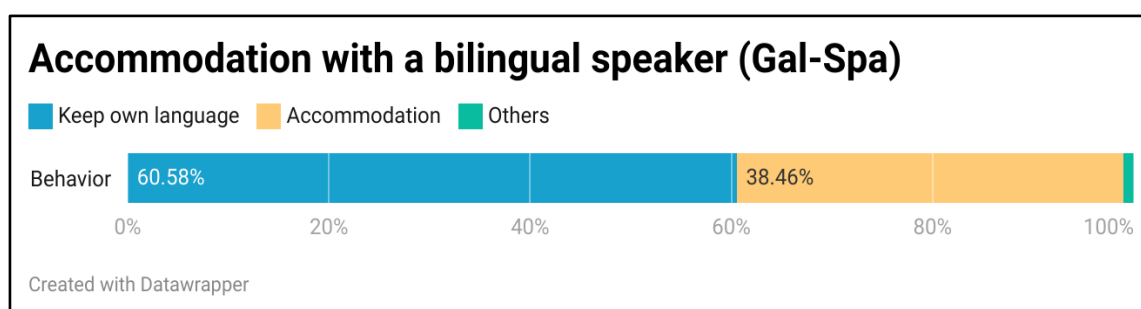


Figure 23: 4 out of 10 speakers accommodate their language
Data from 208 questionnaires (2021). Own elaboration
Accommodation: Chi² Value: 74.46255625 | p-value: < 0.01 | Cramer's V: 0.587

Informant 14 speaks of “adapting” to the situation, so she speaks either Spanish or Galician.

(25) Adáptome, se me falan en castellano, fállolle en castellano, en galego, en galego. Si. (*Informant 14: female, 77 years old, primary education*)

Informant 10, a migrant, believes that in this small town, bilingualism is more active than in other Galician regions.

(26) Pasa que a veces vamos allí a la zona de Ourense y me da impresión que ahí hablan más (*Galician*). Más gente, o simplemente no... no intentan cambiar (risas). Vamos ahí, que tiene mi mujer una amiga, y... allí hablan, parece que todos no cambian. Y aquí está mezclado todo. (*Informant 10 (migrant): male, 38 years old, higher education*)

10. Spanish-dominant speakers are more open to accommodation when interacting with a Galician-dominant speaker than vice-versa

Galician-dominant speakers in their daily lives are more reluctant to accommodate their language if their interlocutor speaks Spanish but understands Galician: three out of four indicated that they would not switch to Spanish. On the contrary, three out of four

Spanish-dominant speakers would shift to Galician to accommodate to Galician-dominant speakers.

- Galician speakers (monolingual and Galician-dominant):
150 informants → 39 (26%) accommodate.
- Spanish speakers (monolingual and Spanish-dominant):
56 informants → 41 (73.21%) accommodate.

In the statements, Informant 15 represents Spanish speakers who are willing to accommodate their language:

(27) Fálasme galego? Contesto en galego. Fálasme en castelán? Pois contesto en castelán. Ojalá poder dicir así en inglés ou alemán ou francés. (*Informant 15: male, 78 years old, secondary education*)

However, Informant 7, a Galician-dominant speaker, considers this language change with bilingual speakers disrespectful and not sufficient in society.

(28) De parte mía sería un... De parte mía poñerse a falar castelán a unha persoa de aquí, sería unha falta de respecto... Non sei se falta de respecto, sería algo, unha carencia. Eu falar o castellano a unha persoa de aquí? Ti estás aquí e vasme dicir a min que che fale o castellano a ti aínda? É o que faltaba. (*Informant 7: male, 61 years old, secondary education*)

5.1.1.2. Findings on language use with the doctor

Informants reported their language use with the family doctor and in the hospital (specialists or emergency room). The interactions in primary care are characterized by being part of a long-term relationship. Thus, there is proximity and trust between doctor and patient¹⁶⁹. On the contrary, hospital interactions may involve an encounter with a different physician on each occasion, which increases the distance between the participants. The following is a summary of the most noteworthy findings concerning linguistic uses with the physician:

1. Healthcare is the second most common domain where speakers do not use the language, they claim is their “language of daily life”

Half of the informants (49.04%, n=102) answered that they use a different language in specific public domains, more than the number of functional bilinguals (37.98%). This means that approximately 11% of Galician or Spanish dominant speakers choose not to speak their first language in certain public domains. The focus of this question was to

¹⁶⁹ Out of 205 answers, 88.78% (n=182) declared to have had the same family doctor for a minimum of one year. Half of them (48.29%) have had a professional relationship with their family doctor for a minimum of five years. Regarding the frequency of appointments, 62.98% (n=131) go to the family doctor a minimum of one time per year. Finally, 6 out of 10 informants (66.51%) consider they can talk openly and trustingly with their general practitioner. Only 13.59% do not have a relationship of trust with their physician, and 19.90% only rely on their physicians for certain topics.

contextualize language use in medical practice and to see if language choice depends on the situational context. Besides the option “with the doctor,” the question offered five other examples: administration, local and city shops, social meetings (children’s school or neighborhood), and interactions in the bank, lawyer, or similar. These examples include options with more or less formality and urbanity¹⁷⁰. Figure 24 depicts the results of this question.

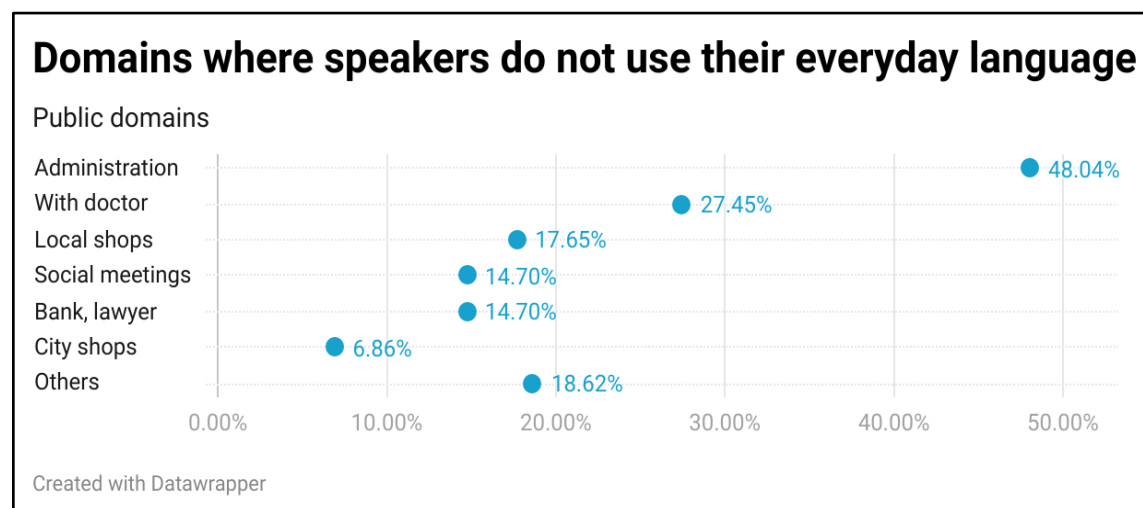


Figure 24: Domains where speakers do not use their language of daily life
Data from 208 questionnaires (2021). Own elaboration

Healthcare (talking with a doctor) ranks second in the list of public domains where speakers do not use their language of daily life (27.45%, n=28). Before entering the doctor's office, they leave their preferred language at the door to match the doctor's language.

The profile of this group of people who does not use their language of daily life with the family doctor has the following characteristics¹⁷¹:

¹⁷⁰ In third place are local stores, which outperform city stores (17.65% vs. 6.86%). The expected response regarding proximity-distance shopping was the opposite. Although it is beyond the scope of the questionnaire, it would be interesting to learn more about the direction of this language switch and the motivations behind the language choice and switching in different domains. This question generated a higher number of free entries, which shows that the options offered were limited. After receiving some responses, we corrected the question wording since most of them wrote that they change languages with people from outside Galicia or do not understand Galician (19 responses out of 134 that were not counted in the total in this analysis, because these informants did not select more options). Therefore, we specified in the statement: “in case the interlocutor understands both languages”. However, leaving aside these null entries, 32 other options were received, which we can classify into the following groups. First, it is necessary to highlight those who took advantage of the field to explicitly and emphatically write “never” (13). These answers were also excluded from the total since they contradict the question’s goal. Secondly, some constantly adapt to the language of their interlocutor (7). In this line, there are the three informants who explicitly point to an accommodation towards Spanish and when “in a conversation everybody speaks in Spanish”. Four informants emphasized the workplace and talking with clients as a context in which they switch languages. Finally, with an individual vote, there are: feeling angry, writing, giving complex orders, telling anecdotes, and “depending on the time and place”. The latter is also connected to accommodation. Some informants also took advantage of this blank field to make a defense of Galician: “Non cambio a miña lingua (galego) na miña comunidade, xa que todos saben falar galego” (“I do not change my language (Galician) in my community, since everyone can speak Galician”).

¹⁷¹ All personal, switching, and healthcare variables were crossed with the dependent variable “language change with the doctor”. Once the statistical significance tests were performed, we further analyzed the variables with a p-value of <0.05 and a Cramer's V value greater than 0.1. Age group (Cramer's V 0.263); education level

- **Age group:** Older speakers change their language of daily life when they go to the doctor as younger speakers.
- **Education level:** Speakers with higher education tend to switch their language of daily life in healthcare less (7.69%) than speakers with secondary (40%) or primary education (16.95%).
- **Accommodation:** Two-thirds tend to accommodate the other's language (64.28%, n=18), while one-third (35.71%, n=10) would keep their preferred language.
- **Language with the doctor:** One-third of this group (32.14%, n=9) admit they alternate languages with the family doctor. Half of them (50%, n=14) code-switching with the doctor in the hospital.

2. Half of the medical consultations require implicit or explicit language negotiation

In primary care consultations, doctors and patients might or may not speak the same language as the doctor. They are even aware of the language alternation inside the doctor's office. Thus, the responses are divided into two groups (see also Figure 25):

- **Consultations without language negotiation (48.29%, n=99):** Consultations with a matching dominant language between doctor and patient. In the questionnaire, there is a balance between informants who have medical consultations only in Galician (27.8%) and only in Spanish (20.49%).
- **Consultations with language negotiation (50.73%, n=104):** consultations requiring negotiation might be *with* code-switching (explicit negotiation) or without (implicit). The consultations without code-switching are those in which the doctor and patient speak a different language. The most common behavior is that the doctor speaks Spanish, and the patient speaks in Galician (34.15%). In case of Spanish-dominant speakers, 1.46% kept their preferred language when having a consultation with a Galician-speaking doctor. Finally, 15.12% of the respondents acknowledge that they, as patients and physicians, negotiate the interaction alternating between the two languages during the consultation.

(Cramer's V 0.196); accommodation (Cramer's V 0.186); language with the family doctor (Cramer's V 0.227); language in the hospital (Cramer's V 0.219). The correlation between the habitual language variable and the tendency to change language in the health care setting is not statistically significant (p-value 0.33, Cramer's V 0.04). Of the 28 speakers who claim not to use their usual language with the doctor, 19 are monolingual Galician or Galician-dominant speakers, and 9 are monolingual Spanish or Spanish-dominant speakers. However, if we contrast these figures with the total number of Galician and Spanish speakers, which are not balanced, we see that the percentages are balanced. The 19 responses correspond to 14.29% of the total Galician speakers, while the 9 responses from Spanish speakers correspond to 19.15% of the total speakers.

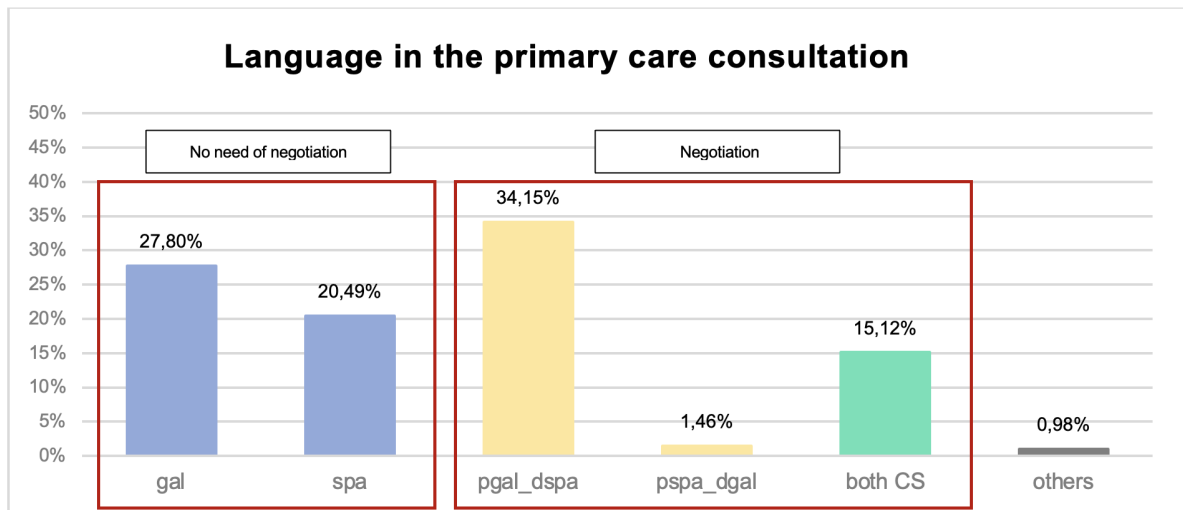


Figure 25: Self-reported language used in the consultation (205 answers)
Data from 208 questionnaires (2021). Own elaboration

This ease of changing languages among bilingual doctors is noted by Informant 10, a migrant who has been living in the town for sixteen years:

(29) Yo pienso que es lo mismo. No se paran en ese tema. Pienso que los... médicos de aquí son bastante inteligentes y tal para saltar de un idioma pa' otro porque aquí casi todo mundo habla en dos idiomas. No supone un problema pa' ellos ni pa mí, pasar de un lado pa' otro. (*Informant 10: male, 38 years old, higher education*)

3. Galician speakers are more consistent in their language use with the doctor, and Spanish speakers are more willing to code-switch

Figure 26 shows that Galician speakers are more consistent than Spanish speakers in their language use in the doctor's office. Eight out of ten use their language of daily life with the physician (78.52%, n= 117). Only one out of ten (9.40%, n=14) claim to code-switch between Galician and Spanish, the same proportion of those who change the language beforehand (12.08%, n=18, speak in Spanish).

On the contrary, only half of the Spanish-dominant speakers (50%, n=27) affirm they speak in Spanish with the doctor. Whereas three out of ten informants alternate between Spanish and Galician (31.48%, n=17), two out of ten choose Galician before starting the interaction (18.52%, n=10).

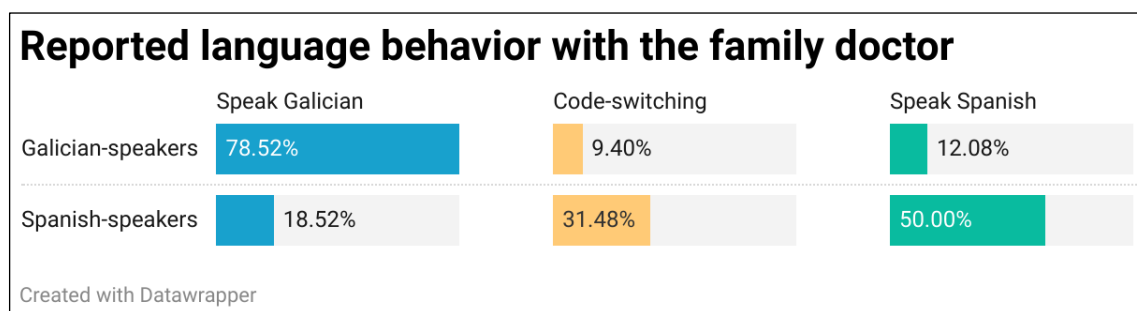


Figure 26: Reported language behavior with the doctor
Data from 208 questionnaires (2021). Own elaboration

Language with doctor vs. Galician: Chi² Value: 76.36501028 | p-value: < 0.01 | Cramer's V: 0.591
Language with doctor vs. + Spanish: Chi² Value: 44.84926668 | p-value: < 0.01 | Cramer's V: 0.441
Language with doctor vs. Spanish: Chi² Value: 33.39566793 | p-value: < 0.01 | Cramer's V: 0.372
Language with doctor vs. + Galician: Chi² Value: 7.88648989 | p-value: 0.162 | Cramer's V: 0.118

4. Patients code-switch more during the consultation if the doctor does not speak their preferred language

Despite only 15.12% (n=31) of informants claiming to alternate between Galician and Spanish when talking with the family doctor, 28.85% (n=58) answered positively to the question: “If the doctor does not speak your habitual language, do you switch your language in any moment in the consultation?”. The question offers two variances: it refers to an individual behavior and allows responses on occasional alternations. Further, the question mentions explicitly when the doctor and patient do not share their preferred language. The answer to the general question of what language they speak in the family doctor's office is: “we both mix the two languages”, which orientate to a shared behavior.

(30) Interviewer: si, refirome a ti, cando estás na consulta depende do día, depende da..., falas unha cousa ou outra.

Informant 14: da conversación ou deso.

Interviewer: e para ela non..., é normal pa ela, non?

Informant 14: ai, si. Si, si.

Interviewer: que vós cambiedes dun a outro, non?

Informant 14: si, si. (Informant 14: female, 77 years old, primary education)

Language spoken by code-switchers with the family doctor: The findings are noteworthy if we compare these responses regarding code-switching during the consultation with the language that these informants say they speak with the family doctor. The first thing we spot is the incongruence between the general question about language use in the consultation and this specific question on code-switching. The expected response would be that all those who responded that they alternate languages with the doctor (31 informants) would also answer affirmatively to this next question. This is not the case; the majority (18 out of 31) say that they do not employ code-switching during the consultation. Perhaps specifying that the doctor does not speak their preferred language

could indicate that these eighteen informants code-switch with a physician with whom they share their preferred language and thus negotiate the interaction.

Sociolinguistic profile of code-switchers with the family doctor: Among the different personal variables, two of them are statistically significant: gender and education¹⁷²:

- **Gender:** The group of code-switchers has more female (56.90%, n=33) than male (43.10%, n=25). Nonetheless, if we calculate the relative frequency to the total sample group, which has more women than men, we can see an opposite trend. Four out of 10 men in the data sample employ code-switching (43.10%), compared to 2 out of 10 women (23.08%).
- **Education:** All education levels are represented in his group: primary education (34.48%, n=20), secondary education (24.14%, n=14), and higher education (41.38%, n=24). According to this distribution, speakers with higher education tend to code-switch more. However, if we compare these data with the total number of informants with this level of education in the total sample, half of the informants with primary education say that they code-switch in the medical consultation, while only 20.89% of those with secondary education and 24.24% of those with higher education do so.

5. Giving explanations and requesting information are the main reasons to code-switch in the family doctor's office

Almost three out of ten informants acknowledge that they alternate at some point languages during the medical consultations (28.85%, n=58). The self-reported reasons to code-switch are the following (from the most to the least voted): a) explaining something important; b) making enquiries about the treatment; c) giving an opinion with emphasis; d) explaining something personal which can be sensitive; e) making jokes. Thus, the motivations combine a social and a discursive focus. Informants could give more than one motivation (up to five) or even write a new one. See Figure 27 for a summarization of the questionnaire answers.

¹⁷² Statistically significant: gender: $p=0.007/V=0.187$; education level: $p<0.01/V=0.271$. Non statistically significant: age group: $p=0.256/V=0.071$; population: $p=0.921/V=0.000$.

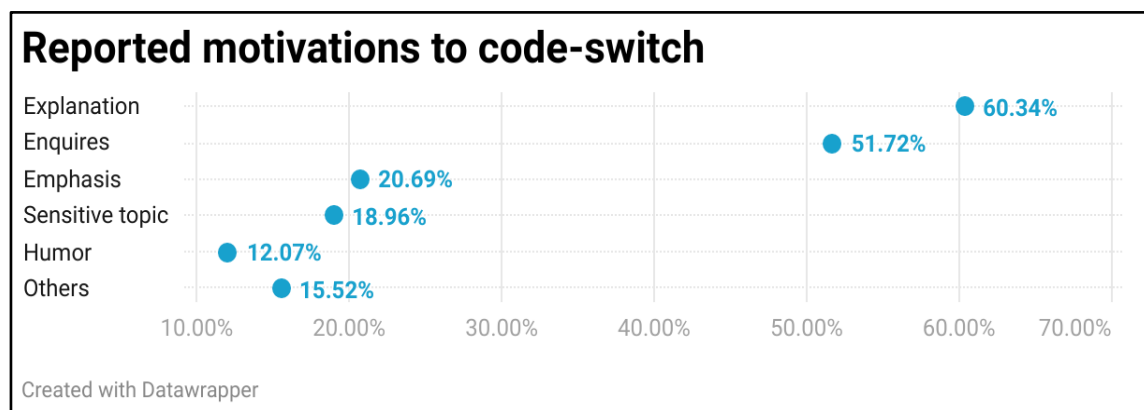


Figure 27: Reported motivations to code-switch during the consultation (58 answers)
Data from 208 questionnaires (2021). Own elaboration

The three motivations with the most votes (explanations, enquiries, emphasis) are related to the transactional goal of the consultation. Both patients and doctors want to find a solution to a medical problem, reassuring that there are no misunderstandings on both ends. Therefore, they use a variety of the communication strategies to do so in a short time. The ultimate goal is to fulfill the transactional goal of the consultation while allowing the patient to have a voice and, therefore, balancing the asymmetry between patient and doctor.

The other two motivations are related to the interpersonal relationship between doctor and patient. Eleven informants (18.96%) alternate languages to talk about something very personal, a sensitive topic that may require use of the language that s/he associates with emotions. Seven informants (12.07%) recur to code-switching to make jokes. A sensitive topic and humor allow the patient to reduce the distance from the physician¹⁷³.

6. Patients accommodate more to the doctor's language in the hospital

The questions on language behavior in the hospital were designed to elaborate a small comparison between how informants speak with the family doctor and the specialist in the hospital. In the Galician public health system, the general practitioner arranges a

¹⁷³ In the free-response field (others), clarifying answers were found. First, some informants might have had issues understanding the question, maybe due to its formulation, mixing concepts as code-switching/language alternation during the consultation and language choice before the interaction. Two informants explicitly confused the language alternation throughout the consultation with the choice of language at the beginning of the consultation. They responded that they accommodate their language to the physician's language. Likewise, one informant wrote in this field that s/he (do you know the gender of this informant? If so, select the gender.) alternates languages spontaneously. Thus, s/he is aware that s/he alternates languages but does not know when s/he does it, or how to identify the switches with a specific motivation. This apparent contradiction is a normal process for bilinguals who code-switch: "While bilinguals do, at times, code-switch consciously, usually the event is subconscious (Baker and Prys Jones, 1998: 58. It is also worth mentioning a free response indicating that "my doctor is not Galician". Even coming from a single informant, this information helps us clarify the high incidence of patients in our sample who speak Galician while their physician speaks Spanish (34.15%, n=70). Finally, four answers that contradicted the question ("I never code-switch") were discarded. Thus, the category *others* groups the following nine reasons: "for everything" (2); "without being aware of it" (1); "comprehension issue" (3), "accommodation to the doctor's language from the beginning" (2); "non-Galician doctor" (1).

consultation with a specialist, and the appointment system will randomly assign one. Therefore, we can assume a more distant address in a non-familiar environment, which includes not knowing the physician's preferred language.

(31) Que yo sepa... Es que claro, no lo sé. Yo los médicos que tienes en la seguridad social son claro, tú vas al hospital y cada vez te toca uno distinto, entonces claro, yo ahí en una conversación así no te sé decir salvo que ya veas que es extranjero, que nunca me cuadró ninguno, de ver a lo mejor que es de otro país por los rasgos, bueno, que a lo mejor tiene los rasgos y es de aquí, pero bueno. (*Informant 1: female, 38 years old, higher education*)

Informants were asked in which language they speak when they have a consultation in the hospital; see the following Figure 28:

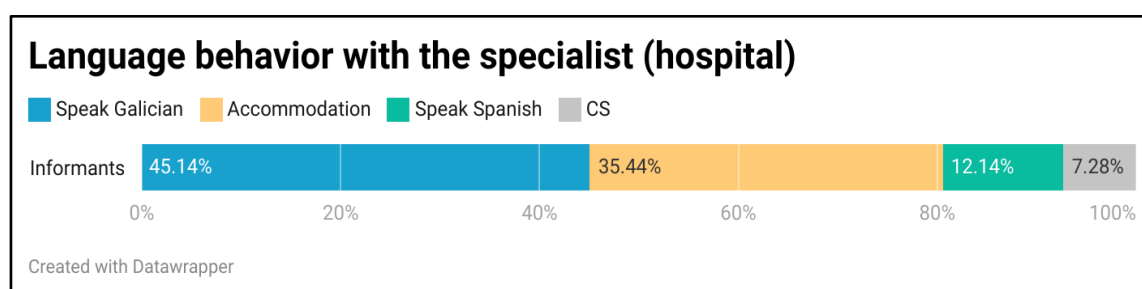


Figure 28: Language behavior with the specialist doctor at the hospital (206 answers)

Data from 208 questionnaires (2021). Own elaboration

Language of daily life vs. Language spoken in hospital: Chi² Value: 129.70603175 | p-value: < 0.01 | Cramer's V: 0.445

Almost half of the informants speak Galician with the specialist in the hospital (45.14%, n=93). A third part accommodates to the doctor's language (35.44%, n=73), the same proportion of language accommodation in general contexts. The remaining informants speak Spanish (12.14%, n=25) or alternate between Galician and Spanish (7.28%, n=15).

7. Patients code-switch more in primary care than in the hospital

Figure 29 illustrates that informants reported more language alternation in primary care settings compared to hospitals. When asked generally about the languages they speak with their family doctor, 15.12% said they alternate between Spanish and Galician. However, when asked explicitly about their individual behavior, 28.85% claimed to code-switch at some point during the interaction. In hospital consultations, code-switching is less common, with only 7.28% reporting such behavior. This percentage doubles to 14.79% when the consultation is specifically with a Spanish-speaking physician.

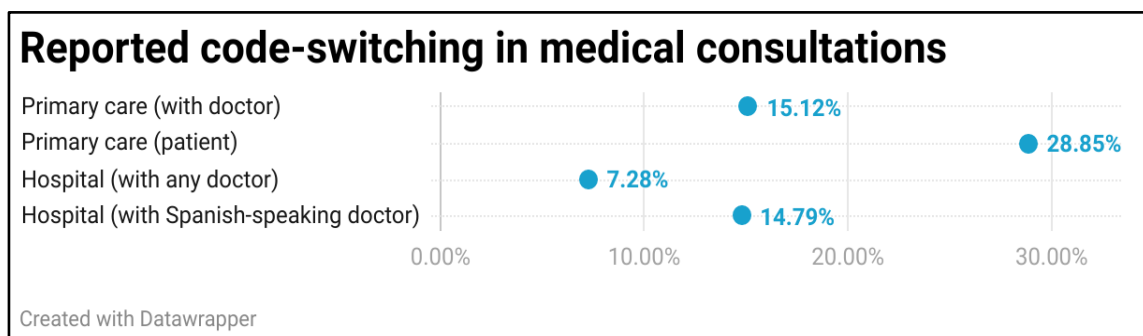


Figure 29: Language behavior with the specialist doctor at the hospital (206 answers)

Data from 208 questionnaires (2021). Own elaboration

Language with family doctor vs. Language in hospital: Chi² Value: 123.65286993 | p-value: < 0.01 | Cramer's V: 0.424

The strongest equivalence is between informants who alternate languages with the primary care physician and those who alternate languages with the Spanish-speaking physician. However, only half of these informants also alternate languages with the family doctor (13 out of 29).

5.1.2. Language Attitudes

The main findings on general language attitudes offer an overview of the informants' beliefs and opinions about Spanish and Galician. Further, the principal findings regarding healthcare focused on the central issues related to language use in the doctor's office.

5.1.2.1. Findings on general language attitudes

Language attitudes were evaluated through sociolinguistic questionnaires and interviews. The questionnaires provide a numerical evaluation (findings 1 and 2), and the interviews provide in-depth insights behind these numbers (findings 3-10).

1. Galician is valued more highly than Spanish: cultural asset, private and professional usefulness

One of the questionnaire questions examined the opinions on three statements about Galician and Spanish. The answers were calculated using a Likert Scale from 1 (strongly disagree) to 5 (strongly agree):

- Galician/Spanish is a cultural asset of Galician.
- Galician/Spanish is useful in private life.
- Galician/Spanish is useful in professional life.

Figure 30 shows that the language attitudes are generally more favorable towards Galician than Spanish. Galician is associated with positive identity values, group membership, and cultural roots. Nonetheless, Spanish is considered useful, especially in the professional sphere.

Overall, the scores are more consistent regarding Galician (with a majority of responses of “5”) than Spanish. The first statement (cultural asset) presents more significant differences. Most informants strongly agree that Galician is part of the Galician culture (mean value: 4.93), while Spanish is less seen as a cultural asset of Galicia (mean value: 3.42). Regarding the usefulness of both languages, in the professional sphere Galician and Spanish are almost equally positively evaluated (4.63 vs. 4.3). Nevertheless, Galician receives a better evaluation regarding its usefulness in private life.

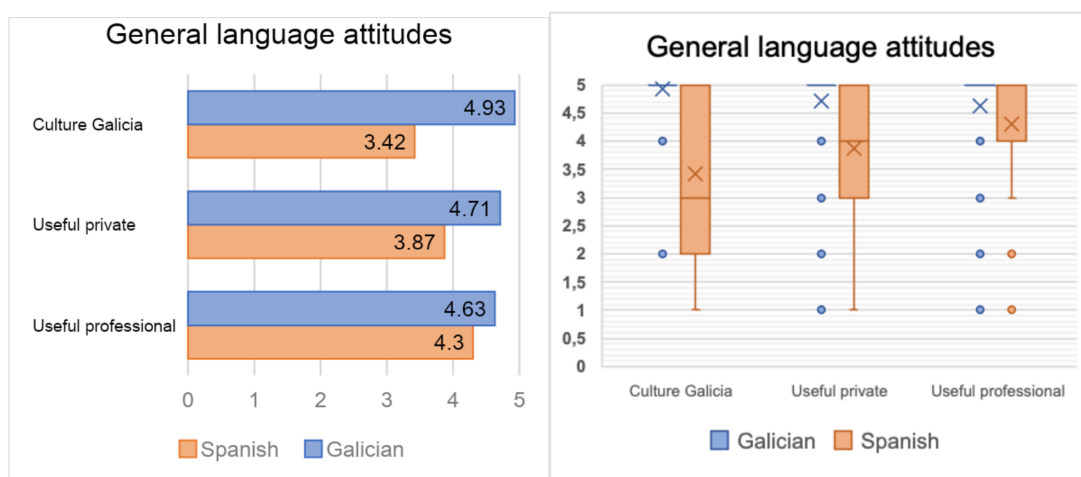


Figure 30: General language attitudes towards Galician and Spanish
Data from 208 questionnaires (2021). Own elaboration

The overall positive attitude towards Galician can undoubtedly be related to the prevalence of monolingual Galician speakers in the sample. Therefore, the majority of answers gave 5 points (strongly agree) to the three questions, with only some outliers¹⁷⁴. The answers on general language attitudes were crossed with the personal variables, and the following significant associations were found¹⁷⁵:

Gender¹⁷⁶: there are two significant associations between gender and general language attitudes. First, women have a clear tendency towards strongly agreeing with the utility of Galician at work (eight out of ten female respondents), as compared to men, a third of whom gave fewer than 5 points to this statement. Second, while a majority of men provided a response of “5” to each statement (6 out of 10), women provided a more distributed

¹⁷⁴ Galician as a cultural asset of Galicia (208 answers): 196 participants gave 5 points; 11 participants gave 4 points, and 1 participant gave 2 points. Galician useful in private life (207 answers): 168 participants gave 5 points; 24 (4 points); 11 (3 points); 3 (2 points); and 1 (1 point). Galician as a useful language in professional life (207 answers): 163 participants gave 5 points; 19 (4 points); 20 (3 points); 2 (2 points); and 3 (1 point). Spanish as a cultural asset of Galicia (207 answers): 79 participants gave 5 points; 21 participants gave 4 points, 47 (3 points); 28 (2 points); and 32 (1 point). Galician useful in private life (207 answers): 99 participants gave 5 points; 33 (4 points); 42 (3 points); 15 (2 points); and 18 (1 point). Galician as a useful language in professional life (207 answers): 124 participants gave 5 points; 44 (4 points); 25 (3 points); 5 (2 points); and 9 (1 point).

¹⁷⁵ Any possible crossing regarding education level was statistically significant.

¹⁷⁶ Gender crossed with Galician in professional life: p-value 0.016/ Cramer's V 0.198. Gender crossed with Spanish in the private life: p-value 0.024/ Cramer's V 0.186.

evaluation between 1 and 5 points. Women are also more critical about the usefulness of Spanish in their private life.

Age¹⁷⁷: The 50-64 age group is the most critical group concerning the utility of Spanish as a private language. The neutral score (3.0) is chosen mostly by younger informants under 49.

Population¹⁷⁸: The scores regarding the variable of living in an urban or rural area are almost equally distributed. However, in relation to the use of Galician in professional life, the urban outliers (none of whom provided a response of 4 or 5) tend more to the intermediate score (3). In comparison, the rural outliers strongly disagree (1-2 points) with this statement.

2. 65.5% of respondents feel more Galician should be spoken in healthcare

The optional question: “Where do you think Galician could be used more?” received responses from 200 of the 208 informants. The question offered six different domains as possible answers: media, school, administration, business, healthcare, and church. Besides the preselection, a blank “other” option was enabled so that informants could indicate other suggestions¹⁷⁹. All options received many responses since the informants could either not select any of them or could choose all seven. The most selected option was the media, followed by the school and businesses (see Figure 31)¹⁸⁰.

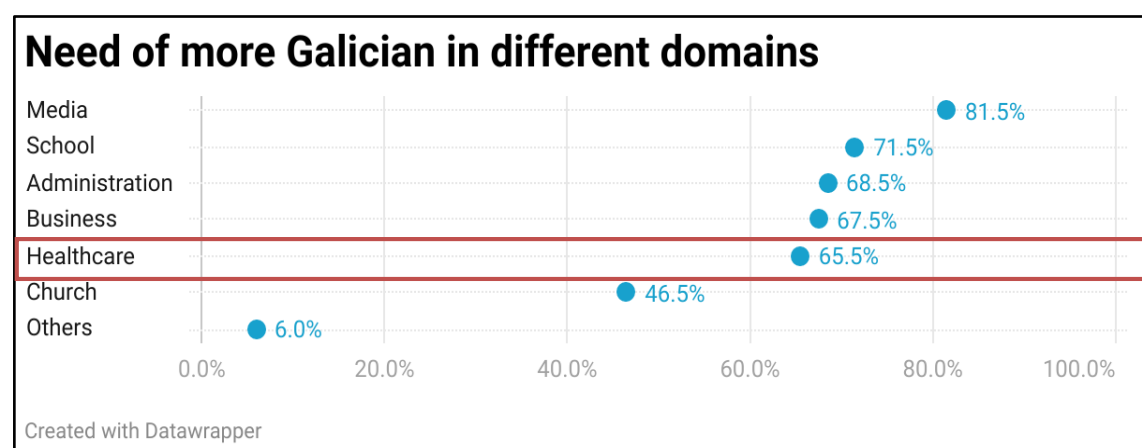


Figure 31: Domains where Galician should be more spoken
Data from 208 questionnaires (2021). Own elaboration

¹⁷⁷ Age crossed with *Spanish in the private life*: *p*-value 0.019/ Cramer's V 0.140.

¹⁷⁸ Population crossed with *Galician in the private life* (*p*-value 0.038/ Cramer's V 0.172) and *Galician in the professional life* (*p*-value 0.001/ Cramer's V 0.253).

¹⁷⁹ Twelve informants indicated other domains where Galician should be more spoken: in the street and everywhere in general (6), social media (2), parks (1), product labeling (1), specifically in the Galician public TV (1), and in urban art (1). One informant wrote “nowhere” (*“en ningún lao”*) in the black space, which was not counted in this tally, as it contradicts the purpose of the question, but is worth mentioning.

¹⁸⁰ This decision was made to avoid, if possible, the automatic answer on the Likert Scale questions. Therefore, a separate question was inserted between the three equal questions with a scale of 1 to 5 on Galician and Spanish.

Healthcare was chosen by 65.5% as a domain where more Galician should be spoken. As the level of education increases, the premise of the need to speak more Galician in healthcare tends to be supported more. However, if we examine the language of daily life of the informants who consider that Galician should be spoken more in healthcare, the tendency is the opposite¹⁸¹. The closer the informant is in his daily life to the Spanish language, the less concern he shows about this need in healthcare¹⁸².

3. Traditional Galician is considered the authentic variety

The non-standard varieties of Galician, also called traditional or dialectal Galician, are presented as authentic Galician. Informants separate the Galician they speak, the “normal variety,” from the standard Galician spoken in academia and official bodies, the “artificial variety.”

Traditional Galician is presented as a genuine and imperfect variety. Interestingly, the Galician term (*galego*) is reserved for the standard language. The informants identify their non-standard varieties as “gallego” (the Spanish term) or “ghallegho” (the Spanish term with *gheada*), which represents the mentioned imperfection. Traditional Galician is associated with tradition, rural areas, and the family. Thus, the variety is defined as imperfect, domestic, and normal (“the way we speak”). The following classification of answers was developed based on the informants' responses and their own terminology used in the interviews:

a. Ghallegho and not galego:

(33) A miña xefa fala galego, pero fala ghallegho, ela é de Muros. (...) Pero por exemplo na aldea si que me coincidía de que había xente que falaba galego, e aparte o ghallegho, sabes?
(Informant 6: female, 39 years old, higher education)

b. Lifelong rural Galician, a non-refined language:

(34) O que falei na aldea toda a vida. O que falei toda a vida, e como o falei toda a vida, falo. Eu tampouco quero falar exquisito. Falo o que me ensinaron, o que falei na aldea. (...) E xa ves que non son ningún exquisito falando galego, non son ningún exquisito. Son eu.
(Informant 7: male, 61 years old, secondary education)

(35) Ahora igual xa se cambiou algo, pero de, falo de moitos anos para atrás, como de que a xente importante, a xente que lle poñías o “Don” diante como que le era máis respetuoso falarlle en castelán que non falarlle en galego, que o galego era, claro, o que se fala na aldea.
(Informant 6: female, 39 years old, higher education)

¹⁸¹ Interestingly, the crossing between healthcare and language of daily life is the one which got the highest statistical significance quota. All the domains crossed with the language of daily life are significant with a low association (between 0.107 and 0.158), except the administration domain. Total (131): Low (11.45%, n=15); Medium (32.82%, n=43); Higher (55.73%, n=73).

¹⁸² Need more Galician in healthcare crossed with education level: 0.01 *p*-value and 0.175 Cramer's V. Total (131 answers): Low (11.45%, 15); Medium (32.82%, 43); Higher (55.73%, 73). Need more Galician in healthcare crossed with language of daily life: < 0.01 *p*-value and 0.299 Cramer's V. Total (131 answers): Monolingual Galician 65.65% (86); Galician-Dominant 17.56% (23); Spanish-Dominant 14.5% (19); Monolingual Spanish 2.29% (3).

c. Not 100% perfect Galician:

(36) O noso galego non é cen por cen perfecto, pero entémonos ben. Como dixer eu, non nos deron galego na escola, pero a través das costumbres e dos aqueles nos defendemos. Nos defendemos e entendemos cen por cen. (*Informant 8: male, 78 years old, secondary education*)

d. Domestic and non-technical Galician:

(37) Pasa que eu non quero aprender agora a falar máis do que xa sei, co normal este que teño, que tampoco non é moi técnico nin nada, é de andar pola casa, arreglo. (...) eu non lle vou pretender que nadie fale o galego culto, eh? Porque eu tampouco xa non o falo. Eu, por exemplo, hai moitas palabras que as sei e a veces olvídomelas, ou meto castelanismos, pero bueno, sei que os estou metendo e procuro para a próxima vez corregirme. (*Informant 13: man, 62 years old, secondary education*)

e. Our normal Galician:

(38) Na televisión (...): Que falen así, como falamos nós, normal, pero non eh... Esas cousas non me gustan. (*Informant 14: female, 77 years old, primary education*)

The positive connotations associated with a “homely” and traditional variety of Galician are contrasted with standard Galician, which is associated with the most intellectual academic circles.

f. Non-academic Galician:

(39) Eu non falo universitario (...) eu teño o galego que aprendín de pequena, que me ensinaron. (*Informant 12, female, 74 years old, secondary education*)

(40) Pero a pequena agora fala comigo o galego non académico, senón o castrapo totalmente. Co “se” coa “ese”, con “jota”, con algunha palabra fea polo medio... Somos terribles ela e máis eu. E o abueliño aquí, abueliño alí, a ti como che parece isto, a min... E logho tal? Co galego antigo de aquí, de (***). (*Informant 2: male, 75 years old, secondary education*)

The *Informant 2* introduces the concept of *castrapo*, a Spanish variety widely influenced by Galician. He considers *castrapo* the same as a “non-academic” Galician, the bilingual speech practice he adopts within the family. However, *castrapo* usually has negative connotations, and more if it is complemented with the adjective *indecent* (*Informant 5*). In the same vein, this idea is seconded by *Informants 9* and *10*, who explain that this bilingual speech practice is an abandoned Galician or “unclean” language.

g. Indecent castrapo, abandoned Galician or unclean language:

(41) Pero fálase..., máis que galego fálase un castrapo indecente. Non ten nada que ver..., ten pouco que ver co galego (...) é un castrapo e cada vez se asemella máis ao castelán. (*Informant 5: male, 77 years old, higher education*)

(42) Sí, mezclo idiomas porque como no.... estoy a diario... aparte..., para hablar en un idioma muy limpio, yo que sé, hay que controlar muy bien. (*Informant 10 (migrant): male, 38 years old, higher education*)

Particularly interesting is the idea of “abandoned Galician” from *informant 9*, since he speaks precisely of his variety of Spanish with a solid Galician influence (“chapurreao”).

He laments that the hybrid varieties impede him from learning Galician after he returns to his homeland from emigration¹⁸³.

(43) Gallego, no. É, como se dise, *o gallego que se habla aquí*, sabes? Que non é o gallego...(…) volve a un *gallego algo abandonao*, no é o gallego que disir... que volve con fuersa. (...) (*Refirome*) a mesclar, si. (...) Si todo el mundo hablara ben, te podía disir esto lo estás pronunsiando mal, e ti terías que comprender, y la próxima a mellorar, me si todo el mundo lo hablamos chapurreao, nada puedes aprender. (*Informant 9: male, 65 years old, primary education*)

Although informant 9 considers that Galician should be spoken “well,” other informants do not accept the standard variety, which is defined as “foreign” and “imposed”.

4. Standard and reintegrationist Galician are rejected varieties

Standard and *reintegrationist* Galician are at the other end of the continuum. Informants define them as distant varieties that do not identify them as Galician speakers. Thus, the standard variety is received as prescriptivism and an imposition. Their reaction is to ignore the rules because they do not aspire to speak as in the Real Academia Galega.

(44) Claaaro, que es como “ay es que puff es que esto colocaste mal el pronombre, es que esto no sé qué”, de tengo que... no, *no voy a hablar como habla la Real Academia Gallega* porque igual que no hablo como habla la Real Academia Inglesa o la Española. (*Informant 11, Female, 23 years old*)

(45) Miña nai vive nunha aldea, se che di que son de afora pode ser incluso de outra parroquia do lado. Son de afora, non son de aquí, non son nosos, entonces a xente é “de afora”. A xente do pobo e da aldea non sabe..., *non sabe moita xente nin que existe a RAG*. E tampouco lle importa, van a continuar o seu ritmo de vida e van amar moitísimo máis a lingua, inda inconscientemente, e a terra e a aldea e a raíz, moitísimo máis do que *calquera que che veña a decir “esto se escribe así, non se escribe así”*. É así. (*Informant 3, Female, 50 years old*)

The Real Academia Galega approved the new orthographic and morphologic norms in 2003. One of the most controversial changes was the word *grazas* (thanks) instead of *gracias* as in Spanish, a change that was not very well received at a popular level.

(46) Non o falo ben nin moito menos... Hai cousas do galego que non me gustan, non me gustan. Unha das cousas, por exemplo, é que é “*grazas*”. *Me parece algo imposto*. (*Informant 15: male, 78 years old, medium education*)

(47) A ver, eu acabo de contestar unha alí ((...)) son ghrupos que teñen de..., *é un grazas*. A min tampouco tanto..., non me ghusta porque eu falo o galego que me ensinaron toda a vida. (...) E o que é..., home, *oes palabras moi bonitas cando falan*. Pero o galego así, bueno, se é ese o que hai que falar pois xa lle temos que facer un... O importante é que fales o galego, punto. (*Informant 7: male, 61 years old, secondary education*)

The new lexical additions, many identified as being closer to Portuguese, are perceived as foreign and distant from their traditional Galician. The same occurs with the *reintegrationist* Galician, which also causes rejection among informants.

¹⁸³ Informant 9 was born and raised in France. His parents are both Galician and talked to him and his siblings in Spanish. He returned to his hometown in his thirties to raise his children in Galicia with his Galician wife. Thus, after thirty years, he could not learn how to separate Spanish and Galician when speaking, using his own mixed variety.

(48) Si me volvo atrás e me poño dez ou once anos e me falan o galego académico agora, pois moitas cousas no. Aínda agora pregúntolle á miña neta ou á miña filla que significa algunha palabra que eu non entendo, porque cada día tamén están sacando máis palabras en galego que non os de antes nin idea. (...) Pero sei que houbo palabras que as cambiaron, que lle meteron o brasileiro, ou o portugués, ou non sei que e fixeron unha... Bueno, o gallego estará ben, dentro de cincuenta anos, pues é gallego o gallego e falará todo o mesmo, todo Dios. (Informant 2, male, 75 years old)

(49) A min o que non me gusta é ese galego que hai medio aportuguesado. (Informant 12, female, 74 years old, secondary education)

Standard Galician and its norms relate to an artificial, “laboratory” variety. This is the Galician that is taught in school, but people do not want to speak it because they do not feel it identifies them.

(50) E que eu escoito un montón de veces o de “ese é galego de laboratorio”, un montón de veces, pero tanto na universidade, como cando estábamos na clase, como moitas veces os meus amighos que din “eu así non falo porque iso é ghalegho de laboratorio”, entón pois sempre nos pasa o mesmo. É difícil cambiar, e aparte se naciches xa falando con gheada, con seseo, ca “mai” ... É moi difícil cambialo. (Informant 4: female, 25 years old, higher education)

The “Lab Galician” is also the variety that Informant 14 recognizes in the public Galician TV. According to her, the standard Galician is identified as a way to ridicule the traditional speakers, who are treated as “ignorant” and “foolish.” She opposes the “they-code,” which thinks they are superior, with the “we-code,” which is considered “normal”.

(51) I-14: bueno, a Galega véxoa algunha vez pero non sempre, porque non me gusta moito a forma de falar. Na televisión.

Interviewer: e que ten logo?

I-14: é que parece que os galegos nos teñen así por... Non sei, iso é cousa miña, eh? Que nos teñen como, non sei que vou a disirche. Como ignorantes, como que non sabemos, que... Así unha cousa, non me gusta. Como falan.

Interviewer: na Galega?

I-14: si

Interviewer: pero é un galego que ao mellor, non sei...

I-14: demasiado...

Interviewer: distinto ao que falades vós?

I-14: si, si. E bueno, vexo algunha cousa, pero non moito. Parece que nos teñen de tontos, non sei. Así unha cousa

Interviewer: e iso tamén o notas noutros sitios ou...?

I-14: no, no. Teñen unha forma de falar moi... Non me gusta

Interviewer: cres que...

I-14: que falen así, como falamos nós, normal, pero non eh...Esas cousas non me gustan.

Interviewer: é como que en Santiago cren que falan millor, ao millor, queres dicir?

I-14: eso (Informant 14: female, 77 years old, low education)

Most informants advocate for quantity over quality. They emphasize that while the standard variety is “nice on paper,” it cannot be imposed in everyday use. Informant 6, a

Spanish speaker, highlights tradition as a value, noting that the standard variety is a relatively recent development.

(52) Penso que *máis cantidade que calidade*, creo, porque a ver, eu polo que vexo no meu día a día, ou sea, o normativo é moi bonito sobre o papel, nas clases, na tal, pero *no teu día a día é que non se usa*, entón si lle obrigas á xente igual lle trastocas máis de ter que falar o normativo a deixalo falar como falan. Que si, que deberíamos corrixir cousas? Seguramente. Pero penso que é millor de que se continue polo menos co que xa se ten e que non é que fora... que ven de dous días, é que ven de moito tempo atrás. (*Informant 6: female, 39 years old, higher education*)

5. Galician is the language from the aldea and Spanish is from the vila

Galician is the language most spoken in rural areas in Galicia, both in independent villages and within small towns. In our study, 76.64% of informants who live in rural areas (*aldeas*) speak only or primarily Galician in their everyday lives. On the other hand, fewer than half (45.07%) of urban informants (*vilas*) have Galician as their only or predominant habitual language.

As indicated by Informant 15, the division is not only linguistic but geographical. The small town is crossed by a river dividing the urban center (*vila*) and the rural areas (*aldeas*). Bridges are symbolic elements that separate and unite two groups of people and two ways of speaking.

(53) Bueno, hai un concepto, por exemplo, *si pasas o río*, os de ao lao do río, so hai unha ponte, pequena ademais, *din “vou á vila”*, o sea, pa eles é o extrarradio. Na matanza e por aí tamén “vou á praza á vila”. Ten que vir aquí a buscar o peixe. (*Informant 15: male, 78 years old, secondary education*)

This geographical division and distancing are observed in other statements by older informants. In the case of Informant 14, she relates how rural students taught Galician words in school to urban students. Formal education back then was exclusively in Spanish.

(54) Aquí en (***) os que estaban na Academia, como eran de aquí mesmo e eu inda era da aldea, *do pobo, aquí falábase o castellano*, en (***). Pero *as que víñamos de alá o galego*. Pero aquí claro, cos de (***) falábamos o castellano e había veces que os de (***) nos preguntaban a nós como se dicía unha cousa en galego. Acórdome da sartén, a “tixola”. Dunha taza, a “cunca”. E bueno, nós disíamoslle como era. (*Informant 14: female, 77 years old, low education*)

Educational references in childhood are fundamental for the use of a language. Small schools were also established in rural areas during the Franco regime. As Informant 3 indicates, there were “village” teachers who did not penalize the use of Galician and did not encourage prejudice.

(55) Na miña casa, é unha casa de aldea, sempre galego. Sempre galego, sempre. Miña nai eu creo que..., non sei se miña nai se sabe defender en castelán. Enténdeo perfectamente, pero se se pon a falar ao mellor líase. Pero enténdeo, por suposto, e escribo. A ventaxa de miña nai foi que o *maestro* que tuvo, que lle ensinou a escribir e a moitas xeracións, a min tamén, era de alí..., era un señor que facía papeles, pero *era de alí da aldea*, entón *miña nai e as xeracións esas todas non creceron pensando que o galego era menos que o castelán*, esa foi a ventaxa. (*Informant 3: female, 50 years old, secondary education*)

With the arrival of democracy came universal bilingual education. Children of rich and poor, urban or village, could study in Galician from primary school to university. This meant a drastic reduction in socio-economic differences and negative connotations towards Galician.

(56) *Daquela falar galego era ser da aldea, ser brutiño.* Despois viñas ao pueblo e era “é da aldea, é da aldea”. Pero hoxe en día nas aldeas, como lle desía un a outro “mire, *antes nas aldeas íbamos cas vacas. Pero hoxe en día temos as universidades*”. Hoxe en día nas aldeas hai xente tamén preparada, non é coma antes. Antes había..., pa subsistir había que estar na aldea. (...) E no pueblo, no porque os señores... Pero é o que digo eu, no pueblo... Aquí había xente moi rica no pueblo. E hoxe en día son os pobres. (...) E no pueblo claro, víñanlle os caseiros, traíanlle a cosecha, comían, comían, pero claro, non se preocuparon por estudar nada. E hoxe en día as casas deles en (***) están caendo a trosos. Non son capaces de arreglala. E si (***) foi un pouco pa’riba foi xente que veu das aldeas con iniciativa de poñer algo no pueblo. (*Informant 8: male, 78 years old, secondary education*)

However, today, rural and urban students are separated into two schools. These characteristics are common in small towns in Galicia. It is due to a logistical aspect. Students in rural areas have a free transportation service, which brings them all to the same school. Urban students can walk to the center of their choice. According to Informant 4, the teachers working in each school promote the linguistic division: teachers in rural schools speak more Galician in school, and teachers in urban schools speak more Spanish.

(57) No pueblo case todos os nenos, quitando ao mellor zonas de aldea ou (***), (***) ou así, en (***) no casco urbano a maioría da xente fala castelán. Diranche que no, pero normalmente si. Aparte castelán mal falado. (...) E logo *no (instituto secundaria) a maioría dos profesores falaban en galego e no (nome instituto secundaria) a maioría en castelán* (...) Porque aquí, o sea, *os centros están como diferenciados, e o (nome escola) é máis para os nenos de aldea*, fóra do casco urbano, ou do que se considera casco urbano, e o do (nome escola) é un dos do casco urbano sempre. E o (nome instituto secundaria) e o (instituto secundaria) o mesmo, os do (instituto secundaria) son os que veñen do (nome escola) e os do (nome escola) son os que veñen do...Entón pois... (*Informant 4: female, 25 years old, higher education*)

Speakers of either language seem to be consistent with their choice. The rural-urban divide is once again a constant. We, the “people from the countryside,” and they, and “urban people.”

(58) E despois alá, a ver, que eu conozca, todos, os que son do pueblo todos. Quizás ao mellor quen *fale galego é quen ten na aldea ou fóra* (....) E bueno, o que vive *aquí no medio fala castelán todo*. (...) No, no, non cambia. Incluso che diría que *hai xente de aquí do pueblo que fala castelán, deses maiores, que tampouco non cambia*. (...) Pero xa digo, da miña idade, sesenta anos pa’riba, xente de afora, eh? Non digo xente de aquí do pueblo. Xente de afora non conozco, non me sona. (*Informant 13: male, 62 years old, secondary education*)

(59) Home, *pode haber sempre un pailán, pero non...* Non ves polo general. (*Informant 13: male, 62 years old, secondary education*)

Moreover, as Informant 10, a migrant from Eastern Europe, indicates, rural Galician speakers naturally maintain their daily language when interacting with him. He views this as an opportunity to learn and integrate into the community.

(60) Bueno, depende. La gente que es más de... de los pueblos pequeñitos de alrededores, como no debían de hablar mucho castellano y les resultaba más fácil hablarme en gallego. Pero no había problema, que yo pronto me adapté. Como idioma son muy parecidas, y cuando se habla de una cosa o de otra, yo intentaba sacar las palabras que no entendía y preguntaba. (*Informant 10: male, 38 years old, higher education*)

This division seems to be still in force today in our case study, especially among the younger generations. Likewise, informants identify this phenomenon as something extensible to other Galician regions.

(61) Eh, a ver, yo soy castellano-hablante, pero mm sí que es verdad, o sea, que, en (urban center), por ejemplo, lo que es la parroquia, yo veo mucha gente que habla más castellano, de mi edad. Pero, si ya nos vamos a aldeas, en plan así, (aldea), (aldea), (aldea) pues sí que yo veo gente de mi generación que habla, que habla gallego, o sea, como que sí que hay una distinción. (*Informant 11: Female, 23 years old, higher education*)

(62) Si, si, eso é certo, o das cidades é..., rigurosamente é certo, nas cidades fálase menos galego que no medio rural. Iso xa es mui certo. Non en tódalas cidades, en algunhas, non é o mesmo Lugo que Vigo. Vigo amigho, Vigo é a hostia falando español. (*Informant 5: male, 77 years old, higher education*)

In the previous excerpts, the informants explain how Galician dominant speakers used to speak more Spanish in urban areas. According to Informant 4, this behavior continues today. Her boyfriend, a 25-year-old Galician dominant speaker, switches to Spanish when shopping at a local hardware store or jewelry shop:

(63) Na ferretería cambia moitísimo, na joyería sempre, que tampouco entendo moi ben por que. Igual é porque tampouco estamos tan acostumbrados a dicir “anel”, sempre dicimos “bueno pois teño un anillo” ou..., nese aspecto. Ou “reloxo” sempre dicimos “pois teño un reló” ou... si. (...) Xa, pero é que ó mellor vamos a (small town) á ferretería e fala en ghallegho, pero ven a (***) e cámbiame ao castellano, porque todo o mundo en (***) no casco urbano fala en castellano. Pero a min dame ighual o que falen, eu voulo pagar, non llo vou deixar a deber. (*Informant 4: female, 25 years old, higher education*)

He speaks the traditional variety (referred to as 'ghallegho') when buying in a hardware store in another small town. However, he does not speak Galician when buying in their local store due to the social pressure of a Spanish-dominant urban area.

6. Switching languages is seen as changing clothes according to the occasion

The division of the urban and rural parts of the village also gives rise to stories about festive occasions when these two worlds come together. Feeling embarrassed with one's language or variety may provoke code-switching. Three informants associated this switching with the same metaphor: the exchange of everyday clothes or shoes for more elegant ones. This metaphor refers to exchanging their rural Galician for the more prestigious Spanish.

(64) Estouche falando, eu teño setenta e cinco anos, estouche falando de cando tiña eu que sei, vinte anos ou vinte e cinco. Ao mellor viñan a (***) e os do pueblo eran os señoritos e os da aldea pois éramos da aldea, sabes? E dígoche unha cousa, que a veces daquela claro, tampouco non había nas casas o que hai agora, non?, pero eu acórdome que por exemplo

na festa de Pascua, nas festas de Santiaguíño non se celebraba tanto, simplemente era unha romería no monte, pero nas festas de Pascuas eu baixaban a andar a xente das zonas da mar, vesinos de aí e vían aquí unha fonte, esta fonte que inda a hai, e outra alí arriba, *viñan andando de zapatillas ou de calzado de semana e chegaban aí, lavaban os pés, secábanos e poñían un calzado fino.* (Informant 2: male, 75 years old, secondary education)

Informant 7 claims to always speak in Galician, regardless of the context. He defines himself as a “self-confident” person who does not care about gossip. To exemplify this attitude, he gives the example of going to town from the rural area where he lives, wearing his tracksuit. The tracksuit symbolizes his Galician identity and speaking style.

(65) Non, a ver, durante a miña vida vas medrando, tuveches inseguridade en moitas, non solo no galego, en moitas cousas tuveches inseguridade. Eu son unha persoa que ando moito de chándal, *antes vir ao pueblo de chándal...* andar de chándal. Ahora impórtame un bledo. Explicóme? (...) Esa é unha cousa que hai de atrás, que o pueblo vas ao pueblo... *Ó pueblo hai que ir “vestido”.* Eu veño ao pueblo de pantalón corto se fai falta. Veño cunhos zoucos. (Informant 7: male, 61 years old, secondary education)

Speakers from humble socioeconomic backgrounds were more acutely aware of the discrimination they faced for not speaking Spanish. These individuals often felt self-conscious and tried to fit in when visiting urban areas by speaking Spanish and wearing their best clothes and nice shoes. Similarly, Informant 12 shared an example involving her mother, who worked as a seamstress for wealthy families. As a result, her humble mother tried to speak Spanish to them and encouraged her children to do the same as a means of social mobility. Informant 12 uses the metaphor of changing clothes to illustrate her mother's motivations for choosing Spanish in certain contexts.

(66) Ela (*her mother*) cando era nova, antes de casar, era costureira e era das que iban a coser ás casas, ca máquina na cabeza, ca máquina de coser desas de..., tal. (...) E iba ca máquina a coser ás casas e eran casa de señores. Moi importantes, entóns alí ela tuvo que ser fina si ou si. Tiña que ser fina si ou si. Claro, non se pensa. Estás na casa dos señores, que os señores falan todos castellano... Claro, dicir... Claro, non vas a ir a tal sitio... *Vas a un entierro e vas bien vestida ou vas a unha voda e vas ben vestida, iso xa che sale de forma natural. Non levas o pantalón vaquero.* (Informant 12, female, 74 years old, secondary education)

7. Galician is for the lower class (pailáns) and Spanish is for the higher class (finos)

Democracy brought universal bilingual education to Galicia. Both the affluent and the poor had access to education. However, the older negative connotations towards Galician, the language of people with low incomes and living in rural areas, have been kept alive over the last decades. Whereas speaking Spanish is “más fino, finolis” (*refined*), speaking Galician is for “pailáns, paletos” (*hicks*).

(67) Con esa diferenciación, é dicir, que... Si, que ti falas..., *o pailán ese fala galego* pa alí e..., falas castelán e... Eu creo que a xente non son consciente, esta xente de aquí ten eso, eh? Non son consciente, quero dicir, falar castelán é dunhas *personas máis finas*, máis... Eu falo castelán, xa podo estar con este grupo. E eses que falan galego..., o galego... Igual é eso, eh? (Informant 13: male, 62 years old, secondary education)

(68) Si, no, no. *Aquí máis finolis. Máis castellanos. Pero nas aldeas todo o mundo galego.* Eu polo que conozco, eu creo que todo o mundo galego. (...) Eu creo que *tratan de paletos* aos que falen galego, algunhas das de antes. Aínda as hai, aínda as hai, eh? (...) Claro, digho, Dios mío... Xa estamos no século vinte e un! [Risas] E aínda hai xente así. A ver, aquí, ao ser un pueblo pequeno... (*Informant 12, female, 74 years old, secondary education*)

The negative connotations of speaking Galician, which go back a long way, permeated the older generations, creating an inferiority complex (cf. 3.1.), as explained by Informants 13 and 2:

(69) Metéronos tal *complejo* no corpo que a xente agora está... Non lle da valor ao galego, é dicir, é un *idioma inservible*. (*Informant 13: male, 62 years old, secondary education*)

(70) Si que eran *complexos*, si, si. Que ao mellor pois con quince ou dezaseis anos pensábaste a ti mesmo que se *falabas o galego eras un paleta*? Pois é posible que si.. (*Informant 2: male, 75 years old, secondary education*)

In more recent history, Galician was seen as a mechanism of social ascent, as Informants 12 and 2 indicate from their childhood in the 1950s:

(71) Si, na miña época de pequena. (...) E dicíame ela (*her mother*) “é unha verghonsa que vaiades a Villagarcía e *vanvos a chamar paletas*, porque falades... Para eso mátoime eu en ensinarvos o castellano?”. Que che parece? Que era unha verghonsa falar galego. (...) *Eu sempre creín que os galegos éramos nada* (...) Claro, ela pobriña, que dicía ela “que verghonsa, si vamos a Villagarcía...”. Ves? “Verghonsa”. Non dicía vergonza ou que vergoña, non. É “verghonsa”. (*Informant 12: female, 74 years old, secondary education*)

(72) Eu acórdome que como meus pais ao principio de neno pois tanto eu como meu irmán falábannos o castelán. (...) Despois cando un pouquiño máis maiores, doce ou quince anos, eu con meu pai falei sempre o galego xa e máis con miña nai. Sempre. (...) Non o sei, *sería por sei máis finolis?* [Risas] *Porque os señoritos do pueblo hablaban el castellano* y a lo mejor los del otro pueblo pues también querían hablarlo. (...) (*Informant 2: male, 75 years old, secondary education*)

This attitude in educating children in Spanish is observed in later generations. For example, Informant 6 shows her husband's upbringing in the 1980s. His parents, Galician speakers, raised him in Spanish. The problem behind this decision made by her in-laws was not simply speaking Galician but speaking non-standard Galician.

(73) *Na aldea* si que me coincidía de que había xente que falaba galego, e aparte o “ghallegho”, sabes? E despois como que *non querían que o fillo falase nese galego, entón falábanlle en castelán*. Si, a ver, eu penso que é influencia máis da casa, pero bueno, na aldea todo o mundo fala en galego. O “ghallegho”. (*Informant 6: female, 39 years old, higher education*)

Current trends seem to continue along these lines but with less force. Several informants identify this as an attitude of older generations.

(74) Yo creo que la gente mayor a lo mejor es..., aún tienen ese rollo del estatus, de “*hablamos castellano que es más fino*”. Aún está un poco entre la gente mayor, la gente joven yo creo que eso ya se perdió, pero entre la gente mayor aún queda eso de que antes *hablar gallego era de paletos*, ¿sabes? Lo de que ah, esos de la aldea, no sé qué. Yo creo que a la gente mayor aún queda algo de eso, por desgracia aún lo tienen un poco... La gente muy mayor. (*Informant 1: female, 38 years old, higher education*)

Informant 3 considers that the inferiority complex is overcome in the new generations and that, on the contrary, there is pride in speaking Galician.

(75) A maioría..., eu creo que o noventa por cento da xente eso está superado. Nadie está acomplejado, eu creo que... Eu non conozco a nadie..., non sei, non conozco a nadie de agora, da xeración da miñas fillas, por exemplo, que ten 23, 19 e 13 anos, que teña auto-complejo por falar galego ou por ser galego. Eu non conozco. E da miña xeración, que eu son do setenta e un, non conozco xente que esté acomplejada, as miñas amighas de toda la vida non están acomplejadas por ser galegas e moito menos por falar o galego, bueno. E así. Temos orghullo. E mantémolo e vámolos seghir mantendo. (*Informant 3: female, 50 years old, secondary education*)

Those who still believe in this division of Galician for “fools” and Spanish for the “fine ones” are identified as those who “want to appear” and “want to feel superior to others.”

(76) Sí, todos mundos quieren ser... no sé, yo qué sé, quieren ser...*no es ricos, de nivel por encima de media*. Todo mundo quieren ser, yo qué sé, tener tractores, coches, yo qué sé. (*Una forma*) de *intentar parecerse*. (*Informant 10 (migrant): male, 38 years old, higher education*)

(77) Porque a xente..., porque somos, eu que sei, pasa porque creo que somos, non sei, é que non sei, cre que *somos máis importantes falando castellano*, é que non sei. A xente..., é que non entendo. (*Informant 7: male, 61 years old, secondary education*)

Another view is that speaking Spanish is associated with an upper-middle social class, while Galician is for the working class.

(78) Fálase bastante galego de forma coloquial, pero da *clase media-alta pa arriba fálase máis castelán*. (*Informant 15: male, 78 years old, secondary education*)

This attitude can be seen precisely in what Informant 12, from the upper-middle class, reproaches her businessman husband for speaking Galician in the street. He does not like it. Informant 12, coming from a humble family, says that she likes to speak Galician, although her mother instilled Spanish in her as a means of social climbing. She speaks to her husband, a retired businessman, in Spanish. However, she speaks Galician with her housemaid.

(79) E sin embargo na calle, porque moitas veces (*husband's name*) xa me di “por que te dirigiste a esta chica en gallego?”. E digo eu “porque é o noso idioma, (*husband's name*)”. Le da rabia. *Ao meu home dálle rabia*. O sea, non lle gusta que... “por que te diriges en gallego a esta señora?” (...) Eu estou na casa e teño unha *asistente*, non? (*housemaid's name*). *Falamos en galego sempre*. Sempre, pero xa é que che sale. E en este momento entra (*husband's name*) e “ay (*husband's name*), viniste tal y cual...”. E el, “sí, sí, sí, tal”. *E a min encántame o galego, pero sáleche*. Eu creo que te acostumbas, non? (*Informant 12, female, 74 years old, secondary education*)

The opposite reaction is that expressed by Informant 5, an upper-middle-class Galician neo-speaker. He states that people switch to Spanish when addressing him, perhaps identifying a higher socioeconomic status. His reaction is to maintain Galician and even mock this behavior.

(80) A razón non a sei. O feito é real. Hai xente que cambia. Pero cambian comigo. Que hai xente que cambia comigo, cando me ve ou cando empeza a falar comigo cambia ó castelán y eu por jode..., non, por jodelos non, eu falo galego, entón volven a cambiar. (...) *Cambian con xente que pensan que teñen un estatus..., non sei se superior* (...) non somos ricos pero tampouco somos probes. Non..., para nada. I non é un problema de estatus social, é un problema de conciencia de pertenza a un pobo... Iso é unha forma..., non sei se non será étnico incluso. (...) “E que eu son de tal, eu son de Retén, eu son de Herbón...Entonces

por que hostias me falas en madrileño?” (Informant 5: male, 77 years old, higher education)

The idea of grouping speakers into two groups: rednecks and higher status, is associated with old prejudices associated with Galician as a language of the poor and uneducated.

8. Revisiting old prejudices: embarrassment and disdain

The old prejudices towards Galician might lead to embarrassment and disdain from Spanish speakers. If Galician speakers believe their language is not as prestigious and functional as Spanish, they might not transmit their native language to the new generations, as indicated by Informant 7, who identifies this behavior as a trauma from the past:

(81) Esa é, eu creo que esa é a palabra, non sei a palabra verghonsa non sei o que é. O que lle inculcan, o que ven, non sei. Algho mal estamos facendo, os adultos, algho mal estamos facendo para que sea así. *Non ten que sentir vergonsa de nada*, tense que sentir vergonsa se algo fasemos mal pola vida, pero se andamos ben pola vida non temos que sentir vergonsa de nada. Non temos que sentir... É malo, pero eu creo que *é unha tradición de atrás eso*. (...) na televisión lle preghuntan á xente en galego, xente que dis ti...e contestan en castellano, me cagho na tos. *Parece que nos da verghonsa o galego. Se son as nosas raises!* (Informant 7: male, 61 years old, secondary education)

Informant 5 appeals to the same idea of adults as a referent for children, the future of language. He finds it hard to believe that it is a feeling of shame. He considers it an attitude of “dumb people and brutes,” not proper of his friends, who are mostly university professors.

(82) Se falan español entre eles, que carallo, non lle van a falar en galego ós fillos. E cal é a razón? A min cóstame moito traballo pensar que lles dá vergonza... Que non sabería decilo, porque é curioso, a min *dáme traballo pensar que sean tan burros, tan brutos, que lles de vergonza falar galego* (...) I é moi difícil preservar o galego nesas circunstancias. I a xente non sei por que o fai, non sei que vergoña ten... Os meus compañeiros de carreira moitos, a maior parte deles son profesores universitarios. *Non sei que vergoña teñen, non sei cal é o problema.* (Informant 5: male, 77 years old, higher education)

Despite not speaking daily Galician, Informant 11 defines herself as bilingual and is concerned about the future of Galician. She defends the position that Galician is useful as an identity symbol. However, she recognizes this might sound hypocritical coming from a Spanish speaker.

(83) Es como “si no es que si no enseñasen gallego podríamos saber alemán porque el gallego es inútil y no sé qué, que no lo habla nadie” y es como, mira, todo idioma es útil, *todo idioma sirve para comunicarse* y da igual al final la cantidad de personas a las que llegue y si es tu símbolo de identidad, el símbolo de tu tierra... y no sé. El islandés lo hablan 300.000 personas y nadie les está diciendo a los islandeses que aprendan otro idioma y que dejen de hablar islandés. (...) No sé. Que ya digo que *es un poco hipócrita que yo hable de esto hablando en castellano.* (Informant 11: female, 23 years old, higher education)

Feelings of rejection or defense of a language go hand-in-hand with the sentiment of belonging to a group or community.

9. We-code: language as a key to being part of the community

For some informants, Galician is a "we-code" (Gumperz, 1982, p. 95) reserved for people from within the community ("rapaza da terra," local girl), those they identify before starting the interaction. If they do not know the person, it is necessary to agree on the language beforehand. According to Informant 8, he would speak Spanish to test the waters. Spanish seems to be the default language, then switching to Galician with the "inner group."

(84) No, eu fállolle... Se é a rapaza da terra digo "si bueno, como lle vai á túa abuela, ao teu pai?" e tal, fállolle en gallego. Se é conocida. Ahora, se non é conocida é "mira, tú quién eres, eres de aquí o no?", entonces entro na conversación. Pero despois según vaia a cousa fállolle en castellano ou gallego. Si, si. (Informant 8: male, 78 years old, secondary education)

Informant 5, a neo-speaker, states that in his case, it is noticeable that he was "born in a Galician home" because of how he speaks so that he can be part of the Galician-speaking community. Therefore, the phonetics and prosody of traditional speakers are mentioned as the marks of identity.

(85) Eu non falaba español por medo, falaba español porque me acostumbraron. De neno acostumbráronme así. Nas escolas, na universidade, etc. Entonces falaba español. Eu falaba habitualmente español, pero sabía falar galego. Ademais teño... Os que nacemos en casa galega nótasenos na forma de falar. Nótasenos. (Informant 5: male, 77 years old, higher education)

Informant 9, like Informant 5, was also born in a "Galician home" and educated in Spanish. He grew up in France and was the son of two emigrated Galicians. Today he speaks a hybrid variety, constantly mixing Galician and Spanish. Because of this, he feels hurt and claims he is not accepted as a member of the local speech community.

(86) A mi lo que me molesta es que yo cuando hablo con gente dísenme "ti no eres de aquí", a mi ese punto me molesta algo porque yo soy de aquí. É bo. Yo el asiento no llego... no é maneira de presumir ni má ni menos, é que yo soy así. El asiento no lo puedo cambiar. (...) Si. No, bon. Yo no me siento de fuera, la gente muitas veces cuando me dicen "advertimos el asiento" e todo a mi me duele un poco porque, la verdad, si habemos sido emigrantes tuvimos que luchar por la vida económica, que antes no había trabajo en España e todo eso. (Informant 9: male, 65 years old, primary education)

Despite the rejection perceived by informant 9, informant 7 has known him for many years and contradicts his impressions. He defines him as "authentic ghallegho" and accepts him in the group. He considers his hybrid variety peculiar, but it does not prevent him from being part of the community.

(87) E fálache o..., fala..., pensa que é ghallego, ghallego pero fálache o castellano así e chámache a atención, no sentido que fai... Pero ves que un home que é ghallego auténtico pero ten esa... Como estivo en Fránsia fálache o castellano, tiñas que oílo, fálache o castellano dunha maneira así... Chámate moito a atención, pero ves que é natural, é ghallego. Non fala porque se sente tal... Porque tuvo, non sei, estivo na emigración alá en Francia e eu que sei. Pero é ghallego, ghallego. Pero chapurréache así unha cousa. Ten o seu sentido tamén, eh? Pero ves que é ghallego. (Informant 7: male, 61 years old, secondary education)

10. Neo-speakers and a positive change towards Galician

Six informants mentioned having neo-speakers in their family and friendship circles (see Table 10). One of them, informant 5, is himself a neo-speaker. In his fifties, he decided he needed to speak Galician to take action in its preservation. The change was motivated either by nationalistic political circles or simply by an increased sociolinguistic awareness due to a significant change in his life: school, university, new friendships, etc.

Informant	Neo-speaker	Time of decision	Motivation
#1 (W, 38, S)	Two brothers	Not specified	Linguistic awareness
#4 (W, 25, S)	Friend	High school	Group of Galician-speaking friends
#5 (M, 77, S)	Himself	50+ years old	Linguistic awareness, joining the nationalist party
#6 (W, 39, S)	Brother	School	Galician-speaking teachers
#11 (W, 23, S)	(a) Cousin + Wife (b) Male friend (c) Female friend	(a) Not specified (b) Second year of university (c) High school	(a) Group of Galician-speaking friends (cousin) (b) Linguistic awareness (c) Not specified
#13 (M, 62, M)	Son	20 years old	Nationalist ideology

Table 10: Neo-speakers in the inner circles of the informants
Data from the interviews (2021). Own elaboration

The reaction of the informants was one of surprise at first but of total normality after the first few days. They value this language change positively, as mentioned by informants 13 and 11:

(88) Entonces un día apareceu na casa sin decirlle nada falando... A min víñame a risa, porque dicía “‘bueno este, que non sabe falar nada...””. Empezou a falar a falar e cada vez pois está máis..., xa usa o galego-portugués ese de marras e todo eso. *Sorpresa agradable, pa min moita, pero ao mesmo tempo veume á risa*, porque dicía eu “‘non será un cachón...””. Eu pensei que sería unha cousa de dous días ou así, de dicir bueno, colleu agora por aquí, fala agora, pero non, non, quedou consolidado e moi consolidado. (*Informant 13: male, 62 years old, secondary education*)

(89) Sí. Y ahora es como que me habla castellano y yo digo: “Dios, pero ¿qué haces?” Pero sí, sí que choca al principio una persona que, obviamente, está hablando seguido un idioma y de repente te empieza a hablar otro y dices tú: “Pero ¿qué haces?” Pero no en plan mal, sino de: “Dios, ¿qué ha pasado? Aquí hay algo distinto”. (...) Sí, sí que le preguntamos. Y nada, y dijo que porque sí y ya está. Y nosotros: *Pues muy bien, bien por ti, en plan, habla lo que quieras*. (*Informant 11: female, 23 years old, higher education*)

Linguistic awareness is at the root of the shift towards speaking Galician, whether linked to a political commitment or to being part of a social group. Informant 5, a neo-speaker for more than twenty years, explains his concern for the future of Galician as the reason for his language shift:

(90) Si dentro de cincuenta anos, de seguir as cousas como están, o galego terá desaparecido. O galego non existirá. Nin siquiera como minoritario, como unha cousa de museo, practicamente. Non existirá. Y díciálle eu ós amigos “y os rapaces, a xente nova de

dentro de cen anos dirán: *quenes eran aquelas bestias que permitiron que desaparecera a lingua galega?*” (Informant 5: male, 77 years old, higher education)

All of the above cases of neo-speakers are framed within a “support” group, be it a political party, students and teachers in an educational institution, or a group of friends. The group offers an increase in the prestige of Galician, which, together with an increased awareness of the vitality of the language, leads to a change which may become permanent.

5.1.2.2. Findings on language attitudes regarding healthcare

1. Indifference to a hypothetical accommodation by the physician at the beginning of the consultation

In a hypothetical scenario where the physician accommodates to the patient's language, the perception of the informants is relatively neutral. If accommodation by the doctor is done at the beginning of the consultation, the results indicate the following:

- The majority (**69.56%**, $n=144$) is indifferent (“I do not care”) to this hypothetical language accommodation, as Informant 14 exemplifies:

(91) I-14: Por exemplo, tuven outro médico e todo era en galego, todo. (...) pero todo era en gallego, todo.

Interviewer: E sentíaste máis cómoda con el porque falaba...?

I-14: Bueno, a min tanto me da. (Informant 14: female, 77 years old, primary education)

- Nearly a quarter (**22.22%**, $n=46$) recognize they would feel more comfortable inside the doctor's office, as Informant 5:

(92) Vouche contar de cando me vacuneí, vacunámonos na Cidade da Cultura. Unhas fileiras, unhas reas de xente... Todo cristo falaba galego na fila, na fileira. Estábamos falando con outros en galego, alí non había español por ningunha parte, algúns habería, pero o noventa por cento e seguro que máis estabamos a falar en galego. E cheghamos alí y a enfermera que nos fai pasar para ordenarnos falándonos en español. Dixen eu “señora!”, protesteille, “señora!”. Díxenlle o que che acabo de dicir a ti, “a maior parte dos que vimos aquí falamos galego e usted chega co seu español”. E di unha enfermera que estaba atrás “aí, aí, aí”, xa dándome a razón a min. Cambiou. Cambiou, empezou... (...) Claro, claro, pois o que acabo de dicir eu, xente coma min pois non hai moita. Eu son dos que non cala. (Informant 5: male, 77 years old, higher education)

- A small percentage (**8.21%**, $n=17$) would not like it.

This attitude towards the hypothetical language change seems to be due to a high proficiency in both languages. Therefore, a specific question on Spanish was added to confirm this hypothesis.

2. Use of Spanish in the consultation is not considered a communication issue

This indifferent attitude is supported by the question of the informants' perception of Spanish as a possible communication problem. The vast majority of respondents (97.57%) do not consider speaking Spanish an obstacle to communication during medical consultations. Likewise, it could also indicate that the positive reaction to a hypothetical change of the doctor's language from Spanish to Galician does not seem to be due to a problem of comprehension on the part of the patient. Thus, we would posit that a positive effect would be motivated by extra-linguistic factors.

3. Divided opinions on whether competency in Galician should be a mandatory requirement for becoming a doctor in the public health system

Competency in Galician is not a requirement to be a physician in the public health system. In the public examinations, proficiency in Galician is scored as merit. One of the main questions in the interviews was to find out the informants' views on this matter. Opinions were divided: either they considered that Galician should be required to be a public health physician, or their view was that their professional value should be prioritized, with language taking second place.

– Galician should not be a requirement:

The informants who do not defend the view that Galician should be a requirement to become a doctor in Galicia argue that medical criteria should be prioritized over linguistic ones. Those of this profile comprises people with a low-medium educational level, and two of them have lived in other countries.

(93) Principalmente que sea bo médico. E atento. E que mire polos seus clientes. Eso (*that doctors speak Galician*) é igual, si. O que ten que ser é bo médico e atender a un como debe ser. Que para eso estamos enfermos. (*Informant 14: female, 77 years old, primary education*)

(94) A ver, eu penso que a Medicina non ten nada que ver coas linguas, non? Si o entendes dentro de España, somos todos iguais, que más da que fales unha cousa que fales a outra? A miña opinión. (*Informant 2: male, 75 years old, secondary education*)

(95) Non, ser obligatorio non, porque pensándolo ben, un médico se se basa na lingua también está ben, se basa mejor en lo que el desempeña co paciente, como o trata, como todo, y toda persona en la vida ten que tener... Si lucha por algo, de ayudarle a... Que no sea tampoco, como se disir..., que por no tener o coso de ghallegho que... (*Informant 9: male, 65 years old, primary education*)

Informant 8 goes further and considers it a lack of respect for those medical professionals who choose to work in the Galician health system. This debate is seen as creating social conflict in the Galician health system.

(96) Porque hai xente, home, digo eu, a cultura está ben, pero hai xente que ven, colle unha plaza aquí, non sabe o gallego, tamén é falta de respeto que tanto, tanto... escudarse nos idiomas, tal. Non sei. (...) Eu creo que iso é moi cerrado, eu creo que aí non debían de meterse tanto neso, debían dar máis libértá á xente que falara no idioma que se defende. Pero no, estamos con estas cousas, esto que non leva a ningunha parte. (*Informant 8: male, 78 years old, secondary education*)

– **Galician should be mandatory:**

Informant 3 emphasizes that those working in public healthcare, paid for with public money workers, has to have at least “basic knowledge of Galician.” According to her, the rights of Galician speakers are undermined.

(97) Fagámonos entender. Se ti eres médico e ves de Zaragoza pa’ Galicia e vas a exercer a medicina de... Si vas a estar nunha oficina escribindo no ordenador dáche ighual. Pero si vas a ter un posto público pagado polos galegos, o mínimo é que fales o seu idioma e que o entendas e que teñas uns conocimientos básicos. De galego. Pa min, porque é o meu idioma, estás no meu país. (*Informant 3: female, 50 years old, secondary education*)

As the level of education of the informants increases, so does language awareness in the healthcare system. This observation applies to everyday speakers of Galician and Spanish. For instance, informants 11 and 6 have Spanish as their first language. Informant 11 believes that considering Galician as a merit but not a requirement diminishes the language to a secondary level. According to her, this subordinate status reduces the linguistic rights of patients.

(98) Galicia tiene dos idiomas, el gallego y el castellano. Pues si quieres trabajar en Galicia o ser funcionario, trabajar de funcionario en Galicia pues tienes que saber los dos porque la gente tiene el derecho de que le atiendas en su idioma y punto. Pero... obviamente, se trata al gallego pues como un idioma secundario, es como un añadido, no es... Es que la gente gallega me va a entender en español y ya está. (*Informant 11: female, 23 years old, higher education*)

Informant 6 is a pharmacist. Due to her profession, she knows the importance of speaking Galician with her clients to explain health-related issues, especially with older people. She points to a fundamental aspect of understanding this position. It is not a problem of comprehension of Spanish but an “overexertion” in a communicative context of emotional stress, such as when a person is ill and needs medical help. Patients should be able to speak in the language in which they are more comfortable.

(99) Creo que, si, que debería non ser puntuable, senón ser un requisito. Porque é eso, estamos falando de que vas a estar atendendo á xente, pódete vir un señoríño, unha señoríña dunha aldea ou sin ser dunha aldea, con ochenta e algo de anos, que toda a súa vida falou en galego e que non vai saber falar castelán, e non vai saber explicarse o que lle tal, entón polo menos, inda que a outra persona non lle responda, o sea, non che digo que me teñas que responder en galego, pero o que si que o entendas. Paréceme básico e fundamental neses ámbitos. (...) Non que lle esté o médico e lle diga “señora no la entiendo, que le pasa?”, que inda por riba a pobre muller ou pobre home inda por riba de estar malo ou estar tal que teña que estar como... Que se lle cree esa ansiedade de “non me está entendendo e eu non sei explicarme doutra maneira”. (...) Quen diga que en Galicia non se entende o castelán é mentira, porque estás rodeado de castelán por todas partes. (...) Igual non é tanto o contraste, pero si que lles supón un sobreforzo, e se xa están nerviosos ou se xa están de que se encontran mal é como... penalizalos inda por riba. Pois non, sabes? O que está ao outro lado se está pagado, si é dun servizo... Si vas ao privado, pois vais ao privado, pero si é do servizo público. (*Informant 6: female, 39 years old, higher education*)

In line with the idea pointed out by the previous informant, Galician is also presented as a language for expressing emotions in communicative situations such as in a medical

consultation. Speaking Galician or not, according to Informant 5, could distance the speakers and damage the relationship of trust between doctor and patient (cf. 5.2.).

(100) Pero se tes que atender a xente que fala en galego, coño, non andes... Os médicos, o dos médicos é importantísimo, coño. Dar confianza, non... Porque obrígalos a falar a eles en español..., é como poñerlles un escudo, é unha cousa..., quítaslle cariño á relación, non? (...) A parte emocional vese perxudicada, si, claro, o médico ten que dar confianza. Y ten que aproximarse ao paisano e se o paisano está... Se xa os médicos presumen de tal, se inda por riba o paisano te ve nun pedestal alá na quinta hostia pois non... Creo que si, creo que debería ser un requisito. (*Informant 5: male, 77 years old, higher education*)

The debate about establishing Galician as a requirement or merit to become a public health physician is complex. As Galicians speak and understand both languages, the issue is not language comprehension. However, the desire to interacting with the doctor in Galician is viewed as almost a therapeutic necessity in a situation of emotional stress, such as going to a medical center with a health problem.

In contrast to what might be expected, Galician speakers with a low-to-mid education level think that Galician proficiency should be optional for a physician to obtain a position in the public health system. The informants most aware of this need are those who need it the least linguistically, i.e., speakers with higher education and balanced bilingualism.

5.1.3. Monolingual and Bilingual Consultations

The corpus offers natural linguistic behavior, i.e., how doctors and patients speak in the recordings of real medical consultations obtained with the corpus. Within a total of 586 recordings, there are monolingual and bilingual consultations¹⁸⁴. Of every ten consultations, approximately six involve monolingual interactions, and four are bilingual in nature. There are two types of bilingual consultations. In approximately a quarter of these consultations the bilingual nature is due to the doctor and patient speaking different languages. In approximately a third of the cases, the bilingual nature of the consultations is due to one or both of the speakers employing code-switching. The distribution is similar to the reported language behavior obtained through the questionnaires. The ratio in the

¹⁸⁴ The “Corpus de interacción médico-paciente en Galicia” (de Oliveira and Hernández Flores, 2014) includes 586 primary care consultations from six physicians, comprising three men and three women. Among the male doctors, one speaks Galician, one speaks Spanish, and one identifies as a functional bilingual. Among the female doctors, two speak Spanish and one speaks Galician. One of the female physicians is from a Spanish-speaking region of Spain, while the other five doctors are from Galicia. All recordings were made during the same week in the morning shift. However, the number of consultations recorded by each doctor varies (ranging from 61 to 132), depending on their discretion and circumstances (e.g., patient consent or forgetting to record). Sometimes the recording was left on for several hours, or started mid-consultation. Unfortunately, the recordings do not provide information about the patients' everyday language use, making it impossible to determine if the language spoken during the consultation differs from their daily language. The sociolinguistic information available includes the patient's gender and age (only available for 53.92% of patients), and the doctors' preferred language, which they reported in in-depth interviews. The doctors also explained how they choose the language to use during consultations.

questionnaires, as well as the last up-to-date official data from 2011 (Instituto Nacional de Estadística), is two-thirds of the informants are monolingual – mainly Galician speakers – and one-third are functional bilinguals.

5.1.3.1. Monolingual consultations: Spanish or Galician

Monolingual interactions in the doctor's office are those in which the doctor and patient speak the same language, either Spanish or Galician. Thus, negotiation is unnecessary since both speakers either share the same preferred language or accommodate the other's language before starting the interaction.

In approximately six out of every ten audio-recorded consultations in the corpus (**57.67%**), **family doctors and patients speak the same language**. Within the monolingual consultations, Spanish accounts for 35.32% of the consultations and Galician for 22.35%. This ratio of around half of the consultations is similar but slightly superior to the reported behavior in the **questionnaires: 48.77%** (28.08% in Galician and 20.69% in Spanish), see Figure 32.

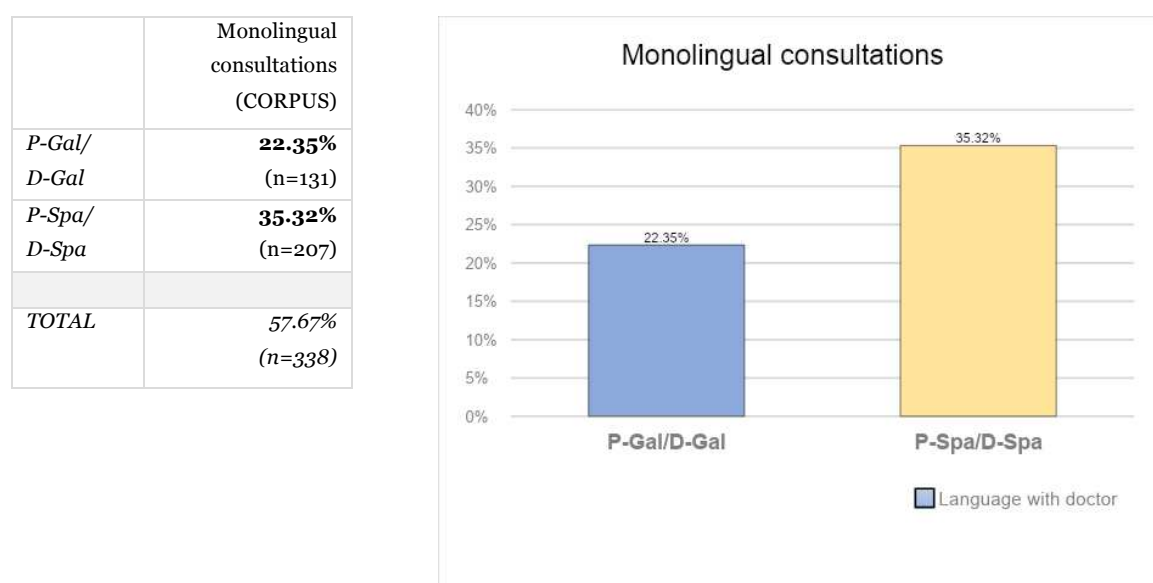


Figure 32: Monolingual consultations based on a corpus of 586 consultations Corpus de interacción médico-paciente en Galicia (2014). Own elaboration¹⁸⁵

¹⁸⁵ In all the figures, P stands for patient and D stands for doctor. Galician and Spanish are written only with the first three letters (Gal and Spa, respectively). Code-switching is represented with the abbreviation CS.

The tendency in the corpus is towards consultations only in Spanish (12.97% more). The linguistic profile of the doctors can explain this prevalence of Spanish. Only two out of six define themselves as Galician speakers in their workplace¹⁸⁶:

- Spanish-speaking doctors use exclusively Spanish in 96.79% of the consultations.
- Galician-speaking doctors use solely Galician in 54.29% of the consultations¹⁸⁷.

One of the Spanish-speaking doctors from the corpus, who is Galician, justifies this absence of language flexibility, claiming that she does not express herself well in Galician. She defends her practice by stating that patients understand her perfectly. Hence, she does not try to shift languages.

(101) Interviewer: ¿y si ellos hablan en gallego?

Dr. F: aquí habla mucha gente en gallego, pero yo aun así no hablo en gallego, porque no me trasmito bien en gallego. ¡Me entienden perfectamente, eh!

Interviewer: no hay ningún problema de comunicación

Dr. F: ninguno, ninguno, no, ninguno. Porque yo entiendo perfectamente el gallego, lo que pasa que no lo hablo. Y ellos entienden perfectamente el castellano, porque es gente que está al lado de (*name of the closest city*). (...) Aquí no tenemos problema ninguno, vamos, ni con el gallego ni con el castellano.

Informants have noted this lack of flexibility of Spanish-speaking bilingual physicians to switch to Galician. Informant 13 associates the use of Spanish in healthcare with to the physicians' lack of prestige when speaking Galician.

(102) Interviewer: E por que cres que pasa nese ámbito?

I-13: Eso si que non sei. Eu non che podería dicir por que pasa, sei que non ceden das súas... Eu un pouco equiparalo xa igual ca xente de abaixo, eh? Teñen aquel idioma, parécelle que o idioma galego é un pouquiño máis menos... Un pouco por dicir, bueno, estamos nun, como lle chaman? Bueno, o que é os médicos. E aí eu supoño que a maioría ou..., non sei, non digo o cen por cen pero pouco menos, falan castelán seguro. Poucos haberá que falen galego. (*Informant 13: male, 62 years old, secondary education*)

If physicians do not seem to favor the use of both languages with patients, the patients are more inclined to adapt to Spanish. Moreover, the patient may speak Galician in the waiting room with other patients, but when crossing the threshold of the consultation room, the patient changes to Spanish.

¹⁸⁶ The crossing between language in the consultation and doctor's preferred languages has a high association: $p = < 0.001$, Cramer's V: 0.599. The crossing between the doctor's preferred language and the language he or she uses in the consultation has also a high association: $p = < 0.01$, Cramer's V: 0.593.

¹⁸⁷ Galician-speaking doctors use only Galician in 114 out of 210 consultations. Spanish-speaking doctors use exclusively Spanish in 302 out of 312 consultations. The percentage of Galician-speaking doctors is a combination of Dr. B, who speaks only Galician in 81.97%, and Dr. E, who speaks Galician in 15.90% of her consultations. She often employs code-switching, alternating Galician with the patients and Spanish with her resident doctors.

(103) Pode ser que ao mellor esté alí na sala de espera falando galego e que ao mellor entre na consulta e que si fala o castelán, eh? Si, si. Por regra general optaría que case todos que si. (...) Si fala o castellano pois a reacción e de ti dis “Buenas” ou “Ola” ou o que queiras, o primeiro que fala é o médico. Depende de como che fale eu tamén lle contesto. (Informant 2: male, 75 years old, secondary education)

Regarding patient profiles, there is a statistically significant crossing concerning gender. The same percentage of women and men participate in monolingual consultations (57.82% of women and 57.89% of men). Nonetheless, there is a difference concerning language. Whereas female patients engage more in Spanish monolingual consultations than men (44.69% of women versus 28.95% of men), men stand out in the Galician monolingual interactions (53.95% of men versus 32.40% of women)¹⁸⁸.

5.1.3.2. Bilingual interactions: Each speaker speaks a different language

The second level corresponds to those interactions where there is an implicit negotiation, i.e., each speaker maintains their preferred language, and because neither asks the other to switch language, as there is mutual understanding. This mutual understanding refers mainly to a Galician-speaking patient interacting with a Spanish-speaking physician (11.77% of the audio-recorded consultations). The opposite situation, i.e., a Spanish-speaking patient interacting with a Galician-speaking doctor, is relatively uncommon (0.17% of the audio-recorded consultations) (see Figure 33).

In the questionnaire, the behavior most frequently selected was to speak Galician with a Spanish-speaking doctor (34.15%). This percentage is substantially higher than the responses found in the corpus. Similar to the findings in the corpus, the informants in the questionnaire confirm the reverse combination as an unusual communicative situation, with only 1.46% of the respondents reporting that behavior.

¹⁸⁸ The corpus has 358 female patients (61.09%) and 228 male patients (38.91%). The percentages were calculated based on the total number of female and male patients. The crossing between the consultation's language and the patient's gender is statistically significant: $p < 0.01$ and Cramer's V 0.198.

	Bilingual consultations without CS (CORPUS)
<i>P-Gal/D-Spa</i>	11.77% (n=69)
<i>P-Spa/D-Gal</i>	0.17% (n=1)
TOTAL	11.94% (n=70)

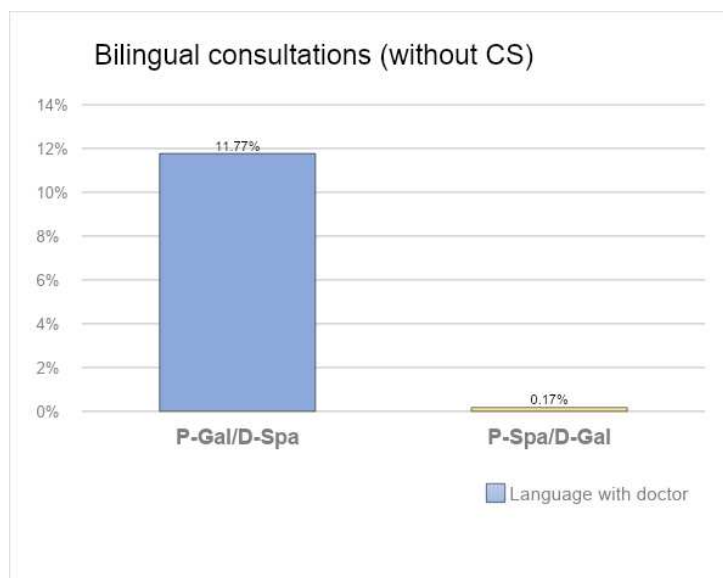


Figure 33: Bilingual consultations without CS based on a corpus of 586 consultations
Corpus de interacción médico-paciente en Galicia (2014). Own elaboration

As seen in the section on monolingual consultations, Spanish-speaking physicians do not usually switch languages. Therefore, many Galician-speaking patients accommodate to the physician's language. There is another group of patients that does not consider switching a necessity. Maintaining Galician with a Spanish-speaking doctor is almost an ideological position, since the doctors have the right to speak their preferred language in public service such as primary care, as expressed by Informants 7 and 5:

(104) No, eles mantéñense. Eu falo galego e eles fálanme o castellano. O meu, eh? El fala o castellano. Pero o mesmo está aí, o problema xa está aí. Si eles que son os que tiñan que ter seghuridade, se non o cren, non falan. Se non o cremos, non o falan. (...) De parte mía poñerse a falar castelán a unha persoa de aquí, sería unha falta de respecto... Non sei se falta de respecto, sería algo, unha carencia. Eu falar o castellano a unha persoa de aquí? Ti estás aquí e vasme dicir a min que che fale o castellano a ti aínda? É o que faltaba. (*Informant 7: male, 61 years old, secondary education*)

(105) No, eu négome. En caso de que o médico me fala español, eu fállolle en galego. E el sigue falando en español e eu sigo falando en galego. Hai algúns que cambian, pero a maior parte non o intentan. Siguen falando español y eu en galego. (*Informant 5: male, 77 years old, higher education*)

Meanwhile, physicians see this as natural behavior, free of linguistic conflict. The only non-Galician physician in the corpus (Dr. D) always speaks Spanish in her consultations, despite leaving in the region for more than twenty years. She claims she and her patients understand each other without any problem. In justifying her linguistic choice, Dr. D clearly marks her Castilian nature. However, she clarifies that she understands Galician despite not speaking it.

(106) Dr. D: yo castellano, porque soy castellana, ¿eh?, o sea, que, yo me expreso mejor creo que en castellano. Aunque los pacientes usan indistintamente gallego o castellano, lo que les sale

Interviewer: sí que puede ser la comunicación de ellos hablando en gallego

Dr. D: sí

Interviewer: y tú en castellano

Dr. D: y yo en castellano, sí

Interviewer: y te entienden

Dr. D: sí, no hay problema¹⁸⁹

Example: Bilingual consultation with a Spanish-speaking doctor and a Galician-speaking

The patient (female, 61 years old) suffers from heartburn and has discomfort. She is a Galician speaker, and the doctor (Dr. D) is a non-Galician Spanish speaker. After a brief exploration of the stomach, the woman refers to a lump she has in the breast. The doctor is not concerned about the lump and prescribes an antacid. Both speakers keep their preferred language, i.e., the physician (DR. D) speaks in Spanish, and the patient (PAT) speaks in Galician.

1 DR. D: muy bien/ entonces/ ahora me dice// ¿qué le pasa?

Very well, so now tell me, what's going on?

2 PAT: mire/ doime o estómago moito/ pola mañán xa me levanto con asidez no estómago/

Look, my stomach hurts a lot. In the morning, I wake up already feeling acidity in my stomach,

3 e despois pola tarde=

and then in the afternoon

4 DR. D: ¿y la acidez?

And the acidity?

5 PAT: =árdeme moitísimo

It burns a lot

6 DR. D: ¿por dónde nota la acidez?

Where do you feel the acidity?

7 PAT: si/ por aquí/ que me chega hasta a boca// e dolor así aquí na espalda

Yes, around here, it reaches up to my mouth, and I also have pain in my back here

8 e máis dolor de cabeza

and a headache

9 DR. D: ¿y desde cuando tiene esta acidez?

And since when have you had this acidity?

10 PAT: a asidez/ xa hai moito tempo que a teño/ pero como estaba tomando o protector/

The acidity, I've had it for a long time, but since I was taking the acid reducer,

11 non a notaba [moito/ pero agora ó deixar→]

I didn't notice it much, but now that I've stopped

12 DR. D: [¿pero agora no lo toma?]

But now you're not taking it?

13 PAT: no

¹⁸⁹ DR. D: I speak Castilian-Spanish, because I am Castilian. I think I can express myself better in Castilian. Although patients use Galician or Spanish indistinctly, whatever comes out of their mouths. / Interviewer 1: yes, it can be that they communicate in Galician / Dr. D: yes / Interviewer: and you in Spanish / Dr. D: and I in Spanish, yes / Interviewer: and they understand you / Dr. D: yes, no problem.

No

14 DR. D: ¿y desde cuando lo dejó?

And since when did you stop it?

15 PAT: habrá dous meses

About two months ago

16 DR. D: vale

ok

Example: Bilingual consultation with a Galician-speaking doctor and a Spanish-speaking patient

A patient (female, 21 years old) goes to the doctor's office due to depression. She has ended a sentimental relationship and needs pharmacological help to cope with her daily life. While the patient speaks Spanish, the doctor and the mother speak Galician. Doctor and patient naturally keep their preferred language (Galician for the doctor, DR. B, and Spanish for the patient, PAT) during the conversation.

1 DR. B: por exemplo/ si empezas co tratamento antidepressivo/ pois ao mellor convenche

For example, if you start with the antidepressant treatment, it might be advisable

2 botar/ dez ou quince días/ hasta que te vaias adaptando a el// de baixa/// si→ tes eses/
to wait for ten or fifteen days until you adapt to it. Take it easy. If you experience these

3 altibajos de ansiedá de angustia e todo eso/ aí recurrir ao Alprazolam ou ao Trankimazin
ups and downs of anxiety, distress, and all that, then resort to Alprazolam or Trankimazin

4 ou ao que teñas/ bueno/ podes vir se o cuadro se che desborda/ pero si non/ intenta
or whatever you have. Well, you can come in if the situation overwhelms you, but if not, try

5 regulalo ti antes na casa
to regulate it at home first

6 PAT: ((lo que pueda))
((As much as I can))

7 DR. B: e si non/ si coa primeira pastilla/ non che cede// pois aos vinte minutos podes tomar
and if not, if the first pill doesn't work for you, after twenty minutes, you can take

7 outra/ que non hai ningún problema/ porque aí a veces a maior parte das veces é
another one without any problem because sometimes it's mostly

8 cuestión de→/ de dosis/ entendes?/ e non→/ o que sea un pouco máis ou
a matter of dosage, you know? And not whether it's a little more or

9 un pouco menos/ pois→
or a little less, so

10 PAT: es que es muy fuerte todo lo que me está pasando (pause 3") ahora→/ tiene a otra
It's just that everything I'm going through is very intense (pause 3") now, she has another one

11 DR. B: se é o que che preguntei eu desde o principio
That's what I asked you from the beginning

12 PAT: ya// anda por ahí con ella de paseo por aquí// ella anda con el coche
Yes, he's around here with her, walking around here. She's driving the car

13 que era nuestro// por delante de mis narices
that used to be ours, right in front of my eyes

5.1.3.3. Bilingual interactions code-switching

In three out of ten consultations language alternation occurs (30.38% of the consultations, n=178). These consultations are divided into the following categories regarding the participants who employ code-switching (in order of incidence)¹⁹⁰:

- Patient code-switches and doctor speaks Spanish: **11.95%**
- Doctor code-switches and patient speaks Galician: **6.66%**
- Patient and doctor code-switch: **5.12%**
- Patient code-switches, and doctor speaks Galician: **3.58%**
- Doctor code-switches and patient speaks Spanish: **3.07%**

Figure 34 summarizes these observations. In the questionnaire, a similar percentage of informants (28.85%) answered in the positive to the question of whether they alternate languages in the doctor's office.

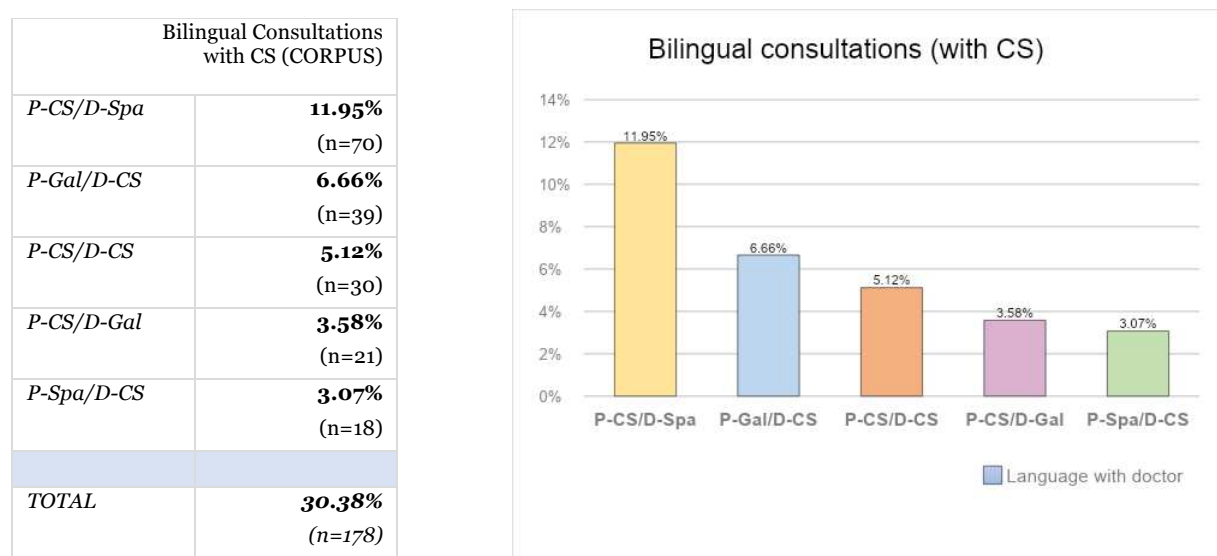


Figure 34: Bilingual consultations with CS based on a corpus of 586 consultations
Corpus de interacción médico-paciente en Galicia (de Oliveira and Hernández Flores, 2014). Own elaboration

In sum, the evidence shows that more frequently is there code-switching by a single participant in the interaction (only the patient or the doctor) than by both patient and doctor (a bilingual interaction). Further, patients code-switch more than doctors overall:

- Only patient: **15.53%** (n=91)

¹⁹⁰ The alternation can vary from very occasional to recurrent throughout the entire consultation. This study does not include a quantification of all instances of code-switching, only an overall quantification of the 178 consultations with code-switching (CS) within the 586 total primary care consultations. A more detailed qualitative study of the interactions is therefore necessary to contextualize these data on code-switching, provided in sections 5.2 and 5.3.

- Only doctor: **9.73%** (n=57)
- Patient and doctor: **5.12%** (n=30)

The physician who switches languages most frequently is Dr. E, a woman of about 55 years of age who indicated in her interview that she prefers to speak Galician. One plausible explanation for this heightened frequency is that in 80.68% of her consultations Dr. E has two resident physicians in her office. One is a Spanish-speaking Galician, and the other is not Galician. Thus, she instructs them in Spanish and alternates languages with the addressee, shifting in 60.23% of the consultations¹⁹¹. She is aware of her tendency to switch languages:

(106) Interviewer: tú te diriges a ellos en principio en gallego

Dr. E: sí, porque la gran mayoría aquí hablan en gallego. Entós, me dirijo en gallego y, luego, según cómo me hablen, pues les contesto en castellano o en gallego. Y, a veces, *también mezclo*.¹⁹²

In addition to this doctor, another of the doctors in the corpus is also conscious of his ability to switch languages:

(107) Dr. A: pues, eh, um, *yo creo que salto de uno a otro*.

From his perspective as a patient, informant 13 relates how the doctors code-switch to Galician to say “some little phrase” but keep Spanish as their primary language.

(108) Interviewer: Pero eles non cambian.

I-13: Non. Eles poden botar alí cincuenta anos. Ao mellor dinche así *algunha frasiña de vez en cando básica ou un abecé*, pero no, non cambia. Non cambia, pois, eu... (Informant 13: male, 62 years old, secondary education)

Example: Bilingual consultation with a code-switching by the patient

A woman comes to consult on behalf of her husband. The reason for the appointment is to obtain blood test results. Further, she is also concerned about the swelling of her husband's legs and asks about the possible cause. The woman alternates constantly between Galician and Spanish, the doctor's language. This combination (P-CS/D-Spa) is the primary one in the corpus (11.95%).

1 PAT: bueno→/ mire/ eh→/ escoite unha cousa/ que vou desir eu// e o das pernas//

Well, look, eh..., listen to something that I'm going to say. And about the legs, si what is

2 é logho de que será?/ ou é (()) que hinchán e hínchanlle as pernas//

this about? or is it (()) that they swell and keep swelling his legs,

¹⁹¹The statistics support this assumption. The crossing between code-switching and the presence of residents has a moderate association ($p = < 0.001$, Cramer's V: 0.345). Moreover, the doctor's gender is also significant, which means more code-switching among female doctors, favored by the high incidence in Dr. E. In 71 consultations with resident doctors, she alternates languages in 52 (73.23%). Contrary to the monolingual interactions, the crossing between code-switching and the patient's gender is not statistically significant ($p = 0.122$, Cramer's V: 0.053). 32.68% of the female patients and 26.32% of the male patients alternate languages.

¹⁹² Interviewer 1: you address them initially in Galician / Dr. E: yes, because most of them speak Galician. So, I address them in Galician and then, depending on how they speak to me, I answer them in Spanish or Galician. And sometimes I also mix.

- 3 y ese es el problema que tiene**
and that is the problem he has
- 4 DR. C:** pero/ ¿le hinchán mucho/ mucho/ mucho?
but, do they swell a lot, a lot, a lot?
- 5 PAT:** bueno
well
- 6 DR. C:** ¿solo a la tarde-noche?
only in the evening-night?
- 7 PAT:** home/ claro
well, of course
- 8 DR. C:** se levanta con ellas
does he wake up with them
- 9 PAT:** no// levántase con elas baixas/ pero despois/ os tobillos e así un pouco pa'riba//
no, he wakes up with them low, but later, the ankles and a bit upwards,
- 10** pero/ el xa toma **eso pa...mear/ pero→**
but he already takes that to...pee, but...
- 11 DR. C:** ¿a qué hora está tomando la Furosemida?
at what time is he taking the Furosemide?
- 12 PAT:** a la mañana
in the morning
- 13 DR. C:** pues que la pase al mediodía
well, them have him take it at noon

Example: Bilingual consultation with a code-switching by the doctor

A patient (male, 37 years old) has depression and feels that his symptoms have worsened since he reduced his dose of antidepressants three months previously. The man speaks Spanish, and the doctor alternates between Galician and Spanish. The switching occurs when the physician explains factors beyond medication that may have increased the depressive symptoms.

- 1 DR. B:** §esperar/ ou/ incluso// dar un→ //un suplemento tipo Denovil que facilita que/
Wait or even give a supplement like Denovil, which facilitates that there is a
- 2** hai unha activación máis rápida de// do antidepressivo/ non sabes?/
faster activation of the antidepressant, you know?
- 3** neste caso do/ da paroxitina
In this case, paroxetine
- 4 PAT:** puede ser que coincidiera el inicio de la primavera con que yo bajara también
It could be that the beginning of spring coincided with my decrease too
- 5 DR. B:** probablemente// mira/ tú lo que está claro es una cosa/
Probably. Look, what is clear is one thing,
- 6** **ehh→/// (nombre paciente)**
ehh, (patient's first name)
- 7 PAT:** sí
Yes
- 8 DR. B:** eh/ haces unos intentos que son muy razonables/ y además yo/
Eh, you make attempts that are very reasonable, and besides,
- 9** me parece que/ que es imprescindible que los hagas de vez en cuando/

- it seems to me that it is essential that you make them from time to time,
- 10 un intento de reducir la medicación// ahora///¿eso es bueno?/**
an attempt to reduce the medication. Now, is that good?
- 11 es bueno/ ¿pero es imprescindible? / ¡no!↑=**
It's good, but is it essential? No!
- 12 PAT:** claro
Of course
- 13 DR. B: =lo que es imprescindible es que tú tengas buena calidad de vida=**
What is essential is that you have a good quality of life
- 14 PAT:** claro
Of course
- 15 DR. B: =y esa buena calidad de vida/ pues// tú tes trinta e sete anos e→//**
And that good quality of life, well, you're thirty-seven years old,
- 16 vas ter opciós/ ao largo de→// da túa vida e→// en seguir facendo este tipo de**
and you'll have options throughout your life, and you'll continue to make these types of attempts.
- 17 intentos/ pero a veces empeñarse en retirar un fármaco/ cando un non//**
But sometimes insisting on withdrawing a drug, when the
- 18 o único que fai é//ao mellor provocar o ter que/ tomar/ de rebote/ moito máis**
only thing it does is maybe provoke having to take much more
- 19 tratamento do que estaba tomando [inicialmente]=**
treatment than you were taking initially

Example: Bilingual consultation with a code-switching by doctor and patient

The patient comes to the consultation for a possible colon problem, as he has difficulty going to the bathroom. The doctor begins in Spanish by explaining the recording, to which the patient responds, alternating languages. The patient switches definitively to Galician when introducing the reason for the consultation, thus marking the language of the consultation. The doctor, upon recognizing the reason for the shift, also shifts to Galician.

- 1 DR. A:** (...) grabamos la consulta/ (patient's first name)?
Do we record the consultation, (patient's first name)?
- 2 PAT:** bueno/ como quiera// eh/ lo/ **o que teño que facer é/ é→/ mirar o/ do tema**
Well, whatever you want. Um, what I have to do is to check about the topic of the
- 3 do→/ do/ do colon/ porque non sei que [pasa aí]**
colon because I don't know what's happening there.
- 4 DR. A:** [vale]/ espera un momentito que que le/ loo
Okay, wait a moment to, thee
- 5 PAT:** agora si ten que atender a esa señora antes§
Now, if you have to attend to that lady before
- 6 DR. A:** §no/ ella está atendida/ la parte urgente/ urgente/ ya// agora simplemente
No, she's attended to, the urgent part, urgent, already. Now, I just
- 7 tengo que darle ahí/ simplemente/ firma [ahí]**
have to give her, there, just, sign here.
- 8 PAT:** [aquí?]/ firmar aí?
Here?, sign here?

9 DR. A: *sí/ (pause 5") vale/// ten dolor entonces na barriga?*

Yes (pause 5") Okay, do you have pain in your stomach?

5.1.4. Closing Discussion

The results present a study case where Galician is the most frequently spoken language, by approximately half of the population (55.77%, according to the questionnaires). Four out of ten speakers are active bilinguals (37.98%), since they use both languages daily in different contexts. Monolingual Spanish speakers are the minority group, representing only 6.25% of the sample. While the Galician speakers are more concentrated in the rural peripheries, the bilinguals are located primarily in the urban area, as expected due to previous studies and statistics (§2.3.3.). In the questionnaires, it is possible to identify a division of responses along lines of age. The youngest informants, who have already been educated in the democratic era in which Galician has regained official status, feel more comfortable reading and writing in both languages than the elderly. Additionally, Spanish is the primary language in their daily leisure activities. Nevertheless, there is a general tendency towards feeling more confident when speaking in Galician, as this was, for a majority of the informants, the first language used at home and continues to be the language of daily life.

Despite the generally more positive language attitudes towards Galician than Spanish, Galician is spoken less frequently with younger family members (children and grandchildren) than with older members (parents and grandparents). This behavior is supported by the interviews, which reveal the traditional stereotypes that Galician is of less use and value. This perception seems to be connected with the lack of intergenerational transmission, as indicated by official data showing a significant decrease in Galician-dominant speakers aged 5 to 14 from 2003 to 2018 (-47.3%, §2.3.1).

After public administration, healthcare is the second most common domain in which speakers do not use their language of daily life. This indicates that the healthcare setting appears to be a communicative context favorable for linguistic negotiation, as Galician-dominant speakers often choose to speak Spanish, the language associated with the medical profession (§3.2.1.). However, informants claim to be indifferent if the doctor accommodates to the patient's language (7 out of 10 responses). This view is supported by data showing that nearly all informants (97.57%) deny that Spanish poses a communication issue during consultations. This revealing percentage contrasts with the reflections shown in the interviews. Galician is seen by its speakers as a "we-code," the key to being part of the community. Linguistic competence does not seem to be the motive

behind the need to alternate languages; instead, speakers value being able to maintain interactions in their mother tongue in all types of communicative contexts.

The questionnaires and the corpus were collected in the same municipality in two different moments. Both cases are semi-urban municipalities of approximately 10,000 inhabitants, located close to a major city, with Galician still being the dominant language, and with a significant incidence of bilingual practices (almost 40%). The sample describes an area of linguistic contact with an intermediate population zone between the bigger cities (Spanish-language dominant) and rural areas (Galician-language dominant). Thus, the lack of sociolinguistic information in the corpus is mitigated by the information provided in the questionnaires and interviews.

When comparing the results obtained in the questionnaire (reported linguistic behavior) and the corpus (real linguistic behavior), some similarities and differences can be found. Speakers might negotiate or not their languages during the medical consultations, revealing three possible situations (§4.1.):

- *No apparent negotiation*: both speakers speak the same language, either Galician or Spanish.
- *Implicit negotiation*: each speaker speaks a different language. The doctor speaks Spanish and the patient speaks Galician, or vice versa. Nonetheless, there is a mutual comprehension.
- *Explicit negotiation*: one or both speakers employ code-switching during the interaction.

The questionnaire and the corpus have a similar distribution between monolingual and bilingual consultations. The questionnaire data is balanced, but the corpus shows a higher incidence of monolingual consultations (15.95% more).

- *Questionnaires*: monolingual consultations (**48.77%**) and bilingual consultations (**51.23%**).
- *Corpus*: monolingual consultations (**57.67%**) and bilingual consultations (**42.32%**).

In Table 11, these percentages are divided regarding the language negotiation:

	QUESTIONNAIRE		CORPUS	
	%	n	%	n
No apparent negotiation (Both GAL or SPA)	48.77%	99	57.67%	338
Implicit negotiation (Each speaker one language)	35.96%	73	11.94%	70
Explicit negotiation (Code-switching)	15.27%	31 (both)	30.38%	178
	*28.85%	*58 (only patient)		
TOTAL ¹⁹³	100%	203	100%	586

Table 11: General comparison between the questionnaire and corpus total data
Data: Questionnaires (2021) and “Corpus de interacción médico-paciente en Galicia” (de Oliveira and Hernández Flores, 2014). Own elaboration

No apparent negotiation: A stronger tendency to have language concordance between doctor and patient can be observed in the corpus. The difference with the answers in the questionnaire is approximately nine points (8.9%). In the corpus, 35.32% of the consultations are only in Spanish and 22.35% of the consultations are only in Galician, while the questionnaire informants reveal the opposite trend. They claim to have more monolingual medical consultations in Galician (28.08%) than in Spanish (20.69%).

Implicit negotiation: In comparing the questionnaire and corpus, there is a difference in monolingual consultations in Spanish of approximately 15% that can be seen directly reflected in the data corresponding to implicit negotiation. Questionnaire data reveals that 34.15% of the informants indicate that their consultations are bilingual: while they speak Galician, their physician answers in Spanish. One informant provides one of the reasons, indicating that his/her physician is not a Galician. The same circumstance (a non-Galician doctor) is present in the corpus. However, only 11.94% of patients speak Galician in consultations with a Spanish-speaking physician in the corpus. Therefore, we can see a greater tendency in the natural linguistic behavior to accommodate to the physician's language.

The data in both the questionnaire and the corpus show that the combination of Spanish-speaking patients and Galician-speaking doctors in consultations is quite unusual (1.46% and 0.17%, respectively). This low frequency in the data indicates that physicians who are Galician dominant speakers seem to be willing to accommodate the patient's language as the doctors who are Spanish dominant speakers. This hypothesis is

¹⁹³ The two free responses in the questionnaire included as “other” were not included to offer a more accurate distribution. Therefore, these percentages are based on 203 responses.

corroborated by the corpus data. The two physicians who claim Galician as their preferred language (Dr. B and Dr. E) speak Galician in 54.29% of consultations, a much lower percentage than the use of Spanish in 96.79% of consultations of physicians who define Spanish as their dominant languages (Dr. C, Dr. E and Dr. F). This behavior contradicts the *PNL's* recommendations (2006: 167), where it is noted that physicians, in their position of “technical superiority,” should open the dialog in Galician and, if necessary, switch to Spanish. Furthermore, these results also disagree with the *Observatorio da Lengua Galega* (2008: 60-87) regarding Galician as the default language chosen by the physicians at the beginning of the consultation¹⁹⁴.

Explicit negotiation: Explicit negotiation consists of alternating languages, i.e., employing code-switching during the consultation. Employing this communication strategy, doctors and patients openly negotiate their bilingual interaction. In this group, there is a more significant difference between the informants' answers and the speakers' behavior in the real audio-recorded consultations. One of the reasons for this is the formulation of the question itself in the questionnaire. In the question on language spoken with the family doctor, a generic answer was given: “we both alternate languages”. This option was selected by 15.27% of the informants. In the follow-up question, where they were only asked about their individual behavior as a patient, the percentage almost double (28.85%).

The language alternation can be observed in more detail in the corpus, as it is possible to listen to the entire consultations and identify who alternates languages and when they do so. The alternation might be constant or occur only in one turn. In consultations where only one speaker employs code-switching, it is more common for patients to initiate the alternation rather than the doctor (15.53% vs. 9.73%, respectively). In the questionnaires, 3 out of 10 informants (28.85%) claim to employ code-switching when speaking with a doctor. Doctors and patients also employ code-switching in the same consultations, but this joint negotiation appears on fewer occasions (5.12%). In sum, in approximately three out of ten consultations, the doctor and patient alternate languages, i.e., negotiate their language explicitly during the consultation. This is a noteworthy starting point to explore the interpersonal and situational dynamics behind these numbers.

¹⁹⁴ A total of 72.2% responded that they opened the consultation in Galician. In comparison, 27.8% of physicians who answer this questionnaire chose the patient's language, and not a single physician stated that he or she opened the consultation directly in Spanish

5.2. INTERPERSONAL DYNAMICS: DOCTOR – PATIENT

5.2.1. Introduction

Outside the clinic, doctors and patients are in the same speech community. Inside the clinic, each plays a *situational role* as physician or patient. Physicians provide a professional medical service, and patients receive healthcare due to physical or mental issues. Good communication between both participants is vital to complete the medical encounter successfully. The consultation must fulfill the *transactional purpose* (finding a solution the medical problem) and the *interpersonal goal* (keeping a good and trustful relationship). Doctors and patients want to keep a good relationship, which in primary care is usually is long-term.

The participants in a face-to-face medical consultation play the role of doctor and patient. The interaction is asymmetric since the doctor has the knowledge and the power to solve a medical problem for the patient. Nonetheless, the patient has the power to decide on his/her own body and whether or not to follow the professional advice. The asymmetry is negotiated in a semi-formal interaction by the participants (ten Have, 1991, cf. §3.1.).

According to our data, code-switching to Spanish and to Galician seems to follow opposite interpersonal dynamics. On the one hand, when speakers switch to Galician, they aim to get closer to the other speaker. The effect on their face is positive to both sides, i.e., a politeness effect. Thus, doctors and patients create affiliation as members of the same community. On the other hand, when speakers switch to Spanish, they assume or reproduce an authority figure, producing a positive effect on one's face and neutral on the other, i.e., self-image. It could be inferred that there are different social associations regarding the direction of code-switching (to Spanish or to Galician). Thus, code-switching regulates the social and emotive distance between the doctor and the patient (see also Figure 35).

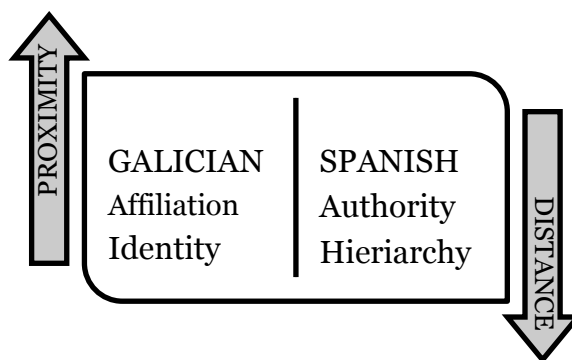


Figure 35: The switching to Galician or Spanish regulates the distance between speakers.
Own elaboration

The results on interpersonal dynamics are presented in two blocks called “*Proximity and Affiliation*” and “*Distance and Authority*”, which present in total six prototypical use cases illustrated with twelve examples in Table 12:

	USE CASES: INTERPERSONAL DYNAMICS				
	Proximity and Affiliation	Exam- ples		Distance and Authority	Exam- ples
1	Expression of group membership → D & P	#51	4	Shifting roles and marking hierarchy → D	#441 #118 #59 #82
2	Searching affiliation with limited proficiency in Galician → D	#293 #318	5	Gain or recognize authority: Gain → D & P Recognize → P	#29 #82
3	Creating a good atmosphere through humor in small talk → D & P	#50	6	Reported speech from authority figures → P	#3 #94

Table 12: Use cases and examples of interpersonal dynamics

Own elaboration

The six prototypical cases are use cases of code-switching, each with a specific language direction and a concrete effect. These cases can be divided into two main groups.

The first group involves code-switching from Spanish to Galician. This is done to create proximity and affiliation between doctors and typically Galician-speaking patients. As members of the same community, doctors and patients express their bilingual identity through code-switching (Case 1). Physicians, due to their power position, tend to take the lead in seeking closeness, even if they have limited proficiency in Galician (Case 2). They may also use code-switching to create a more relaxed environment through humor (Case 3).

The second group involves code-switching in the opposite direction, typically from Galician to Spanish, which aligns with the stronger language associated with the medical profession and more prestigious domains of use. In this group, doctors switch to Spanish for two primary reasons: to assert a stronger position within the hierarchy (Case 4) or to reinforce their authority over the patient (Case 5). Conversely, some patients might switch to Spanish to show respect and acknowledge a subordinate role in the conversation, to recognize the doctor’s authority, to assert their own authority (Case 5), or when using reported speech from authoritative figures (Case 6).

In the following sections, the six cases will be explained in more detail and illustrated using concrete examples.

5.2.2. Proximity and Affiliation

Doctors are aware of the need to get closer to their patients to perform their professional duties successfully. They need to gain their trust to talk and examine them and gather information. Each doctor has her/his own communication techniques to facilitate the interaction and create empathy with the patient.

Some of the communicative strategies to get closer to the patient found in the audio-recorded consultations follow. Language selection and alternation are associated with the following communication purposes:

Gaining the patient's trust: The family doctor should establish trust with the patient to effectively achieve the goal of identifying a medical issue and finding an appropriate solution. The process begins with the physician gathering necessary information during the initial part of the consultation, which includes the presentation of the problem and the information gathering to pinpoint the medical issue. If needed, the doctor then conducts a physical examination. Following this, the physician should clearly explain the diagnosis, treatment plan, and guidelines to the patient. The doctor's ability to convince the patient of the treatment's efficacy is crucial, as it encourages the patient to commit to the treatment regimen, ultimately aiming for improvement in their health. This trust process is fundamental in the case of the most common chronic pathologies: diabetes, cholesterol, or high blood pressure. Primary care is the first line of care; therefore, the contact is usually regular. This process of gaining the patient's trust is explained by Dr. B in his in-depth interview. According to him, the doctor needs to show empathy and get closer to the patient to gain his or her trust.

(109) Dr. B: Yo creo que la medicina primaria está más en, más es...No sé si es un arte, pero es un método de tú intentar ganarte la confianza del paciente...Y luego, infecciones, tal, pero sobre todo en patología crónica, que es lo que más nosotros vemos, que son hipertensión, diabetes *e tal*. Ahí, desde que te ganas la confianza del paciente, que le haces ver la gravedad o las posibles consecuencias de...Luego, el tratamiento es muy importante, pero es más importante hacerle ver al paciente lo que tiene y que haga un consenso con él, lo típico: "Mira, yo, por ejemplo, no me vuelvas por aquí". Y hay que entender ese no me vuelvas por aquí, si pa' dentro de dos meses quedamos no me adelgazas un kilo o no me vienes con...Es un poco un compromiso que tú generas con el paciente, para hacerle ver que tú estás preocupado por tal y que él tiene que responder a eso, ¿no?

Small-talk between members of the same community: One of the doctors (Dr. B), a Galician-speaker, presents himself as a rural person who deploys all his cultural knowledge to initiate small talk, e.g., about country life and cattle, and approach the patient and thus facilitate the consultation's development. He is a community member, allowing him to be an affable, empathetic doctor whom his patients trust to tell him about

their most intimate problems. Further, being an insider also allows him to understand the family issues, which helps him provide better healthcare.

(110) Dr. B: A mí me ayuda mucho, sobre todo a nivel de las zonas donde estuve, porque yo me crié en una zona rural, pues con mis abuelos eran labradores y bueno, aquí no tanto, pero en otras zonas pues incluso dentro de la consulta, hablas de las vacas. Veréis como yo en alguna grabación pues a lo mejor estoy atendiendo a una mujer y estamos hablando más del marido, porque la mujer no viene por una consulta a lo mejor que es simplemente una consulta de rutina y, sin embargo, el marido sí que tiene una, bueno pues: “*que tal está José? Pois milloroulle aquilo e tal*”. Y, um, mezclo un poco porque si conoces un poco lo que le está pasando a esa familia pos intentas hacer un todo, noo, o sea, no es ahora tú vienes aquí y no me hablas de esto, no, no. Si ella saca la conversación o él de qué le está pasando con el hijo o con esto, pues la consulta está pa’eso, o sea, pa’, bueno, dentro de lo que yo entiendo la atención primaria.

Patients recognize the origin of the health professionals. They differentiate two levels of community: to be or not to be Galician (Informant 2) and to be or not to be from a Galician village or from an urban area (Informant 13). Whether or not they speak Galician is an important mark, as well as their surnames or their communicative style.

(111) Informant 2: Si, si, pero no centro de (*small town*) home, hai xente..., non os conozco, xa che digo, pero a maioría dos doutores non sei si serán de fóra, eh? Pode haber un gallego? Pode. Pero hai un ademais que se apellida (***) ese debe ser da parte de alá de (***), do sur ou por alá. Despois hai outro que lle chaman tamén, que nunca me sonou en Galicia, (***) e (***) ou (***), entón (***) tampouco me sona en Galicia o apelido. E mira que nós desde que estamos aquí apellidos ((...)) de arriba abaixo e dabaixo arriba, e non me sonan algúns apellidos. Despois hai unha chica que dicen que é moi amable tamén, que de hecho eu fun..., tena o meu xenro. Fala o castellano pero creo que é de (*Galician city*) ou comigo falou castelán, ao mellor tamén porque empezou ela a falar o castelán e eu continúei con ela. Pero non sei, non sei se se fala o... Despois teño unhas amigas que están..., unha está en rehabilitación e tú estás alí dentro e falan todas galego, tanto a fisio como elas, as dúas ou tres que hai, e todos falan galego. (**Male, 75 years old**)

(112) Informant 13: Porque a enfermera é de aquí, pero non é de (*small town*) , é de (*small town*) fóra. Esa falou galego sempre porque digamos que naceu nunha aldea, non naceu aquí no pueblo. E claro, inflúe moitísimo, eh? Os médicos normalmente donde viven tamén lle inflúe. (**Male, 62 years old**)

Gathering information inside and outside the doctor’s office: As members of the same community, doctors might gather information outside the doctor’s office. One of the physicians talked about it in his interview (Dr. C). He explains he can gather information outside the office, i.e., talking with administrative staff or even in the bar. In his former position, in a small rural town, he mingled with his neighbors in the local bar to obtain information on his patients (e.g., regarding problems at work or in the family) that would help him offer a more accurate diagnosis. In this way, the work of the consultation goes beyond the analysis of physical symptoms and discussions within the health setting, and

may involve other social factors, such as family or job issues that might be the reason for a pathology.

(113) Dr. C: Yo, por ejemplo, aquí donde trabajo es un poquito más, más urbano quee, aunque es semi-rural, pero más urbano que donde trabajaba. Yo trabajaba en la costa, en (*town's name*). Y en (*town's name*). pasaba, pasaba muchas, no muchas horas, pero pasaba algún rato en el bar. Y el bar era, es, son limitaos, éramos pocos, allí es un ayuntamiento de, de tres, cuatro mil vecinos. El tiempo ese que estabas sabías mucho de, sacabas mucho conocimiento de todos tus pacientes. Y tenía un compañero, tenía un compañero que era un buen médico, y conocía las relaciones, se sabía las relaciones de todos los pacientes con todos los pacientes. Y eso lo echas aquí a veces en falta. Aquí, a veces, tengo que preguntar a, a algunos de los chicos que está el mostrador, que vive aquí, porque yo no vivo aquí, vivo en (*Galician city*). Le pregunto: “mira, menganito, ¿conoces a menganito?” Y me dice, y sacas información al respecto de, sobre todo con relaciones de, de familiares, interpersonales de pareja o, o de, o de gente que... Porque claro, aquí al fin es limitado, tienes muy poquito tiempo. No hay..., no hay posibilidad de mucho más. Y eso, pues mira, eh, pues dices tú, pues mira, allí que pensabas, dices, buah, estás en el bar que no trabajas. ¡No, pues sí!

Speaking Galician with the elderly to facilitate the communication: Galician is the most spoken language in elderly people (cf. 3.1.). Thus, Galician is the emotional language for the population sector that goes to the doctor. There is a combination of two aspects in older people: not being fully competent in Spanish and feeling that they need to speak to the doctor in Spanish, as he or she is a “superior” figure. According to informant 1, these beliefs are still activated among the older population in semi-urban towns:

(114) Informant 1: Si, yo creo que muchos cambian, ¿eh? O sea, los que..., a ver, mucha gente que no se ve suelta en castellano a lo mejor no, pero los que, si esos te cambian sin problemas, así que... A lo mejor dice “ah, voy a hablar en...”. Si que yo creo que la gente mayor aún está el rollo este del mal visto “ay, me está hablando en castellano y tal”, habrá de todo, pero bueno, sí que es cierto que puede haber gente que se sienta... Si. (**Female, 38 years old**)

Informant 13 believes that the urge to speak Spanish extends to other prestigious professions associated with the urban area and the upper class. Still, he realizes that this attitude is on the decline and can be found in old, uneducated speakers.

(115) Informant 13: Si, si, porque a ver, hai moitas veces que si, hai xente... Pero eu creo tamén que eso é o medo de antes, de... Ese é o medo que está metido na xente que aínda cre que vir ao puebo a falar con Don Nonseiqué ou Don Nonseicanto, que hai que baixarlle un pouco a denia... Non, de esos quedan algúns, sempre hai xente que ao millor pensa que aí Don Nonseiqué, Don Nonseicanto, ao mellor é un pelaghatos, pero “Don”, el cre que debe chamarlle “Don”, entón ao mellor si que..., de “mire usted, buenas tardes tenga usted”. O de antes. Alghún pode haber, pero a maioría da xente se ten información, home, a non ser que sea moi velliño, pero que teña información, de sesenta a setenta anos ou ochenta ten información e saben que eres un alcalde como podes ser un traballador de aquí, non hai aquel medo cervical que había antes que viña un tipo e hostia, “tenga usted”. Eso eu creo que... (**Male, 62 years old**)

A 75 years old informant confirms these impressions. He affirms that these are beliefs inculcated in the past, in an education that repressed the use of Galician. However, he

indicates that he is no longer swayed by these beliefs. If the other party speaks Galician, he speaks it too, but he will not initiate it.

(116) Informant 2: Que nós os de antes entramos nun sitio oficial destes e que falas o castelán? Si, e posible. É posible. Se falan o galego eu na miña parte xa cambio. Deben de ser as creencias de antes, sabes? Que aínda che quedou aí metido. *(Male 75 years old)*

The physicians interviewed are aware of this possible communication issue. They stated in the interviews that elderly and rural patients, the social group most numerous in their consultations, have difficulty expressing themselves in Spanish. For this reason, they prefer to address them directly in Galician.

(117) Dr. E: a mí con la gente del campo me resulta más cómodo hablar gallego, porque ellos también lo hablan (...) porque ellos también lo hablan (...) y notas que en el momento en el que tú les hablas en castellano, eh, no hablan igual. Como si les costara o...como si nos los vieras naturales hablando.

His colleague and chief doctor, Dr. A, agrees with this perception about the elderly being less fluent in Spanish. Doctors need to understand all the linguistic contact phenomena from Galician when these patients speak in Spanish.

(118) Dr. A: realmente, sobre todo gente mayor, notas que les cuesta mucho trabajo expresarse en castellano. Entonces bueno y tal, y bueno, hacen una trasla, bueno, hacen una traducción literal muchas veces de las expresiones que un castellano no entendería ni de coña. Y después las típicas expresiones que hay aquí de que, bueno, eso es cosa nuestra, o sea, aquí si haces cualquier tipo de, en Galicia eh, si haces cualquier tipo de escala, todo tiende a la media.

Competence in Galician, even if only passive, is considered essential for the role of a doctor in Galicia by many interview informants (as exemplified by Informant 13) and by some doctors themselves (as Dr. A mentions in excerpt 118). Although fluency in Galician is not a formal requirement for applying to positions within the public health system, Dr. A emphasizes on the elderly population's preference and ability to express themselves in Galician, which is often their language of daily life.

(119) Informant 13: Si, si. Si porque ademais a mulleriña ou o home ou quen sea seguramente está..., quere expresar algo que ao millor non da co tema, pero se llo falan en galego e o outro escoita, pode chegar á conclusión de onde vai por como fixo a frase, non? Cando en castelán ao millor non hai un sinónimo deso, do que ela quere expresar. Entonces si, si porque se ti mallas no galego sabes por donde van..., quero dicir, a frase se a constrúes en galego, o que che falta ao mellor eres capaz de construílo tamén aínda que non cho digan. *(Male, 62 years old)*

Reducing the distance through language is greatly appreciated by patients, as explained by Informant 12 in excerpt 120. In this case, although her family doctor always speaks in Spanish, their speech is heavily influenced by Galician, which is evident through phonetic, grammatical, and lexical interferences. Informant 12 particularly emphasizes a distinctive feature: the use of Galician diminutives when speaking Spanish. She describes feeling

comfortable with her doctor, characterizing their communication as affectionate and caring.

(120) I-12: ca nosa..., ca nosa non me dou cuenta. Por exemplo, alí na recepción todos en galego. Todos. Todos en galego. E ca nosa..., eu creo que tamén así un pouco en galego, pero ela é moi así... Fala así como moi mimosiña, moi cariñosiña, entón todo é moito de “iña”, “ai, (*her first name*)iño”, a min dinme así, “ai, (*her first name*)iño”, “No, no hagas eso”, pero dimo en castelán. E di “ai, (*first name*)iño”. “No, tienes que tomar las pastillitas”. Galeguiza o castellano moito. É moi así, moi amorosa.

Interviewer: e cres que para...?

I-12: por intimidá ou..., non o sei. Pero eu vexo que galeguiza as palabras.

Interviewer: pero mantense en...?

I-12: “mira, te voy a recetar estas pastillitas, pero tómalas, eh, (*her first name*)iño? Porque si no tienes el colesterol tan alto”, e así [RISAS]. En este plan, que parece que che fala galego. Da forma tan cariñosa que cho fala, non sabes? Así tan amorosa.

Interviewer: pero ao final é castelán pero...

I-12: ao final é castelán así con dejes

Interviewer: pero ti sínteste cómoda?

I-12: si. Síntome cómoda. É que non me entero. Ahora a repetir o que ela me di doume conta de que o din en castelán pero que lle da así ese xeitiño que temos... (**Female, 74 years old**)

The linguistic features to show interpersonal proximity between doctor and patient are illustrated with *three prototypic use cases* in which the speakers employ code-switching to Galician to get closer to the other interlocutor. The examples were collected from the audio-recorded consultations.

CASE 1: DOCTOR AND PATIENT SWITCH TO GALICIAN TO EXPRESS THEIR IDENTITY AS MEMBERS OF THE SAME COMMUNITY

The majority of family doctors (5 out of 6) are Galician, except one, who is Castilian but has lived more than twenty years in the region. Some also live in town, allowing them to have contact or gather information outside the doctor’s office. Galician doctors and patients may express their bilingual identity through code-switching to the local language, Galician, as in the following example.

EXAMPLE 1: CONSULTATION #51

- **Doctor:** Dr. A, man ca. 50 years old. Functional bilingual. Behavior: *Spanish-Galician-Spanish*.
- **Patient:** Female, 35 years old. Behavior: *Spanish-Galician-Spanish*.
- **Initiate the switch:** Patient.
- **Consultation:** Signing last maternity leave forms before the birth.

- **Length:** 4 minutes and 14 seconds.

The patient is a 35-year-old woman who is about to give birth to her second child. She goes to the doctor for the last time before she is due (the day after), because she needs to renew the documentation for her maternity leave. This short consultation is administrative in nature. Doctor and patient do not engage in a clinical dynamic, i.e., exploration, diagnosis, and treatment. Rather, the two interlocutors talk animatedly about the day of delivery, comparing the process with their first pregnancy. Further, they also comment on the pregnant woman's physical and emotional state. All this conversation occurs while the doctor fills in the maternity leave certificate.

The full transcription is provided to show how the doctor and patient alternate languages throughout the consultation. Both speakers are active bilinguals and the alternation is part of their bilingual speech style. This is not their first encounter, as confirmed by the first question asked by the doctor. As this is the last sick leave certificate, this means that the patient had been going to the doctor's office on a regular basis.

The two speakers initiate the interaction in Spanish. It is not until the patient's seventh turn that she responds briefly in Galician (line 15, **code-switching is marked in bold**)¹⁹⁵. What is noteworthy about this response is its dialectal feature (*gheada*), indicating that she is a traditional Galician speaker. She maintains the *gheada* in all the alternations to Galician and when she speaks in Spanish.

1 DR. A: hola/ ¿aún estás aquí? / pues/ se está retrasando la cosa// pasa/ anda

Hello, are you still here? Well, things are getting delayed. Come in

2 PAT: ¿paso yo ya?

Do I go in now?

3 DR. A: sí

Yes

4 PAT: ((aínda)) pues salgo mañana de cuentas, aún/ ¿eh?

((Still)) Well, I'm not due until tomorrow, right?

5 DR. A: sí/ ¿sales de cuentas ahora?

Yes, are you due now?

6 PAT: mañana

Tomorrow

7 DR. A: [mañana]

Tomorrow

8 PAT: [pero fui] el viernees...

But I went on Friday...

9 DR. A: buenos días/ mira

Good morning, look

¹⁹⁵ The complete orthographic transcriptions of the 25 examples are provided in the Appendix B.

10 PAT: ¡ay!/ ¿qué pasa?

Oh, what is happening?

11 DR. A: umm/ estamos haciendo un estudio que es para la (***)

*Umm, we are conducting a study related to (***)*

12 PAT: Sí

Yes

13 DR. A: [bueno]/ esto son encuestas/ si quieres te las daa/ a la salida/ si no tienes prisa/

Well, these are questionnaires. If you want, I can give them to you when you leave, if you're not in a hurry,

14 [te las paso]=

I'll give them to you

15 PAT: [si/ si/ fágghocha]

Yes, yes, I'll do it for you

16 DR. A: =y después también requiere la grabación de la consulta/ lo que pasa es que la grabación

And it also requires the recording of the consultation. The thing is, I need

17 necesito de tuu→/ [tuu autorización]→=

your... your authorization...

18 PAT: [sí/ autorización]

Yes, authorization

19 DR. A: exactamente=

Exactly

20 PAT: sí/ ((perfecto))

Yes, ((perfect))

21 DR. A: =la grabación es anónima/ quiere decir que la persona que la va a analizar, va a ser een/

The recording is anonymous, meaning the person analyzing it will be in

22 een// en (***), en (***), y no sabe, no vaa, no vaa a saber quién es el médico ni quién es el
(***) *, in (***) , and won't know who the doctor or who the*

23 paciente/ y entonces/ solo se va a centrar en lo que es la/ eel/ lo que es la comunicación
patient is. So, they'll only focus on the communication

24 PAT: bien

Good

25 DR. A: fírmame aquí// (la paciente firma)// tienes ganas de acabar de una vez/ ¿no?

Sign here (the patient signs the authorization). You must be eager to finish, right?

Once the administrative part of the recording is finished, the patient starts the clinical conversation. She is exhausted at this late stage of pregnancy. To stress this fatigue, she uses Galician (line 26). The use of code-switching with a feeling-emphasis function, which implies a double intensification, is a formula used on several occasions by the patient.

26 PAT: ai!/ a verdá é que agora chégghame

- Oh, the truth is that I've had enough now*
- 27 DR. A:** sí
Yes
- 28 PAT:** pero fui el viernes/ y aún me dijo que aún estaba bastante verde/ pero bueno// a ver/
But on Friday, they told me I was still quite green. But well, maybe
- 29** puede estar verde yy/ de un día pa' otro...
It can be green one day and then the next day...
- 30 DR. A:** empezar las contracciones
start contractions
- 31 PAT:** claro/ o no/ (...) día
True, or not (...) day
- 32 DR. A:** ¿no leíste las noticias ayer?// que no sé dónde fue=
Didn't you read the news yesterday? I don't know where it happened
- 33 PAT:** ayer estuve enganchada al resultado electoral
Yesterday, I was hooked on the election results
- 34 DR. A:** =pues una/ unaa de una mesa [electoral]=
Well, a woman of the election tables
- 35 PAT:** [¿sí?]
Yes?
- 36 DR. A:** =eeh/ una vocal d'estas que le toca ir/ pues se puso de parto en el recuento [RISAS]
A member of an election table, well, she went into labor during the count [LAUGHTER]
- 37 PAT:** [RISAS] ¡qué bueno!/ ¡ay!/ pues no lo oí/ fíjate, estuve con
[LAUGHTER] That's good! Oh, I didn't hear about it. I was with
- 38** [(la Genderta)) mirando la y esa no]
((the Genderta)) watching... and that one didn't...
- 39 DR. A:** [sí/ sí// no sé dónde] fue/ pero se puso de parto/ [o sea que...]
Yes, yes, I don't know] where it was, but she went into labor during the count, so...
- 40 PAT:** [fíjate]
Look
- 41 DR. A:** sí/ sí
Yes, yes
- 42 PAT:** bo!/ y es que yo/ mira/ del primero/ me dijo el día anterior que estaba muy verde/
Well! And you know, with my first one, the day before, they told me I was very green
- 43** y es verdad que el cuello del útero lo tenía verde/ ¿eh?=
It's true; my cervix was not ready, you know?
- 44 DR. A:** sí
Yes

The patient also switches to Galician to elaborate on her explanation of her first birth. She then switches back to Spanish to clarify the statement (line 45).

- 45 PAT:** =y rompí aguas al día siguiente/ y/ ya.../ **tuven q'ir/ que parín ben//** o sea/ fue rápido

And I broke my water the next day, and then I had to go, but it went well. It was fast

46 DR. A: y eso que era el primero

And that being the first one

47 PAT: y eso que era el primero/ y en cinco horas tenía al niño// por eso que d'esta/ a lo mejor/

And that was the first one. I had the child in five hours. So maybe this time, if I'm

48 si estoy verde/ a lo mejor yo tardo más en madurar/ oo→/ eeh/ la matrona/ por ejemplo/

green, it might take longer or... the midwife helped me there

49 allí me ayudó// yo estaba dilatada de todo/ y me ayudó ella a un/ a madurarlo//

I was fully dilated, and she helped me mature it,

50 ¿sabes?/ [pero]=

you know? But

51 DR. A: [sí]

Yes

In this type of switch to Galician, the patient engages in a self-image facework (by protection), using code-switching as a mitigating resource in her role as a pregnant woman. The doctor does not insist on reprimanding her or offering her advice on how to lose weight, since there is nothing to try to solve or remedy, as the woman is due the next day. Hence, the effect for her is positive (she mitigates the fact of her weight gain), but it has a neutral effect for the doctor, i.e., neither positive nor negative).

Language alternations are usually associated with a variation in tone, depending on her facework purpose. The patient uses a softer intonation, almost a whisper, when she utters something that affects her self-image (lines 52-53, 55, 59, 61). On the contrary, she increases her voice volume when uttering those statements that seek the doctor's complicity, with a humorous tone of voice (turns 53, 57, 59, 61, 78) or when highlighting her excellent health, as a self-image strategy (63-67).

52 PAT: =y a lo mejor/ esta semana/ (()) que quería// porque ahora↓/ **díghoche**

And maybe this week, I wanted, because now, I tell you,

53 **que me chegha**/ [ehh/ iuff!] ↑

I've had enough, eh, uff

54 DR. A: [es que tienes]/ tienes una buena barriga, [¿eh?]

You have a big belly, right?

55 PAT:

[uff]/ estoy [cargadísima] ↓

Uff, I feel really heavy

56 DR. A:

[eso tiene] que molestaar...

That must be uncomfortable...

57 PAT: iveintidós kilos↑/ [engordé]!

- I gained twenty-two kilos!*
- 58 DR. A:** ¿[engordaste] cuarenta y dos kilos?
Did you gain forty-two kilos?
- 59 PAT:** ¡veintidós!↑/ cuidao/ °[es mucho, eh?]°
Twenty-two! But careful, it's a lot, right?
- 60 DR. A:** [uff! / eso] es mucho/ eh?
Uff! That is a lot
- 61 PAT:** °es muchísimo°/ **e que ti sabes que fame teño**↑ [RISAS]=
It's a lot, and do you know how hungry I am [LAUGHTER]=
- 62 DR. A:** [RISAS]
[LAUGHTER]
- 63 PAT:** =y después/ yo en mi vida normal como/ ¡pero me muevo mucho!/ soy super activa//
and I normally eat much/ but I move a lot! I am really active
- 64** pero ahora/ claro/ estoy cansada/ voy a andar un pedazo/ y ya/ ya **afogho**/
But now, you know, I am tired, I go for a small walk and I am already out of breath,
- 65** **xa quero parar**/ porque son muchos kilos// yo soy una persona que no engordo/
I want to stop, because it's a lot of kilos. I'm a person who doesn't gain weight.
- 66** estoy siempre igual// en el primero/ engordé diecisiete/ pero d'este ya me pasé→
I'm always the same. With the first one, I gained seventeen, but with this one, I went over...
- 67** tengo suerte que no me sube la tensión/ [ni] me hinchan las piernas=
I'm lucky that my blood pressure doesn't go up, nor do my legs swell
- 68 DR. A:** [un segundo] (entra alguien en la consulta) [ya]
A second (someone entered the consultation). Now.
- 69 PAT:** =ni nada, ni [el azúcar]
nothing. Not even sugar
- 70 DR. A:** [no, pero] bueno, tienes ahí=
no, but you have there
- 71 PAT:** [si no...]
if not...
- 72 DR. A:** =ahí... (the doctor talk with the NURSE)
There...
- 73 NUR:** (apellido)// eso me dices tú un día/ ((...))
(surname), you tell me that one day, ((...))
- 74 DR. A:** muy bien// guárdalo/ está/ está normal
very good, keep it, it's, it's normal
- 75 NUR:** está normal
it's normal
- 76 DR. A:** puede hacer uno cada dos años/ o así// ¿vale? (3´) ¡gracias, (nurse's name)!
he can get one done every two years, ok? (3´) thank you, (nurse's first name)!
(nurse leaves and closes the door)

77 ahí tienes

Here you go

78 PAT: vale/ **esta é a miña baixa/ a ver se é a última/ eh?**

Okay. This is my sick leave. Let's see if it's the last one, eh?

The physician's first language alternation is probably the most significant. First, the patient makes a playful comment about whether that sick leave certificate is the same (remember that she is due the next day). Then the doctor asks when the moon changes phases. The doctor abandons Spanish to make a non-scientific comment, changing his role from a professional to a fellow Galician (line 82). According to tradition, the phases of the moon influence the date of childbirth, with the full moon being the most propitious for births. Both speakers respect the beliefs of “those who are dedicated to the subject” (line 84), defined as the wise “old people” from their community (line 87). The doctor and the patient belong to the same speech community and show these affiliative cultural ties through language. Galician is thus shown to be the affective language of the interactants.

79 DR.A: [RISAS] **isí!/ yo creo que la próxima semana/ ya vie→// ya es el permiso de maternidad**

[LAUGHTER] Yes! I think the maternity leave is coming next week.

80 PAT: [RISAS] **sí// esperemos↑**

[LAUGHTER] Yes, hopefully!

81 DR. A: **non sei cando é a lúa/ cando é?**

I don't know when the moon is. When is it?

82 PAT: **creo que es veintiocho/ pero no influye eso ¿tú crees?**

I think it's the twenty-eighth, but it doesn't influence, do you think?

83 DR. A: **mira// los/ los que se dedican al tema/ dicen que sí=**

Look, those who are into it say, it does...

84 PAT: **¿que sí?**

Really?

85 DR. A: **=y si ellos dicen [que sí...]**

And if they say it does...

86 PAT: **[y los] y la gente vieja/ también te dice que sí**

and older people also say it does.

87 DR. A: **yy/ yy/ bueno/ que sí/ que sí/ que hay aumento dee...**

And well, yes, yes, well, yes, there's an increase in

88 PAT: **ilisto!**

Done!

89 DR. A: **iespera/ no/ listo/ non/ teño que darche.../ levas un bolígrafo?**

Wait, no, ready. I have to give you... Do you have a pen?

90 PAT: **sí/ no/ me lo prestas**

Yes, no, will you lend it to me?

The doctor and the patient engage in politeness as an expression of affiliation to create a bond. This positive effect culminates in a relationship of trust. The politeness strategies aim to build trust and rapport between doctor and patient. Then, this strategy is combined with a widely used paraverbal resource, i.e., laughter. Both speakers interact in a relaxing atmosphere.

91 DR. A: te lo presto/ ¿y me la devuelves [ahora]?

I'll lend it to you. And you'll give it back to me now?

92 PAT: [claaaro]

Sure

93 DR. A: muy bien

Very well

94 PAT: pero dame o papeliño/ non?

But give me the paper, won't you?

95 DR. A: non cho dei?

Didn't I give it to you?

96 PAT: noo/ claro que noo

No, of course not

97 DR. A: bueno/ **pois espera un momentíño**...esto no/ esto son los consentimientooos/

Well, wait a moment... this is not... these are the consents.

98 son estos

These are them

99 PAT: te la cubro y te la doy ahora antes de [irme]

I'll fill it in and give it to you now before leaving

100 DR. A: [no firmes] / ni pongas/ ni pongas tu nombre

Don't sign or put your name

101 PAT: vale

Okay

102 DR. A: es anónima/ ¿vale?

It's anonymous. Okay?

103 PAT: Okay

Okay

104 DR. A: venga/ ¡hasta luego!

Okay, see you later!

105 PAT: ¡chao/ chao!

Bye, bye!

In this example, arguably one of the clearest and most comprehensive in the corpus, we observe a consultation wherein both speakers, doctor and patient, engage in code-switching. They seamlessly transition between Spanish and Galician, adjusting the intonation in the transitions. Moreover, the patient incorporates a phonetic-dialectal

feature of the area where the clinic is located, called *gheada*. Besides phonetics and prosody, which correspond to a phonetic level not addressed in the study, thematic resources are evident. The speakers introduce new topics and roles, such as discussions on the moon phases and their impact on giving birth, within a specific social and cultural context where traditions and respect for the wisdom of the elderly persist, even within the context of medical discourse. All discursive strategies impact their facework and social images, conveying the psychosocial meaning of their language alternation, as well as the roles played within that interactional space. On the one hand, both faces are enhanced, resulting in a politeness effect, as they are recognized as members of the same community. Thus, they negotiate their identity and group membership throughout the conversation. On the other hand, when the patient tries to justify herself for gaining excessive weight, code-switching is used as a pragmatic strategy to protect her face, i.e., as a self-image strategy.

CASE 2: DOCTOR WITH LIMITED PROFICIENCY IN GALICIAN SWITCH TO GALICIAN TO GET CLOSER TO A GALICIAN-SPEAKING PATIENT

Dr. D is a female doctor, approximately 60 years old, who was born and raised in a Spanish-speaking region of Spain, as mentioned above. She has been living in Galicia for at least twenty years, the duration of her experience working in this primary care clinic. Dr. D explains that while she expresses herself more comfortably in Spanish, her understanding of Galician is flawless. (excerpt 106).

Dr. D is aware of the intercultural differences between her native region and Galicia, even though they are part of the same country. For her, Galicians have an indirect communicative style, while Castilians like her are the opposite. Despite being in Galicia for twenty years, she is aware that even today, her communicative style can be interpreted as brusque. However, she considers that her long professional career in the same medical center endorses her and gives her confidence in dealing with her patients, whom she considers “almost like family.” For this reason, she explains that some patients come to the office because they need to talk to someone about their family problems, unburdening themselves to someone they trust.

(122) Dr. D: y luego eso, el carácter un poquito más...um...así, como que da más vueltas, sí, que no es tan directo. Eso clarísimamente. Yo a veces, a veces, parezco un poco brusca (...) Sí. Cuando no me conocen, parezco así, ¡uuuh, es muy recta! ¡Y es muy tal! Como si yo fuese muy...porque digo así muy claro: “y tiene que tal, y no haga...” (RISAS) (...) Porque, eso. ¿Sabes lo que me pasa a mí? Yo ya llevo veinte años y yo soy una persona así muy ¡directa! y muy...de manera que ahora mismo con los pacientes ya somos un poco casi de la familia. Dentro de que...cada uno hacemos nuestro trabajo, pero somos muy de familia. Notarás en las grabaciones que: “¿qué hay, María?, ¿qué tal va usted?” Que ya sé casi a lo que viene, lo que le va a doler, o sea, un poco ya los conoces mucho. Eso también a, facilita mucho el trabajo. No quita para que los tengas que mirar siempre,

pero que ya nos conocemos mucho. Entonces, a lo mejor, no hay tanto respeto un poco por eso, o sea, o tanto saludo en este sentido y tal, ¿no? ¿Sabes? Es un, mucha, hay más confianza, ide muchos años! Porque aquí como viene cuando les da la gana y estas cosas, es decir, no... Realmente está bien, por un lado, está muy bien, ¿eh? Porque...porque eso, porque, yo creo que siempre que tienen un problema, muchas veces vienen, aunque no sea un problema médico, ¿sabes? Problemas de casa, que tal, y tienen que desahogar, y entonces vienen un poco a hablar y eso...

The other physicians are also aware that her communicative style may be perceived as “brusque” by patients. Everything indicates that understanding Spanish does not mean understanding cultural clues associated with non-Galician speakers. Patients do not have a problem with a Spanish-speaking doctor, but nonverbal communication might lead to intercultural misunderstandings.

The chief doctor, Dr. A, defines her communication as “very imperative.” Her speaking tone gives rise to complaints from patients, who he calms down by explaining that it is just how she speaks as a Castilian. It is particularly relevant how she defines the non-Galician physician as someone who “is from outside,” i.e., she is not part of the community.

(123) Dr. A: pero son, bueno, (*Dr. D's name*) sobre todo es muy castellana y esa forma de hablar, hay gente que la entiende como que es muy imperativa entonces te viene y te dice... “es que no, es que no, mire, es castellana, son así, no, no”. “Es que me habla de una manera”. “No, no, es así, eso cada uno habla y no lo vamos a cambiar ahora”. Entonces hay gente que no es el idioma que le trae problemas, sino el tono. ¿Entiendes? El tono. Eso le pasa a (*xxx*) y le pasó a (*Dr. D's name*), porque yo soy jefe de servicio, ha habido gente que me ha venido a, a digamos, quejas entre comillas y le digo: “¿Qué le ha dicho? ¿Alguna cosa improcedente?” “No, no, no, pero cómo lo dice”. ¡Es que es de fuera!

Informants also identify healthcare professionals who come from outside Galicia. Doctors and patients have the right to speak in their preferred language. Therefore, they understand that they are expected to speak more Spanish with the patients.

(124) Informant 9: Non, algún hablan gallego, *me* outros ya totalmente... que no. Me también hai que mirar que la gente que traballa no son todas las veces de *Ghalisia*, donde hai médicos puede haber médicos de Madrid, o enfermeros, o... Y no, aún no se habla moito el gallego. **(Male, 65 years old, primary education)**

Many professionals in the Galician public health system come from other parts of Spain and abroad. Therefore, they usually speak Spanish with patients. This is not always the case if the other interlocutor is a Spanish-speaking Galician. In this latter situation bilingual conversations, i.e., the doctor speaks one language and the patient the other language, are common, as explained by Informant 6 (cf. 5.1.).

(125) Informant 6: Si, hai máis médicos de fóra e hai moito... Teño unha prima que é médico en Urxencias no hospital de (*Galician city*) e ela é galegofalante. Ela fala galego habitualmente, iso si lle vén una persoa... O mesmo, si lle ven alguén que lle fala en castelán ou de fóra, pois ela fálalle tal, pero se non ela de interacción no seu día a día o que lle sae é o galego. Entonces eso, de si lle veñen compañeiros pois ó mellor de que veñen puntualmente, vén moito latinoamericano ou así pois claro, non lle queda máis remedio que falar en castelán con eles por tal, pero si, ela no seu ámbito tamén, cando teño quedado algunha vez con ela a tomar algo ou así, hai compañeiros que lle falan en castelán que ao mellor son de aquí pero falan en castelán, como sería o meu caso, e eu con ela falo en castelán, e ela fala en galego connigo, o sea... E no

seu ámbito do traballo tamén igual, salvo eso, que sepa que é de fóra entónces si, pois fálalle.... Pero ela eso, atendendo, de entrada, ela sempre fala en galego. **(Female, 39 years old, superior education)**

The professionals who work in the Galician public healthcare system know that competence in Galician is valuable, but it is not a requirement. Informants from interviews indicate that they find it natural for non-Galician physicians to speak Spanish. Hence, if Galician speakers meet a non-Galician medical professional who speaks Galician, they are surprised and value it very positively, as Informant 3 explains below:

(126) Informant 3: Pois ven, porque de feito inda fun a semana pasada a urxencias, tocoume unha persoa que era colombiana e contestoume en galego, que digo eu: que curioso! O sea, a persoa que me acaba de dar a pulseriña de criaxe en castelán e eu falándolle en galego e ti, que me poderías decir pois bueno eu fáloche en castelán porque aínda que o entenda, que te estou entendendo perfectamente, cóstame falalo, no, respóndeme en galego perfectamente. **(Female, 50 years old, secondary)**

The next two examples from the consultations of Dr. D., the non-Galician physician, show how the doctor occasionally code-switches to Galician. While not common behavior, when she does it, this language choice has a very powerful effect on the conversation. With a minimal switching (one turn), the doctor approaches the Galician-speaking patient. She shows the patient her passive understanding, being partially part of the inner group, the “we-code” (Gumperz, 1982: 95).

EXAMPLE 2: CONSULTATION #293

- **Doctor:** Dr. D, female, ca. 60 years old. Spanish speaker.
- **Patient:** Female, unidentified age (old, she has a grandson). Galician-speaker.
- **Consultation:** Walk-in consultation due to a thrombosis while sleeping. Referral to the hospital.
- **Length:** 19 minutes and 10 seconds.

An elderly female patient comes for a consultation, alone and without an appointment. She has a twisted mouth and little strength in her extremities. The doctor examines the patient, discovering she had suffered a thrombosis while sleeping. The physician presents the risks for the patient to understand the seriousness of the problem. She states that she would rather die than be left with severe damage due to a paralysis (line 51). The doctor agrees with her, showing empathy, using the same verb as the patient “morrer” (extract A, line 52, *to die*) in Galician, which intensifies the answer and reduces the distance between the non-Galician doctor and the elderly Galician-speaking patient.

[EXTRACT A]

49 DR. D: bueno/ pues ahora va a ir/ porque esto tiene un peligro/ si le da más grande/

Well, now you're going to go because this is dangerous. If it happens on a larger scale,

50 se queda/a lo mejor/ paralítica// ¿entiende?
you might end up paralyzed. Do you understand?

51 PAT: paralítica é o piore/ se morro/ non pasa nada
Paralyzed is the worst. If I die, it's okay

52 DR. D: claro// es mejor **morrer**/ que quedar paralítico
Of course. It's better to die than to be paralyzed

53 PAT: bueno
Well

54 DR. D: pero no podemos elegir// vamos a ver/ que le voy a mirar la tensión// la tensión está
But we can't choose. Let's see. I'm going to check your blood pressure. The blood pressure is

55 bien doce de máxima/ seis de mínima// un momentito/ que voy a mirar otra cosa
good, twelve maximum and six minimum. Just a moment, I'm going to check something else

The doctor tells the patient that she needs to go to the emergency room at the hospital, a short drive to the closest city. Then, the doctor insists that she should not go alone. Thus, the lady calls two of her adult children with her cell phone. None of them want to go with her to the hospital. She keeps trying other numbers she has written on a paper, but she seems nervous and dials wrong numbers. The doctor asks the patient to hand over her cell phone to help her and persuade the daughter. The physician again resorts to Galician to pronounce a word or two to draw close to the patient and show her concern. In this case, she selects another keyword, used by the patient in the previous turn: “filla”, “súa filla” (extract B, line 117, daughter, your daughter). As happened with “morrer”, the doctor, who is not fluent in Galician, uses a very powerful echoic strategy (Dumitrescu, 1998) showing empathy, agreeing with the patient (when she says “of course”) and, in the final analysis, granting dignity to the patient's language.

[EXTRACT B]

114 DR. D: Seis/ (***) y cero// llamando/ (el número que ha marcado no se encuentra disponible
Six and zero. Calling. (The number dialed is not available

115 en este momento)// no está/ ¡ah!/ ¡qué no está disponible!
at the moment) It is not there, ah! It is not available

116 PAT: únicamente que chame usté á miña filla/ e que fale con ela
Just call my daughter and talk to her

117 DR. D: ¿y dónde está su **filla**?// ¿cuál es su teléfono de **súa filla**?
Where is your daughter? What is your daughter's phone number?

118 PAT: coa que falei agora hai un pouco/ porque xa cando foi da perna/ xa fixeron/
The one I spoke to a little while ago. Because when she had the leg problem, they did

- 119 non lle deu a gana// non era aí/ era aquí→(*the patient dials a number*)
She didn't feel like doing it

EXAMPLE 3: CONSULTATION #318

- **Doctor:** Dr. D, female, ca. 60 years old. Spanish speaker. Behavior: *Spanish > Galician > Spanish*.
- **Patient:** Female, 80 years old. Galician speaker. Behavior: *Galician > Spanish > Galician*.
- **Initiate:** Doctor.
- **Consultation:** Follow-up consultation after hospitalization. Severe pain in back, feet and hips.
- **Length:** 16 minutes and 15 seconds.

The patient profile is similar in this second example from Dr. D. She is an older woman (80 years old) who is a traditional Galician speaker. She has the dialectal phonetic features typical of the area: *gheada* and *seseo*.

The physician advises healthy lifestyle habits, such as a less sedentary lifestyle. The patient explains that, although it is difficult for her, she continues to do household chores, such as cooking and cleaning. She ends her story with the expression: “pouquiño a pouco” (“little by little” - line 59) to convey her determination to remain active. The doctor repeats the patient's phrase in Galician as a sign of understanding and approval, thus showing closeness to the patient (line 60). Again, we see the same echoic strategy used with a similar patient's profile: an older Galician-speaking woman.

When this physician (Dr. D) code-switches, it is usually by repeating phrases uttered by patients. Although she demonstrates a complete understanding of Galician, but she likely does not speak it fluently.

- 59 **PAT:** e despois recollo a cocina/ e fagho así/pouquiño a pouco
And then I tidy up the kitchen, and I do it like that/little by little
- 60 **DR. D:** **pouquiño a pouco**// vamos a mirar las cositas que tiene aquí/ [de su tratamiento]
Little by little. Let's take a look at the things you have here for your treatment
- 61 **PAT:** [e, e]/ mire/ e voulle explicar (pause 6”) aquelas pastillas que me dou usté para o azúcar/
And, and, let me explain (pause 6”) those pills that you prescribed for me
- 62 a doutora díxome que non as necesitaba// quitoumas
The doctor told me I did not need them, she removed them

CASE 3: CREATING A GOOD ATMOSPHERE THROUGH HUMOR IN SMALL TALK

Humor is among the most often selected motives for code-switching in a consultation, as evidenced in the questionnaire data (12.52%, $n=11$). Joking and storytelling are appropriate activities in small-talk. Small-talk is typically a part of the conversational opening of a consultation, and doctors and patients feel comfortable enough to use humor inside the doctor's office. Both speakers have usually known each other for some time, which allows them to talk about personal topics, such as family, feelings, or life experiences. Through humor-based code-switching speakers get closer and reinforce their long-term relationship of trust. Code-switching with a humorous function was found mainly in code-switching from Spanish to Galician. The following two examples illustrate this function.

EXAMPLE 4: CONSULTATION #50

- **Doctor:** Dr. A, male, ca. 50 years old. Functional bilingual. He speaks Spanish.
- **Patient:** Female, 71 years old, Spanish speaker.
- **Companion:** Patient's husband. Behavior: *Spanish-Galician-Spanish*.
- **Consultation:** Analysis results and follow-up consultation after stay at hospital. Liver problems, gall bladder colic and chest pain.
- **Length:** 16 minutes and 43 seconds.

In this consultation, the physician checks his availability to perform an ultrasound. The patient and her husband prefer Friday, as they have to go to the health center for another appointment. This way, they would avoid going twice, a hardship since they normally take care of their grandchildren in the mornings. The companion (the patient's husband) jokes with the doctor, saying that his daycare center is of good quality and is open twenty-four hours a day. In the course of the small-talk, the companion jokingly warns him in Galician: "when it is your turn, you will tell me about it" (extract A, line 132).

[EXTRACT A]

121 DR. A: es de buena calidad esta guardería/ tiene una buena→/ está bien considerada

This daycare is of good quality. It has a good reputation this

122 esta guardería/ ¿eh?

this daycare, right?

123 COM: cuando seas abuelo→

When you become a grandfather...

124 PAT: y abierta las veinticuatro horas

And open 24 hours

125 COM: está dentro de la ley

It's within the law

126 DR. A: (LAUGHTER) abierta las veinticuatro horas

- Open 24 hours*
127 PAT: y encima gratis
And on top of that, it's free
128 DR. A: y encima gratis/ y cualquier imprevisto
And on top of that, it's free, and for any unexpected event
129 PAT: sí/ sí
Yes, yes
130 COM: y con todo el cariño/ ¿eh?
And with all the love, right?
131 DR. A: y con todo el cariño
And with all the love
132 COM: ai↑ cando che toque a ti// xa me contarás→
When it's your turn, you'll tell me

The small-talk continues when they talk about a recent trip to visit their son, who lives in Barcelona. The companion and the doctor discuss a soccer match. The companion alternates between Spanish and Galician in a humorous tone as he talks about his experience watching the game with his son (lines 167, 169-170, 172-173).

[EXTRACT B]

- 165 COM:** pues estuvimos allí el día del partido/ no fuimos/ porque estábamos cerca de/ cerca del
Well, we were there on the day of the match. We didn't go because we were close to the
166 campo/¿no? / pero lo vimos en casa con la familia catalana y cuando marcaron los/ que
field, right? But we watched it at home with the Catalan family. When they scored,
167 marcaron primeiro eles/ (RISAS)// ¿no sabes?
They scored first (Laughter) You know?
168 DR. A: sí
Yes
169 COM: os de Barcelona// nosotros tiña/ mi hijo y yo somos del Madrid/
Barcelona. My son and I support Madrid,
170 pero queríamos que ganara o Atlético↑
but we wanted the Atlético to win.
171 DR. A: ya
172 COM: caladiños/ aí/ sin disir nada (RISAS)// despois cando empataron/ empezou
Quietly, without saying anything (Laughter). Then, when they started... it started,
173 xa/ jiji jaja jiji jaja// pero aplaudieron en el campo/ ¿eh?
haha, haha but they applauded on the field, right?
174 DR. A: (RISAS) sí/ sí/ no/ no/ yo lo vi
(Laughter) Yes, yes. I saw it

5.2.3. Distance and Authority

Primary care doctors are close to their patients, as they have a long-term relationship and are the first line of care for them. However, keeping a distance is also necessary so as to offer a professional healthcare service. The key is the combination between the

professional voice and a fellow human voice (Cordella, 2004). Physicians should be approachable while maintaining their professional authority¹⁹⁶. This is what Dr. C talks about in his interview:

(127) Dr. C: hombre, más cercanía, más...más...Te, a ver, el hecho, um..., es decir, tenemos muchos pacientes. Y a veces no los conocemos, o sea, los conocemos, pero no los recordamos del todo, del todo. El paciente tiende a pensar que sí, que tú eres...que él es único. Según tú eres su único médico, o casi su único médico, él piensa que él es su, tu único paciente. Entonces, el hecho de que lo trates de, de, con más cercanía, te da más, le da más seguridad de que lo estás, quiero decir, tienes más cuidado de él, estás más pendiente de él, que sabes más del proceso de él. (...) Hay gente que, por el motivo que sea, pues quiere venir. Pues porque habla con el vecino, porque en casa se aburre...Eso un, la gente que viene así, ya puedes discutir con ella, ya puedes hacer lo...que la vas a tener en la puerta siempre. Eso es imposible de sacar.

Dr. C advocates creating proximity when talking to the patient, avoiding a formal form of address. However, he does not want to create excessively close ties with his patients. This doctor states that of the 1,300 assigned patients, about 200 are frequent. In his opinion, he makes no distinction between them, although the patients believe themselves to be unique in the eyes of their family doctor. According to him, some patients, especially older ones who feel lonely, see the family doctor's office as a place to chat.

The perspective on proximity and address of the medical residents is highly relevant. They are young professionals learning to practice primary care medicine outside the faculty. In our data, two residents, one Galician and one from South America, are assigned to one of the family doctors (Dr. E). The Galician resident explains in her interview the importance of maintaining formal address with the patient. She highlights the power of language to keep distance between the professional and the patient. This statement can be extended to code-switching between Spanish and Galician.

According to this resident, maintaining distance is necessary to provide better care and to be respected professionally by the patient. She feels she is taken less seriously because she is young and female and, therefore, has to reinforce these distancing communication strategies.

(128) RES-GAL: Si creo que a veces sí que es necesario (*formal address*). De hecho, nosotros cuando trabajamos en urgencias tratamos siempre, aunque sea un paciente joven, tratarlo de usted. Porque muchas veces ayuda a mantener una distancia, ¿vale?, que a veces es necesaria. Porque a veces es necesario que el paciente sepa hasta dónde tiene que llegar, no nos conoce, nos ve jóvenes, intenta demandar pruebas innecesarias, porque no están...Entonces, es como una, una separación y decirle: “yo soy aquí el que le voy a dirigir, el que le voy a asesorar, el que le voy a...”. Pero siempre con un poco de distancia. Aquí (*primary care*) es más difícil, ya nos conocemos, (...) Se puede justificar, pero al final es difícil. (...) Y...a veces es un problema porque el paciente no sabe, se extralimita: “chica, eh, eh, la doctora guapa, o la doctora simpática, o a mí me está tratando una rubia, o me está trata...”. Y eso no se debe de hacer. Y entonces en el momento que se establece un cierto, eh, una cierta distancia, ayuda un poco para mantener el trato. (...) Y te hablan así y dices, oye, mira, estamos tal o...ponerles fin, les intentas

¹⁹⁶ The authority is associated with the doctor's voice, a role that has three functions: seeking information, assessment and review, and alignment to authority (Cordella, 2004: 63). Moreover, the approachable side coincides with the role of “human fellow”.

situar un poco. El problema es que luego ayuda para el resto de la relación. No es simple, no es una cosa de jerarquías, es una cosa de, ayudar un poco al trato a la distancia.

Choosing to speak Spanish or Galician seems to establish hierarchies in the clinic. According to our data, healthcare personnel interact with each other mainly in Spanish if speaking with someone of greater status or power, whether or not they are Spanish or Galician speakers (Case 1). When interacting with patients, they use Spanish, Galician, or both. Informants are aware of this dichotomy when they go to the clinic. They associate the use of Spanish with doctors and the use of Galician with nurses, despite actual language use in the consultations. Informants 3 and 5 (in excerpts 129 and 130 below) explain this language difference as nurses are closer to the patient because their duties involve closer contact with the patient, both emotionally and physically. According to Informant 3, nurses talk with more affection to the patient. Therefore, one can conclude that Galician is considered an effective language.

(129) Informant 3: Outra cousa que si que notei, que as enfermeras a maioría falan en ghallego. Porque por exemplo aquí a maioría son de aquí de cerca e a maioría falan en ghallego, pero é que os médicos, a pesar de ser algún de aquí cerca, fálanche en castelán. Que iso é curiosísimo. Como que baixa o estatus. Entón elas, si claro, como tamén son as que fan ao mellor máis cousas físicas, como poñer puntos, pincharte, sacarte sangue, o que sea, e que ao mellor si, xa teñen como un tacto ou outro cariño hacia o paciente... Igual non é a frase máis axeitada, pero que si que se nota. Nesa parte si que se nota. (...) Si, si, pero o das enfermeras iso si que é bastante curioso, que elas si que falan en galego cos pacientes e cando está o médico na consulta ao mellor estanche poñendo uns puntos ou quitándomos como me pasou a min, a min falábanme en galego e ao médico que estaba..., á miña doctora que estaba alí valorando, pois faláballe en castelán. E digo eu “ostris!”. A parte son contactos que, se es galegofalante, te quedas. Que dis ti, joder, esto que? **(Female, 25 years old)**

(130) Informant 5: Agás un (*médico*), os demais falan español. As enfermeiras, en xeral, son máis galegofalantes, en xeral. (...) Non sei cal é a razón, será porque elas están máis en contacto co enfermo, sobre todo no hospital, co enfermo na cama, hospitalizado (...) I están en contacto constantemente i si non falaban, terminan falando. **(Male, 77 years old)**

Informants 3 and 13 point out a geographic reason for this language difference between doctors and nurses. They believe that, in his hometown clinic, the nurses are local. Informant 13 adds that one nurse is born in a Galician village, which explains, according to Informant 13, that she is a Galician dominant speaker. Moreover, he also makes distinctions between city and village doctors. He states that the place where doctors live influences their language choice in the practice.

(131) Informant 13: Porque a enfermera é de aquí, pero non é de (town's name), é de (town's name) fóra. Esa falou galego sempre porque digamos que naceu nunha aldea, non naceu aquí no pueblo. E claro, inflúe moitísimo, eh? Os médicos normalmente donde viven tamén lle influye. **(Male, 62 years old)**

In addition to the differences among Galician medical personnel, the inclusion of staff from outside Galicia also contributes to the increased use of Spanish, as noted by Informant 1. Furthermore, she observes that the medical field is predominantly Spanish-

speaking, particularly pointing out that newly graduated doctors are mostly heard speaking in Spanish.

(132) Informant 1: Si, a ver, entre los médicos si que se habla bastante castellano, es cierto. Pero también será a lo mejor porque vienen muchos de fuera, yo es que ya no sé... Que a lo mejor vienen muchos de fuera o... Que es verdad que yo las últimas veces, en el hospital y todo, castellano y médicos jóvenes recién salidos de la carrera y tal y si que se tira mucho al castellano. No sé si es que a lo mejor entre ellos es..., no sé, bueno, los ámbitos en los que se mueven, más...*(Female, 38 years old)*

The statements of Informant 13 seem to contradict the findings above. However, as they both speak of the same hospital, we can see that what they are describing are young doctors who are accommodating to the language of the patient, whether Spanish-speaking, like Informant 1, or Galician-speaking, like Informant 13. Furthermore, Informants 13 and 15 add an interesting perspective regarding the different generations of professionals. He points out that Spain has a strong public university education, which allows access by all social classes. As a result, physicians “begin to speak diversely”, as mentioned by Informant 13 and 15.

(133) Informant 13: A ver, non podo valorar moito tampouco porque no hospital eu as veces que fun atendente de todo, eu fun agora desta vez cando foi que rompín o brazo, a maioría da xente atendeume en galego todos, case todos, médicos..., tamén os médicos (que) eran rapaciños, eh? Rapaciños e despois fun tamén o outro día a unha muller tamén moi xoven, non sei se chegaría ós corenta anos. E claro, eu non sei se a medicina é un sitio donde antiguamente ao mellor xa entraba unha determinada clase social, que de pais pasaban a fillos e agora democratizouse un pouco máis, ao mellor agora empezan a falar xa variado, pero a verdá é que alí ese día tanto en urgencias como despois no.... Alí botei un día namais, marchei. E as veces que fun a facer as curas, foi aí atrás, todos en galego perfectamente. *(Male, 62 years old)*

(134) Informant 15: Hoxe hai moitos médicos, que antes eran todos de Santiago, pero por aquí veñen médicos de aldea e normalmente che falan en galego. *(Male, 78 years old)*

Language shift due to hierarchical may also be a factor to be considered by medical personnel when interacting with patients. Informant 5 is a 77-year-old Galician neospeaker with higher education. He narrates his typical experiences during his frequent visits to the hospital. When medical staff hears him speak Galician, he observes a more dominant attitude on their part: “(they) shout at me as if I were deaf.” He attributes this to the assumption that older Galician speakers are uneducated. When they realize that the patient's variety of Galician is closer to the Galician standard (a high variety typically mastered and used by individuals with a certain level of education), they switch to Spanish upon identifying the patient as an educated speaker. Informant 5 speculates that this reaction might be a way for the medical professional to convey that they perceive the patient as being of higher status, possibly as a means to gain authority.

(135) Informant 5: Unha cousa curiosa. A experiencia adoita ser no hospital. Y é que a unha persona empezas a falarlle galego mentras che toma por un..., teñen a manía de se falas en galego eres un paleta de hostia que non tes ni puta idea de nada, que eres unha persoa inculta, eso tamén está aí, eso está aí, eh? É dicir, eu teño estado nunha máquina i eu falar galego coa persoa que me estaba atendendo, un técnico, non era nin enfermeira nin médico, chámolle técnico. A máquina de facer..., non sei que hostia me estaban facendo, i eu falaba en galego. E a tía, ao eu

falarlle en galego, pois debeu pensar que era unha persoa moi inculta e empesoume a berrar, pero a berrar como se eu fora xordo, non berrar de cabreo, senón berrar como se eu fora xordo: “(first name), mira que...” simplemente porque eu falaba galego. Hasta que nun momento, eu falando, tranquilo, falaba tal. Entonces deuse conta dunha cousa, que o meu galego era un galego así que non era o que ela pensaba tal. Entonces empezouse a darse conta de que eu era un tío máis ou menos culto. Entonces cambioume ao castelán. De inmediato cambioume ao castelán. Xa non quixo saber máis do galego. Deixoume de berrar e cambiou ao castelán. (...) Eu seguí falando galego. Ela nalgún momento determinado deuse conta, claro, emprega as expresións que non son habituais. Igual dixeran habituais, esta mesma expresión, “emprega esa expresión”. Se a tía oe esta frase dirá “hostia quieto, este non é un labrador de non sei donde”, tal. E nese momento empézache a falar español. (...) Cambian con xente que pensan que teñen un estatus..., non sei se superior, é que é moi difícil meterse na cabeza da xente que actúa así e adiviñar por que o fan. Son especulacións. (*Male, 77 years old*)

The following three code-switching use cases exemplify the alternation of languages in relation to distance and authority.

CASE 4: SHIFTING ROLES AND MARKING HIERARCHY FROM FAMILY DOCTOR TO MENTOR AND PEER¹⁹⁷

In interactions based on asymmetric interpersonal relationships, besides the professional role with the patient, the family doctor assumes three other roles: a) mentor/supervisor interacting with residents (higher hierarchy); b) family doctor interacting with the chief doctor (lower hierarchy); c) family doctor interacting with other medical and administrative personnel (higher hierarchy).

a) Family doctor interacting with residents

When the doctor consults with residents, the interpersonal dynamics become more complex. Physicians assume two roles in their office: family doctor and mentor. In the corpus of this study, only one family doctor, Dr. E, has residents. There are two female residents: one is Galician (in her third year), and the other is from South America (in her first year of Primary Care, but she has already obtained another specialty). When both residents are present during a consultation (52 instances), they interact in Spanish. Dr. E prefers to interact in Galician with patients and switches to Spanish when fulfilling her role as a mentor, even though she acknowledges that the non-Galician resident understands Galician.

(136) Dr. E: es que mira, por ejemplo, la residente nueva acaba de llegar y lleva doce años en Galicia. Ella dice que el gallego lo entiende. Y hay a gente que le tienes que hablar en gallego.

The Galician resident has also listed Spanish as her preferred language. When interacting with patients, she displays flexibility. Nonetheless, in the consultations, she speaks mainly in Spanish, with occasional alternations to Galician when talking with older patients. In her

¹⁹⁷ *Role shift* is a well-described function of code-switching identified by Auer (1995); Zentella (1997), and Reyes (2004).

interview, she confesses that her family is Galician-speaking but that she adopted Spanish as her language of daily life because of the influence of her schooling. She claims that “the nuns did not want us to speak Galician,” and students were punished if they did. Hence, there is again the same dichotomy: Galician is the language of affection, and Spanish is the language of authority.

(137) RES-GAL: Depende del paciente. Yo me siento más cómoda con el castellano, pero, es más, es dis, eh, con ciertos pacientes, si ellos empiezan en gallego, yo les hablo gallego. Muchas veces el saludo es eh, es en castellano y ellos según...Y si ya los conoces, ya los conoces. Pero intento adecuarme a, al nivel, al idioma que ellos se encuentran más cómodos. (...) Porque yo estoy criada con...en mi colegio se hablaba castellano, entonces...Mis padres entre ellos hablan gallego. (*¿Y tú con ellos?*) En castellano. Porque nosotros, nosotros estudiamos en un colegio de monjas. Las monjas no querían que habláramos gallego. (...) Antes sí que era aún era común. De hecho, yo tenía una compañera que le era muy complicado hablar en...y se le castigaba por eso, porque no hablaba nada bien castellano y...le exigían mucho. (...) Yo creo que es más fácil siempre si puedes hablar el mismo idioma que el otro. Porque sobre todo con cierta, pues, con ciertas personas se pueden encontrar más cómodos si les hablas el mismo idioma.

EXAMPLE 5: CONSULTATION #441

- **Doctor:** Dr. E, female, ca. 55 years old. Behavior: *Galician-Spanish-Galician*.
- **Residents:** Galician resident (speaks Spanish) and non-Galician resident (Spanish speaker).
- **Patient:** Female, unidentified age (old, thirty-eight years of employment). Galician-speaker.
- **Consultation:** Certificate of a CAT scan to process a disability pension.
- **Length:** 7 minutes and 56 seconds.

In this consultation, several ascending and descending hierarchical relationships can be observed, connected to the choice of language. The patient is an older woman who speaks Galician. She comes to the consultation to request a certificate of a scan performed at the hospital, which her lawyer requested. She intends to apply for a pension for total disability due to complications from colon cancer.

First, the physician/mentor (Dr. E) speaks Galician with the patient and Spanish with her two residents (lines 4-5). The residents also speak Spanish, with the Galician resident in a more experienced position due to her status as a third-year resident, whereas the non-Galician resident is beginning her residency.

1 DR. E: (*nome da paciente*)/ bueno/ son dúas doctoras=
(*patient's first name*), hi, they are two doctors...

2 RES-COL: hola
hello

3 PAT: [hola]
hello

4 DR. E: =[que están] facendo a especialidade/ vale/ como (*patient's first name*) **va mucho al**

- who are specializing, okay, since (patient's first name) goes often to the*
- 5 hospital/ también ya sabe// [esta señora está operada de]=**
hospital, she already knows, this lady had surgery for
- 6 RES-GAL:** [sí/ ya está acostumbrada]
yes/ she's already used to it
- 7 DR. E:** un cáncer de colon// déronche a invalidez// [ao final?]
colon cancer, did they grant you disability in the end?
- 8 PAT:** [ando neso]
I'm working on it

(...)

- 15 DR. E:** [a bolsa] si / xa está na lista de espera
the bag yes, it's already on the waiting list
- 16 PAT:** bueno / bueno
well, okay
- 17 RES-GAL: que ben!**
that's good
- 18 DR. E:** xa vai sendo hora/ [non?]
it's about time, isn't it?
- 19 RES-GAL:** si
yes

Besides the language choice, when the doctor switches to Spanish with the resident, she somehow divides the interaction and space in two. She shifts her physical position next to the patient and moves to the other side of the table, focusing on explaining the procedure to her students. In lines 25-27, this separation of parallel conversations and roles is particularly evident. The doctor says, “do not tell her anything; otherwise, it is worse,” which leaves the patient in the background (line 26). Then, she focuses on her mentor role in the following turns.

- 20 DR. E:** si, bueno, pero a última vez aínda estabas/ non sabes↑/// [bueno/ cóntanos]
yes, well, but the last time you were still, you don't know, well, tell us
- 21 PAT:** [bueno/ viña] porque me fixeron un/ un TAC/ bueno/ un escáner/ e viña buscar o papel
well, I came because they did a CT scan, well, a scanner and I came to pick up the paper
- 22** de→/porque teño que levarllo ao abogado/ porque agora teño que ir a xuicio//
for, because I have to take it to the lawyer because now I have to go to court
- 23** porque danme moi pouco/ de/ de/ quedame moi pouco/ despois de trinta e oito anos
because they give me very little of... I have very little left after thirty-eight years
- 24** cotisados/ e entonses ((teño))
contributing and then ((I have))
- 25 DR. E:** mira// **ahora le vas a dar/ vas a dar/ ya sabes/ le tienes que dar una copia/**
look, now you're going to give him, you have to give him, you have to give him a copy
- 26** **espera/ no le digas/ que sino→/nada/ peor↑//le tenemos que dar**

- wait, don't tell him otherwise, nothing worse, we have to give her*
- 27 una copia del TAC**
a copy of the CT scan
- 28 RES-COL:** buscar el informe
look for the report
- 29 DR. E:** **uhum / a ver si está, claro [ah, si // ah, está]**
uhum, let's see if it's there, of course, ah, yes, ah, it is,
- 30 PAT:** [está! porque foi] o veinte e tres de abril
it is! because it was on April 23rd
- 31 DR. E:** xa/ pero para eso necesitamos (pause 7") (()) **por enfermedad/ muy bien/ ¡ah!**
yes, but for that, we need (pause 7") (()) for illness, very well. Ah! And now
- 32 Y ahora para imprimir/ nada/ sí/ le puedes dar a cualquier// a ver cuál te/**
to print, nothing, yes, you can give it to any, let's see which one, press that one,
- 33 tú dale a esa// si a veces [no te va la una/ te va la otra]**
if sometimes it doesn't work for you, try the other one

b) Family doctor interacting with the chief doctor

Doctors interacting with other medical personnel may choose to speak Spanish or Galician. Sometimes, another doctor, nurse, or administrative staff enters the room during the audio recordings. Although there are few spontaneous recorded interactions, specific trends in linguistic behavior can be observed. In hierarchical relationships of equals or ascending (nurse-doctor, family doctor-family doctor, family doctor-chief doctor), conversations are in Spanish. This behavior occurs with both Spanish and Galician dominant physicians.

The chief doctor of this clinic, known under the pseudonym Dr. A, tends to accommodate his patients' preferred language if he identifies it or the language the patient establishes after small talk. However, he interacts with his colleagues in Spanish. In his interactions with other doctors, he assumes the role of chief doctor, which grants him a certain level of authority. The other physicians, even those who consider themselves Galician speakers (as with Dr. B in Example 6), respond to him in Spanish.

EXAMPLE 6: CONSULTATION #118

The chief doctor (Dr. A) interrupts Dr. B's consultation by asking for some questionnaires. Dr. A defines himself as functional bilingual, and Dr. B presents himself as a Galician-speaker. However, they talk in Spanish (turns 1 to 4). Once Dr. A leaves the room, Dr. B continues the consultation in Galician (line 22).

- 13 DR. B:** hoy no les pedí mucho de la encuesta/ porque lo cogió de→
today, I didn't ask much of the questionnaire/ because he took it from
- 14 DR. A:** no importa// mira/ la encuesta es una encuesta anónima (...)

it doesn't matter, look, the questionnaire is an anonymous questionnaire (...)

(...)

21 PAT: vale/ perfecto/ venga hasta luego

okay, perfect, see you later

22 DR. B: hasta luego// **mira/ estamos gravando a→**

see you later, look, we are recording a...

23 PAT: as consultas?

the consultations?

24 DR. B: **a consulta/ entonces tesme que firmar aquí (...)**

the consultation, so you have to sign here (...)

c) Family doctor interacting with other medical or administrative personnel

In example 7, Dr. A speaks with a nurse, while in example 8, Dr. B speaks with someone who appears to be an administrative staff member. In both cases, another clinic worker interrupts the consultation to inform the physician about work-related matters. Since we lack information regarding the workers' everyday language use, it is unclear whether they use from the beginning their preferred language.

EXAMPLE 7: CONSULTATION #59

6 NUR: estamos listos

we are ready

7 DR. A: cuando acabe con (*patient's name*)/ eh/ hablo con ella para darle el antibiótico/ para la herida
when I finish with (patient's name), uh, I'll talk to her to give her the antibiotic for the wound

8 NUR: le digo que espere [en la puerta?]

should I tell her to wait at the door?

9 DR. A: [sí/ que] espere en la puerta// ¿la quiere hacer? // puede hacerla a la salida/ si quiere

Yes, tell her to wait at the door, do you want to do it? You can do it at the exit if you want

In example 8, a female staff member from the clinic, likely part of the administrative team, interrupts Dr. B's consultation. Dr. B holds a higher position in the hierarchy than the woman, who approaches him with a question. She initially speaks in Spanish (lines 31-32) but likely switches to Galician upon realizing that it is Dr. B's preferred language (line 34-35). Dr. B, who consistently speaks Galician, as he mentioned in his interview and as noted by his colleagues. Dr. B responds to her in Galician (line 36), and the conversation continues in that language.

EXAMPLE 8: CONSULTATION #82

31 ADMIN: mira/ (*DR. B's first name*)/ no sé si tú me podrás contestar// vamos a ver//

look, (DR. B's first name) I don't know if you can answer me, let's see,

- 32 e este paciente es tuyo y esta es la mujer que acaba de dar a luz/ ayer//
and his patient is yours, and this is the woman who just gave birth yesterday,
- 33 DR. B: uhum
uhum
- 34 ADMIN: ¿sí? // están el bebé y la mujer ingresaos/ **el ten mesa electoral o domingo (4”)**
right? both the baby and the woman are admitted, he has an electoral meeting on Sunday
- 35 **está o bebé e máis a/ o sea/ a nai e máis o bebé ingresao**
the mother and the baby were admitted
- 36 DR. B: eu creo que se non se aporta un informe do
I think if they can't provide a report from the
- 37 ADMIN: **do hospital**
from the hospital
- 38 DR. B: do hospital
from the hospital
- 39 ADMIN: de conforme está ingresado
confirming that he is admitted
- 40 DR. B: de conforme está ingresado e fágolle un informe cumplimentándolle e con todo esto
confirming that he is admitted, and I'll prepare a completed report with all this,
- 41 e supoño que si, porque é unha causa de forza maior/ ahora sabes
and I suppose so, because it's a case of force majeure now you know
- 42 como están as ((legalidades))
how the ((legalities)) are
- 43 ADMIN: **no, eu voulle comentar eso, senón falamos con xerencia**
no, I'll discuss that with them, otherwise, we'll talk to management

CASE 5: SWITCHING TO SPANISH TO GAIN OR RECOGNIZE AUTHORITY INSIDE THE DOCTOR'S OFFICE

Patients employ code-switching to Spanish to affirm authority for themselves (doctors and patients), as well to recognize the doctor's authority in the interaction.

EXAMPLE 9: CONSULTATION #29

- **Doctor:** Dr. A, male, ca. 50 years old. Functional bilingual. He speaks Galician.
- **Patient:** Female, 20 years old. She speaks Galician.
- **Companion:** Female, 43 years old (patient's mother; in the second part she is the patient). Behavior: *Galician-Spanish-Galician*.
- **Consultation:** Results from a blood test. Anemia and lack of folic acid due to inadequate nutrition.
- **Length:** 10 minutes and 45 seconds.

A 20-year-old woman comes to the consultation, accompanied by her mother, to receive the results of a blood test. The results indicate significant anemia and a lack of folic acid. After ruling out the most common cause for young women, i.e., heavy menstruation, the

doctor points to a deficient diet. The three participants in this consultation speak Galician. The only speaker who code-switches is the mother. Our interpretation is that she is trying to gain authority in an interaction. She might feel that her role as a mother is being questioned.

The patient accepts the diagnosis, confirming that her diet is poor. Therefore, the doctor explains what dietary guidelines she should follow to improve her anemia. In a didactic tone, he explains to the young woman which foods have the most iron (line 103). To the question “what foods have the most iron?” it is the mother who answers and not the daughter (line 104), as she might feel the target of this question. The doctor contradicts the mother's answer (lentils) and points to meat as a richer source of iron (line 105). The mother possibly feels challenged, as she has failed the question, so she justifies herself in the next turn (lines 107-108). The daughter detracts from the mother's authority, questioning her nutrition knowledge (line 106, 111). Meanwhile, the doctor continues with his professional explanation (line 110, 112).

101 DR. A: eeh →/ é a primeira vez que tes anemia//non? si§
eeh, it's the first time you have anemia, right? yes

102 PAT: §si
yes

103 DR. A: e sabes que alimentos teñen ferro?
and do you know which foods have iron?

104 COM: lentejass →
lentils

105 DR. A: bueno/ vamos a ver ↑ / o alimento que máis ten ferro// son os productos cárnicos
well, let's see, the food that has the most iron is meat products

106 PAT: ves ↑ // °a carne tena distinta°
see, meat has it different

107 COM: eu non dixen que no/ eu dixen que comeras un bo plato de lentejas ↑ // eu non
I didn't say no, I said you should eat a good plate of lentils, I didn't

108 [dixen que a carne non tivera ↑]
say that meat doesn't have

109 PAT: [pero as lentejas non me gustan] §
but I don't like lentils

110 DR. A: §pero a carne ten máis [ferro caa→] =
but meat has more iron than

111 PAT: [mira ves!]
look, see!

112 DR. A: =cas lentejas/// e ademáis é un ferro/ que se absorbe moito [mellor]
lentils and besides, it's an iron that is absorbed much better

In the next turn, the mother switches to Spanish to reinforce her role as a caregiver (line 113). She refers to her in the third person when she asks her daughter: “what did your

mother tell you?”. The companion contradicts her first failed answer and points to a specific meat product: pork liver. Again, the doctor clarifies his comment and suggests that this is not the most commonly consumed meat (line 114).

113 COM: [yy más]//¿qué te dijo tu madre?/ iel hígado de cerdo!/ que es muy bueno↑
and more, what did your mother tell you? Pig liver! It's very good

114 DR. A: tamén// sí/ o que pasa é que/ hoxe en día/ non se come moito/// todos os produtos
also, yes, what happens is that nowadays not many people eat all meat products

115 cárnicos↑ hígadoo// ehh → carne// son os que máis/ ehh→ ferro teñen// despois/
liver, eh, meat are the ones with the most, eh, iron they have, then among the

116 dentro daa dos [vexetais]→
vegetables

117 COM: [¿y la carne?]/¿cuánto tiempo hay que no la quieres!// en casa ↑/
and meat? How long has it been since you don't want it! At home,

118 por [lo menos]↓ =
at least

119 PAT: [carne?] =
meat?

120 COM: =en casa ↑
at home

Confronted with this new questioning of her authority as a mother, the woman continues to defend herself, indicating that her daughter does not want to eat meat at home (lines 117-118, 120). However, her behavior is much better at her boyfriend's house, which makes her mother jealous (lines 122 and 124-125). The daughter is defiant and only responds positively to the professional's advice, undermining her mother (lines 121, 123, 126, 128, 130, and 133).

121 PAT: =pero/ en (village's name) estou comendo [carne]
but in (village's name) I am eating meat

122 COM: [¡ah/ por]que te obligan!
ah, because they force you!

123 PAT: inoo!/ porquee sí ↑
noo! just because

124 COM: fuera de casa/ porque la obligan a comer/ en casa//no//
outside the home because they force her to eat, at home, no,

125 no me *apetese* [carne] ↑ =
I don't feel like meat

126 PAT: [[[vou)]] coméndoa// eh?
((I)) eat it, eh?

127 COM: = y la apartas
and you set it aside

128 PAT: esta semana comín carne// eh?
this week I ate meat, you know?

129 DR. A: como?

what?

130 PAT: esta semana ((tamén)) comín [carne]

this week I also ate meat

131 COM: [sii→ en] la casa del novio le obligan a comerla/ *entonces tiene que ir/*

yes, at her boyfriend's house they force her to eat it, so she has to go

132 p'ali a vivir ↑

to live there

133 PAT: bueno// vale

well, okay

134 DR. A: aquí tes// por un lado/ o ferro/ que o ferro/ a mellor forma de tomalo/ é/

here you go, on one hand, iron, the best way to take it is

135 á primeira hora da mañán antes de desayunar cun zumo de→/ de naranxa/

first thing in the morning before breakfast with a glass of orange juice

136 porque así se absorbe mellor/ [uhum?]

because that way it is better absorbed, uhuh?

137 PAT: [vale]

okay

The doctor is staying out of this mother-daughter dispute. In lines 134-136, he takes back the reins of the consultation, explaining the pharmacological treatment for iron and folic acid. The mother continues to speak Galician until the end of the consultation. Galician is likely her language of daily life since when speaking Spanish, she has the same dialectal feature as in Galician, the *seseo* (lines 125 and 131). With her code-switching to Spanish, she performs self-image facework to enhance her role as mother and carer.

EXAMPLE 10: CONSULTATION #82

- **Doctor:** Dr. B, male, ca. 60 years old. Galician speaker.
- **Patient:** Female, 81 years old. Behavior: *Spanish-Galician-Spanish-Galician-Spanish*.
- **Consultation:** Request of a blood and urine test. Pain in feet.
- **Length:** 23 minutes and 41 seconds.

An 81-year-old woman comes to the clinic for a blood and urine test. She also has pain in one foot, which she says is causing her to lose her balance. From the beginning, the doctor speaks to her in Galician, his preferred language. However, the patient prefers to speak to him in Spanish, although it seems forced, i.e., not natural. The physician bridges the gap by repeating his expression in Galician (line 6). In the next turn, she seems to accept this switch to Galician but responds again in Spanish in line 10. He explains her the study and that the consultation will be recorded. The patient misunderstands the goal of

the recording, praising the doctor, with whom she says she is delighted and satisfied with the experience she has in the praxis.

1 PAT: buenos días/ doctor

Good morning, doctor

2 DR. B: ola/ bos días/ (first name)

Hello, good morning, (first name)

3 PAT: no están muy buenos/ pero bueno

They're not very good, but well

4 DR. B: bueno

Well

5 PAT: bueno/ ((hay que coger)) lo que nos venga/ **¿no?/ e que non señan peores**

Well, we have to accept what comes, right? And hope they don't come worse

6 DR. B: hai que coller o que vén// mira (first name) estamos facendo un/ estudio en todo

We have to take what comes. Look, (first name), we are conducting a study throughout

7 o centro/ que é un pouco de como se relaciona o médico co/ co paciente

the center, which is a bit about how the doctor relates to the patient

8 PAT: co paciente

With the patient

9 DR. B: co médico/ e

With the doctor, and

10 PAT: yo tengo buena experiencia suya/ no de eso no hay duda// [gracias a Dios]

I have a good experience with you, there's no doubt about that. Thank God

11 DR. B: [pero mira]

But look

12 PAT: estoy encantada

I am delighted

At the start, the doctor explains the necessity of signing a written authorization to consent to the recording. Her answers show an unequivocal recognition of the physician's authority in the consultation, as seen in line 10. In line 24, she again insists on emphasizing this asymmetry with a remark that points to the unquestionable and categorical authority of the physician: "I am at your service".

13 DR. B: o que quería era

What I wanted was

14 PAT: que le cubriera un papel

That I fill in a document

15 DR. B: non/ simplemente tes que botar a firma para que se vexa que a cousa vai/

No, you just have to sign so that it is known that the thing

16 que se fai como hai que facer

is being done as it should be done

17 PAT: ¿es aquí?

Is it here?

18 DR. B: é aquí e a/ e a bótala firma pa' que se sepa que o estudio está

It's here, and you just have to put your signature so that it is known that the study is

- 19 PAT: ¿aquí debaixo?
Here below?
- 20 DR. B: si, aí debaixo// pero non/ isto é anónimo eh? Non se, non aparece nome ningún nin
Yes, there below. But no, this is anonymous, right? No name or anything appears.
- 21 nada// todo o que digamos aquí non vai [a estar relacionado con]
Everything we say here will not be related to
- 22 PAT: [nombre (last name)] (patient signs the paper)
- 23 DR. B: venga/ moitas grazas
Great, thank you very much
- 24 PAT: nada/ yo/ usted sabe lo que quiera/ ((aquí)) estoy a sus órdenes
Nothing. I'm here at your service for whatever you need
- 25 DR. B: nada/ veña/ moi amable
Nothing. Very kind of you
- 26 PAT: mira una cosiña// yo venía a ver cuándo me toca el *análisis*/ porque yo hace que no lo hice
Look, one thing. I came to find out when I have to do the analysis because it's been a while since I did it
- 27 DR. B: si
Yes
- 28 PAT: y ahora los pies/ parece que pierdo el equilibrio algo
And now my feet, it's like I lose my balance a bit

Her answers which acknowledge the doctor's authority contrast with three switches to Galician that the patient makes at other points during the more than 23 minutes of the consultation. These changes demonstrate that Galician is her language of proximity, familiarity, and daily life:

- Line 213: To remember her father: “No, no, mi padre morreu de 92 anos **e tiña a cabeciña mellor ca miña**”. (*No, no, my father died at 92 years old and he had his head better than mine*).
- Lines 230-231: To talk about her grandchildren: “No, aparte los niños son...**como din o outro, están na casa tódolos días**, [RISAS] **como non lle vou saber...esas cosas**”. (*As they say, they are at home every day, [LAUGHTER] how could I not know...the things*).
- Line 287: To talk about her daily life at home: “Oh, sempre, sempre. **Eu ás veces teño que botar os pés pa' fóra da cama**”. (*Oh, always, always. Sometimes I have to stick my feet out of the bed*).

CASE 6: PATIENT SWITCHES TO SPANISH FOR REPORTED SPEECH FROM AUTHORITY FIGURES

One of the classic motivations for code-switching is reported speech. This involves reproducing what someone else said, usually introduced by a sentence with a reporting

verb in the present or past tense, such as “and then she says/said” or “tells/told.” This form of indirect speech emphasizes the content of what was said rather than the exact words used.

In this case study, it is particularly interesting how patients reproduce speech in the original language, which is typically Spanish. The individuals mentioned, such as medical specialists and the informant’s boss, are authority figures for the speaker. The most common references are to medical specialists, as patients often follow up with their general practitioners after a hospital consultation. Informant 14 confirms that she alternates between languages during consultations. One reason for this behavior is that the conversation often brings up topics previously discussed with her specialist physician.

(138) Interviewer: Entonces que temas cres que che dan máis por falarlle unha cousa e outra?

I-14: Non o sei, por exemplo... Non o sei, por exemplo si un médico de (cidade) a chama a ela e lle di o que me ten que faser ou tal e me di “me chamou tu médico y tal” bueno, nese sentido fálolle o castellano porque ela mo está falando e tal. E o que lle dixo e todo eso.

Interviewer: Cóntaslle o que che dixo o médico a ti tamén, non?

I-14: Si, tamén. Claro, claro. **(Female, 77 years old)**

Code-switching to Spanish in reported speech is exemplified with three sequences. *Example 11* reproduces the speech from other physicians, whereas *Example 12* reproduces the speech from the patient’s boss.

EXAMPLE 11: CONSULTATION #3

- **Doctor:** Dr. A, male, ca. 50 years old. He speaks in Galician.
- **Patient: male,** 75 years old. Behavior: *Galician-Spanish-Galician*.
- **Companion:** Female, Galician speaker.
- **Consultation:** Results of a CT scan after severe respiratory failure.
- **Length:** 11 minutes and 55 seconds.

A 75-year-old male patient makes an appointment to receive the results of a CT scan after suffering from severe respiratory failure. The patient, his companion, and the doctor speak Galician. Beyond this example of reported speech, they do not alternate languages during the consultation. At the beginning of the consultation, the patient explains to the physician his experience in the hospital. He went there on at least two occasions to do a CT scan. The reported speech is in Spanish (lines 14-16), followed by other indications contextualizing the words from “a lady” in the hospital. The first introductory sentence is in Galician (“*díxome a señora*”, line 13), but the other reporting verbs are already in Spanish (“*y dije yo*”, “*y me dice ella*”, “*y dice*”).

8 DR. A: como vas entonces?

How are you doing, then?

9 PAT: ayere...

Yesterday...

- 10 COM:** bueno/ el tuvo que buscar outro TAC
Well, he had to get another CT scan
- 11 PAT:** o martes// me chamaron outra vez
On Tuesday, they called me again
- 12 DR. A:** si
Yes
- 13 PAT:** si, e que/eh/ entonces/ chegoume o TAC/ e entonces/ díxome a señora//
Yes, and then, I got the CT scan, and then the lady told me,
- 14** “¿usted sabe cómo e va esto?”/ y dije yo/ pues/ ↑pues sí/ estuve→//estaba (...)/
“Do you know how this works?” and I said, well, yes, I was, I was (...)
- 15** aquí/ y me dice ella/ ah!// ((pues)) mira para dentro/ y hay una chavala/
here, and she tells me, ah! ((well)) look inside, and there's a girl,
- 16** y dice// sí/ pero fue cosa de la do-/ de la doctora
and she says, yes, but it was the thing of the doc-, of the doctor

EXAMPLE 12: CONSULTATION #94

- **Doctor:** Dr. B, male, ca. 60 years old. Galician speaker.
- **Patient:** Female, 41 years old. Behavior: *Galician-Spanish-Galician-Spanish-Galician*.
- **Companion:** Male, Galician speaker.
- **Consultation:** Sick leave due to the fall of a dental implant.
- **Length:** 8 minutes and 56 seconds.

The most common reported speech in a medical consultation concerns remarks made by other medical professionals. The reproduction of these statements is part of the information-gathering process done by the physician in the first part of the consultation. Additionally, patients may talk about other people, particularly other authority figures. In this example, the patient mentions her boss.

The patient is a 41-year-old woman who comes to her family doctor's office requesting a leave of absence from work until Monday of the following week. Her dental implant fell out. For this reason, she does not want to go to work until the repair has been done. Her job requires customer service, and she is embarrassed to show her teeth.

The woman insists on the full support of her boss in requesting this medical certificate. Thus, she uses the words below to justify her request for a cosmetic issue, despite not having a strict medical necessity. The boss's words are reproduced in Spanish (lines 21-23). The first indirect style triggers a shift to Spanish beyond the indirect style (lines 25-29). After the doctor intervenes in Galician, she resumes her story in Galician (line 31-32). Nonetheless, she switches back to Spanish when she reproduces her boss's words again (lines 32-35).

- 17 PAT:** nada// é que eu teño un implante dental/ e a semana pasada xa tiña dolor/

- Well, it's just that I have a dental implant. Last week, I had already pain,*
- 18** e movíase-me o dente// e entonces fun pedir cita á clínica/ e déron-me cita para
and the tooth was moving. So, I went to schedule an appointment at the clinic and they gave me an appointment for
- 19** o vinte e sete de mayo// onte cando cheguei caeume o implante// e entonces claro/
May twenty-seventh. Yesterday when I arrived, the implant fell out. And, of course,
- 20** eu para ir traballar así dábase vergonza// e entonces eu chamei/ bueno/ pedín cita para
I felt embarrassed to go to work like this. So, I called, well, I requested an appointment
- 21** usté/ e á mañán chamei á jefa/ e entonces conteillo/ e díxome// **“ni se te ocurra venir**
with you and in the morning, I called my boss and explained to her. She told me: “Don't even think about coming...
- 22** **por aquí/ tráeme un justificante médico”/ porque se lo tengo**
...here. Bring me a medical certificate”, because I have
- 23** **que pedir a todo el mundo**
to ask everyone for it.
- 24 DR. B:** justificante ou baixa?
A medical certificate or a sick leave?
- 25 PAT:** no/ baja no/ baja no/ porque el lunes ya voy a trabajar/ porque el dentista/ él
No, not sick leave. I won't take sick leave because on Monday, I'm already going to work. Since the dentist, he is
- 26** como es el que me hace el implante me va a atender hoy a las seis menos
the one who does the implant for me, will attend to me today at a quarter to six,
- 27** cuarto/ y me dijo que si no me lo podía volver a colocar/ lo que hacía era como
and he told me that if he couldn't reposition it, he would do
- 28** una especie de braquers/ o algo así/ para disimular estéticamente/
something like braces or something to aesthetically disguise it.
- 29** y me atenderían el sábado/ para el lunes ya ir trabajar// es decir/ baja no
They would attend to me on Saturday, so on Monday, I'll go to work. In other words, no sick leave
- 30 DR. B:** bien, pues entonces o que fago/ poñemos a infección dental que ti tes/ e→
Well, then, what I'll do is note the dental infection you have, and...
- 31 PAT:** e claro/ eu como non sabía/ porque eu a decir verdad sólo collín as baixas maternas/
And, of course, since I didn't know, because I only took maternity leaves, I never missed
- 32** nunca falei ao traballo// a jefa hoxe díxome// **“(nome) por Dios te conozco desde**
work. Today, my boss told me, “(name), for God's sake, I've known you for
- 33** **hace quince años/ nunca me faltastes al trabajo// las siete y media te tengo**
fifteen years, you've never missed work. I have you here at half-past seven.
- 34** **aquí// tráeme un justificante/ porque se lo tengo que pedir a todo el mundo//**
Bring me a certificate because. I have to ask everyone,
- 35** **pero de ti me fío perfectamente”/ (RISAS)// dije yo// “bueno, es que...”**
but I trust you perfectly” (LAUGHTER). I said, “Well, it's just that...”

36 DR. B: non hai ningún problema
There's no problem

5.2.4. Closing Discussion

Medical consultations typically have two main goals: interpersonal and transactional. The interpersonal aspect focuses on the long-term relationship between family doctors and their patients. These face-to-face consultations occur between two fixed participants from the same bilingual community, where they assume the professional roles of doctor and patient. This interaction is inherently asymmetric, as the patient seeks the doctor's expertise to resolve a health issue, while the doctor holds the authority to recommend treatments. However, the patient ultimately decides whether to follow these recommendations. Effective communication is, therefore, crucial for a successful consultation, and code-switching can play a key role in managing the social and emotional dynamics between doctor and patient.

An analysis of language alternations within consultations reveals distinct patterns in code-switching direction. Switching to Galician, the local language, typically signals closeness and affiliation, as it is strongly linked with group identity and membership. Doctors, particularly those treating elderly patients, recognize the importance of using Galician, especially since many older patients may find it easier to communicate in their native language. Despite the association of Spanish with prestige and professionalism, especially among the elderly and those with less formal education, the perception is evolving as higher education becomes more accessible. Today, younger doctors, regardless of their family background, may come from either Galician-speaking or Spanish-speaking homes. Galician is often used for small talk or humorous exchanges among community members, particularly in cases 1 and 3. Galician-speaking doctors, often from rural areas, leverage the language to build trust and connect with patients, while patients, in turn, use Galician to express their cultural and bilingual identity, as seen in case 1. This mutual use of Galician enhances politeness and affiliation in their interactions.

Even non-Galician-speaking doctors recognize the benefits of using Galician to reduce the distance between themselves and their patients. For instance, Dr. D, a non-Galician physician, uses code-switching occasionally for this purpose. However, Dr. A, the chief doctor, notes that her communication style, often described as "brusque" and "very imperative," is less about language choice and more about her interaction style. Unlike her Galician-speaking counterparts, Dr. A is not perceived as part of the inner group, highlighting the significance of language and regional background in these dynamics.

Both doctors and patients agree on the importance of proximity in family medicine. The role of a family physician often extends beyond the consultation room, with knowledge of the patient's social and familial context within the community being vital for accurate diagnosis. Competence in the community's language appears to be essential for providing better care.

On the other hand, switching to Spanish introduces a distancing effect. Spanish is viewed as the language of the outgroup, and using it can create a sense of separation between doctors and patients. It also serves to establish hierarchies within the clinical staff. During recorded consultations, interactions between doctors and other clinic workers, which are included in the official record, demonstrate this dynamic. Doctors generally prefer using Spanish when communicating with peers or subordinates, and a mentor doctor may switch to Spanish when guiding resident doctors, even though she might speak Galician with many patients.

Spanish also plays a role in asserting power within interactions, as observed in Case 2, where authority is exercised in two directions: from the patient (acting as a mother) over the doctor and from the doctor over the patient.

Lastly, code-switching to Spanish is often linked to reported speech, a common theme in socio-discursive analyses of code-switching. In this context, reported speech frequently involves quoting authority figures, such as medical specialists or a boss.

5.3. SITUATIONAL DYNAMICS: MEDICAL CONSULTATION

Situational dynamics describes the use of code-switching and its socio-discursive functions in medical consultations, which can be divided into a sequence of actions ¹⁹⁸. According to ten Have (1989), the 'Ideal Sequence' consists of six steps: opening, complaint, examination, diagnosis, advice and treatment, and closing (cf. 3.1.3.). These steps create a specific sequence but are part of a typology that remains open to negotiation. In other words, the communicative strategies adapt to the structure of the consultation rather than dictating it, as discussed in this final chapter on the situational dynamics of medical consultations (see Figure 36).

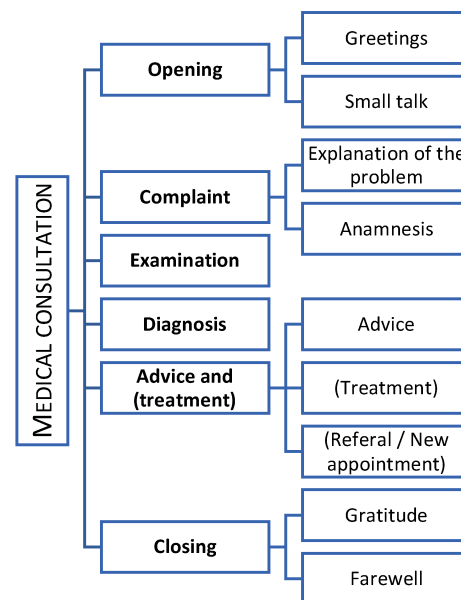


Figure 36: Sequence diagram of the medical consultation and the content of each step
Own elaboration based on ten Have, 1989

The communicative purposes of a medical consultation in primary care are concrete and clear. First, the opening provides the first informal contact in the interview with greetings and some small-talk. This first contact is followed by the complaint, where the patient exposes the reason for the appointment, and the doctor gathers information adding it to the medical history (anamnesis). Once the problem is presented, if needed, the doctor examines the patient to locate the issue in the body and confirm the symptoms. The physical examination, if needed, leads to a diagnosis and advice. The advice may include treatment, a referral to a medical specialist, or a new appointment to follow up on the

¹⁹⁸ Sequences are structured in turns. Therefore, medical consultations require analysis of turn design. A medical interview is shaped by two principles: optimization and recipient design (Boyd and Heritage, 2006: 164-166). Any communication strategy that might help the optimization is taken into consideration, such as code-switching. The second principle ("recipient design") is taken from Sacks and colleagues' study and refers to a "multitude of respects in which the talk by a party in a conversation is constructed or designed in ways which display an orientation and sensitivity to the particular other(s) who are the co-participants" (Sacks et al., 1974: 727).

problem. The closing includes the expression of gratitude by the patient and a farewell until next time. Building a relationship between doctor and patient is a communicative aim in addition to all the previous transactional goals (Moore et al., 2010: 1047).

Code-switching was found in all the six steps, fulfilling different socio-discursive functions and contributing to achieving a better flow in the encounter, i.e., a transactional goal. The results are presented in three blocks with twelve prototypical use cases illustrated with sixteen examples in Table 13 below:

	USE CASES: TRANSACTIONAL GOAL							
	Opening and Closing	Ex.		Complaint and Examination	Ex.		Diagnosis and Advice/Treatment	Ex.
1	D accommodates to patient's language (initiative of D or P) [SPA>GAL]	#34 #19	5	P redirects discourse (topic and focus swift) [SPA>GAL]	#264	9	D mitigates the impact on P of diagnosis and treatment options [SPA>GAL]	#232
2	P rejects offer to keep both preferred languages [GAL>SPA]	#201	6	P emphasizes pain [SPA>GAL]	#343	10	D switches spontaneously to Galician (his first language) with P, who has a limited language competence [SPA>GAL]	#169
3	P rejects D's offer to talk in Galician [SPA>GAL]	#386	7	D relaxes the atmosphere in examination [SPA>GAL]	#478	11	D delivers technical explanations in diagnosis [GAL>SPA]	#19
4	P utilizes Galician for courteous greetings [SPA>GAL]	#93	8	D or P specifies addressee [GAL>SPA]	#417	12	D repeats and reformulates advice in both languages to ensure understanding [SPA>GAL]	#418

Table 13: Use cases and examples of transactional dynamics
Own elaboration

5.3.1. Opening and Closing

The opening is the first contact in the face-to-face interview. Participants, the doctor, and the patient set the communication rules, i.e., in what language they will talk or if they use a formal or an informal treatment. In a bilingual context, the negotiation regarding language choice is fundamental. The agreement, if there is any, is reached in the first turns of the interaction.

Either the patient or the doctor might initiate the negotiation. One of the speakers proposes the language to talk in the interaction, and the other interlocutor can accept it or not. The negotiation is not successful if the other interlocutor does not accept it. In that

case, either the speaker who proposed the switch assumes they will speak different languages, or the negotiation might continue during the entire consultation, i.e., the speaker continues alternating languages.

Besides the negotiation of the language of the consultation, one of the most common language behaviors in the opening and closing is greeting and saying goodbye in Spanish despite otherwise speaking in Galician. From a linguistic perspective, it is code-switching. Nonetheless, from a communicative standpoint, this alternation is a mere conversational routine. The ritual use of Spanish in opening and closing sequences is a widespread convention inside and outside the doctor's office in Galicia (cf. 4.3.1.). Therefore, these openings and closings are not included in the analysis, unless more than ritual convention is communicated.

CASE 1: DOCTOR ACCOMMODATES TO PATIENT'S LANGUAGE INITIATED BY D OR P [SPA > GAL]

In the first contact of the consultation, patients usually initiate the interaction by greeting upon entering the office. The physician may or may not accommodate to the patient's language at the opening.

EXAMPLE 13 (PATIENT'S INITIATIVE): CONSULTATION #34

- **Doctor:** Dr. A, male, ca. 50 years old. Behavior: Spanish-Galician.
- **Patient:** Female, 29 years old. Behavior: *Spanish-Galician*.
- **Initiate the alternation:** Patient.
- **Consultation:** Certificate of medication to take on a trip.
- **Length:** 17 minutes and 40 seconds.

Dr. A is aware of language alternation at work. As a functional bilingual, he tends to accommodate his language to the patient's choice. The patient answers in Spanish during the small-talk about the study. However, in line 21, once the doctor asks her something personal and the actual consultation begins, she switches to Galician. The patient exposes the consultation's topic in Galician (lines 23-25), and the doctor accepts the change and answers in Galician (line 26). They reach a language agreement and maintain it during the entire encounter.

1 PAT: hola

Hi

2 DR. A: hola/ buenos días / te tengo que comentar una cosa previa=

Hello. Good morning. I have to tell you something beforehand

3 PAT: vale

Okay

4 DR. A: =porque se está haciendo un estudio=

Because a study is being conducted.

5 PAT: uhum. ¿qué es?

Uhum. What is it?

(...)

16 PAT: no te preocupes

Don't worry

17 DR. A: vale//pero bueno/ te tengo que informar

Okay, but well, I have to inform you

18 PAT: [RISAS]// vale/ sí

[LAUGHTER] Okay, yes

19 DR. A: mira/ entonces// si no te importa/ eeh→/ me firmas ahí//

Look, then, if you don't mind, um, you sign here.

20 qué raro que vengas sola/ ¿no?

It's strange that you came alone, right?

21 PAT: sí/ [RISAS]/ sí// **non deu chegado// miña nai// sempre/ sempre me acompaña**

Yes, [LAUGHTER] yes. My mother hasn't arrived. She always accompanies me

22 DR. A: sí/ por eso// dime/ entonces

Yes, that's why. Tell me then

23 PAT: miraa/ a ver// púxenche consulta/ pero non sabía como poñerche//

Look, let me see. I scheduled an appointment for you, but I didn't know how to label it.

24 márchome lunes/ de viaxe aa/ Méjico// e que/ se me podías dar un informe/ ou algo así→

I'm leaving on Monday for a trip to Mexico. If you could give me a report or something

25 por si pasa calquer cousa/ levaar/ un [pouco→]

just in case something happens, to carry a bit

26 DR. A: [eeh/va]mos a ver// **tes que levar medicación no avión?**

Um, well, let's see. Do you have to take medication on the plane?

Due to his long-term relationship with his patients, he usually knows their preferred language. In line 20, he reveals that he knows the patient with the question “It’s strange that you came alone, right?” Nonetheless, he does not identify her as a Galician speaker at the beginning (line 2). Another explanation may be related to the fact that as one consultation ends the next patient is brought in quickly. As the recording is continuous, Dr. A may subconsciously reproduce the language from the previous consultation. Before the consultation in Example 13, he spoke Spanish in the previous three consultations. Dr. A talks in his in-depth interview about the language behavior in his consultations. He explains how he is aware that he often code-switches. Further, he relies on his experience to identify the language of daily life from his patients:

(139) Interviewer: ¿hablas en gallego o en castellano?

Dr. A: pues, eh, um, yo creo que salto de uno a otro

Interviewer: um, empiezas, cuando empiezas...

Dr. A: hay gente que ya sé que me van a hablar en gallego y (...) claro, yo llevo aquí ocho años, conozco a todos, ya sé cómo van a reaccionar y...[RISAS]

Accommodation can come from either side, from the physician or the patient. In the sociolinguistic interviews, Informant 2, a 75-year-old male, is aware that this initial negotiation can occur and describes it as a usual phenomenon of no great significance:

(140) Eu si, eu si arranca ela primeiro ou ela me fala o galego, pois falo o galego, senón falo o castelán. Ó mellor igual se me escapa algunha frase en galego e ela continúa comigo pois xa continuamos co galego. **(Informant 2, male, 75 years old)**

This naturalness is also appreciated by a young Galician speaker (Informant 3, Female, 25 years old). She hints that she believes that medical personnel may also be Galician speakers in their private sphere, but that they use Spanish as their professional language.

(141) Ou ao principio ao mellor falábanme en castelán pero no momento que eu cambiaba..., falaba en galego, pois a min seguíronme toda a conversación en galego, por eso, e nada forzado, o sea, son personas que habitualmente seguramente... Que volvemos ao mesmo: contexto formal falamos en castelán e seguramente na casa falamos o galego, pero como estamos detrás de..., falamos en castelán. **(Informant 3, Female, 25 years old)**

EXAMPLE 14 (DOCTOR'S INITIATIVE): CONSULTATION #19

When the patient enters a primary care physician's office, the doctor may instantly recognize his/her patient, due to a long-term relationship. Likewise, the physician may identify the patient's language of daily life. Then, the doctor decides whether or not to accommodate to it.

- **Doctor:** Dr. A, male, ca. 50 years. Functional bilingual.
- **Patient:** Female, 33 years old. Galician speaker. Behavior: *Spanish-Galician*.
- **Initiate alternation:** Doctor.
- **Consultation:** Itchy back mole and suspicious lump.
- **Length:** 5 minutes and 41 seconds.

Example 14 is similar to Example 13 in that it is the same doctor and the patient profile is the same: a young Galician-speaking woman. The difference is that, in this case, the physician identifies the patient's language preference from the beginning.

The consultation opens with greetings in Spanish. The doctor, reading off his appointment list, addresses her by her full name (line 1). Then, the patient explains in a humorous tone that in this instance she has an appointment (line 2). Interestingly, she makes the joke in Spanish. The doctor opens the consultation directly in Galician (lines 3-6). They know each other, and he seems to have recognized the patient's language of daily

life, which is confirmed in the answer in Galician by the patient (line 7). The rest of the consultation takes place in Galician.

1 DR. A: buenos días/ (*patient's name*)

Good morning, (patient's name)

2 PAT: ibuenos días!// como siempre vengo sin cita/ te extra[ñaba/ ¿eh? // dice, esta→]

Good morning! As I always come without an appointment, you were surprised, huh?
She says, this...

3 DR. A: [nooo]/

No!

4 **porque iba/ noo/ porque iba/ viña/ iba con retraso/ e non estaba moi**

No, because I was coming, no, because I was running late and it wasn't very clear.

5 **claro// mira/vamos a ver/ quería antes de/ de/ de empezar a consulta//**

Look, let's see, before starting the consultation, I wanted

6 **decirte que estamos facendo un estudio de investigación// [entonces]**

to tell you that we are conducting a research study, so...

7 PAT: [xa o vin] na porta

I already saw it at the door.

8 DR. A: eh/ se non queres que o fagamos/ non me firmes/ se autorizas que se grave a consulta/

If you don't want us to do it, don't sign. If you authorize recording the consultation,

9 pos me tes [que firmar]

you have to sign.

10 PAT: [que é para] // axudarche para que te quedas?

What is it for? To help you stay?

CASE 2: PATIENT REJECTS OFFER TO KEEP BOTH PREFERRED LANGUAGES [GAL>SPA]

Doctors who are Spanish dominant speakers do not usually negotiate their language in the office. They always speak Spanish, only with some occasional and brief code-switching. However, Spanish-speaking doctors leave it up to the patient to choose the language in which they want to speak. Doctors and patients have the same right to talk either in Spanish or Galician. Sometimes, if there is an explicit negotiation, i.e., the patient asks openly if s/he should talk in Spanish, the patient may not follow the agreement. This is the case in the next example.

EXAMPLE 15: CONSULTATION #201

- **Doctor:** Dr. C, male, ca. 55 years old. Spanish speaker.
- **Patient:** Female, unidentified age. Behavior: *Spanish-Galician-Spanish*.
- **Consultation:** Laboratory results from his husband.
- **Length:** 13 minutes and 21 seconds.

EXTRACT A (OPENING):

The patient in this consultation asks in Spanish if she needs to speak Spanish because of the recording (line 3). The doctor advised her to talk in her language of daily life. *Example 3* is the only case in all corpus where the patient explicitly verbalized this doubt. The patient defines herself as a Galician speaker (line 5 as the dialect variety *ghallegho*), and the doctor confirms the validity of this language (line 6, using the standard denomination *galego*). The patient repeats the term the doctor chose: *galego* (line 7), the denomination of the standard variety (*galego*), the prestigious variety that it is not her variety (*ghallegho* with *gheada*, cf. 2.2.1.). Thus, the negotiation also includes the varieties, rather than speaking in Galician or Spanish.

The explicit language negotiation seems to end: both participants agree to keep their preferred languages. The Spanish-speaking doctor invites the patient to use her preferred language, Galician, and the patient agrees on it. Nevertheless, the patient answers in Spanish, the first question posed by the doctor (line 9). The question also makes clear that he knows her and quickly recognizes the reason for the consultation (line 8), that she has come to the doctor's office on behalf of her husband, in her role as carer. The wife/caretaker constantly switches between Spanish and Galician during the entire consultation.

[EXTRACT A)

3 PAT: vale/ ¿tengo que hablar en castellano?

Okay, do I have to speak in Spanish?

4 DR. C: no/ habla como quieras/ en lo que hablas habitualmente/ [eso→]

No, speak however you want, in what you usually speak, that...

5 PAT: eu hablo *ghallegho*

I speak Galician

6 DR. C: pues *galego*

Well, Galician

7 PAT: *galego*

Galician

8 DR. C: ehh/ vienes por (*husband's name*)/ que (())

*Ehh, you're here for (***), that (())*

9 PAT: la analítica que hicimos [el veintiuno]// no sé si estará

The blood test we did on the twenty-first, I do not know if it's there

EXTRACT B (CLOSING):

The patient continues alternating between Galician and Spanish until the very last turns corresponding to the closing. She uses Spanish for routinary purposes, such as gratitude or farewell formulas (lines 161, 183, 185). Spanish is also the language of choice for praising and making a good impression on the doctor (lines 163-164). On the other hand, the

patient chooses Galician to express more complex feelings and storytelling (lines 166-167, 171-172). As she confirmed at the beginning, Galician is her first language and her language at home, which she uses to talk with her husband (lines 174-175).

[EXTRACT B]

161 PAT: bueno/ muchas gracias Doctor (*surname*)// nos vemos pa' la semana

Well, thank you very much, Doctor (surname). See you next week

162 DR. C: venga

Sure

163 PAT: no/ no llamo/ no le molesto/ por favor// y después vuélveme a *ghrabar*/

No, I won't call, I won't bother you, please. And then record me again because

164 que a mí no me importa// **estou encantada** con el Doctor (*apellido*)

I don't mind. I'm delighted with Doctor (surname).

165 DR. C: (RISAS)

(*LAUGHTER*)

166 PAT: oghallá non→ o que non quixera eu era vir tanto!// ¿pero qué quiere?//

Hopefully not what I wouldn't want is to come so often! But what can you do?

167 pero eu a el aínda o vexo ben! o home aínda vai respirando ben/ véxoo→

But I still see him well! The man is still breathing well, I see him

168 DR. C: eh/ eh/ lo que es la hemoglobina/ lo que tenía tan alto

Eh, eh, it's the hemoglobin, what was so high

169 PAT: si

Yes

170 DR. C: porque respiraba mal/ hasta ahora está mucho mejor

Because he was breathing badly. Until now, he's much better

171 PAT: sí/ y lo veo bien y le veo loos os labios rojiños// **senón el tamén é tan pesimista!**//

Yes, and I see him well, and I see his lips a little red. But he's also so pessimistic!

172 empesa a preghun→// hoxe xa non peggou o ollo en toda a noite

He starts asking, today he didn't sleep all night

173 DR. C: ya

Yes

174 PAT: que agora/ mira/ agora cando salga/ xa o chamo e dígholle// mira/

now look, when he comes out I'll call him and tell him "look,

175 melloraches un pouco/ entonses→

you improved a little bit, so

176 DR. C: mira/ el análisis está mejor

Look, the analysis is better

177 PAT: claro

Of course

178 DR. C: que no es mucho/ porque pasó un mes nada más/ pero que sí que está mejor

It's not much, because it's only been a month, but he's better

179 PAT: claro no (())

Of course, no (())

180 DR. C: le bajó de mil a novecientos/ mil cien a novecientos y poco

It went down from a thousand to nine hundred/ a thousand one hundred to nine hundred and something

181 PAT: baixoulle douscentos casi

It dropped almost two hundred

182 DR. C: claro

Exactly

After a consultation in which the patient constantly alternates languages, she closes the interaction in Spanish. It is a conversational routine in which she refers to the following week's medical appointment, thanks her for the work done and wishes her a good day (lines 183 and 185).

183 PAT: muchas gracias Doctor (apellido)// nos vemos pa' la semana

Thank you very much, Doctor (surname). See you next week

184 DR. C: venga/ chao

Okay, goodbye

185 PAT: muchas gracias/ usted lo pase bien

Thank you very much. Have a good time.

Some patients, especially older ones with only a basic education, may still identify physicians as authority figures with higher social status. It would account for Galician-speaking patients trying to answer Spanish-speaking doctors in Spanish. Consulting the semi-structured interviews, the informants recognize this practice. For instance, Informant 3, a young traditional Galician speaker, identifies this behavior in the elderly. Informant gives the example of her grandmother, whom she often accompanied to the doctor. She said she tried to convince her grandmother that she did not need to switch to Spanish at the doctor's office:

(142) Informant 3: No médico, que eso é outra. Miña abuela, porque faleceu hai nada, pero eu vía e sempre dicía, coa miña abuela: “tía, non fagas eso”, porque ela cheghaba alí e costáballe un montón explicar o que lle pasaba en castellano, pero ela cheghaba ao médico e en castellano. E eu “abuela, dillo en ghallego que te vai entender”. “Xa pero é que sempre...”. Si, que me parece correcto que sempre falaran castelán. E vas ao médico e todo o médico fala en castellano, quitando dous ou tres doutores do centro médico, que creo que non os contas, todo o mundo en castellano. Vas pedir cita, contéstanche en castellano. E queres... Todo o tempo en castelán, e ela claro, pois iba alí e todas as persoas maiores que coñezo pois van alí e explícanos en castellano.

Interviewer: Despois cambia a galego ou seguía? De dicirlle ti algo ao mellor...

Informant 3: No. Ao principio falaba sempre en castelán e eu dicíalle “pero abuela, ao final quedanche un montón de cousas sen dicir porque estás preocupada por facerte entender en castelán. Dio en ghallego ou o que queiras e si vemos que a persona que non nos entende, porque agora hai un montón de médicos de fóra ou eu que sei, pois nós intentamos facer entender á persoa. Non hai ningún problema, vamos contigo, non vas ir sola”. Entón xa ao final iba cambiando. **(Female, 25 years old, higher education)**

A 23-year-old female Spanish speaker describes this behavior as nonsense in people over 60 years old. She thinks the older people still see the doctor as a “divine figure” who must be spoken to in Spanish. In the past, the medical profession was much more

prestigious, and the study of Medicine was only accessible to the upper social classes, typically Spanish-speaking:

(143) Sí, porque, obviamente yo creo que la gente mayor, sobre todo la gente de sesenta años para arriba, pues obviamente hay un prejuicio y... y el médico siempre es visto como una figura superior y cosas así y posiblemente les dé vergüenza que el médico les esté hablando en castellano y ellos le hablen en gallego, supongo. Que obviamente al médico hay que respetarlo, pero que no es ninguna figura divina que te va a decir “es que habla castellano porque si no es que eres tonto, no hables como un payaso”, no sé. Pero sí, yo creo que sí. **(Informant 11: Female, 23 years old, higher education)**

When asked the same question to a 77-year-old woman and a 78-year-old man, they confirmed these impressions of the younger informants. The woman states she speaks Galician in all domains, private and public. Nevertheless, she speaks Spanish with her family doctor because the doctor speaks Spanish to her:

(144) Á miña médica, como fala o castellano, poise eu sígolle en castellano. Ás veces, outras veces sigo en..., si, bueno, como fala ela o castellano, pois fálolle o castellano. **(Informant 14: Female, 77 years old)**

Informant 8 (excerpt 145), a 78-year-old male, thinks it is better to speak Spanish to the doctors to avoid the risk of not being understood correctly. He defines his Galician as “not one-hundred percent correct,” which he blames because he was educated only in Spanish. Thus, he considers that speaking in Galician might be a potential communication issue, taking the responsibility for clear communication between doctor and patient.

(145) No médico, eu que sei, fun aínda a (cidade) a facer unhas probas e tal e fálolle en gallego. Tamén me entende, non me din nin “fáleme castellano” nin nada. Pero eu teño, dígame “entenderame ou non me entenderá?”, entón non sei. Ao mellor preguntarlle “queres que falemos castellano ou gallego?” tamén che cae mal facer esa pregunta, non? (...) Claro, claro, dixen “ao mellor agora non está ben o gallego ou algo así e tal”, pero bueno, o noso gallego non é cen por cen perfecto, pero entémonos ben. Como dixen eu, non nos deron gallego na escola, pero a través das costumbres e dos aqueles nos defendemos. Nos defendemos e entendemos cen por cen. **(Informant 8, male, 78 years old)**

The counterpoint to this situation is provided by Informant 5, a man of the same age. Informant 5 has completed higher education and developed a successful business career. He is a neo-speaker of Galician out of ideological conviction for over 20 to 30 years. In his case, when speaking “cultured” Galician, as he calls it, he observes a reverse reaction in physicians. According to him, doctors change to Spanish when interacting with him as equals, because they perceive a higher cultural level (cf. 5.2.3.).

(146) Informant 5: Iso eu noteino máis veces, noteino máis veces con médicos, con algún médico. Que vou falando galego e o tío empezar a falar galego, pero cando se daba conta de que non era o típico galego, perdona polo de típico, eh? Non me malinterpretes. (...) Si, bueno, que tiña..., que falaba o galego culto, por dicilo dalgunha maneira, con todos os paréntesis que lle queiras poñer. E nese momento empezaban a falar-me tal. Como dicindo, eres un impostor, “estás-me a falar galego pero ti en realidade es un tipo culto i polo tanto vouche falar español”. **(Male, 77 years old)**

CASE 3: P REJECTS D'S OFFER TO TALK IN GALICIAN [SPA>GAL]

Physicians are aware of this social distance from the elderly and their linguistic attitudes. Elderly speakers in rural and semi-urban spaces are mostly Galician speakers. At times they switch to Spanish when interacting with their family doctor. For this reason, physicians may adapt linguistically when they see an elderly person enter their practice. Sometimes, the patient might prefer to continue speaking in Spanish, as in the excerpt below.

EXAMPLE 16: CONSULTATION #386

- **Doctor:** Female, approximately 55 years old, Galician dominant speaker. Behavior: *Spanish-Galician-Spanish*.
- **Resident:** Female, third-year resident, Spanish dominant speaker.
- **Patient:** Female, 84 years old. Spanish speaker.
- **Consultation:** Back pain after a cold.
- **Length:** 10 minutes and 20 seconds.

The consultation starts with conversational routines in Spanish (lines 1-2). In line 3, the resident follows the doctor's statement with a comment in Galician, which serves as an offer to the patient to continue in that language. The doctor likewise then speaks in Galician (line 4-5), probably conditioned by the patient's age (84 years old). However, both medical professionals offer the option of speaking in Galician. However, the patient rejects these indirect offers and responds in Spanish (line 6). The doctor understands that the offer has been rejected and continues the consultation in Spanish (line 7).

1 DR. E: buenos días/ (*patient's name*) // ver/ siéntese un momento

Good morning, (patient's name). See, have a seat for a moment

2 PAT: muchas gracias// y hace calor

Thank you. And it's warm

3 RES: falta fai!

It was needed!

4 DR. E: (*nome paciente*) // **son dúas compañeiras máis**// **¿vale?**//

(patient's name), there are two more colleagues, okay?

5 **que están facendo a especialidá**

They are specializing

6 PAT: muy bien

Alright

7 DR. E: ¿vale?// mire/ a usted le importa que estamos haciendo un estudio/ para ver cómo es la

Okay, look, do you mind if we are conducting a study to see how the

8 *comunicación entre el paciente y el médico// ¿le importa que la grabemos?*

communication between the patient and the doctor is? Do you mind if we record it?

- 9 PAT:** *sí/ claro que no*
Yes, of course not
- 10 DR. E:** *¿no quiere?, vale*
You don't want to? Okay
- 11 PAT:** *¡¡¡sí/ que sí!!!*
Yes, yes!
- 12 DR. E:** *vale/ vale*
Okay, okay
- 13 PAT:** *lo que usted diga*
Whatever you say
- 14 DR. E:** *bueno/ muy bien*
Well, very well

In this example, Dr. E explains in her interview that she typically speaks in Galician but adjusts her language based on the patient's preference. She is aware that most of her patients speak Galician, so using their preferred language may help achieve the interactional and interpersonal goals of the consultation. Additionally, Dr. E recognizes that she often alternates between Galician and Spanish during her interactions.

(147) Dr. E: *casi siempre gallego, pero dependendo de lo que hablen ellos*

Interviewer 1: *tú te diriges a ellos en principio en gallego*

Dr. E: *sí, porque la gran mayoría aquí hablan en gallego. Entós, me dirijo en gallego y, luego, según cómo me hablen, pues les contesto en castellano o en gallego. Y, a veces, también mezclo.*

When doctors speak Spanish, communication is not always as smooth as in Galician. This was probably the judgment of the doctor when she saw the 84-year-old patient, but in this case, this patient preferred to speak in Spanish.

CASE 4: P UTILIZES GALICIAN FOR COURTEOUS GREETINGS [SPA>GAL]

A primary care physician's relationship with his or her patients can last for many years, and the relationship of closeness and trust can be observed in the greetings.

EXAMPLE 17: CONSULTATION #93

- **Doctor:** Dr. B, male, ca. 60 years old. Galician speaker.
- **Patient:** Male, 40 years old. Spanish speaker. Behavior: *Galician-Spanish*.
- **Consultation:** Renewal of a sick leave.
- **Length:** 3 minutes.

A 40-year-old male patient goes to the doctor to renew a sick leave. He speaks Spanish, and the doctor speaks Galician. They know each other from previous consultations. The

patient begins the greetings in Spanish (line 1), and the doctor answers in Galician (line 2). The patient continues the greetings asking how the doctor is doing in Galician (line 3). The greetings in Galician seem to be part of a joke between them. The patient uses the pronominal verb in standard Galician “aledarse” means “to be pleased.”, the patient is pleased that the doctor is doing well (line 5). “Aledarse” has other synonyms shared with Spanish as “alegrarse” or “contentarse,” which are more often used in Galician. The patient chose for the most standard and cultivated Galician form, perhaps with a humorous effect or to get closer to the doctor, a Galician speaker. He expresses approval using the same expression (“alédome”) when the doctor offers him the possibility of receiving rehabilitation for his physical issue, which makes it impossible for him to go downstairs. However, the recording is abruptly cut off at the end, leaving no information about the farewell.

1 PAT: buenos días

Good morning

2 DR. B: ola/ bos días

Hello, good morning

3 PAT: que tal/ cabaleiro?

How are you, sir?

4 DR. B: moi ben

Very well

5 PAT: alédome

I'm glad

6 DR. B: séntate// mira/ (name)/ estamos facendo un estudio de gravación e pedímosvos a/

Have a seat. Look, (name), we are doing a recording study, and we're asking for your

7 a firma// non é pa' que me des a herencia// pa' que sepamos quen estuvo aquí

signature. it's not for you to leave me an inheritance, just so we know who was here

8 foi (joke with name)/ e non (joke with name)// aquí/ paciente

was (joke with name) and not (joke with name), here, as a patient

9 PAT: ¿no pongo fecha y hora?

Should I not put the date and time?

10 DR. B: no/ no/ eso pónenllo os do estudio// entonces/ sen máis detalles/ vouche facer o parte

No, no, the study team will do that. So, without further details, I'll do your report (...)

5.3.2. Complaint and Examination

The complaint and the examination are the core steps of the consultation. First, the patient presents the problem and the reason to make the medical consultation. The physician must gather all the needed information, first verbally, and then by checking the affected body part, if the problem is a physical issue. Whereas the patients need to feel comfortable enough to share all relevant information, doctors should be sufficiently

competent to find out the reason for the pain and the solution to the problem, which they will explain later in the diagnosis and advice.

In the questionnaire made for this study, informants were asked about the motivations to code-switch in the consultation. The most voted option was to explain something important (60.34%, n=35), followed by answering enquiries about the treatment (cf. 5.4.3). The third main motivation to alternate language was to emphasize a message or express an opinion (20.69%, n=12). The fourth most popular motivation was to express a personal or sensitive topic (18.96%, n=11). All of these discursive motivations are related to the following cases regarding the medical complaint and examination in a medical consultation.

CASE 5: PATIENT REDIRECTS DISCOURSE (TOPIC AND FOCUS SWIFT) [SPA>GAL]¹⁹⁹

Patients interact with Spanish-speaking doctors and, therefore, try to answer in the doctor's preferred language. Nonetheless, it was found in the audio-recorded consultations how patients switch to Galician when they want to change topic and shift the interaction's focus. Galician-speaking patients use their language of daily life to redirect the discourse in the face-to-face medical interview.

For instance, *Informant 14* is a female Galician-dominant speaker (77 years old) who only switches when talking with her family doctor. When asked for her reasons for switching, she says it is tied to the topic.

(149) Informant 14: (...) á miña médica, por exemplo, como fala o castellano, pois eu sígolle en castellano. Ás veces, outras veces sigo en..., si, bueno, como fala ela o castellano pois fálolle o castellano.

Interviewer: pero cres que non te entende o galego ou...?

Informant 14: si entende, si. Pero bueno, como estamos falando e tal pois si. A veces fálolle galego, según como sea.

Interviewer: según o día ou o tema ou...?

Informant 14: o tema, según o tema

To illustrate the phenomenon of changing topic or focus switching to Galician, three examples are analyzed. In the three cases (*Example 1A, 1B, 1C*), the code-switching is recurrent. However, code-switchers start and close the interview with the same language, either with the combination Spanish-Galician-Spanish or Galician-Spanish-Galician.

¹⁹⁹ *Topic-shift* was identified as a code-switching function by Appel and Muysken (1987); Hoffman (1991); Romaine (1995); Auer (1995); Zentella (1997); and Reyes (2004). Heller (1988) explains the focus function as a mechanism to attract the addressee's attention.

EXAMPLE 18: CONSULTATION #264

- **Doctor:** Dr. D, female, ca. 60 years old. Non-Galician Spanish-dominant speaker.
- **Patient:** Female, 68 years old. She speaks Galician. Behavior: *Galician-Spanish-Galician*.
- **Consultation:** Refill her prescriptions for chronic illnesses. Pain in a leg, hip and a lump in the knee.
- **Length:** 11 minutes and 57 seconds.

The patient has several chronic illnesses and needs to refill her prescriptions to obtain more medication. Taking advantage of the visit, she asks about severe leg and hip pain, sometimes activated together with a loss of strength when standing. The doctor has a list of all the patient appointments, and she has been assigned a two-minute consultation to refill her prescriptions. This simple task is completed in line 16.

10 DR. D: dígame/ (*patient's name*)

Tell me, (patient's name)

11 PAT: viña para facer a rece/ a receta electrónica

I came to get the electronic prescription

12 DR. D: uhum/ pa renovar-la

Uh-huh, to renew it.

13 PAT: [pa renovar-la]/ si/ que no...

To renew it, yes, not...

14 DR. D: entonces tenemos el Pantoc/ el Sintron/ el Concord/ Amaril y Eutirós// esas cinco/ ¿no?

So, we have Pantoc, Sintron, Concord, Amaril, and Eutirox. These five, right?

15 PAT: sí/ sí

Yes, yes.

16 DR. D: venga// recetar en bloque/// todo/ para seis meses ¿vale? // [generar receta]

Alright, prescribing in bulk, everything for six months, okay? [Generate prescription]

However, the patient presents a new issue, which will require more time than expected. Multi-issue consultations commonly occur in primary care²⁰⁰. The patients may profit from the consultation by making several queries. The patient in this example explains that she lacks stability in her legs. She mitigates the petition by saying, “I am not sure if I am mad or what I have these days.” With this comment, she introduces the possibility that there might not be any apparent physical problem (line 18)²⁰¹.

²⁰⁰ Dr. F explains this common conduct in her in-depth interview: “Eso lo hacen mucho, eh, aquí el paciente viene muchas veces, yo apunto: primera consulta, segunda consulta, tercera...Y siempre les digo: ¿necesita algo más? ¿Viene por algo más? Porque es muy típico que te digan una cosa, le cubras ya las medicinas, saques la hoja de que... ¡Ay, que también venía por tal cosa! También tengo de esto...y entonces, pero tal. Pues yo ahora ya me acostumbré a preguntar: “mire, ¿necesita algo más?” Porque si estás sacando dos o tres folios de medicación distinta...”

²⁰¹ Introducing side-comments is a code-switching function described in literature by Appel and Muysken (1987); Heller (1988), and Auer (1995). Zentella (1997) explained this discursive motivation as a narrative frame break or even a rhetorical question or answer.

- 17 **PAT:** [vale/ gracias] // y luego/ después
Okay, thank you. And then, then,
- 18 bueno/ en fin/ es/ eh/ **non sei se estou mal da cabeza/ ou teño que→/ ↑estes**
well, anyway, I don't know if I'm crazy or if I have to these days,
- 19 **días** me falla esta cadera/ me falla esta// **esta perna**// no me duele/ pero cuando la voy/
my hip is bothering me, this hip, this leg it doesn't hurt, but when
- 20 a poner en el suelo/ y hago firme/ me falla§
I put it on the ground and stand firm, it fails.
- 21 **DR. D:** §vamos a ver/ ¿y dónde te falla? / ¿en la rodilla o [¿en la cadera?/ arriba/ en la cadera/
Let's see, where does it fail? In the knee or in the hip? Up, in the hip,
- 22 ahora miramos]=
now we'll see.
- 23 **PAT:** [no no no↑/ en la ca/aquí/ aquí/ aquí]
No, no, no, in the thigh, here, here, here

The doctor asks for a moment to finish the primary task: medication refill (line 24). The patient's reaction is to switch back to Galician to introduce another new physical problem: a lump in her knee (lines 25-26), insisting on it in Spanish (line 32).

- 24 **DR. D:** =un momentito/ que está haciendo esto de las recetas/ vamos a ver
Wait a moment, it's doing this with the prescriptions, let's see
- 25 **PAT:** **aquí/ baixando unha escaleira/ pois casi/ casi/ casi me caigo/ logo despois**
Here, going down the stairs, I almost fell,
- 26 **saleume/ [un bulto aquí na rodilla]**
then a lump appeared here on the knee
- 27 **DR. D:** [¿te duele?]
Does it hurt?
- 28 **PAT:** ay sí/me duele
Yes, it hurts
- 29 **DR. D:** te duele
It hurts
- 30 **PAT:** hago así/ y/ ¡ah!↑
I move like this, and ah!
- 31 **DR. D:** o sea/ tumbate ahí arriba/ que vamos→
So, lie down here, we'll...
- 32 **PAT:** subir pa'quí/ me salió aquí un bulto también/ ((no ves))
Go up here. Another lump appeared here ((you don't see it))
- 33 **DR. D:** así como un poco de rosales/ en la zona de aquí/ [de la tibia]
Like a little bit of redness, in this area here, of the tibia.
- 34 **PAT:** [sí/ sí]
Yes, yes.
- 35 **DR. D:** uhum/ [¿te duele?]
Uh-huh. Does it hurt?
- 36 **PAT:** [y me duele también]/ sí
And it also hurts, yes.
- 37 **DR. D:** muy bien/ acuéstese
Alright, lie down.

The patient tries to add more information (line 38), but she does not finish her statement, because the doctor offers more instructions in the physical examination (line 39). The physician takes control of the consultation and examines the leg and the hip on the stretcher (lines 39-50). The patient always speaks in Spanish, usually using brief interactions (e.g., 44, 51).

38 PAT: vale// [pois xa lle digo]

Okay, I'll tell you now

39 DR. D: [tumbate ahí un poco]/ que vamos a ver// ¿cuál es la cadera?

Lie down there a bit. Let's see, which is the hip?

40 PAT: esta/ esta

This one, this one.

41 DR. D: la izquierda

The left one.

42 PAT: sí

Yes

43 DR. D: bien/ ((vamos a ver))/ esta así

Alright ((Let's see)) that one like this.

44 PAT: ¿quito los zapatos?

Should I take off my shoes?

45 DR. D: sí

Yes.

46 PAT: (())

(())

47 DR. D: subes un poquitín/ eso/ entonces// primero lo doblamos así/ ahora/ para allá/

Pull that up a little bit, that's it. First, we bend it like this, now over there,

48 ahí le duele

that's where it hurts you.

49 PAT: no

No.

50 DR. D: no// ahora para aquí

No, now over here.

51 PAT: tampoco

Neither.

After Dr. D examines the leg and hip, she shifts her focus to the lump in the knee (line 80). The patient underscores the significance of this issue by switching to Galician, emphasizing its importance to her (line 81).

80 DR. D: y luego/ está esto otro de aquí

And then there's this other thing here

81 PAT: sí// **por eso lle digo que esto**

Yes, that is why I am telling you, this...

82 DR. D: como un bultito aquí

is like a little lump here

83 PAT: sí

Yes.

- 84 DR. D: que está como un poco engrosando/ porque es digamos/ (()) vale /
It's thickening a bit because it's, let's say, (()), right?
- 85 y te duele un poco también
And it hurts a bit too.
- 86 PAT: eh/ me duele por/ al estar en cama o así/ si le toco/ sino no me duele tampoco/ ¿eh?
Uh-huh, it hurts when I'm in bed or something if I touch it, but otherwise it doesn't hurt.
- 87 DR. D: vale, vamos entonces a // poner→
Alright, let's put...
- 88 PAT: ay!/ por eso lle digo/ e logo/ despois/ estou máis baixa de moral/ uff//
Oh! That is why I am telling you, and then afterward, I am feeling down, uff!

The third and last topic of consultation introduced by the patient in Galician is a psychological problem using the same phrase (lines 38, 81 and 88): “por eso lle digo” (“that is why I am telling you”). She has been depressed since having eye surgery and, according to her, has been left with a bad outcome. The feelings are expressed in Galician (lines 89, 95-96, 106), and the reported speech from the other doctors is delivered in Spanish (91, 100-101, 105, cf. §5.3.).

- 89 porque da vista/ uff/ quedei fatal/ eh
because of the vision, uff, I was left in a bad state, eh.
- 90 DR. D: sí
Yes.
- 91 PAT: a doctora díxome que “muy bien muy bien”/ pero eu de muy bien muy bien/
The doctor told me it's very good, very good, but for me, very good, very good,
- 92 no lo veo tan bien/ pero bueno
I don't see it that well, but well
- 93 DR. D: o sea te distorsiona/ y eso al mirar
So, it distorts and all when you are looking.
- 94 PAT: no/ no/ no me distorsiona/ pero a la gente/ como a media distancia/ donde está usted
No, no, it doesn't distort, but people, like at a medium distance where you are,
- 95 la cara la veo oscura// no la reconozco por la calle// uff yo ó mellor fálolle a alguien
I see the face dark; I would not recognize you on the street, uff. I might speak to someone
- 96 que non conozco/ e a alghien que conozco/ non lle falo/ non sei como disirille
I don't know, and I don't speak to someone I know, I don't know how to explain to you.
- 97 DR. D: ¿y esto tú ya se lo has comentao al oculista?
And have you already told the ophthalmologist about this?
- 98 PAT: sí, sí // sí/ sí/ pero me hicieron las pruebas// o que pasa é que desta ves non me/
Yes, yes. Yes, yes. But they did the tests. What happens is that this time she didn't,
- 99 non me mirou ela/ miroume outro/ e a verdá díxenlle que quería falar con/
examine me, someone else did, and honestly, I told her that I wanted to talk
- 100 con ela e ela díxome// noo/ las pruebas te dan muy bien y tal// e eu/ bueno/ pues vale//
to her, and she told me: “No, the tests are very good and all that.” And I, well, okay.
- 101 e díxenlle// “pero es que no veo bien/ me pasa esto”
And I told her, “But I don't see well, this happens to me.”
- 102 DR. D: ¿te han mandao volver?

Have they asked you to come back?

103 PAT: *sí/ pero/ para enero*

Yes, but in January.

104 DR. D: *uhum*

Uh-huh

105 PAT: *y me dijo que/ que nada que no le tuviera yo/ que veía muy bien/ que no/ o sea/*

And she told me that I shouldn't worry, that I see very well, that no, I mean

106 veume a desir que non me queixara

as if telling me not to complain

CASE 6: PATIENT EMPHASIZES THE PAIN DURING THE EXAMINATION [SPA>GAL] ²⁰²

Patients may come to the doctor with a preconceived notion of what the doctor's diagnosis will be or of what they want to obtain from the visit. Therefore, the patient may emphasize his pain so that the physician continues the examination.

EXAMPLE 19: CONSULTATION #343

- **Doctor:** Dr. D, female, ca. 60 years old. Non-Galician Spanish speaker.
- **Patient:** Female, 56 years old. Behavior: *Spanish-Galician-Spanish*.
- **Consultation:** Acute sore throat.
- **Length:** 21 minutes and 50 seconds.

The patient goes to the doctor's office due to an acute sore throat. This pain is recurrent, and the last antibiotic treatment did not have the expected effect. During the complaint, the patient insists that the pain is related to a lymph node. Then, the doctor examines her and asks for the exact location of the pain (line 48). The patient maintains her lymph node theory (line 49), but the physician is skeptical (line 52). Since professional opinion disagrees with her hypothesis, she emphasizes her pain (line 53). To do so, she switches to Galician, which seems to be her language of daily life. The patient speaks Galician at the beginning of the consultation but alternates with Spanish, the doctor's native language.

To counteract the patient's hesitation, the doctor chooses to give an anatomy lesson (line 54). She concludes her argumentation by denying that there are any swollen lymph nodes (line 57-58). The patient's response is to declare that she does not know the diagnosis, but again in Galician insists on her pain (line 60). She also adds another symptom, which she intensifies by raising her tone and returning to Spanish (line 63).

48 DR. D: *a ver/ entonces/ ¿el dolor por dónde es?*

Let's see, then, where is the pain?

²⁰² Emphasis is a code-switching function classified in studies from Beatens-Beardsmore (1986); Hoffman (1991); Romaine (1995), and Reyes (2004).

- 49 PAT:** no sé si aquí/ [el ganglio este]
I don't know if here, this lymph node
- 50 DR. D:** [más bien por esta zona de aquí de atrás]
More like in this area here at the back
- 51 PAT:** sí, y más→
Yes, and more...
- 52 DR. D:** a ver/ ¿ganglio/ ganglio?// espera que voy a palpar
Let's see, lymph node, lymph node? Wait, I'm going to palpate.
- 53 PAT:** bueno/ pois eu aí teño un dolor
Well, I have pain there
- 54 DR. D:** aquí tenemos un poco más arriba lo que es la glándula carótida/
Here we have a little higher, which is the carotid gland,
- 55** eso sí [que es verdad]=
that's true
- 56 PAT:** [aparte]
Besides...
- 57 DR. D:** =que está aquí/ un poco más hinchada/ esta glándula del lado derecho que la del
Which is here, a little more swollen, this gland on the right side than
- 58** izquierdo// Ahora bien/ ganglio no hay
the left. Now, lymph node, there is none.
- 59 NURSE:** ¿después vienes un segundito?
Can you come afterwards just one second?
- 60 PAT:** bueno/ eu tampoco sei o que é/ eu sei que aí teño un dolor/
Well, I don't know what it is. I know I have pain there, and besides,
- 61** aparte estou como si →
I feel like...
- 62 DR. D:** está como un poco más grande/ y luego otra cosa es la articulación
It's a bit larger, and then another thing is the joint.
- 63 PAT:** ↑como si la tuviera fuera de sitio o yo qué sé!
As if it were out of place or something, I don't know!
- 64 DR. D:** claro/ luego hay otra cosa/ que está también en esta zona que es la articulación
Of course, there's another thing, which is also in this area, the
- 65** temporomandibular/ que a veces te duele ahí// abre y cierra
temporomandibular joint, that sometimes hurts there. Open and close.

The physician seems to find the source of the pain. It is not a ganglion, but the temporomandibular joint (lines 71-73 and 75). With this diagnosis, the physician finds an explanation for her pain. The patient obtains the desired confirmation, so she emphasizes her pain a third time, but this time focusing on the pain localized in the face (line 74). However, the physician once again denies the ganglion theory (line 77), and the patient again expresses her lack of confidence in this diagnosis (line 78). The physician focuses on the temporomandibular joint, and the patient reacts by returning to the expression of her acute pain, code-switching to Galician (lines 86-86). The physician contradicts her statement, stating that the pain is coming from the jaw and not the face (line 87). The patient concludes asking if a referral to a dentist is therefore necessary.

- 71 **DR. D:** ¡aha!/ vale/ vale// aquí en esta articulación tienes un problema y esto también es muy
Aha! Alright, alright. Here in this joint, you have a problem, and this is also very
- 72 doloroso cuando se tiene esta articulación un poco inflamada, la articulación
painful when this joint is a bit inflamed, the
- 73 temporomandibular/ da dolor tanto hacia [allá como]
temporomandibular joint, it hurts both towards there and
- 74 **PAT:** [síiii/ síiiii]// **e tamén doime a cara↑**
yes, yes, and my face hurts too!
- 75 **DR. D:** ¡a ver si va a ser de [la articulación]!↑
Let's see if it's from the joint!
- 76 **PAT:** [a veces]
Sometimes
- 77 **DR. D:** que es/ desde luego ganglio/ te aseguro que no hay ningún [ganglio]
Certainly not a lymph node, I assure you that there is no lymph node.
- 78 **PAT:** ¿no?// pero en este lado no/ ¿pero en este?
No? But on this side, no, but on this one?
- 79 **DR. D:** luego/ lo que es la carótida/ pues quizás esta está un poco más grandecita que la otra
Later, what is the carotid, perhaps this one is a bit larger than the other.
- 80 Y luego lo que sí que te salta es esta articulación claramente
And then what pops out is clearly this joint.
- 81 **PAT:** sí/ sí
Yes, yes.
- 82 **DR. D:** la articulación temporomandibular salta
The temporomandibular joint pops out.
- 83 **PAT:** no
No.
- 84 **DR. D:** al abrirla/ cerrarla
When you open it, close it.
- 85 **PAT:** (()) **ái dóenme as dúas/ pero unhas veces máis un ca outro//**
(()) Both hurt me, but sometimes more one than the other. Besides, I already say,
- 86 **aparte xa digo// cando me doe aquí na cara/ esto aquí/ buh!**
when it hurts here on my face, this here, buh!
- 87 **DR. D:** pues ese dolor es más bien de la mandíbula/ ¿eh?
Well, that pain is more from the jaw, right?
- 88 **PAT:** ¿y eso qué?// ¿tengo que ir al dentista?
And what's that? Do I have to go to the dentist?

CASE 7: DOCTOR RELAXES THE ATMOSPHERE IN EXAMINATION [SPA>GAL]

Physical examinations may be uncomfortable and very intimate for the patient. For this reason, physicians are aware that they have to create a relaxed and trusting environment. In this way, patients find it easier to explain their symptoms in detail, and the physician can perform the examination without any problems.

EXAMPLE 20: CONSULTATION #478

- **Doctor:** Dr. F, female, ca. 50 years old. Spanish-dominant speaker.
- **Patient:** Woman (unidentified age). She speaks Galician.
- **Companion:** Male, he speaks Spanish.
- **Consultation:** Analysis results and a cold with blood sputum.
- **Length:** 9 minutes and 52 seconds.

The physician examines the patient, although she already has a hypothesis as to what may be the source of the problem: her throat. The patient, who has a cold, is anxious not to infect the physician. The doctor responds in a close and humorous manner, stating that she never gets sick, which comforts the patient (lines 111 and 113). The doctor ends up making a joke in Galician, the patient's language, which creates a more relaxed atmosphere (line 115).

103 DR. F: iah! eso es de la garganta seguro / déjame verte / aunque sea solo por delante /
Ah, that's definitely from the throat. Let me see you, even if it's just from the front,
104 un poquito
a little bit

105 PAT: sí
Yes

107 DR. F: el pulmón / el pulmón
The lung, the lung

108 PAT: ah
Ah.

109 DR. F: así / eso está ahí / muy bien // respira por la boquiña
Like this, it's there, very well. Breathe through your mouth.

110 PAT: e non lle quería botar [o alento para ela/porque senón]→
And I didn't want to breathe on you, because otherwise

111 DR. F: ((()))/no pasa nada//↑ a mí nadie me contagia nada
(()), it's okay, nobody infects me with anything.

112 PAT: ¿no?§
No?

113 DR. F: §noo/ iyo no enfermo nunca!↑=
Noo, I never get sick!

114 COM: iqué suerte!§
How lucky!

115 DR. F: §ya te digo/ también el día que enferme// **morro / xa!** // perdón↓
I'm telling you, even the day I get sick. I'll be dead! Sorry

Dr. F does not speak Galician because she considers she does not communicate well in Galician, but she understands it perfectly:

(150) **Dr. F:** aquí habla mucha gente en gallego, pero yo aun así no hablo en gallego, porque no me transmito bien en gallego. ¡Me entienden perfectamente, eh!

This statement is a key concept when talking about “preferred language”, which does not necessarily imply more knowledge in the Galician context, but more confidence when talking in one language than the other. Nonetheless, she normalizes these bilingual consultations because, according to her, the patients understand Spanish flawlessly.

CASE 8: ADDRESSEE SPECIFICATION: NON-GALICIAN RESIDENT TRIGGERS CS BY DOCTOR AND PATIENT²⁰³

Patients often come to the clinic with a companion. Likewise, physicians may be in the office with a resident physician who is completing a specialty in primary care medicine. When consultations have four participants, the communicative dynamics in these interactions are more complex. In our data, Dr. E always speaks Spanish with her residents in her mentor role as a mentor and alternates with Galician with her patients (cf. 5.2.). Galician-speaking patients and companions are also influenced by a resident originally from a Spanish-speaking country outside Spain and might answer to her in Spanish.

EXAMPLE 21: CONSULTATION #417

- **Doctor:** Dr. E, female, ca. 55 years old. She speaks Galician with the patient and Spanish with the resident.
- **Resident:** Female, first-year resident, non-Galician, Spanish-speaker.
- **Patient:** Male, unspecified age. Behavior: *Galician-Spanish-Galician*.
- **Companion:** Female companion with a child. She speaks Galician.
- **Consultation:** Follow-up after an antibiotic treatment due to wheezing in both hemithoraces.
- **Length:** 26 minutes and 47 seconds.

In this example, the patient and companion speak Galician. They speak in Galician with the doctor, who also interacts with them in Galician (lines 40-47). However, she chooses Spanish to instruct the resident, as usual. Doctor and resident speak with each other in Spanish, leaving the patient and the companion in the background for several turns. Later the patient and the companion also participate in the conversation between mentor and student (lines 61, 63-64).

²⁰³ The addressee specification consists of including or excluding participants in a conversation. Addressee specification is the one most accepted code-switching function among scholars. It was described first by Gumperz (1982) and then identified by Beatens-Beardsmore (1986); Appel and Muysken (1987); Heller (1988); Hoffman (1991); Romaine (1995); Auer (1995), and Reyes (2004).

- 40 DR. E: porque eu claro/ como o outro día o vin así/ **era por si no estaba bien/**
Well, of course, as the other day when I saw him like this, it was in case something was wrong,
- 41 para facerche unha placa/ pero está perfecta!/ (nome do paciente)
to take an X-ray, but it's perfect! (patient's name)
- 42 COM: non lle ten medo ningún aos médicos
He's not afraid of doctors at all
- 43 DR. E: está ben// entón non te vamos a pedir de momento nada/ vale?// mira
Alright, then we won't ask you for anything at the moment, okay? Look
- 44 PAT: e outra cousa/ tamén// fun a vascular
And another thing, also I went for a vascular check
- 45 DR. E: sí
yes
- 46 PAT: o outro día
the other day
- 47 COM: polo do pé/polo da perna/ bueno/ si/ da variz
for of the foot, for the leg, well, yes, from the varicose vein
- (...)
- 59 DR. E: °(a ver/ espera/ a ver)°/ a ver// **este señor que le viste que tiene las dos/**
wait a moment wait, this man you can see he has both,
- 60 **está operao de una**
he had surgery for an
- 61 PAT: aneurisma
Aneurysm
- 62 DR. E: aneurisma aorta/ y arriba/ eh?
Aneurysm in the aorta and above.
- 63 COM: e troncoencefálico/ está todo de arriba abaixo/ pouco menos// e agora dinlle que de
The brain stem, it's all from top to bottom, slightly less. And now they tell him that
- 64 operar a variz que nada/ que abaixo co/ de baixar pa' baixo/ nada
operating on the varicose vein is out of the question, going down is out of the question.
- 65 DR. E: **bueno/ pero sí que tiene insuficiencia venosa en ((sección)) externa/**
Well, but he does have venous insufficiency in the outer ((section))//
- 66 **desde (())/varices esenciales en miembro inferior derecho**
from the (())essential varices in the right lower limb.
- 67 PAT: sí
yes
- 68 DR. E: **porque tuvo**
because he had
- 69 RES-COL: ¿pulmonar?
pulmonary?
- 70 DR. E: **pero esto es de 2012/ mujer// no/ primero le diagnosticaron un**
but this is from 2012, woman. No, first they diagnosed him
- 71 **aneumolismo pulmonar/ pero de/ después/ fue cuando se le descubrió el otro**

- with a pulmonary aneurysm, but later when the other issue was discovered.*
- 72 **tema// es que esto/ espera// pero este médico/ espera//no/ esto fue ahora/ por**
Wait, but this doctor, wait no/ this was now for
- 73 **otro motivo**
another reason.
- 74 **RES-COL: pero digo/ tuvo/ si tuvo problema/ no/ tuvo una trombosis venosa**
But I mean, he had a problem, no, he had a venous thrombosis
- 75 **DR. E: sí/ me parece que la tuvo/ sí// empezara→/ sí/ tuvo un tromboembolismo**
Yes, it seems that he did, yes. It started... yes, he had a pulmonary embolism,
- 76 **pulmonar y/ a raíz de ahí ¡uy!// porque esto se tardó mucho en diagnosticar//**
and after that, because it took a long time to diagnose this.
- 77 **estuvo mucho tiempo con unas quejas/ a raíz de ahí fue cuando se descubrió**
He had complaints for a long time, and after that, that's when
- 78 **el/ el aneurisma aórtico// sí/ fue así/ sí/ sí// es que ahora estaba pensando**
the aortic aneurysm was discovered. Yes, that's how it was, yes, yes, I was just thinking
- 79 **RES-COL: en lo de la pierna/ mujer y soporte y eso/ no/ o sea/**
about the leg, woman, and support and all, no... I mean,
- 80 **una vez midiendo→//porque tiene síntomas (())**
once measured...because he has symptoms (())
- 81 **DR. E: espera/ que es como aquí tiene varias cosas→**
wait, because here he has several things...

The patient speaks in Galician with the doctor. However, when the resident physician addresses him directly (lines 82, 84), he responds in Spanish (from line 86). This is not the case with the accompanying physician, who always speaks Galician, even with the non-Galician resident (line 85). Dr. E knows the patient's history in detail, but the resident does not. Therefore, both the physician and the patient want to make sure that the resident understands everything well. For that purpose, they prefer to interact with her in Spanish, her native language.

- 82 **RES-COL: ¿pero le duele la pierna/ ahora?**
but does your leg hurt, now?
- 83 **PAT: ¿cómo?**
what?
- 84 **RES-COL: ¿la pierna// le está doliendo?**
the leg, is it hurting you?
- 85 **COM: o pé**
the foot
- 86 **PAT: más bien el pie y ella/ ella me dice// la doctora de vascular me dice// de/**
Actually, it's my foot and she, she tells me, the vascular doctor tells me: about,
- 87 **de la variz/ no/circulación la tienes/ tienes variz// se te hincha un poco**
about the varicose vein, your circulation, you have varicose veins, your leg swells a bit,
- 88 **la pierna/ pero de la circulación no es// no es ni de la vena ni →**

but it's not from circulation it's, it's neither from the vein nor...

89 RES-COL: [de la arteria/ sí]

from the artery, yes.

90 PAT: [ni de la arteria]/ si te duele/ el pie/ es de otra cosa

nor from the artery, if your foot hurts, it's something else

91 RES: ¿pero/ duele todo el pie?

but, does your whole foot hurt?

92 PAT: no/ no/ no// a mí me duele el pie/ o sea/ la variz viene de aquí

no. no. no. My foot hurts, I mean, the varicose vein comes from here

93 para abajo// ¿no?

downwards. right?

94 RES: sí/ pero/ ¿dónde está el dolor?

yes, but, where is the pain?

95 PAT: y a mí, el dolor del pie, a veces es por aquí // otras veces me duele así por

and for me, the foot pain, sometimes it's here. Other times it hurts like this around

96 aquí/ y otras veces por debajo // si voy a andar / me duele por abajo

here, and other times underneath. If I'm going to walk, it hurts underneath

97 DR. E: pero a él no se le mandó a vascular por eso// ¿eh?

but he wasn't sent to vascular for that, right?

98 RES: por eso digo/ que el dolor tampoco es específico/ °(ni arteriano)°

that's why I'm saying. The pain isn't specific either nor arterial.

5.3.3. Diagnosis and Advice/Treatment

Once a doctor has gathered sufficient information, the physician states his/her professional opinion in the form of a diagnosis. If the problem requires it, physicians may advise their patients how they can improve their state of health by changing their lifestyle, e.g., by improving the diet or exercising. If necessary, medication may also be prescribed. The diagnosis and the prescription of medication can expose a possible conflict between the speakers, in case they disagree on which option is the most beneficial.

In the questionnaire, the second most voted motivation to alternate languages was to enquire about the treatment (51.72%, n=30). Nonetheless, in the corpus, doctors have a more predominant role in the diagnosis and treatment. The physician deploys all his communicative strategies to explain to the patient in a clear and precise way what he has to do to improve his health issue. The ultimate goal is that the patient understands and follows the guidelines with commitment.

CASE 9: DOCTOR MITIGATES THE IMPACT OF DIAGNOSIS AND TREATMENT OPTIONS
[SPA>GAL]²⁰⁴

In light of the fact that conflicts can arise during the discussion of diagnosis and treatment, we find that doctors switch to Galician when talking with Galician-speaking patients. Doctors both ensure that the patients understand the information they are delivering, but also mitigate the possible impact of their words. This strategy brings them closer to the patients and attends to their feelings.

EXAMPLE 22: CONSULTATION #232

- **Doctor:** Dr. C, male, ca. 55 years old. Spanish speaker. Behavior: *Spanish-Galician-Spanish*.
- **Patient:** Female, unidentified age (chronic diseases typical from an older age, polymedicated). Galician speaker.
- **Consultation:** Acute leg pain, request for more medication.
- **Length:** 3 minutes and 27 seconds.

The patient, an older woman with multiple chronic conditions, regularly takes several medications, particularly pain relievers. After obtaining permission to record, the doctor asks about the reason for the consultation. The patient emphasizes the pain in her legs, explaining her symptoms in what appears to be her preferred language, Galician. She expresses concern that this pain could lead to thrombosis (lines 2-6).

1 DR. C: ya está grabando...bien/ entonces/ ¿para qué es?/ para→

It's already recording. Alright, so what is it for? To...

2 PAT: mire/ (()) xa lle dixeran que as pernas doíame moito/ pero tuven uns cuantos días/

Look, (()) I already told you that my legs hurt a lot, but I had a couple of days

3 que se me clavaban os cuchillos todos aquí// iba ao váter/ pero despois ao levantarme/

that I felt like knives stabbed me all here. I went to the bathroom, but then when I got up,

4 eu non podía e non podía/ andaba arredor/ e a ver como ía levantarme// porque se me

I couldn't and couldn't, I walked around wondering how I was going to get up. Because

5 clavaban aquí a/ os ((aqueles))// agora non teño tanto/ pero así e todo aquí/ aquí/

they stabbed me here, the ((those)). Now I don't have as much, but still here, here,

6 teño medo que me suban os trombos pa'riba

I'm afraid the clots will move up.

²⁰⁴ Mitigation and intensification are pragmatic categories associated sometimes with code-switching, as in this study. Heller (1988) explained code-switching as a mechanism to escalate an argument and to mitigate statements. Zentella (1997) focused on how code-switching could aggravate or mitigate requests. In this line, Reyes (2004) presented code-switching as a strategy to soften or strengthen a request or a command.

The doctor, without prior examination, tells her categorically that he cannot give her any more medication. The patient does not ask for more painkillers directly, but that is what the doctor infers and reacts in a sharp manner. The refusal to issue more medication is repeated twice. However, to mitigate the blunt phrase “there is no more treatment,” he switches to Galician, the patient's language (lines 7 and 13). Then, the patient repeats her concerns, so the physician switches back to Galician to calm her down. He tells her that with her anticoagulant treatment, there is no risk of thrombosis (line 15). Dr. C only alternates languages on two occasions in the sixty consultations he recorded. This consultation is one of them, and she does it to negotiate the treatment with this patient.

7 DR. C: el problema/ **non se pode dar máis tratamento**↑

The problem is, no more treatment can be given.

8 PAT: xa o sei/ por eso/ [xa dixo]

I already know, you said...

9 DR. C: [está tomando] los parches de→

You're taking the patches of

10 PAT: todo/ todo

everything, everything.

11 DR. C: [Cendanilo]

Cendanil

12 PAT: [si, si]

Yes, yes

13 DR. C: os antiinflamatorios/ a Lírlica/ o Tritizol/ **non hai máis tratamento**§

The anti-inflammatories, Lyrlica, Tritizol, there is no more treatment.

14 PAT: §non hai máis tratamento// e subírame pa'riba os trombos?

There is no more treatment! And will the clots move up?

15 DR. C: no, hombre no, a ver// **estando co Sintrom/ pode estar tranquila/ que non**→

No, no, man, let's see being on Sintron, you can rest assured that it won't...

16 PAT: iqué dolor/ Dios mío! // para levantarme do cuarto de baño/ inon podía!

What a pain, oh my God! To get up from the bathroom, I couldn't!

Seeing that she will not get more medication, the patient opts for a second option. She asks the doctor to change some pills as they dry her mouth (line 18). The doctor continues with his strategy of speaking Galician to the patient (lines 19 and 21). The request from the patient is successful. Once the conflict is over, the doctor returns to Spanish (line 23), keeping this language until the end of the consultation.

17 DR. C: claro

Sure.

18 PAT: mire/ e estas// non se podía cambiar? / teño a boca seca todo o día/ é como se estivera así

Look, and these, couldn't they be changed? I have a dry mouth all day, it's if I'm...

19 DR. C: e dorme ben?

And do you sleep well?

20 PAT: durmo! // durmo/ que xa sentada/ que polo día/ séntome na mesa e→

I sleep! I sleep, already sitting, during the day, I sit at the table and...

21 DR. C: a que hora a toma?

At what time do you take it?

22 PAT: á noite

At night.

23 DR. C: vamos a cambiarla→

Let's change it.

CASE 10: DOCTOR SWITCHES SPONTANEOUSLY TO HIS PREFERRED LANGUAGE, DESPITE P'S LIMITED LANGUAGE COMPETENCE [SPA>GAL]

As the last part with the diagnosis and treatment is a crucial part of the consultation, physicians must explain complex medical issues in the most didactic manner possible. The patients need to understand the guidelines and adhere to them. The presence of patients from outside Galicia in the corpus is anecdotal. They are usually patients with Spanish as their native language, with the exception of the patient in the following example, whose linguistic competence in Spanish is limited.

EXAMPLE 23: CONSULTATION #169

- **Doctor:** Dr. B, male, ca. 60 years old. Galician speaker. Behavior: *Spanish-Galician-Spanish*.
- **Patient:** Woman (Romanian), unidentified age (she has young children). She speaks Spanish with a limited linguistic competence.
- **Consultation:** Results of a blood test and an electrocardiogram. Respiratory problems.
- **Length:** 8 minutes and 56 seconds.

A Romanian woman goes to the doctor's office for a follow-up consultation to find out the results of a blood test and to have an electrocardiogram. She has respiratory problems, fatigue, and is overweight.

The woman speaks some Spanish but has limited proficiency. The physician (Dr. B), a Galician speaker, conducts the interview in Spanish, simplifying his explanations (lines 67 and 69-70), likely because he is aware of the patient's communication difficulties (e.g., lines 34-35, 39-40). Given her brief responses, often just repeating 'yes' (e.g., lines 37, 42, 44), she may also have difficulty understanding the physician. The doctor spontaneously switches to Galician to provide more detailed medical explanations (lines 45-48, 50, 52-53), perhaps out of habit, since Galician is his preferred language, despite the patient's limited proficiency. He then switches back to Spanish to continue gathering information.

33 PAT: sí, porque como yo vivo en una cuatro/ y no tengo→/ as-/ de estos/ as/ ((ascelor))//

Yes, because since I live on a fourth floor, and I don't have, uh, an elevator,

- 34 ¿cómo se llama?/ yo subió la escalera/ cuatro/ cinco días/ dee→/ cuatro veces/
what's it called? I climbed the stairs four, five days, um... four times,
- 35 cuatro/ cinco días
four, five days.
- 36 DR. B: cuatro veces
Four times.
- 37 PAT: sí
Yes.
- 38 DR. B: por día
Per day.
- 39 PAT: hasta la cuatro/ cuando sube a la cuatro/ me/ me/ me dice que me muero/
Until the fourth, when I go up to the fourth, it tells me that I'm dying,
- 40 no tengo la aire (RISAS)
I don't have air (LAUGHTER)
- 41 DR. B: (RISAS) mira/ hay un→/ un anuncio en la televisión
(LAUGHTER) Look, there's a... an advertisement on television.
- 42 PAT: sí
Yes.
- 43 DR. B: que dice que/ no pesan los años/ pesan los kilos
That says, "The years don't weigh, the kilos weigh."
- 44 PAT: sí
Yes.
- 45 DR. B: entonces entre los kilos/ yo sé que tú andas acelerada **e tal/ pois e→ e logo/ os**
So among the kilos, I know you're in a rush and all, well, and then
- 46 **problemas que tes tú cos bronquios/ non sabes? Que tamén che→ mira/**
the problems you have with your bronchi, you know? And also, look,
- 47 **tes o aparatiño ese que che dixen de usar?// cando vexas que che apareza**
do you also have that little device I told you to use? When you see that you start
- 48 **a tos ou que te fatigas moito**
coughing or you get very tired.
- 49 PAT: sí/ no
Yes, no.
- 50 DR. B: **pois bótalos**
Well, you can apply it.
- 51 PAT: sí
Yes.
- 52 DR. B: bien// **primeira noticia é boa noticia// o electrocardiograma é normal e→/**
Good, the first news is good news. The electrocardiogram is normal and...
- 53 **vamos a ver agora o resultado do→ análisis**
let's see now the result of the... analysis.
- 54 PAT: sí
Yes.
- 55 DR. B: ¿tomas algo de alcohol?
Do you drink any alcohol?
- 56 PAT: un cerveza/ sí/ una vez

One beer, yes, once.

57 DR. B: bien/ umm/ tú estuviste ingresada

Well, um, you were hospitalized.

58 PAT: sí

Yes.

59 DR. B: ¿tú de dónde vienes?// ¿De Rumanía?

Where are you from? From Romania?

60 PAT: sí/ de Rumanía/ mucho/ ni una vez/ solo cuando→

Yes, from Romania, a lot, not once, only when...

61 DR. B: ¿estuviste en el hospital en Rumanía?/ alguna...

Were you in the hospital in Romania? Any...

62 PAT: tenía una vez/ una vez de dos vez/ tenía niños// cuando se nació a niños/ solo sí //

I had once, once out of two times, I had children. When the children were born

63 no estoy [enferma/ no estoy nada]

, only then I'm not sick, I'm not sick at all

64 DR. B: [nada más] // mira/ la analítica lo que te da es// prácticamente toda la analítica

Nothing more. Look, the blood test gives you: practically all the blood test

65 es normal/ no tienes problemas de anemia

is normal, you don't have anemia problems

66 PAT: sí

Yes

67 DR. B: no tienes problemas de sangre roja ni blanca/ ni problemas de azúcar=

You don't have problems with red or white blood cells, or sugar problems.

68 PAT: sí

Yes

69 DR. B: =ni disfunción renal// sí tienes las transaminasas/ que son las pruebas del hígado/

No renal dysfunction. Yes, your transaminases, which are liver tests, are

70 muy poquito/ pero un poquito altas// y esto puede estar en relación con el alcohol

a little elevated, but just a little. And this could be related to alcohol.

71 PAT: sí

Yes.

Dr. B is a traditional Galician speaker. He explains that he typically speaks the patient's language without assimilating any political doctrine. Nonetheless, he is aware that he might spontaneously switch to Galician: “*a veces se me va el gallego*” (“*sometimes Galician slips out of my tongue*”). This behavior is clear in example 23. He switches to Galician to offer advice (lines 45-48) and the test results (52-53), but returns to Spanish when he realizes she is not Galician and has a limited competence in Spanish.

(151) Interviewer 1: ¿hablas normalmente gallego con tus pacientes?

Dr. B: sí

Interviewer 1: ¿es algo que es más por tu iniciativa, ellos o...?

Dr. B: mira, yo, por ejemplo, ahora estoy hablando contigo y ves que a veces se me va el gallego

Interviewer 1: sí

Dr. B: también es un poco según me hable la otra persona. Si la otra persona me habla en, en castellano, yo automáticamente, o sea, inconscientemente no tengo problema en contestarle en castellano. No tengo yo el gallego oficializado aquí. Me sale conforme me viene una persona que tenga, pues es lo de todos los días, o sea, noo, como en casa.

CASE 11: DOCTOR DELIVERS TECHNICAL EXPLANATIONS IN DIAGNOSIS [GAL>SPA]

The code-switching from Galician to Spanish may be conditioned by a topic-shift with technical terminology. This circumstance may occur most frequently during the diagnosis stage. One of the informants notes this type of code-switching done by her family physician. She considers that, perhaps accustomed to the language in which doctors usually study (cf. 3.2.1.), they resort to Spanish to offer technical explanations.

(152) Informant 15: Hoxe hai moitos médicos, que antes eran todos de Santiago, pero por aquí veñen médicos de aldea e normalmente che falan en galego. A nosa doutora (*surname*) normalmente...Ao mellor nalgún momento dado quere darche unha explicación máis técnica e recorre ao castelán, pero iso é tan... (**Male, 78 years old**)

EXAMPLE 24: CONSULTATION #19

- **Doctor:** Dr. A, male, ca. 50 years. Functional bilingual. Behavior: *Galician-Spanish-Galician*.
- **Patient:** Female, 33 years old. She speaks Galician.
- **Consultation:** Dermatological lesion on the back.
- **Length:** 5 minutes and 41 seconds.

The consultation begins with the patient speaking in Spanish (Case 2, opening). The physician seems to recognize her and responds in Galician, which seems to be the patient's language of daily life. During the examination, the physician gives her instructions in Galician. However, the diagnosis is delivered in Spanish (lines 27-29). The professional voice recurs to Spanish, including a medical term (*dermatofibroma*), simplified in Galician as “a skin lesion on the back” (line 49). The switch to Galician is carried over to the examination of the second reason for the consultation: a lump on the neck (line 33). The doctor and the patient maintain their use of Galician until the end of the consultation.

20 DR. A: vai quitando a parte de arriba/ entonces

Let's remove the top part then.

21 PAT: ao mellor non é nada/ non?// pero bueno/ese lunar/ xa che dixen da outra vez/

Maybe it's nothing, right? But well, that mole, I already told you last time,

22 dixéchesme que era nada/ pero que me sighe picando igual

you told me it was nothing, but it keeps itching the same.

- 23 DR. A:** °que hora é agora?// **diez/ once/ cincuenta y uno**° (pause 11")// este d'aquí?
what time is it now? Ten, eleven, fifty-one. This one here?
- 24 PAT:** si/ está por aí/ aí// ás veces pícame bastante// e cando fai máis calor/ máis aínda
Yes, it's around there. Sometimes it itches quite a bit. And when it's warmer, even more.
- 25 DR. A:** vamos a mirar con esto →
Let's check with this...
- 26 PAT:** e está un pouco descolorido/ ou?// ou no?
And it's a bit discolored, isn't it? Or not?
- 27 DR. A:** **no/ es un dermatofibroma/ pero te puede dar molestias/ y ahora está un**
No, it's a dermatofibroma, but it can cause discomfort, and now it's a
- 28 poquito inflamado// vamos a echarle una crema con corticoide/ unos días/**
bit inflamed we'll apply a cream with a corticosteroid for a few days,
- 29 ¿vale?// por las noches**
okay? At night.
- 30 PAT:** vale// e que me→/ cando fai máis calor é cando →
Okay. And when it's warmer is when...
- 31 DR. A:** **sí/ cuando está más molesta**
Yes, when it bothers you the most
- 32 PAT:** claro!
Of course!
- 33 DR. A:** **y el bulto que notaste en el cuello/ ¿cuál es?**
And the lump you noticed on your neck, what is it?
- 34 PAT:** está/ aquí
It's here
- 35 DR. A:** **a ver/ déjame ver// no/ no/ bota ((para)) este (()) ganglio// a ver/**
Let me see. No, no, it's this lymph node. Let me see,
- 36 séntate que teño que mirar/ se tes máis**
sit down, I have to check if you have more.
- 37 PAT:** creo que no// claro/ non sei/ non me estou tocando// (()) //non sei/ vino
I think not, of course, I don't know, I'm not touching it (()) I don't know, it came
- 38 fai días/ e digho bah?// non me doi nin nada/ pero por se acaso digho/**
a few days ago, and I thought, bah? It doesn't hurt or anything, but just in case, I say,
- 39 teño medo que sea calquer**
I am afraid it might be something.
- 40 DR. A:** creo que é o ganglio/ este aquí/ e o ganglio/ non está eh/ solto/ eh
I think it's the lymph node here, and the node is not loose, eh.
- (...)
- 49 DR. A:** =para a lesión que tes aí na espalda
the lesion you have on your back.
- 50 PAT:** vale/ vale
Okay, okay.

CASE 12: DOCTOR REPEATS AND REFORMULATES ADVICE IN BOTH LANGUAGES TO ENSURE UNDERSTANDING [SPA>GAL]²⁰⁵

Consultations with four participants can be much more communicatively complex, as seen in case 8 (§5.4.2: complaint and examination), involving a doctor, the patient, her companion and a resident. Companions has a secondary as a caretaker, and they may have an active role in the consultations, even being the main voice of the patient. The presence of a companion is common among older patients, as in this case. Similarly, as mentioned earlier, the presence of a non-Galician Spanish-speaker resident often prompts others to shift the conversation towards Spanish out of consideration for the non-Galician resident.

EXAMPLE 25: CONSULTATION #418

- **Doctor:** Dr. E, female, ca. 55 years old. Galician-dominant speaker. Behavior: *Spanish-Galician-Spanish-Galician-Spanish*.
- **Resident:** Female, non-Galician, Spanish speaker.
- **Patient:** Female, 84 years old. She speaks Galician. Behavior: *Galician-Spanish-Galician-Spanish*.
- **Companion:** Patient's daughter. She speaks Galician. Behavior: *Spanish-Galician-Spanish-Galician-Spanish*.
- **Consultation:** Results of blood test.
- **Length:** 19 minutes and 5 seconds.

An 84-year-old female patient comes to the doctor's office with her daughter, who seems to be the patient's caretaker. The reason for the consultation is to know the results of a blood test, which are within normal limits. Therefore, a negotiation begins between the four participants aimed at reducing some of the medication on the patient's long list. The patient and her daughter speak Galician to each other. At the beginning of the consultation, the daughter and the doctor speak in Spanish and switch to Galician with the patient's first intervention.

The companion initiates the negotiation directly with the doctor (line 77). The two participants leave the patient aside and do not react to her questions (lines 76 and 78). The patient does not seem to agree with the withdrawal of a pill and prefers to be cautious (line 82). She is confident that, although there are many treatments, they have all been

²⁰⁵ Repetitions of clarifications is a code-switching function described profoundly in literature (Gumperz, 1982); Beatens-Beardsmore (1986); Romain (1995); Auer (1995). Code-switching serves as a mechanism to repeat in order to clarify speech content (Hoffman, 1991) or even specifically as a clarification of persuasion (Reyes, 2004).

prescribed out of necessity (lines 86 and 88). The patient's long interventions are in Galician (lines 84, 86, and 88), and the short questions are in Spanish (line 78) or ambiguous formulations (line 76).

75 DR. E: unha, ya está, con este control tan bueno→

With such good control...

76 PAT: que era? Diamicron?

What was it? Diamicron?

77 COM: ¿y el Sicalib no se le podrá retirar ahora?

And can't we stop the Sicalib now?

78 PAT: ¿el qué?

the what?

79 DR. E: pero igual le suben los triglicéridos/ (*patient's name*)

But it might increase your triglycerides, (patient's name)

80 COM: ah, vale// yo pensé que el Sicalib iba a ser una temporada para→/ hasta que volviese a→

Oh, okay. I thought the Sicalib was going to be for a while until it goes back to...

81 DR. E: hombre/ podemos hacer la prueba

Well, we can do the test

82 PAT: no// a ver si me está ben así/ (RISAS)

No, let's see if it's working well like this (LAUGHTER)

83 COM: (RISAS)

(LAUGHTER)

84 PAT: eu queroos quitar/ os medicamentos// [quen me dera non os tomar]

I want to stop them. I wish I didn't have to take them

85 DR. E: [claro/ mira/ tiene trescientos noventa y dos/ eh]/ de triglicéridos

Of course, let me check 392, for triglycerides

86 PAT: todos os médicos se extrañan de tanto medicamento/ [xa me din que teño bastante]

All doctors are surprised by so much medication, they already told me I have enough.

87 DR. E: [si/ pero]

Yes, but...

88 PAT: e eu/ (RISAS)/ si/ [pero todos fan falta]

And I (LAUGHTER), yes, but all of them are necessary.

Reducing medication can lead to a patient suffering from withdrawal; consequently, the discussion about how best to lessen the amount of medication is negotiated between the physician and the companion/caregiver. The resident tries to enter the conversation actively, although the physician does not let her participate in the negotiation (line 91). The interaction between the physician is conducted in Spanish, and is more technical than at other moments in the consultation (lines 89-90, 92-94). In the middle of her medication list, Dr. E. makes a vague comment in Galician to the patient, which she does not finish (line 93-94). As a result, the patient asks again for clarification, as she is not part of the main conversation (line 97). The daughter explains in Galician and simplifies the message by explaining to her mother that the doctor refers to the stomach protector (line 98).

Following the companion's initiative, the doctor continues speaking in Galician (line 100). The physician proposes to withdraw the pill for depression. The patient immediately refuses the proposal, and the companion offers a familial context for this decision (lines 104, 106). The patient switches to Spanish to justify herself. She does not feel well and, therefore, feels she needs the pill (line 108, 110 and 112).

89 DR. E: [mire estos]/ hombre/ a lo mejor se podría sacar la Gliclacida/ porque tiene

Look, maybe we could remove Gliclacida because it has very good

90 muy buen control diabético// la del colesterol la tiene que tomar

diabetic control. She has to take the one for cholesterol

91 RES: ((ahí juegas ahí con))

You're playing there with

92 DR. E: el parche lo tiene que poner// el Secalib/ claro/ por el tema este//

The patch has to be applied, the Secalib, of course, because of this issue,

93 el Ladiro lo tiene que tomar/ el de la tensión también// **a ver/ a que lle**

the Ladiro has to be taken, and for blood pressure too. Let's see,

94 **podíamos empezar a baixar un pouquiño**→//mira/el Motilium/lo está tomando?

we could start reducing a bit...look, is she taking Motilium?

95 COM: no

No

96 DR. E: ah/ una ya que le sacamos de delante// espera/ una

Ah, one less that you have to take. Wait...one

97 PAT: cal me quere quitar?

Which one do you want to remove?

98 COM: o Motilium é o do estómago/ mamá/ non o tomas

Motilium is for the stomach, Mom, you don't take it

99 PAT: aí, no!

Oh, no!

100 DR. E: no/ no/ a que decía que podríamos/ ao mellor/ intentar sacarlle/ era a que toma

No, no, the one I said we could maybe try to remove is the one she takes

101 para a depresión

for depression

102 PAT: si/ pero/ esta temporada/ [no]

Yes, but not now. No, I don't want to.

103 DR. E: [no]/ no

No, no

104 COM: no/ porque estamos con ((name))/ mi cuñada/ la hija de (name)

No, because we're with ((name)), my sister-in-law, (name)'s daughter

105 DR. E: ay!// es que nunca me acuerdo que es tu madre

Oh! I never remember that she's your mother

106 COM: son consuegras

They are mothers-in-law

107 DR. E: claro

Of course

108 PAT: no [quiero]

- I don't want to*
- 109 DR. E:** [no]
No
- 110 PAT:** estoy mal// mira/ hasta estoy así moviendo los dientes
I'm not well, look, I'm even like this, moving my teeth
- 111 DR. E:** no/ no/ no/ no/ no// no
no/ no, no, no, no, no
- 112 PAT:** no/ no/ esa ahora/ en este momento/ no
no/ no/ that one not at the moment, no

The doctor primarily addresses the companion in Spanish, while making additional comments to the patient in Galician (lines 113). She explains to the patient that there is no possibility of discontinuing any further medication. The patient then takes on a more active role by refusing to stop a treatment, this time for urinary incontinence (line 121). The companion, as with the depression medication, provides further explanation of why her mother should continue taking this pill regularly (lines 125-127 and 129).

- 113 DR. E:** no, es que claro →/ (patient's name)/ **sacar non lle podemos sacar nada//**
no, of course... (patient's name), we can't remove anything now//
- 114** ¿la Lírca la está tomando?
are you still taking Lyrica?
- 115 COM:** una a la noche
one every night
- 116 PAT:** una a la noche
one every night
- 117 DR. E:** ¿y la toma siempre?
and you take it always?
- 118 PAT:** siempre
always
- 119 DR. E:** es que/ hija/ revisando/ mira/ el Tubiac también le hace falta/
Look, I need to revise it, see, Tubiac is also needed
- 120** porque tiene una incontinencia urinaria
because she has urinary incontinence.
- 121 PAT:** ay!↑// esa sí que me fai falta
Oh! I really need that
- 122 DR. E:** y le va bien
And it works well for you
- 123 COM:** [sí/ sí]
Yes, yes
- 124 PAT:** [me va] estupendamente
It works amazingly well
- 125 COM:** de hecho/ fuimos a urología/ no sé si te lo había comentado// a le dijeron que
In fact, we went to urology, I don't know if I told you. They told her
- 126** [va a tomarla siempre/claro]
she'll have to take it forever, of course

127 DR. E: [que va a tener que tomarla siempre/ claro]
That she'll have to take it forever, of course

128 PAT: sí
Yes

129 COM: ella tiene la malla/ tal
She has the mesh, and so on

Seeing the options exhausted, the physician asks the patient if she does some light exercise. The physician is assessing her lifestyle as part of the issue surrounding the possible discontinuation of diabetes medication (line 130, 132). The patient answers emphatically that she does not walk at all (line 131). When the patient is mentioning having pain, she speaks in Spanish, but when she speaks about the daily activities, she is doing that give her pain, she switches to Galician (lines 133-134).

130 DR. E: anda bastante/ (*patient's name*)?
Do you walk quite a bit, (patient's name)?

131 PAT: nada
Nothing

132 DR. E: e que mire/ se anduvera un pouco// poderíamoslle sacar unha da diabetes
Look, if you walked a bit, we could remove one for diabetes

133 PAT: pero sabe o que me pasa/ que me empésame a doer aquí deben ser as caderas ou/
But you know what happens? When I start to feel pain here, it must be the hips

134 non sei o que/ un dolor!/ fagho unha cama/ e sufro a faser esa cama [e máis varrer]
or something, such a pain! I make the bed, and I suffer making that bed and sweeping.

135 COM: [mamá/ pero o] de andar/
Mom, but walking,

136 agora levas un montón sen andar=
now you have not walked in a long time

137 DR. E: pero é [distinto]/ andar/ que facer a cama
it's different, walking than making the bed

138 COM: =[entonces] →
then

At this point in the consultation, the negotiation moves to the patient's lifestyle. The physician, the resident, and the daughter try to convince the patient to exercise more. The physician receives a phone call, which the resident uses as an opportunity to be the head doctor in the office for a moment (line 139-140). The resident and patient interact in Spanish. The physician joins in after her call, recovering her leadership position and switching to Spanish (line 150). The daughter also positions herself on the professional's side, answering in Spanish (line 157-158). At the end of this sequence, it appears that the patient accepts the commitment to walk more in the summer (line 177). The patient's accommodation to the lifestyle proposal is accompanied by her linguistic accommodation to Spanish.

- 139 RES:** sí, el esfuerzo es distinto que ahí está forzando la postura/ pero caminar le viene bien
yes, the effort is different than there, she's forcing her posture/ but walking is good
- 140** para que todos los músculos se relajen y para que=
for all muscles to relax and for
- 141 PAT:** claro
of course
- 142 RES:** =y eso le hace descansar mejor y duerme mejor de noche si tiene algo de actividad
and that helps her rest better, and she sleeps better at night if she has some activity
- 143 DR. E:** [talks on the phone]
- 144 PAT:** **no duermo mucho de noche**
I don't sleep a lot at night
- 145 RES:** §por eso/ si hace un poquito de actividad física/ está más cansada/
exactly, if you do a bit of physical activity you are more tired
- 146** y descansa mucho mejor
and can rest much better
- 147 PAT:** **sí/ pero yo creo que es por [los esfuerzos]=**
Yes, but I think it's because of the efforts
- 148 RES:** [por el estrés]
because of stress
- 149 PAT:** **=de noche que no duermo// muchas veces**
of not sleeping at night, many times
- 150 DR. E:** claro pero/ [lo que está diciendo ella]=
of course, what she's saying is
- 151 PAT:** **[hay noches que duermo bien]**
some nights I sleep well
- 152 DR. E:** **=(nombre paciente)/ si usted anduviese un poquito↑/ todos los días**
(patient's first name), if you walked a bit every day, you would come home more
- 153** **llegaba más cansada a casa/ y descansarí mejor// si descansa mejor/**
tired and rest better, if you rest better, you get up better
- 154** **se levanta mejor// porque claro/ si anda a vueltas en cama se**
because of course, if you turn around in bed the time you get up already
- 155** **[levanta una ya ((p'allá))]**
((towards the other side))
- 156 PAT:** [si eso es lo que tengo]
if that's what I have
- 157 COM:** **[y ese] dolor que se le pone ahí en las caderas yo creo que es**
and that pain that comes there in the hips, I think it is
- 158** **cuando está tiempo/ [haciendo algo así] derecha**
when she's been doing something like that straight
- 159 RES:** °la postura°
the posture
- 160 DR. E:** claro
of course
- 161 PAT:** **¡ah! eso cuando- cuando estoy [derecha haciendo la comida]=**
Oh! When, when I'm standing straight cooking

- 162 COM:** [y ella dice la ingle y se pone ahí] →
and she says the groin hurts, and it hurts there
- 163 PAT:** =o planchando// ahora planchar ya plancha ella/ me viene ahí un dolor
or ironing, now, ironing she already does, I get a pain
- 164** en la ingla/ ¡puf!/ en las dos ¿eh? ↑ pero más en esta/ en la izquierda//
in the groin there, phew! in both, right? but more on the left,
- 165** ¡un dolor!/ pero me tengo que sentar que me duele y más estoy cansada↑
a pain, but I have to sit down because it hurts, and I'm more tired
- 166 DR. E:** claro/ pero mire/ no es lo mismo ir a andar§=
Of course, but look, it's not the same to walk
- 167 PAT:** §sí
Yes
- 168 DR. E:** =sobre todo por llano que estar parada/ trabajando [es que eso sí]=
especially on flat ground than to stand still/ working, because that, yes
- 169 PAT:** [claro]
of course
- 170 DR. E:** =que no le conviene porque lo ideal era incluso era que cuando esté
is not good for you because ideally, even when you're
- 171** cocinando pues que/ se mueva un poquito de vez en cuando/ que no haga
cooking, move a bit from time to time, don't do
- 172** una cosa de estar todo el tiempo parada=
one thing of being static all the time
- 173 PAT:** sí
Yes
- 174 DR. E:** =y debiera de todos los días salir
and every day, you should go out
- 175 PAT:** salir
Go out
- 176 DR. E:** todos los días/ ponerse como→ [objetivo/ como obligación salir]
Every day, make it an objective, as an obligation to go out
- 177 PAT:** [sí, ahora// ahora en el verano voy salir]
Yes, now, now in the summer, I'll go out

5.3.4. Closing Discussion

Situational dynamics correspond to the contextualized use of code-switching within the different parts of the medical consultation. A medical consultation in primary care is a sequence of actions divided into six parts: opening, complaint, examination, diagnosis, advice/treatment, and closing. Each of the steps is associated with different transactional goals. Further, the doctor and patient build an interpersonal relationship throughout the consultation (Moore et al., 2010: 1047).

In contrast with the responses received in the questionnaire, patients who are Galician-dominant speakers tend to code-switch more, especially in interactions with Spanish-speaking doctors. In the questionnaire, Spanish speakers were the most willing to switch languages. The same trend is followed among physicians. Whereas Spanish-speaking doctors seldom alternate languages, Galician-speaking doctors or functional bilinguals are linguistically more flexible. Further, the presence of a non-Galician resident conditions the linguistic use in the consultation room toward Spanish. All the participants in the consultations frequently alternate to Spanish due to the non-Galician resident.

Opening and closing: The opening and closing are conversational rituals that delimit the beginning and end of the interaction. In our data, we have identified the beginning of the consultation as a crucial moment for language negotiation. Once the patient crosses the door of the doctor's office, both speakers decide which language they will speak. This conscious act of language choice may even be made before starting the interaction. The patient may have decided not to speak in their language of daily life. One of the informants (75 years old) explained in his interview that he observed this behavior in older people like him who spoke Galician in the waiting room, and when they crossed the consultation threshold, they began to speak in Spanish.

In the opening of the consultation, the family physician can identify his patient and accommodate his language to that of the patient's usual language. This accommodation may not be automatic, so it may instead be negotiated in the first turns of the conversation. In this case, either the doctor or the patient promotes language alternation (Case 1).

One of the factors for the physician's language change is a patient's advanced age. In this case, the patient may be satisfied with such a change or may not follow the explicit agreement made between the speakers (Case 2). Likewise, the physician may fail in his assumption that because the patient is older, s/he must speak Galician, and the patient may reject the offer to speak in Galician by answering in Spanish (Case 3).

Finally, Case 4 corresponds to a language negotiation blended with a proximity effect. In this case, a young Spanish speaker switches to Galician (the doctor's language) out of politeness and with a playful purpose.

Complain and examination: The socio-discursive functions of language alternation in the central part of the consultation are more complex. This stage is crucial for gathering information and identifying the pathology. In real-life discourse, communication is often fragmented and not perfectly organized. The patient must describe the symptoms clearly and precisely for the physician to understand the underlying health issues. The doctor, in turn, must ask the right questions to make an accurate diagnosis.

As illustrated in the provided examples, code-switching acts as a tool to structure the discourse, highlight key information, and steer the conversation towards achieving the transactional goals of the consultation. The recorded consultations show how patients often switch to Galician, presumably the language in which they feel more competent. In example 19, she changes the focus of attention, intensifying her pain in Galician.

Another function of language alternation identified is to relax the atmosphere during the physical examination. This part of the consultation physically moves the conversation to the examination bed, distancing them from the desk and reducing the physical space between doctor and patient. The examination can involve greater vulnerability and stress for the patient, as it may require close proximity and physical contact, if medically necessary. In example 20, the physician switches to Galician to make a joke. A close and pleasant communicative style can help ease this process.

Diagnosis and advice/treatment: Once the examination is finished, the physician and patient return to sit on either side of the desk. In the diagnosis and treatment phase, the doctor is the leading player. At this time the doctor will make a diagnosis based on all the information gathered. It is not always easy to communicate a diagnosis, nor is it always easy to convince the patient that he has to change his life habits to improve his health.

Code-switching was identified as a communication strategy to mitigate the patient's response to the diagnosis and to explain treatment options. Furthermore, it is also a strategy for repeating and rephrasing advice so that the patient clearly and unambiguously understands the information. Sometimes the alternation of languages to the doctor's language of daily life may occur spontaneously in an unsuccessful attempt to approach the patient, as their linguistic competence is limited.

Lastly, code-switching to Spanish was also identified as a code to offer technical explanations. We cannot ignore that medical training is mainly in Spanish, so perhaps this learning of technical terms in this language activates an alternation of languages related to medical terminology.

5.4. SUMMARY

This study examines the dynamics of code-switching within a bilingual Galician-Spanish community, focusing on the social, interpersonal, and situational factors influencing language use in medical consultations. It provides a comprehensive analysis of how these factors interact, revealing complex patterns of language negotiation and usage that mirror broader societal trends.

Social Dynamics

The study was conducted in a small town of approximately 10,000 inhabitants, with two-thirds living in rural areas surrounding the urban center, and Galician is the most commonly spoken language. Approximately 40% of the population is actively bilingual, choosing to speak Galician or Spanish in various contexts, while only a minority (<10%) are predominantly Spanish speakers. This distribution is geographically and demographically distinct and well-documented in literature and official statistical data. Galician speakers are more concentrated in rural areas, while bilingual individuals are predominantly found in urban settings.

Age significantly influences language use. The older generation, raised during the dictatorship when Spanish was the only official language, tend to prefer Galician. However, they often perceive switching to Spanish as a sign of social climbing, akin to how they would once change their rural working clothes to better outfits when visiting the urban center. In contrast, the younger generation, educated during a democratic era when Galician was reinstated as an official language, feels more comfortable using both Galician and Spanish. This behavior reflects a shift from old prejudices against Galician. Interview data suggests that these prejudices have diminished, particularly among younger, more educated individuals. Despite this increased bilingual comfort, official data show a 47.3% decrease in Galician-dominant children over the past two decades. Furthermore, Galician is less frequently spoken with younger family members, indicating a decline in the intergenerational transmission of Galician. This decline is attributed to the perception that Galician is less useful or valuable, a stereotype that persists despite generally positive attitudes toward the language as a cultural symbol of the region, shared by both Galician and Spanish-dominant speakers.

The dynamics of language use in healthcare settings emerges as one of the most significant contexts for language negotiation. Sixty percent of the respondents in the questionnaire believe that more Galician should be spoken in healthcare. This general impression contradicts their reaction when their general practitioner accommodates to the patient's language preference at the start of a consultation, as 70% do not consider this as being either positive or negative. Furthermore, most respondents in the questionnaire (97.57%) do not perceive the use of Spanish as a barrier to effective communication with healthcare providers.

Approximately 35% of survey respondents claim they maintain their preferred language, Galician, when speaking with a Spanish-speaking doctor. However, recordings reveal that only about 10% actually continue speaking Galician in these situations. The combination of Spanish-speaking patients and Galician-speaking doctors in consultations

is quite rare (<1.5% in both datasets). This low frequency in the data suggests that physicians who are Galician-dominant speakers seem willing to accommodate to the patient's language, as are doctors who are Spanish-dominant speakers. The incidence of code-switching in the corpus is 30%, but in the questionnaires, the question was framed as both parties employing code-switching, reducing the responses to 15%, while 28% claim they would individually eventually switch languages during the consultation. This data suggests that the choice of language and code-switching in these contexts is driven more by social norms and perceptions than by linguistic necessity.

Interpersonal Dynamics

The interpersonal dynamics of code-switching are particularly relevant in medical consultations, where maintaining a good relationship between the family doctor and patient is crucial for achieving the goals for the consultation. Medical consultations are inherently asymmetrical, with the patient seeking the doctor's expertise. However, patients balance this asymmetry by exercising agency over their bodies and deciding whether to follow medical advice. Effective communication is essential, and code-switching emerges as a key strategy in managing the social and interpersonal dimensions of these interactions.

Galician, as the local language, often serves as a marker of closeness and group identity. Doctors, particularly when treating elderly patients, recognize the importance of using Galician to build rapport and ensure clear communication. Older patients, who frequently visit clinics due to age-related medical issues, often find it easier to express themselves in their native language, as noted by doctors in interviews.

While Spanish has traditionally been associated with prestige and authority, this perception is shifting as educational levels rise. Doctors, regardless of their background, increasingly recognize the need to accommodate their patients' dominant language. However, in the recordings, Spanish-dominant doctors (all over 50 years old) tend to switch languages less frequently compared to those who identify as active bilinguals or Galician-dominant speakers. Patients also switch to Spanish, either to acknowledge the doctor's authority or to assert their own within the conversation.

For Galician-dominant doctors and patients, using their native language is a way to connect with patients and reinforce their cultural identity and a sense of belonging. Even doctors who are not native speakers of Galician recognize the benefits of occasionally switching to Galician to reduce the social distance between themselves and their patients. However, this dynamic is not universal. While all doctors can speak Spanish, some choose not to engage in such linguistic accommodation, either as a personal choice (Galician Spanish-speaking doctors) or due to a lack of language competence (non-Galician

physicians). This variability highlights the complex interplay between language choice and personal interaction styles.

Situational Dynamics

The situational dynamics of code-switching are closely tied to the structure of medical consultations, which typically unfold in a series of stages: opening, complaint, examination, diagnosis, treatment, and closing. Each stage presents different opportunities and motivations for language use. These steps create a specific sequence but are also open to negotiation. In other words, communicative strategies adapt to the consultation's structure rather than dictating it.

The opening of a consultation is a critical moment for language negotiation. As patients enter the doctor's office, both parties must decide which language to use, setting the tone for the entire interaction. The results of this study indicate that older patients who speak Galician in the waiting room may switch to Spanish upon entering the consultation, reflecting a perceived need to conform to the professional environment associated with Spanish. Their Spanish may seem forced, revealing less fluency or even insecurity inside the doctor's office, so they might employ code-switching to better explain their symptoms and feelings.

During the examination and diagnosis stages, code-switching often serves practical purposes. Patients may switch to Galician to describe symptoms more clearly or to express discomfort, while doctors switch languages to ease the patient's anxiety during a physical examination. Code-switching can also be used to structure the conversation, emphasize key points, or clarify complex information.

In the diagnosis and treatment phases, the doctor's role becomes more prominent, and language choice becomes a tool for managing the patient's reaction to the diagnosis and ensuring they understand the treatment plan. Spanish may be used for technical explanations, perhaps because medical training is primarily conducted in Spanish. This use of Spanish underscores its role in conveying authority and expertise, even in a predominantly Galician-speaking community.

Overall, the findings reveal that code-switching in this bilingual community is not merely a matter of linguistic convenience but is deeply embedded in social, interpersonal, and situational contexts. The decision to switch languages, or not, is influenced by a complex interplay of factors, including age, sociodemographic characteristics, social norms, and the specific circumstances of the interaction. In medical consultations, these dynamics become particularly visible, reflecting broader trends in language use and identity in Galicia.

6. CONCLUSIONS

This study examined the use of code-switching between Galician and Spanish in medical consultations within a semi-urban primary care setting in Galicia. It provides significant insights into the social, interpersonal, and situational dynamics associated with language alternation in this context. To the best of our knowledge, this is the first comprehensive empirical investigation of code-switching in a controlled healthcare setting in a bilingual speech community, using a mixed-method approach, combining self-reported data (questionnaires and interviews) with actual language behavior (audio-recordings of primary care consultations). This is also the first study to focus specifically on bilingual medical consultations in the Galician-Spanish context. Our findings provide a novel perspective on studying bilingual practices in under-researched semi-formal settings, as code-switching is usually associated with informal contexts. Moreover, this study presents solid evidence of the important role that code-switching plays, even when mutually intelligible languages are spoken. The study highlights social and conversational motivations that go beyond mere comprehension.

Effective communication is essential in healthcare. In medical consultations, communication must be clear and precise, but also kind, to create a comfortable environment that builds trust and professional rapport. Communication becomes more complex when multiple languages are involved. Bilingual doctors and patients may have conversations in one language or alternate between two. In bilingual consultations where languages are mutually intelligible—as Spanish and Galician—speakers might use their preferred language or alternate between both during the consultation.

This study underlines the importance of code-switching as a communication strategy. Code-switching not only helps achieve conversational goals, allowing patients and doctors to communicate efficiently organizing the discourse, but also serves interpersonal purposes. It helps regulate the social distance between doctor and patient, allowing them to create closeness for connection or distance for setting boundaries while achieving the transactional goal of the consultation.

The findings highlight the value of Galician as a tool for fostering stronger connections with Galician-dominant speaking patients, potentially leading to improved health outcomes, even though these patients understand Spanish. Moreover, the importance of these findings should be understood within the Galician social context, as Spanish has historically been associated with prestigious professions such as medicine. This association is also evident in the limited presence of Galician in medical training in Galicia, with only 2.36% of courses taught in the local language (USC, Course 20-21, §3.2.1.).

Interestingly, doctors in the analyzed corpus who are Spanish-dominant speakers show less willingness to switch to Galician, despite acknowledging its usefulness in their work, particularly with elderly patients who are predominantly Galician speakers. While most general practitioners (72%) across Galicia report using Galician as their default language with patients, this claim is contradicted by the actual data we collected (Report OLG, 2008; §3.2.1.).

In 90% of the clinics surveyed in the latest Report OLG (2008), there are no official guidelines or norms regulating language choice. To address this gap, in 2015, SERGAS (Galician Public Healthcare System) introduced a style manual with recommendations for effective communication. Regarding language choice, the SERGAS promotes communication in the patient's native language but does not provide further details, thereby missing the opportunity to establish clear, patient-centered guidelines and to promote bilingual practices.

The doctors interviewed in our study revealed that they primarily learned communication techniques through practical experience, with limited formal training during medical school, often relying on the mentorship they received during their residency. This context of language use and education highlights a significant opportunity for enhanced communication training, as the findings of this dissertation could be applied to real-life training scenarios.

In this final chapter, we address the research questions by (1) providing five key conclusions, (2) summarizing the study's contributions, and (3) suggesting areas for future research.

6.1. FIVE KEY CONCLUSIONS

This chapter presents the main five conclusions addressing the research questions that guided this investigation:

1. Despite the semi-formal nature of doctor-patient interactions, language negotiation—both explicit (CS) and implicit (each speaker keeps the non-matching preferred language)—occurs in nearly half of the consultations (42%). These bilingual patterns suggest consistent social, interpersonal, and situational factors (*RQ1, Main Research Question*)

Our study reveals a complex linguistic landscape in Galicia, where language dynamics shift significantly between everyday life and medical consultations. In daily life, according to the questionnaires, Galician is the dominant language (56% of the population is Galician-dominant speaker), while a minority of the population (6%) is Spanish-dominant

speaker. The remaining 38% of the population define themselves as active bilinguals, speaking Spanish and Galician in their daily lives in more or less the same proportion. However, this pattern changes notably within the healthcare setting.

In medical consultations, the rough proportion (60% monolingual and 40% bilingual) is similar, but we found a significantly more prominent role for Spanish. In approximately third of the consultations, the doctor and patient speak only Spanish, a rate which is six times the number of speakers who claimed to have Spanish as their dominant language. This shows a clear shift from the language preferences reported in daily activities.

Regarding the bilingual consultations (42%), the pattern found highlights the fluid nature of language use in healthcare settings and reflects the broader sociolinguistic context of Galicia, where historical and professional factors influence language choice. Two distinct patterns emerge: in 12% of cases, each participant consistently uses their preferred language, with the most common scenario (11%) being the doctor speaking Spanish and the patient speaking Galician. This underscores the bilingual competence, at least passive, required in Galician healthcare settings.

Most notably, code-switching is featured in 30% of consultations, indicating that language alternation is a normalized practice rather than an exception, especially in a context where bilingual consultations without alternation are possible due to the mutual intelligibility between languages. The direction of this code-switching is particularly telling: 20% switch from Galician to Spanish, while only 10% switch from Spanish to Galician. This asymmetry may reflect the historical prestige of Spanish in formal and professional contexts, suggesting that despite efforts to promote Galician in all domains, there remains a tendency to shift towards Spanish in medical settings.

These findings highlight the significant role Spanish plays in professional contexts like healthcare, even as Galician remains the dominant language in daily life. The high incidence of code-switching emphasizes not only the importance of bilingual competence among healthcare professionals and patients but also the complex interplay between language, the professional context, and the historical linguistic dynamics in Galicia's healthcare system.

In conclusion, this study demonstrates that code-switching is indeed a common phenomenon in medical consultations in Galicia. The patterns identified – including the prevalence of bilingual consultations, the asymmetry in code-switching directions, and the higher use of Spanish compared to everyday contexts – reflect the unique linguistic demands of the healthcare setting and the ongoing negotiation between Galician and Spanish in professional spheres. These insights provide valuable information for language

planning in healthcare and underscore the need for continued support for bilingualism in professional training and practice in Galicia.

2. Primary care consultations facilitate the use of code-switching, allowing more fluid language practices due to the proximity between family doctors and long-term patients, reporting double use as in hospitals and mostly initiated by patients (*RQ2, Social Dynamics*)

The healthcare setting emerges as a dynamic space for linguistic practices, with 30% of consultations featuring code-switching. This phenomenon is particularly prevalent among Spanish-dominant speakers with low-medium education levels and occurs twice as frequently in primary care as compared to hospital settings. Socio-discursive motivations for code-switching were observed, with 15% of code-switches initiated by patients, 10% by doctors, and 5% mutual switches. The high incidence of code-switching in primary care settings can be attributed to several factors, all of which underscore the pragmatic nature of language choice in this context. The more relaxed and familiar atmosphere of primary care consultations allows for more fluid language practices, highlighting that the criterion for language choice is subordinated to communicative goals rather than strict adherence to a single language. This finding suggests that speakers are not switching languages due to a lack of proficiency, but rather as a strategic communicative choice driven by pragmatic criteria. The need to discuss complex medical information often prompts switches between languages to ensure understanding, further emphasizing the primacy of effective communication over language loyalty. This pragmatic approach to language use is particularly evident in how speakers manage these complex discussions, prioritizing clear communication. Additionally, the diverse linguistic backgrounds of patients and healthcare providers create natural opportunities for language alternation. Importantly, 98% of informants in the questionnaire do not consider Spanish a problem in the consultation, suggesting that code-switching is viewed as a natural and effective communication strategy rather than a resource to overcome a communicative barrier. These findings have significant implications for healthcare delivery and policy. They indicate that language policies in healthcare should recognize and support fluid bilingual language practices, acknowledging the complex interplay between linguistic practices, communicative goals, and the socio-linguistic environment in shaping language use in medical consultations. Language policy should embrace the pragmatic, goal-oriented approach to language use that characterizes these bilingual interactions. By recognizing that language choice in this context is driven by pragmatic criteria and communicative needs, rather than by only linguistic competence, policymakers and healthcare providers

can develop more effective strategies for managing bilingual communication in medical settings.

3. A significant discrepancy exists between perceived and actual language use in healthcare, with 27% of informants, notably Galician-dominant speakers, refraining from using their habitual language. Despite 65% of informants believing Galician is underused in healthcare, Spanish-dominant speakers tend to maintain their language, pointing to entrenched language ideologies that may influence communication dynamics. (RQ2, Social Dynamics)

We observed a significant mismatch between speakers' perceptions of language use and their actual communicative actions. Notably, 27% of participants do not use their usual language in healthcare settings, with this trend being more pronounced among Galician speakers over 50 years old with secondary education. Moreover, 65% of participants perceive that Galician is not spoken enough in healthcare contexts, despite evidence to the contrary. This perception is more common among Galician speakers with higher education. Spanish speakers claim to be more linguistically adaptable than their behavior suggests. While 73% report being willing to accommodate to Galician speakers, only 26% actually do so in practice. In the audio-recordings, 97% of doctors did not accommodate their language from Spanish when interacting with patients who are Galician-dominant speakers. This discrepancy reveals deeply ingrained language ideologies and attitudes. The perception that Galician is not used enough in healthcare suggests a persistent belief in the higher prestige of Spanish in professional contexts. This misalignment between perception and reality may discourage Galician-dominant speakers from using their preferred language in medical consultations, potentially impacting the communication dynamics. It suggests a need for awareness campaigns to highlight the actual prevalence and acceptance of Galician in healthcare settings, encouraging doctors, as well, to facilitate patients' use of the language in which they are more comfortable in this communicative context with a potential for distress.

4. Code-switching in medical consultations serves as a strategic tool for managing interpersonal dynamics between doctors and patients. It functions bidirectionally: doctors and patients use it to reduce social distance and establish rapport (top-down), while also recognizing authority (bottom-up). (RQ3, Interpersonal Dynamics)

Qualitative observations from this study indicate that code-switching serves as a strategic resource for managing the interpersonal dynamics between doctors and patients. The data reveal that code-switching functions bidirectionally: as a top-down affiliation strategy and as a bottom-up recognition and acquisition of authority strategy. In its top-down manifestation, code-switching typically involves doctors transitioning from Spanish to Galician in contexts of colloquial conversation, humor, and identity references. However, patients also employ this strategy, seeking affiliation with the doctor through similar linguistic maneuvers. This linguistic behavior serves to mitigate social distance and foster a more comfortable environment for patient-doctor interactions. Conversely, the bottom-up strategy often involves patients switching from Galician to Spanish, particularly in contexts of role changes or when employing indirect speech to reference authority figures. Notably, physicians also utilize this strategy to reinforce their professional role or to transition into a mentoring role with medical residents. The authority is associated with the “doctor's voice”, a role that has three functions: seeking information, assessment and review, and alignment to authority. Moreover, the approachable side coincides with the role of “human fellow's voice” (Cordella, 2004: 63). This linguistic shift may be interpreted as an attempt to align with the perceived language of medical authority. This bidirectional utilization of code-switching underscores its role in negotiating the inherent power dynamics of medical consultations. Within these interactions, doctors possess the professional knowledge that confers authority, while patients retain the ultimate agency in decision-making regarding their bodies and adherence to prescribed treatments. The strategic use of code-switching by both parties reflects and reinforces the complex social meanings associated with each language in the Galician context. It is crucial to note that the interpersonal objective of consultations extends beyond an immediate communication to maintain a good long-term relationship. In this context, code-switching emerges as a social phenomenon with values assumed by each of the languages in a specific community” (Heller, 1988: 82; Poplack, 2013; Myers-Scotton, 1993; Odebunmi, 2013; and Singo, 2015). Furthermore, the use of code-switching in these interactions can be explained through the theoretical framework of facework of doctor and patient (politeness and self-image; Brown & Levinson, 1987; Bravo, 1999; and Hernández Flores, 2013). These activities contribute to the intricate negotiation of roles, authority, and rapport within the medical consultation, further highlighting the multifaceted nature of code-switching as a communicative resource in this context. Code-switching and the direction of this alternation reflects and reinforce the complex social meanings associated with each language in the Galician context.

5. Code-switching serves as a multifunctional resource in medical consultations, facilitating communication between doctors and patients at all stages. It addresses various socio-discursive motivations to achieve the ultimate transactional goal of the consultation. (RQ4, Situational Dynamics)

This study demonstrates that code-switching serves as an effective tool for achieving various conversational goals within medical consultations. This strategic use of language alternation aligns with the main objective of medical consultations: solving health problems. It is worth noting that Galician and Spanish, the languages involved in this code-switching study, are closely related Romance languages. In this context, code-switching shows a specific multifunctionality, as noted by several scholars (Heller, 1988: 80; Auer, 1995; Matras, 2009; Auer, 2009; and Gardner-Chloros, 2009). The linguistic relationship between Galician and Spanish allows speakers to use language alternation for specific communicative purposes, enhancing the effectiveness of their interactions. The research reveals that doctors use code-switching for various purposes. These include patient-oriented goals, such as adapting to the patient's language preference and facilitating communication with elderly patients. Doctors also use code-switching for professional goals, like obtaining detailed patient information and reinforcing their professional position. In both cases, code-switching allows for precise communication while maintaining appropriate patient-doctor dynamics. Patients, in turn, use code-switching to change topics, such as moving from medical to personal issues or introducing new health concerns. They also use it to emphasize emotions or the severity of symptoms, and to clarify complex medical information. This linguistic strategy enables patients to express nuanced emotional states or detailed symptom descriptions effectively. Both doctors and patients use code-switching for common goals, including creating a relaxed atmosphere and providing repetitions or clarifications. This practice enhances understanding without disrupting the conversation flow, contributing to more effective communication in the medical setting. This strategic use of code-switching demonstrates its multiple functions in medical discourse, serving as a resource for managing the complex communication demands of medical consultations. The specific functions of code-switching in this context are tailored to the unique needs and dynamics of healthcare interactions, showing how language practices adapt to serve the goals of the medical consultation. These findings have significant implications. They suggest that code-switching in this bilingual setting is not merely a linguistic phenomenon, but a key component of effective medical communication. The context-specific functionality of code-switching in medical consultations highlights its importance as a communicative resource, rather than a practice to be avoided. Based on these observations, healthcare professionals should be

encouraged to view code-switching as a valuable skill in bilingual contexts. Furthermore, medical communication training should include strategies for effective code-switching to achieve various conversational goals. Such training would recognize the role of code-switching in fulfilling the objectives of medical consultations and equip healthcare providers with the linguistic tools to navigate complex bilingual interactions more effectively. By understanding the multiple functions of code-switching in medical discourse, we can better comprehend how language practices contribute to solving health problems in bilingual settings. This perspective not only enriches our understanding of bilingual communication in healthcare but also provides a foundation for developing more nuanced and effective language policies and practices in medical contexts where multiple languages are used, as for example, reintroducing Galician as a requirement for becoming a medical professional in the public Galician healthcare system.

These conclusions provide a comprehensive picture of the complex role of code-switching in Galician-Spanish medical consultations. They demonstrate how language choice and alternation are intimately linked to social, interpersonal, and practical aspects of healthcare communication in this bilingual context.

6.2. CONTRIBUTIONS

This study offers significant insights to understanding code-switching within healthcare settings, particularly in the Galician-Spanish context. By examining the complex dynamics of language alternation in medical consultations, we have contributed not only to the fields of sociolinguistics and sociopragmatics but also uncovered practical insights for healthcare delivery in bilingual communities. This section highlights the key theoretical, methodological, and applied contributions.

1. Theoretical Contributions

Our research has substantially advanced the theoretical understanding of code-switching as both a pragmatic strategy and a social-embedded phenomenon (Heller, 1988: 82; Poplack, 2013; and Myers-Scotton, 1993). We have demonstrated that in the context of Galician-Spanish medical consultations, code-switching is not only a linguistic feature for bilingual speakers, mostly used in informal settings (§2.2.2.), but a complex communicative resource to achieve interpersonal and transactional goals. Bilingual speakers strategically employ language alternation to negotiate conversational objectives, manage interpersonal relations, and navigate the complex professional and social dynamics inherent in medical interactions.

The study reveals how code-switching reflects and reinforces the specific features of the Galician speech community. By examining language use in a professional healthcare setting, we have shown how the broader sociolinguistic landscape of Galicia manifests in micro-level interactions. Further, this work significantly enhances our understanding of the dynamics of language contact between mutually intelligible languages. When bilingual speakers can comprehend each other without needing to switch languages, code-switching clearly serves communicative purposes. Studies on code-switching typically focus on two linguistically distant languages, such as the extensively researched English-Spanish pair, which offers a clear distinction in switch points. The linguistic proximity between Galician and Spanish, however, provides a distinctive perspective on bilingual practices. This research aligns with Kabatek's (2017) characterization of Galicia as a "living lab" for bilingualism studies, highlighting how the region's sociolinguistic context offers invaluable insights into bilingual practices, particularly in less-studied professional environments (Mondada, 2007, 2018).

2. Methodological Innovations

From a methodological standpoint, this study breaks new ground in several ways. It represents the first exhaustive empirical investigation of code-switching in a controlled setting in Galicia and the first to focus specifically on bilingual medical consultations in the Galician-Spanish context, to the best of our knowledge. The analysis of a comprehensive corpus collected in the same semi-urban region in Galicia at two different times provides a valuable resource for future research comparing these results with a similar study in an urban environment.

The multifaceted analysis, which combines sociolinguistic and sociopragmatic approaches, highlights the value of mixed methodologies in investigating complex linguistic phenomena. By comparing self-reported language use (through questionnaires and interviews) with actual language behavior (captured in audio recordings), this study provides a more comprehensive and nuanced understanding of bilingual practices both inside and outside of medical consultations, offering a broad view of the linguistic landscape. This approach effectively bridges the gap between perceived and actual language behavior, revealing key insights into language attitudes, ideologies, and official policies. Moreover, this methodological approach is replicable and can be applied to studies involving other language pairs and bilingual regions.

3. Applied Contributions and Practical Implications

The findings of this study have significant implications for healthcare delivery in bilingual settings, particularly in the Galician-Spanish context. Our research provides a solid foundation for developing evidence-based language policies and communication protocols in the Galician public health system.

First and foremost, we highlight the need for healthcare systems to recognize and support fluid bilingual practices, challenging monolingual ideologies that may persist in professional settings, especially those associating Spanish with prestigious professions, as medicine. This recognition is crucial as our work demonstrates how healthcare providers can leverage bilingual practices to improve patient-doctor communication, potentially enhancing healthcare outcomes and patient satisfaction.

Building on this understanding, our study raises important questions about the language requirements for healthcare professionals in Galicia. Based on our findings, we suggest reconsidering whether Galician should be reinstated as a requirement, rather than just a merit, in the public exams for employment within the Galician healthcare system. This measure is not currently part of the government's agenda, with the president stating in 2024 that there is no need for such a requirement²⁰⁶. This suggestion stems from our observations of the complex linguistic dynamics in medical consultations and the potential benefits of bilingual competence in this context.

Furthermore, this work serves as a theoretical basis for proposing comprehensive training in communicative techniques for healthcare workers in bilingual settings. Such training would not only enhance the linguistic skills of healthcare professionals but also sensitize them to the nuanced ways in which language choice and code-switching can impact patient care.

By implementing these interconnected strategies, healthcare systems can create an environment that not only acknowledges the linguistic complexity of bilingual communities but also leverages this diversity to improve patient care and outcomes. Our study thus provides a bridge between sociolinguistic and sociopragmatic theory and practical healthcare delivery, offering a pathway to more inclusive and effective healthcare practices in bilingual settings.

²⁰⁶ <https://www.galiciapress.es/articulo/sanidad/2024-04-17/4799700-rueda-reivindica-galicia-abierta-no-voy-perder-buen-medico-cuestion-idiomatica>. Retrieved 21st August 2024.

6.3. FUTURE RESEARCH DIRECTIONS

One of the strengths of this study is the combination of self-reported data and actual interactional data, which allows for a more in-depth analysis by integrating different variables and providing a comprehensive and reliable picture of language use in healthcare settings. However, it is important to acknowledge the limitations of this research, such as the focus on a single speech community and the use of a corpus with audio recordings that lack exhaustive sociolinguistic data from patients. Future studies could broaden the scope to include other bilingual regions, to assess the generalizability of the findings and identify potential cross-cultural differences in code-switching practices. Building on this study, several future research directions are suggested:

- **Expanded sociolinguistic analysis:** Future studies could benefit from collecting more detailed sociolinguistic data from patients, including factors like age, education, and daily language preferences. This would enable a more thorough analysis, exploring how these characteristics influence code-switching behaviors and potentially uncovering patterns not identified in the current study.
- **Comparative studies across healthcare settings:** Extending this research to different healthcare environments – such as urban and rural primary care clinics, emergency rooms, and specialized hospital consultations – could provide valuable insights into how different medical contexts affect language negotiation and code-switching practices.
- **Impact of non-local healthcare providers:** The influence of non-Galician medical professionals on language choice and negotiation in consultations presents an intriguing area for further investigation. This could shed light on the adaptability of both healthcare providers and patients in linguistically diverse medical settings.
- **Cross-linguistic and cross-cultural comparisons:** Applying the methodology from this study to other bilingual regions, both within Spain and internationally, could lead to valuable comparative analyses. This could help identify universal patterns in healthcare code-switching while also revealing context-specific differences.
- **Code-Switching in other professional domains:** Extending this research beyond healthcare to other public services—such as administration (the area where respondents in the questionnaire indicated they would most likely change their language behavior), banking, and legal services—could provide a more complete understanding of bilingual practices in professional settings in Galicia and beyond.
- **Longitudinal studies:** Long-term studies tracking changes in code-switching practices over time could provide insights into how language policies, social

changes, and evolving language attitudes affect bilingual communication in healthcare settings.

- **Impact on healthcare outcomes:** Future research could explore deeper into how code-switching affects concrete healthcare outcomes, such as patient satisfaction, adherence to treatment regimens, and the overall quality of care. This could provide empirical support for the importance of bilingual communication strategies in healthcare delivery.

In conclusion, this study has not only deepened our understanding of code-switching in Galician-Spanish medical consultations but also opened up many possibilities for future research. By exploring these research paths, we can further enhance our knowledge of code-switching in healthcare and other professional settings, leading to more effective and inclusive communication practices in bilingual societies. As our world becomes even more multilingual and interconnected, this research will be vital in shaping language policies, improving professional training, and enhancing service delivery across various sectors.

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APPENDICES

APPENDIX A - EXCERPTS OF INTERVIEWS (ENGLISH TRANSLATION)

Excerpts from §5.1.: Social Dynamics

(16) But those of us who understand, I tell you, we never had any Galician grammar, but through my grandfather, my grandmother, my mother, and those things, we preserve those things and a little bit you read, a little bit like that, that by reading, you understand everything well, right? But of course, grammatically, you're a bit out of..., of the thing, and orthographically too, you make mistakes. It is not practiced either. I read and such, and many times yes, yes, and such, but I do not start writing. I am going to be eighty years old, what are you going to do? *(Informant 8: male 78 years old, secondary education)*

(17) Well, in the media it could be used more, especially in the written media. I especially miss the Galician newspapers that are in Spanish, which you say, except for certain articles, which are in Galician for whatever reason, I think they should be in Galician, I do not know... And well, television, yes, we do have one hundred percent in Galician. Well, the media in general. And well, in school too, because that is what, for example, in my daughter's case, I think it should be used... And well, for example, at the doctor's in (*town's name*) I think practically all doctors speak in Spanish, so yes, it would be good too... *(Informant 1: female 38 years old, higher education)*

(18) Yes, that is what happened. It happened to my parents, that... I mean, my grandparents spoke in Galician to each other and to them in Spanish. *(Informant 11: female 23 years old, higher education)*

(19) They are very rare because...the daughters (*her wife and sisters*) speak Spanish and the parents speak in Galician *(Informant 10: male 38 years old, higher education)*

(20) The grandparents talk to him in Spanish, usually, Galician, let me see, maybe... In fact, well, yes, they do speak, for example, my mother-in-law does speak Galician in her day-to-day life. And yes, sometimes she speaks to them in Galician, but it is rare, she usually sticks to Spanish. *(Informant 1: female 38 years old, higher education)*

(21) It is a mistake, and I include myself in it too, that we do not speak Galician to our children and grandchildren. *(Informant 15: male 78 years old, secondary education)*

(22) I always speak in Galician, yes. Only at some point when the children were small and started speaking Spanish, now they speak Galician. Yes. I mean the grandchildren, you know? *(Informant 14: female 77 years old, primary education)*

(23) Just as there are many people who speak Galician at home, or with family and such, and with people you have contact with, for example, at work, I speak Galician to everyone. Except for a Cuban we have there, whom I can also speak to because he understands it. But in the factories and at work, people speak Galician. *(Informant 15: male 78 years old, secondary education)*

(24) Here (*Town Hall*), what we do is if someone speaks to us in Galician, we respond in Galician, and if they speak Spanish... Well, those who speak Galician, speak Galician, but

for me, Spanish comes out, for example, if someone speaks to me in Spanish. But anyway, at work I use Galician a lot. I always try to start with Galician right away, you know? I initiate it, it is where I became more comfortable at work, because before, Galician, honestly, was very difficult for me, and now I feel quite comfortable speaking Galician. (*Informant 1 (public servant): female 38 years old, higher education*)

(25) I adapt, if they speak to me in Spanish, I speak to them in Spanish, in Galician, in Galician. Yes. (*Informant 14: female 77 years old, primary education*)

(26) Sometimes when we go to the area of (*another Galician city*), I get the impression that they speak it more (*Galician*) there. More people, or simply they do not... do not try to change (laughs). We go there because my wife has a friend, and... there they speak, it seems like everyone does not change. And here everything is mixed. (*Informant 10 (migrant): male 38 years old, higher education*)

(27) If you speak to me in Galician? I respond in Galician. If you speak to me in Spanish? Well, then I respond in Spanish. I wish I could say the same in English or German or French. (*Informant 15: male 78 years old, secondary education*)

(28) For me, it would be... For me, starting to speak Spanish to someone from here would be a lack of respect... I do not know if a lack of respect, it would be something, a deficiency. Me speaking Spanish to someone from here? You are here, and you are going to tell me to speak Spanish to you too? That is the last straw. (*Informant 7: Male, 61 years old, secondary education*)

(29) I think it is the same. They do not dwell on that issue. I think the... doctors here are quite intelligent and skilled at switching from one language to another because almost everyone here speaks in two languages. It is not a problem for them or for me to switch from one side to the other. (*Informant 10: male 38 years old, higher education*)

(30)

Interviewer: Yes, I mean you, when you are in the consultation, depending on the day, depending on the..., you speak one thing or another.

Informant 14: Depending on the conversation or that.

Interviewer: And for her, it is not..., it is normal for her, right?

Informant 14: Oh, yes. Yes, yes.

Interviewer: That you switch from one to the other, right?

Informant 14: Yes, yes. (*Informant 14: female 77 years old, primary education*)

(31) As far as I know... It is just that, well, I do not know. The doctors you have in the public health system, well, you go to the hospital and each time you see a different one, so, of course, in a conversation like that, I could not tell you unless you notice that they are foreign, but that did not happen to me, maybe you can tell from their features, well, maybe they have the features, and they are from here, but well. (*Informant 1: female 38 years old, higher education*)

(32) My boss speaks Galician, but she speaks colloquial Galician (*ghallegho*), she comes from (town's name). But for example, in my village, it did happen that there were people who spoke Galician, but also colloquial Galician, you know? (*Informant 6: female 39 years old, higher education*)

(33) What I have spoken in the village all my life. What I have spoken all my life, and how I have spoken it all my life, I speak. I do not want to speak in a fancy way, either. I speak what I was taught, what I spoke in the village. (...) And you see, I am not being picky speaking Galician, I am not being picky. I am just myself. (*Informant 7: male 61 years old, secondary education*)

(34) Now it might have changed a bit, but I am talking about many years ago, it seemed that with important people, the people you would address with "Don" before their name, it was more respectful to speak to them in Spanish than not to speak to them in Galician, because Galician was, of course, what was spoken in the village. (*Informant 6: female 39 years old, higher education*)

(35) Our Galician is not one hundred percent perfect, but we understand each other well. As I said, we didn't learn Galician at school, but through customs and those things, we manage. We manage and understand completely. (*Informant 8: male 78 years old, secondary education*)

(36) The thing is, I do not want to learn now to speak more than what I already know, with this normal way of speaking that I have, which is not very technical or anything, homespun, you know, everyday talk... I am not going to expect anyone to speak refined Galician, huh? Because I do not speak it anymore, either. For example, there are many words that I know, and sometimes I forget them, or I use Spanish words, but well, I know that I am doing it and I try to correct myself for the next time. (*Informant 13: male 62 years old, secondary education*)

(37) On television (...): Let them speak like that, like us, normal, but not uh... I do not like those things. (*Informant 14: female 77 years old, primary education*)

(38) I do not speak in an academic manner (...) I have the Galician I learned when I was little, that I was taught. (*Informant 12, female 74 years old, secondary education*)

(39) But the little one (*granddaughter*) speaks with me in the "non-academic Galician", even entirely in *castrapo*. With "se", with "s" (*seseo*), with "jota" (*gheada*), with some ugly word in between... We are terrible, she and I. And grandpa here, grandpa there... What do you think about that? To me... And then what? With the old Galician from here, from (*town's name*). (*Informant 2: male 75 years old, secondary education*)

(40) But what is spoken..., more than Galician, it is a shameless mishmash. It has nothing to do with..., it has little to do with Galician (...) it is a mishmash, and it is becoming more and more like Spanish. (*Informant 5: male 77 years old, higher education*)

(41) Yes, I mix languages, because how not to... I am daily... besides..., to speak one very clean language, what do I know, you have to control it very well. (*Informant 10 (migrant): male 38 years old, higher education*)

(42) Galician, no. It is, how do you say, the Galician spoken here, you know? It is not the Galician...(...) it comes back to sort of neglected Galician, it is not the Galician, say... that is coming back strong. (...) (I am referring) to mixing, yes. (...) If everyone spoke well, anyone could correct you, you would have to understand, and improve for the next time, but if everyone speaks broken, you cannot learn anything. (*Informant 9: male 65 years old, primary education*)

(43) Of course, it is like "oh it is just that, oh you placed the pronoun wrong, oh this, I do not know what", that I have to... no, I am not going to speak like the Royal Galician Academy speaks because I do not talk also like the Royal British or Spanish Academies. (*Informant 11, Female 23 years old*)

(44) My mother lives in a village, if she tells you that they are from outside, it can even be from another village nearby. They are from outside, not from here, they are not ours, then people are “from outside”. People from the town and the village do not know..., many of them do not even know that the RAG exists. And it does not bother them, they are going to continue their way of life, and they are going to love more the language, even unconsciously, and the land, and the village, and the roots, much more than anyone that comes to you saying “this is written like this, not like that”. That is how it is. (*Informant 3, Female 50 years old*)

(45) I do not speak correctly, far from it... There are things in Galician that I do not like, I do not like. One of the things, for example, is “*grazas*” (thank you). It seems to me something imposed. (*Informant 15: male 78 years old, Secondary education*)

(46) Let's see, I just answered one there ((...)) they're groups that have..., it's a “*grazas*” (thank you). I'm not so much..., I don't like it because I speak the Galician that I was taught all my life. (...) And what is..., well, they say very nice words when they speak. But Galician like that, well, if that's the one we have to speak then we have to make it a... The important thing is that you speak Galician, period. (*Informant 7: Male 61 years old, secondary education*)

(47) If I go back, and I am ten or eleven years old, and they speak to me as an academic Galician now, many things no. Even now I ask my granddaughter or my daughter what some words that I do not understand mean, because also everyday they are coming up with more words in Galician that those of us before had no idea about. (...) But I know there were words that they changed, that were added Brazilian, or Portuguese, or I do not know what... Well, Galician is going to be well, in fifty years, because Galician is Galician and will always be spoken the same, everyone. (*Informant 2, male 75 years old, secondary education*)

(48) What I do not like is Galician, that is almost Portuguese. (*Informant 12, female 74 years old, secondary education*)

(49) It is that I hear many times “that Galician is from a laboratory”, many times, but both in university, when I was in school, and many times from my friends that say, “I do not speak like that because that Galician is from a laboratory”, therefore later always happens the same. It is difficult to change, and even more if you were born speaking with gheada, with seseo, with “mum” (*colloquial Galician*) ... It is very difficult to change. (*Informant 4: female 25 years old, higher education*)

(50)

I-14: Well, I see the Galician channel sometimes, but not always, because I don't really like the way they speak. On television.

Interviewer: And what's wrong with it?

I-14: It's like the Galicians have us like... I don't know, that's my thing, huh? That they have us as, I don't know what I'm going to tell you. Like ignorant, like we don't know, that... It's just something, I don't like it. How they speak.

Interviewer: On the Galician channel?

I-14: Yes.

Interviewer: But maybe it's a Galician that's, I don't know...

I-14: Too...

Interviewer: Different from what you speak?

I-14: Yes, yes. And well, I see some things, but not much. It seems like they think we're stupid, I don't know. It's just something.

Interviewer: And do you notice that in other places too or...?

I-14: No, no. They have a way of speaking that I... I don't like it.

Interviewer: Do you think...

I-14: That they speak like that, like we speak normally, but not... I don't like those things.

Interviewer: It's like they think they speak better in (*closest city's name*), maybe, you mean?

I-14: That's it. (*Informant 14: female 77 years old, primary education*)

(51) I think more quantity than quality, I think, because, see here, from what I can see daily, that is, the normative Galician is very beautiful on paper, at school, those sorts of things, but on a day-to-day basis it is not used, therefore if you force people to speak identically, you upset them more than when you let them talk how they really talk. Yes, we should probably correct things? Surely. But I think it's better to at least continue with what we already have and not that it's... that it comes from two days ago, it comes from a long time ago. (*Informant 6: female 39 years old, higher education*)

(52) Well, there's a concept, for example, if you cross the river, those on the riverside, there's only one bridge, small also, they say "I'm going to the village", so for them, it's the outskirts. During the pig slaughter and also there, "I'm going to the square in the village." They have to come here to get the fish. (*Informant 15: male 78 years old, secondary education*)

(53) Here in (*town's name*), those who were in the Academy, as they were from here, and I was still from the village, from the town, Spanish was spoken here, in (*town's name*). But for those of us who came from elsewhere, Galician was spoken. But of course, here, with the people from (*town's name*), we spoke Spanish and there were times when the people from (*town's name*) would ask us how to say something in Galician. I remember the frying pan, the "*tixola*". A cup, the "*cunca*". And well, we would tell them how it was. (*Informant 14: female 77 years old, primary education*)

(54) In my house, it's a rural house, always in Galician. Always in Galician, always. My mother, I think..., I don't know if my mother can defend herself in Spanish. She understands it perfectly, but if she starts talking, she might get confused. But she understands it, of course, and she writes it. The advantage my mother had was that the teacher she had, who taught her to write and many generations, including mine, was from there..., he was a man who did paperwork, but he was from there, from the village, so my mother and all those generations didn't grow up thinking that Galician was less than Spanish, that was the advantage. (*Informant 3: female 50 years old, secondary education*)

(55) Back then, speaking Galician meant being from the village, being a bit uncouth. Then you'd come to the town, and it was "he's from the village, he's from the village". But nowadays in the villages, like someone said to another, "look, before in the villages we went with the cows. But nowadays, we have universities." Nowadays in the villages, there are also educated people, it's not like before. Before, for survival, you had to be in the village. (...) And in the town, not because of the landlords... But as I say, in the town... There were very wealthy people in the town. And nowadays, they are the poor. (...) And in the town of course, the farm laborers would come, bring in the harvest, eat, eat, but of course, they didn't bother to study anything. And nowadays, their houses in (*town's name*) are falling

apart. They can't even fix them. And if (*town's name*) improved a bit, it was because people came from the villages with the initiative to put something in the town. (*Informant 8: male 78 years old, secondary education*)

(56) In the town, almost all the children, except maybe in rural areas like aldea, (***), (***), or so, in (*town's name*), in the urban area, the majority of people speak Spanish. They may say no, but usually yes. Besides, poorly spoken Spanish. (...) And then in the (*school's name*), most of the teachers spoke in Galician, and in the (*school's name*), most in Spanish (...) Because here, I mean, the schools are differentiated, and the (*school's name*) is more for children from the countryside, outside the urban area, or what is considered the urban area, and the (*school's name*) is one of the urban areas always. And the (*school's name*) and the (*school's name*) the same, those from the (*school's name*) are the ones who come from the (*school's name*) and those from the (*school's name*) are the ones who come from... So, well... (*Informant 4: female 25 years old, higher education*)

(57) And then there, let's see, as far as I know, everyone, everyone from the village. Maybe the ones who speak Galician are those who have a connection with the countryside or outside (...) And well, those who live here in the center all speak Spanish. (...) No, no, it does not change. I would even say that there are people here in the village, older ones, who speak Spanish, who also do not change. (...) But like I said, from my age, sixty years and older, people from outside, eh? I'm not talking about people from the village here. I do not know people from outside, it does not ring a bell. (*Informant 13: male 62 years old, secondary education*)

(58) Well, there might always be a bumpkin, but not... You do not see it in general. (*Informant 13: male 62 years old, secondary education*)

(59) Well, it depends. People who are more from... from the small villages around here, as they probably didn't have to speak much Spanish and found it easier to talk to me in Galician. But there was no problem, I quickly adapted. As languages, they are very similar, and when talking about one thing or another, I tried to get out the words I didn't understand and ask. (*Informant 10: male 38 years old, higher education*)

(60) Um, let's see, I am a Spanish speaker, but mm it is true, I mean, that, in (urban area), for example, in the village, I see many people of my age who speak more Spanish. But, if we go to villages, like, (*village's name*), (*village's name*), (*village's name*), well yes, I see people of my generation who speak, who speak Galician, I mean, there is indeed a distinction. (*Informant 11: Female 23 years old, higher education*)

(61) Yes, yes, that's true, in the cities it's..., strictly speaking, it's true, in the cities Galician is spoken less than in rural areas. That's very true. Not in all cities, in some, it's not the same (*Galician city*) as (*Galician city*). (*Galician city*), my friend, (*Galician city*) is incredible when it comes to speaking Spanish. (*Informant 5: male 77 years old, higher education*)

(62) In the hardware store it changes a lot, in the jewelry store always, which I also do not understand very well why. Maybe it is because we are not so used to saying "ring" (*standard variety*) in Galician, we always say "well, I have a ring" (*colloquial variety*) in Spanish or..., in that aspect. Or "watch" (*standard variety*), we always say "well, I have a watch" (*colloquial variety*) in Spanish, or... yes. Yeah, but maybe we go to (***) to the hardware store, and they speak in Galician, but come to (*town's name*) and switch to Spanish for me, because everyone in (*town's name*) in the urban area speaks Spanish. But I don't care what they speak, I want to pay for it, I am not going to leave it unpaid. (*Informant 4: female 25 years old, higher education*)

(63) I am talking about when I was, I do not know, twenty or twenty-five. Maybe they came to (*town's name*) and the people from the village were the posh people and those

from the small towns were just from the small towns, you know? And let me tell you something, sometimes back then, of course, there were not the houses that there are now, right?, but I remember that for example at Easter, at the festivals of (***), it was not celebrated as much, it was simply an excursion to the mountain, but at Easter people from the coastal areas would come down to walk, neighbors from there, and they would see a spring here, this spring that is still there, and another one up there, they would walk in slippers or weekday footwear and arrive there, wash their feet, dry them, and put on fine shoes. (*Informant 2: male 75 years old, secondary education*)

(64) No, you see, throughout life you grow, you have lots of insecurities, not only in Galician, in many things you have insecurities. I am a person who walks a lot in tracksuits, before coming to the village in tracksuit... walking in sweatpants. Now I couldn't care less. Can you understand? That's something from the past, that in the village you have to be "dressed up". I come to the village in shorts if necessary. I come with clogs. (*Informant 7: Male 61 years old, secondary education*)

(65) She (*her mother*) when she was young, before getting married, was a tailor, and she was one of those who went to sew at home, with the sewing machine on her head, with one of those sewing machines..., you know. And she went with the sewing machine to sew at the houses, and they were houses of posh men. Very important, so there she had to be refined no matter what. She had to be refined no matter what. Of course, you do not think about it. You are in the house of the posh men, and all the posh men speak Spanish... Of course, you do not say... Of course, you are not going to go to such a place... You go to a funeral, and you are well-dressed, or you go to a wedding, and you are well-dressed, that just comes to you naturally. You do not wear jeans. (*Informant 12, female 74 years old, secondary education*)

(66) With that differentiation, I mean, that... Yes, that you speak..., that hick speaks Galician over there and..., you speak Spanish and... I think people are not aware, these people here have that, huh? They are not aware, I mean, speaking Spanish is for more refined people, more... I speak Spanish, I can already be with this group. And those who speak Galician..., Galician... Maybe that is it, huh? (*Informant 13: male 62 years old, secondary education*)

(67) Yes, no, no. Here, more refined. More Spanish. But in the small towns, everyone is Galician. From what I know, I believe everyone is Galician. I think they treat those who speak Galician as hicks, some of the ones from before. There are still some, there are still some, huh? Of course, I mean, my goodness... We're already in the twenty-first century! (Laughs) And there are still people like that. You see, here, being a small town... (*Informant 12, female 74 years old, secondary education*)

(68) They impressed such a complex in us about our language that people now... They do not value Galician, I mean, it is a useless language. (*Informant 13: male 62 years old, secondary education*)

(69) They were indeed complexes, yes, yes. Maybe when you were fifteen or sixteen, you thought to yourself that if you spoke Galician, you were a hick? Well, it is possible. (*Informant 2: male 75 years old, secondary education*)

(70) Yes, in my childhood days... And she (*her mother*) would say to me, "It is shameful that when you go to (*Galician town*) they call you hicks, because you speak... Did I work my ass off teaching you Spanish for that?" What do you think? It was a shame to speak Galician. I always thought we Galicians were nothing. Of course, poor thing, she would say, "what a shame, if we go to (*Galician town*) ...". Do you see? "Shame" (*dialectal pronunciation*). She didn't say "shame" (*pronounced as in standard Galician*) in proper Galician, no. It's "shame" (*dialectal pronunciation*). (*Informant 12: female 74 years old, secondary education*)

(71) I remember that when I was a child, my parents and I spoke Spanish. Then, when we were a little older, around twelve or fifteen years old, I always spoke Galician with my father, and also with my mother. Always. I do not know, maybe because I wanted to be more refined? (*Laughs*) Because the posh men in the village spoke Spanish and maybe the people from the other village wanted to speak it too. (*Informant 2: male 75 years old, secondary education*)

(72) In the village, it did happen that there were people who spoke Galician, and also colloquial Galician, you know? And then it was like they did not want their child to speak that Galician, so they spoke to them in Spanish. Yes, I mean, I think it's more influenced by the household, but well, in the village, everyone speaks in Galician. The colloquial Galician. (*Informant 6: female 39 years old, higher education*)

(73) I think older people may still have that thing about status, like "we speak Spanish, which is more refined". It is still a bit among older people; I think younger people have lost that already. But among older people, there is still this idea that speaking Galician used to be for hicks, you know? Like, "oh, those from the village, and so on". I think older people still have some of that, unfortunately, they still have it a bit... The very elderly people. (*Informant 1: female 38 years old, higher education*)

(74) The majority..., I think like 90% of people have overcome that. Nobody feels inferior, I think... I don't know anyone..., I don't know anyone from now, from my daughters' generation, for example, who are 23, 19, and 13 years old, who feels self-conscious about speaking Galician or being Galician. I don't know. And from my generation, I was born in '71, I don't know anyone who feels inferior, my lifelong friends are not self-conscious about being Galician, let alone speaking Galician, well. It is like that. We have pride. And we maintain it, and we will continue to maintain it. (*Informant 3: female 50 years old, secondary education*)

(75) Yes, everyone wants to be... I don't know, I don't know, they want to be... not rich, but above average. Everyone wants to be, I don't know, have tractors, cars, I don't know. (*A way*) to try to fit in. (*Informant 10 (migrant): male 38 years old, higher education*)

(76) Because people..., because we are, I don't know, it's because I think we are, I don't know, it's just that I don't know, I think we consider ourselves more important when speaking Spanish, it's just that I don't know. People..., I just don't understand. (*Informant 7: Male 61 years old, secondary education*)

(77) Galician is spoken quite colloquially, but from the middle-upper class and up, Spanish is spoken more. (*Informant 15: male 78 years old, secondary education*)

(78) And yet, on the street, because many times (*husband's name*) has said to me, "Why did you address this girl in Galician?" And I say, "Because it's our language, (*husband's name*). It annoys him. It annoys my husband. I mean, he does not like that... "Why are you speaking to this lady in Galician?" I'm at home and we have a housemaid, right? (*housemaid's name*). We always speak in Galician. Always, but it just comes out. And at this moment, (*husband's name*) comes in and "oh (*husband's name*), you came such and such....". And he says, "yes, yes, yes, such and such." And I love Galician, but it just comes out. I think you get used to it, don't you? (*Informant 12, female 74 years old, secondary education*)

(79) I do not know the reason. The fact is real. There are people who switch. But they switch with me. When there are people who switch with me, when they see me or when they start talking to me, they switch to Spanish and I go like fuck..., no, not to fuck with them, I speak Galician, so they switch back. They switch with people they think have a status..., I do not know if it is superior... we are not rich, but we are not poor either. No..., not at all. And it is not a problem of social status, it is a problem of belonging to a people...

That is a way..., I do not know if it might even be ethnic. "And I am from such and such, I am from (*Galician town*), I am from (*Galician town*) ... So why the hell are you talking to me in Madrilenian?" (*Informant 5: male 77 years old, higher education*)

(80) Well, I think that is the word, I do not know the word "shame", I do not know what it is. What they instil, what they see, I do not know. We must be doing something wrong, adults, we must be doing something wrong for it to be like this. One should not feel ashamed of anything, one should feel ashamed if we do something wrong in life, but if we are living right, we should not feel ashamed of anything. We should not feel... It is bad, but I think it is a tradition from the past. On television, they ask people in Galician, people who, you say... and they answer in Spanish, damn it. It seems that we are ashamed of Galician. They are our roots! (*Informant 7: Male 61 years old, secondary education*)

(81) If they speak Spanish among themselves, what the hell, they will not speak Galician to their children. And what is the reason? It is really hard for me to think that they are ashamed... I would not know how to explain it, because it is curious, it is hard for me to think that they are so dumb, so silly, that they are ashamed to speak Galician. And it is very difficult to preserve Galician under those circumstances. And people, I do not know why they do it, I do not know what shame they have... Many of my colleagues from my profession, most of them, are university professors. I do not know what shame they have; I do not know what the problem is. (*Informant 5: male 77 years old, higher education*)

(82) It is like "if they did not teach Galician, we could know German because Galician is useless, and I do not know what, nobody speaks it" and it is like, look, every language is useful, every language is useful for communication and in the end, it does not matter how many people it reaches and if it is your symbol of identity, the symbol of your land... and I do not know. Icelandic is spoken by three hundred people, and nobody is telling Icelanders to learn another language and stop speaking Icelandic. (...) I do not know. I am saying that it is a bit hypocritical for me to talk about this in Spanish. (*Informant 11: female 23 years old, higher education*)

(83) No, I speak to her... If she is a local girl, I will say "well, how is your grandmother, your father? (*in Galician*)" and so on, I will speak to her in Galician. If she is someone I know. Now, if she is not someone I know, it is "look, who are you, are you from here or not? (*in Spanish*)" then I get into the conversation. But afterward, depending on how things go, I will speak to her in Spanish or Galician. Yes, yes. (*Informant 8: male 78 years old, secondary education*)

(84) I didn't speak Spanish out of fear, I spoke Spanish because they made me accustomed to it. As a child, they accustomed me like that. In schools, in university, etc. So, I spoke Spanish. I habitually spoke Spanish, but I knew how to speak Galician. Also, I have... Those of us born in a Galician household, it shows in the way we speak. It shows. (*Informant 5: male 77 years old, higher education*)

(85) What bothers me is that when I talk to people, they tell me, "You're not from here." That point bothers me a bit because I am from here. It's like... I just can't change the accent. (...) Yeah. Well, no, okay. I don't feel like I'm from outside. Many times, when people tell me, "We notice your accent," it hurts me a little because, honestly, if we've been immigrants, we had to struggle for our economic life, because there was no work in Spain before and all that. (*Informant 9: male 65 years old, primary education*)

(86) And he speaks to you..., he speaks..., he thinks he's Galician, Galician, but he speaks Spanish like this, and it catches your attention, in the sense of... But you see that a man who is a true Galician but has that... As he was in France, he speaks Spanish to you, you have to hear it, he speaks Spanish in a way like this... It catches your attention a lot, but you see that it's natural, he's Galician. He doesn't speak because he feels like... Because he was, I don't know, he was in immigration there in France and I don't know what else. But

he's Galician, Galician. But he stumbles over things like this. It makes sense too, eh? But you see that he's Galician. (*Informant 7: Male 61 years old, secondary education*)

(87) So one day he showed up at the house without saying anything speaking... It made me laugh, because I thought, "Well, this one, who doesn't know how to speak at all...". He started talking and talking and each time he's more..., he already uses that well-known Galician-Portuguese and all that. A pleasant surprise, for me a lot, but at the same time it made me laugh, because I thought, "He won't be teasing me...". I thought it would be a two-day thing or so, saying well, he's taking to this now, he talks now, but no, no, it became consolidated and very consolidated. (*Informant 13: male 62 years old, secondary education*)

(88) Yes. And now it's like he's speaking Spanish to me and I say, "God, what are you doing?" But yes, it's surprising at first when a person who obviously speaks one language continuously suddenly starts speaking another, and you say to yourself, "But what are you doing?" But not in a bad way, but like, "God, what happened? There's something different here". (...) Yes, we did ask him. And nothing, and he said just because and that's it. And we were like: Well, good for you, speak whatever you want. (*Informant 11: female 23 years old, higher education*)

(89) If things continue as they are, in fifty years, Galician will have disappeared. Galician will not exist. Not even as a minority, like a museum piece, practically. It will not exist. And I used to say to my friends, "And the kids, the young people in a hundred years will say: who were those fools who allowed the Galician language to disappear?" (*Informant 5: male 77 years old, higher education*)

(90)

I-14: For example, I had another doctor, and everything was in Galician, everything. (...) but everything was in Galician, everything.

Interviewer: And did you feel more comfortable with him because he spoke...?

I-14: Well, it's all the same to me. (*Informant 14: female 77 years old, primary education*)

(91) Let me tell you about when I got vaccinated, we got vaccinated at the (***). Queues, queues of people... Everyone was speaking Galician in the line, in the queue. We were talking to others in Galician, there was no Spanish anywhere, maybe there were some, but ninety percent and surely more of us were speaking in Galician. And we got there and the nurse who makes us enter to organize us was speaking to us in Spanish. I said "ma'am!", I protested, "ma'am!". I told her what I just told you: "Most of us who came here speak Galician and you arrive with your Spanish". And a nurse behind said "hear, hear", already agreeing with me. She changed. She changed, she started... (...) Of course, of course, well, what I just said, people like me there aren't many. I'm one of those who doesn't stay quiet. (*Informant 5: male 77 years old, higher education*)

(92) Mainly that they be a good doctor. And attentive. And that they look after their patients. That (that doctors speak Galician) is the same, yes. What matters is that they be a good doctor and attend to you as they should. Because that's why we're sick. (*Informant 14: female 77 years old, primary education*)

(93) Let's see, I think Medicine has nothing to do with languages, right? If you understand it within Spain, we're all the same, what does it matter if you speak one thing or another? That's my opinion. (*Informant 2: male 75 years old, secondary education*)

(94) No, not being mandatory, no, because if I think it's well, (if we judge) a doctor based on the language (they speak), that's fine. It is better to (judge the doctor) on what they do with the patient, how they treat them, everything. Everyone in life has to have... If they

fight for something, to help them to... That's not either, like to say..., that for not having the Galician thing (language competence) that... (*Informant 9: male 65 years old, primary education*)

(95) Because there are people, well, I say, culture is fine, but there are people who come, they get a job here, they don't know Galician, it's also disrespectful to rely so much on languages, such. I don't know... (...) I think that's very closed-minded; I think they shouldn't get so involved in that; they should give more freedom to people to speak in the language they defend. But no, we're dealing with these things, this leads nowhere. (*Informant 8: male 78 years old, secondary education*)

(96) Let's make ourselves understood. If you are a doctor, and you come from Zaragoza to Galicia and you are going to practice medicine... If you're going to be in an office typing on a computer, it's all the same to you. But if you're going to have a public position paid for by Galicians, the least you can do is speak their language and understand it and have some basic knowledge. Of Galician. For me, because it's my language, you're in my country. (*Informant 3: female 50 years old, secondary education*)

(97) Galicia has two languages, Galician and Spanish. So, if you want to work in Galicia or be a civil servant, work as a civil servant in Galicia, then you have to know both because people have the right to be attended to in their language, period. But... obviously, Galician is treated as a secondary language, it's like an addition, it's not... It's that Galician people will understand me in Spanish and that's it. (*Informant 11: female 23 years old, higher education*)

(98) I think it shouldn't be a bonus, it should be a requirement. Because it's like this, we're talking about attending to people, you could have an elderly gentleman or lady from a village or not from a village, eighty-something years old, who has spoken Galician all their life and won't know how to speak Spanish, and won't know how to explain what's wrong with them, so at least, even if the other person doesn't respond in Galician, I mean, I'm not saying you have to respond to me in Galician, but that you understand it. It seems basic and fundamental in those areas... (...) Not that the doctor is there and says to them "ma'am I don't understand you, what's wrong with you?", that on top of being sick or feeling... That creates anxiety for them, "they don't understand me, and I don't know how to explain myself another way". (...) Whoever says that in Galicia Spanish is not understood is lying, because you are surrounded by Spanish everywhere. (...) ... Maybe it's not so much the contrast, but it does represent an extra effort for them, and if they're already nervous or feeling unwell it's like... penalizing them on top of everything. Well, no, you know? What's on the other side is being paid for, yes, it's a service... If you go to private, then you go to private, but if it's a public service. (*Informant 6: female 39 years old, higher education*)

(99) But if you have to attend to people who speak Galician, damn it, don't go... The doctors, the doctors' thing is very important, damn it. Giving confidence, not... Because forcing them to speak to them in Spanish..., it's like putting up a shield, it's something..., it takes away affection from the relationship, right? (...) The emotional part is harmed, yes, of course, the doctor has to give confidence. And has to approach the citizen and if the citizen is... If doctors already boast about such, if on top of that the citizen sees you on a pedestal in the fifth dimension, well, no... I think so, I think it should be a requirement. (*Informant 5: male 77 years old, higher education*)

(100)

Interviewer: And what if they speak in Galician?

DR. F: Many people here speak in Galician, but even so, I don't speak in Galician because I don't express myself well in Galician. They understand me perfectly, though!

Interviewer: There's no communication problem.

DR. F: None, none, no, none. Because I understand Galician perfectly well, it's just that I don't speak it. And they understand Spanish perfectly well because they are people who are close to (*closest city's name*). (...) We have no problem here, well, neither with Galician nor with Spanish.

(101)

Interviewer: And why do you think that happens in that field?

I-13: That I couldn't tell you. I couldn't tell you why it happens, I know they don't give in... I somewhat equate it with the people below, eh? They have that language; they seem to think that the Galician language is a little less... Just a bit, well, we're in, what do they call it? Well, doctors. And there I suppose that the majority or..., I don't know, I'm not saying one hundred percent but close to it, they surely speak Spanish. There are few who speak Galician. (*Informant 13: male 62 years old, secondary education*)

(102) Maybe he's there in the waiting room speaking Galician and maybe when he enters the consultation room he speaks Spanish, right? Yes, yes. As a general rule, I would say that almost everyone does. (...) If he speaks Spanish, then your reaction is to say, "Good morning" or "Hello" or whatever you want, the first one to speak is the doctor. Depending on how he talks to you, I also answer him. (*Informant 2: male 75 years old, secondary education*)

(102) No, they stick to it. I speak Galician, and they speak to me in Spanish. Mine, right? He speaks Spanish. But the problem is already there. If they, who are the ones who should be confident, don't believe it, they don't speak it. If we don't believe it, they don't speak it. (...) For me to start speaking Spanish to someone from here would be a lack of respect... I don't know if it's a lack of respect, it would be something, a deficiency. Me speaking Spanish to someone from here? You're here, and you're going to tell me to speak Spanish to you anyway? That's all I needed. (*Informant 7: male 61 years old, secondary education*)

(103) No, I refuse. In case the doctor speaks to me in Spanish, I speak to him in Galician. And he continues to speak in Spanish, and I continue to speak in Galician. Some change, but most don't try. They keep speaking Spanish and I speak in Galician. (*Informant 5: male 77 years old, higher education*)

(104)

DR. D: I speak Spanish because I'm Castilian, you know? So, I feel like I express myself better in Spanish. Although patients use Galician or Spanish interchangeably, whatever comes naturally to them.

Interviewer: Yes, the communication could be them speaking in Galician.

DR. D: Yes.

Interviewer: And you in Spanish.

DR. D: And me in Spanish, yes.

Interviewer: And they understand you?

DR. D: Yes, there's no problem.

(105)

Interviewer: So, you address them initially in Galician?

DR. E: Yes, because the vast majority here speak in Galician. So, I address them in Galician, and then, depending on how they speak to me, I respond in Spanish or Galician. And sometimes, I also mix both.

(106) Dr. C: Well, um, I think I switch between them.

(107)

Interviewer: But they don't change.

I-13: No. They could spend fifty years there. Maybe they'll throw out a basic phrase or an alphabet occasionally, but no, it doesn't change. It doesn't change because I... (*Informant 13: male 62 years old, secondary education*)

Excerpts from §5.2.: Interpersonal Dynamics

(108) Dr. B: I believe that primary care medicine is more about, it's more like... I don't know if it's an art, but it's a method of trying to earn the patient's trust... And then, infections, and so on, but especially in chronic pathology, which is what we mostly see, like hypertension, diabetes, and so on. There, from the moment you gain the patient's trust, when you make them see the seriousness or the possible consequences of... Then, the treatment is very important, but it's more important to make the patient understand what they have and reach a consensus with them, the typical: "Look, for example, don't come back here." And you have to understand that "don't come back here", if in two months you haven't lost a kilo, or you don't come with... It's a kind of commitment that you generate with the patient, to make them see that you are concerned about something and that they have to respond to that, right?

(109) Dr. B: It helps me a lot, especially in the areas where I've been, because I grew up in a rural area, with my grandparents who were farmers, and well, not so much here, but in other areas, even within the clinic, you talk about cows. You'll see in some recordings, maybe I'm attending to a female and we're talking more about her husband, because the woman isn't here for a consultation that is simply a routine check-up, and yet the husband does have one, well then: "how's José doing? So that thing he had got better and such." And, um, I mix a bit because if you know a bit about what's happening to that family, you try to make it all fit together, right? I mean, it's not like now you come here and don't talk to me about this, no, no. If she brings up the conversation, or he does about what's going on with the son or with this, well, that's what the consultation is for, I mean, well, within what I understand primary care to be.

(110) Yes, yes, but in the center of (*small town*), man, there are people..., I don't know them, I'm telling you, but most of the doctors, I don't know if they're from here, eh? Could there be a Galician? Maybe. But there's also one called (***), he must be from over there in (***), from the south or somewhere like that. Then there's another one they also call, that I've never heard of in Galicia, (***), and (***), so (***), the last name doesn't ring a bell in Galicia either. And look, we've been here since forever and there are surnames ((...)) from top to bottom and from bottom to top, and some surnames don't sound familiar to me. Then there's a girl they say is very kind too, who in fact I went..., she treats my son-in-law. She speaks Spanish, but I think she's from (*Galician city*) or she spoke Spanish with me, maybe because she started speaking Spanish and I continued with her. But I don't know, I don't know if... Then I have some friends who are..., one is in rehabilitation, and you're there inside and they all speak Galician, both the physiotherapist and them, the two or three that are there, and everyone speaks Galician. (*In format 2: male, 75 years old, secondary education*)

(111) Because the nurse is from here, but she's not from (*small town*), she's from outside (*small town*). She always spoke Galician because let's say she was born in a village, not born here in the town. And of course, it influences a lot, right? Doctors are usually influenced by where they live, too. (*Informant 13: male 62 years old, secondary education*)

(112) Dr. C: For example, here where I work is a little more, more urban, even though it's semi-rural, but more urban than where I used to work. I used to work on the coast, in (*town's name*). And in (*town's name*), I spent, spent much time, not many hours, but I spent some time at the bar. And the bar was, is, they're limited, there were few of us, there it's a town of, of three, four thousand residents. The time you spent there you knew a lot about; you drew a lot of knowledge from all your patients. And I had a colleague, I had a colleague who was a good doctor, and he knew the relationships, he knew the relationships of all the patients with all the patients. And sometimes you miss that here. Here, sometimes, I have to ask some of the guys at the counter, who live here, because I don't live here, I live in (Galician city). I ask hiD: "look, so-and-so, do you know so-and-so?" And he tells me, and you get information about, especially about family relationships, interpersonal relationships with couples or, or people who... Because of course, here it's ultimately limited, you have very little time. There's no..., there's no possibility of much more. And that, well, eh, well, you say, well, there you were thinking, you say, well, you're at the bar not working. No, well yes!

(113) Yes, I think many switch, right? I mean, the ones..., let's see, many people who aren't comfortable speaking in Spanish maybe not, but those who are, they change without problems, so... Maybe they say "oh, I'm going to speak in...". Yes, I think older people still have this idea that it's frowned upon "oh, they're speaking to me in Spanish and such", there will be all sorts, but well, it is true that some people may feel... Yes. (*Informant 1: female 38 years old, higher education*)

(114) Yeah, yeah, because you see, there are many times when, yes, there are people... But I also believe that it's the fear from before, from... That fear is still embedded in people who still believe that when they come to the village to talk to Mr. So-and-so or Mr. What's-his-name, they have to lower their tone a bit... No, there are still some of those, there's always someone who might think that Mr. So-and-so, Mr. What's-his-name, maybe he's a nobody, but "Mister", he believes you should call him "Mister", so maybe... like "look, good afternoon to you." The old days. There may be some, but the majority of people have information, well, unless they are very old, but if they have information, from sixty to seventy or eighty, they have information, and they know that you are a mayor just as you could be a worker here, there's no longer that intense fear that used to exist, where a guy would come and say, "here you go." That's what I think... (*Informant 13: male 62 years old, secondary*)

(115) Us from the old days, you go into an official place like this and speak Spanish? Yes, it's possible. It's possible. If they speak Galician, I, on my part, already switch. It must be the beliefs from before, you know? That stuff is still ingrained in you. (*Informant 2: male 75 years old, secondary education*)

(116) Dr. E: With people from the countryside, I find it more comfortable to speak Galician because they also speak it (...) because they also speak it (...) and you notice that in the moment you speak to them in Spanish, um, they don't speak the same. As if it's difficult for them or... as if you don't see them speaking naturally.

(117) Dr. C: Actually, especially with older people, you notice that it's very difficult for them to express themselves in Spanish. So well, and so, well, they do a transfer, well, they often do a literal translation of expressions that a Spanish speaker wouldn't understand at all. And then there are the typical expressions here like, well, that's our thing, I mean, here

if you make any kind of, in Galicia, um, if you make any kind of scale, everything tends to be average.

(118) Yeah, yeah. Yeah, because besides, the lady or the man or whoever is probably trying to express something that might not fit with the topic, but if they say it in Galician and the other person listens, they can reach a conclusion about where it's going by how the sentence was constructed, right? When in Spanish, maybe there isn't a synonym for that, what she wants to express. So yes, yes because if you delve into Galician, you know where they're going..., I mean, if you construct the sentence in Galician, what's missing you might also be able to construct even if they don't tell you. (*Informant 13: male 62 years old, secondary education*)

(119)

I-12: In ours..., in ours, I don't even notice. For example, there at the reception, everyone speaks in Galician. Everyone. Everyone in Galician. And with ours..., I think it's also a bit in Galician, but she's very... She speaks in a very affectionate, very loving way, so everything is like "iña", "ai, (*her first name ended in -iña*)", she calls me that, "ai, (*her first name ended in -iña*)", "No, don't do that", but she says it in Spanish. And she says "ai (*first name ended in -iña*)". "No, you have to take these little pills." She uses many features from Galician in Spanish. She is like that, very loving.

Interviewer: Do you think it's to...?

I-12: to intimidate or..., I don't know. But I see that she makes the words more "Galician".

Interviewer: but she sticks to...?

I-12: "look, I'm going to prescribe you these little pills, but take them, eh, (*her first name ended in -iña*)? Because if not, your cholesterol will be so high", and like that (*laughs*). In this way, it seems like she's speaking Galician to you. The way she speaks to you so affectionately, you know? So lovingly.

Interviewer: but in the end, it's Spanish but...

I-12: in the end, it's Spanish but with a touch.

Interviewer: but you feel comfortable?

I-12: yes. I feel comfortable. It's just that I don't realize it. Now, repeating what she tells me, I realize that she says it in Spanish but with that little touch that we have... (*Informant 12: female 74 years old, secondary education*)

(120) Dr. D: And then, that, the character a little more... um... like, it goes around a bit more, yes, it's not so direct. That's very clear. Sometimes, sometimes, I seem a bit abrupt (...) Yes. When they don't know me, I seem like, uuh, she's very straight! And very such! As if I were very... because I say it very clearly: "and you have to do this, and don't..." (*laughs*) (...) Because of that. You know what happens to me? I've been here for twenty years already, and I'm a very direct person! And very... so right now with the patients, we're almost like family. Within... each one of us does our job, but we're very much like family. You'll notice in the recordings that: "how are you, (*name*)?", how are you doing?" I already know almost why they're here, what's going to hurt them, I mean, you already know them a lot. That also makes the work much easier. It doesn't mean you don't have to check them always, but we already know each other a lot. So, maybe, there's not so much respect in that sense, or so much greeting and such, you know? You know? There's a lot, there's more confidence, after many years! Because they come here whenever they feel like it and these things, I mean, not... It's really good, in a way, it's very good, right? Because... because of that, because I think that whenever they have a problem, they often come, even if it's not a

medical problem, you know? Problems at home, and such, and they need to vent, so they come to talk a bit and that...

(121) Dr. C: But they are, well, (*Dr. D's name*) especially is very Castilian and that way of speaking, there are people who understand it as very imperative, so they come to you and say... "it's just that, look, she's Castilian, they're like that, no, no." "She talks to me in a certain way." "No, no, that's just how it is, everyone speaks like that, and we're not going to change it now." So, for some people, it's not the language that causes problems, but the tone. Do you understand? The tone. That happened to (***) and it happened to (*Dr. D's name*), because I am the head of the department, there have been people who have come to me with, let's say, complaints in quotes, and I say: "What did she say? Was it something inappropriate?" "No, no, no, but the way she said it." It's because she's from outside!

(122) No, some speak Galician, but others totally... no. Also, you have to consider that not all the people who work here are necessarily from Galicia. Where there are doctors, there might be doctors from Madrid, or nurses, or... And no, Galician is still not spoken much. (*Informant 9: male 65 years old, primary education*)

(123) Yes, there are more doctors from outside and there is a lot... I have a cousin who is an emergency doctor at the hospital in (*Galician city*) and she is a Galician speaker. She usually speaks Galician, but if someone comes to her speaking Spanish or from outside, then she speaks accordingly, but if not, in her day-to-day interactions, what comes out is Galician. So, if colleagues come to her, maybe they come occasionally, many Latin Americans come or something like that, then of course, she has no choice but to speak Spanish with them for that reason, but yes, in her environment too, when I have met her occasionally for a drink or something, there are colleagues who speak to her in Spanish who may be from here but speak in Spanish, as would be my case, and I speak to her in Spanish, and she speaks to me in Galician, so... And in her work environment too, it's the same, except for that, if she knows someone is from outside then yes, she speaks... But she, when attending, initially, she always speaks in Galician. (*Informant 6: female 39 years old, higher education*)

(124) Well, you see, because in fact, just last week I went to the emergency room, and I encountered a person who was (*País sudamericano*)n, and they responded to me in Galician, which I found curious! I mean, the person who had just given me the wristband for registration was speaking in Spanish, and I was speaking to them in Galician, and then you, who could say to me, well, I'll speak to you in Spanish because even though I understand it, it's hard for me to speak it, no, they respond to me perfectly in Galician. (*Informant 3: female 50 years old, secondary education*)

(125) Dr. C: Well, it's about creating more closeness, more...more... You see, the fact is, um... I mean, we have many patients. And sometimes we don't know them, I mean, we know them, but not entirely, entirely. The patient tends to think that, yes, you are...that he is unique. According to him, you are his only doctor, or almost his only doctor, he thinks he is your, your only patient. So, the fact that you treat him with more closeness gives him more, gives him more security that you are, I mean, you are more careful with him, you are more attentive to him, that you know more about his process. (...) There are people who, for whatever reason, want to come. Well, because they talk to the neighbor, because they get bored at home... For those people, you can already argue with them, you can already do...whatever, you'll always have them at the door. It's impossible to get rid of them.

(126) RES-GAL: Yes, I think sometimes it is necessary (formal treatment). In fact, when we work in emergencies, we always try, even with a young patient, to address them formally. Because many times it helps to maintain a distance, you know, which is sometimes necessary. Because sometimes it is necessary for the patient to know how far they should go, they don't know us, they see us as young, they try to demand unnecessary tests, because they're not... So, it's like a, a separation and saying to theD: "I am the one

here who will direct you, who will advise you, who will...". But always with a bit of distance. Here (in primary care) it's more difficult, we already know each other, (...) It can be justified, but in the end, it's difficult. (...) And... sometimes it's a problem because the patient doesn't know, they overstep: "hey, uh, the pretty doctor, or the friendly doctor, or a blonde is treating me, or she is treating...". And that should not be done. And so, when a certain, uh, a certain distance is established, it helps a bit to maintain the relationship. (...) And they speak to you like that, and you say, hey, look, we are, uh, we're at this point or...trying to set some boundaries for them. The problem is that later it helps for the rest of the relationship. It's not simple, it's not a matter of hierarchies, it's a matter of helping a bit with the treatment, with the distance.

(127) Another thing I noticed is that most nurses speak in Galician. Because here, for example, most of them are from nearby and most speak in Galician, but the doctors, despite some being from nearby, speak to you in Spanish. That is quite curious. It's like lowering the status. So they, yes of course, since they are also the ones who maybe do more physical things, like putting stitches, giving you injections, drawing blood, or whatever, and maybe yes, they already have a certain touch or other affection towards the patient... Maybe it is not the most appropriate phrase, but it is noticeable. That part is noticeable. (...) Yes, yes, but about the nurses, that is quite curious, that they do speak in Galician with the patients and when the doctor is in the consultation room maybe putting some stitches or removing something as it happened to me, they spoke to me in Galician and to the doctor who was..., to my attending physician who was there evaluating, they spoke to her in Spanish. And I said to myself, "Oops!". These are encounters that, if you are a Galician speaker, you think about it. What do you say, damn, what is this about? (*Informant 3: female 50 years old, secondary education*)

(128) Except for one (doctor), the others speak Spanish. The nurses, generally speaking, are more Galician speakers, in general. I do not know what the reason is, maybe because, they are more in contact with the patient, especially in the hospital, with the patient in bed, hospitalized. And they are constantly in contact, and if they did not speak (Galician) before, they end up speaking it. (*Informant 5: male 77 years old, higher education*)

(129) Because the nurse is from here, but she's not from (*town's name*), she's from outside (*town's name*). She always spoke Galician because, let's say, she was born in a small town, not here in the town. And of course, it has a lot of influence, right? Doctors are usually influenced by where they live as well. (*Informant 13: male 62 years old, secondary education*)

(130) Yes, let me see, among doctors, Spanish is indeed spoken quite a lot, that is true. But it might also be because many come from outside, I do not know any more... Maybe many come from outside or... It is true that lately, in the hospital and all, Spanish and young doctors who have just graduated and such, Spanish is very much used. I do not know if maybe among themselves it is..., I do not know, well, the environments in which they operate, more... (*Informant 1: female 38 years old, higher education*)

(131) Well, I cannot really evaluate much either because in the hospital, the times I have been attended to for everything, I went now this time when I broke my arm, most people attended to me in Galician, almost everyone, doctors too... also the doctors who were young guys, right? Young guys, and then I also went the other day to a very young female I do not know if she was even forty. And of course, I do not know if medicine is a place where in the past maybe a certain social class entered, passed down from parents to children, and now it is become more democratized, maybe now they start speaking more variedly, but the truth is that there that day both in the emergency room and afterward in... There I spent just one day, I left. And the times I went for the cures, it was back there, all in Galician perfectly. (*Informant 13: male 62 years old, secondary education*)

(132) Nowadays, there are many doctors, who used to all be from (closest city's name), but now doctors from rural areas come here and usually speak to you in Galician. (*Informant 15: male 78 years old, secondary education*)

(133) A curious thing. The experience usually happens in the hospital. And it is that when you start speaking Galician to someone while they are taking you for a..., they have this habit that if you speak in Galician, you are an ignorant idiot who does not have a clue about anything, that you are an uncultured person, that is also there, that is there, eh? I mean, I was inside a machine, and I spoke Galician with the person attending to me, a technician, neither a nurse nor a doctor, I call them a technician. The machine for..., I do not know what the hell they were doing to me, and I was speaking in Galician. And the female when I spoke to her in Galician, she must have thought I was a very ignorant person, and she started yelling at me, but yelling as if I were deaf, not yelling out of anger, but yelling as if I were deaf: "(first name), look at that..." simply because I was speaking Galician. Until at one point, I was speaking calmly, speaking like that. Then she realized something, that my Galician was a Galician like this, not what she thought. Then she began to realize that I was a somewhat educated guy. So, she switched to Spanish. Immediately, she switched to Spanish. She did not want to know about Galician anymore. She stopped yelling at me and switched to Spanish. I continued speaking Galician. At some point she realized, of course, she uses expressions that are not usual. I might have said this same expression, "uses that expression". If the woman hears this phrase she will say "damn it, hold on, this guy isn't some farmer from who knows where," like that. And at that moment, she started talking to me in Spanish. (...) They change with people they think have a certain status..., I do not know if it is superior, it is just very difficult to get into the heads of people who act like that and guess why they do it. It is speculation. (*Informant 15: male 77 years old, secondary education*)

(134) Dr. E: Well, you see, for example, the new resident just arrived and has been in Galicia for twelve years. She says she understands Galician. And there are people you have to speak to in Galician.

(135) RES-GAL: It depends on the patient. I feel more comfortable with Spanish, but it is like, with certain patients, if they start in Galician, I speak Galician to them. Many times, the greeting is in Spanish, and then according to them... And if you already know them, you know them. But I try to adapt to the level, to the language they are most comfortable with. Because I was raised... in my school, Spanish was spoken, so... My parents speak Galician with each other. (*And you with them?*) In Spanish. Because we studied in a convent school. The nuns did not want us to speak Galician. Before, it was still common. In fact, I had a classmate who found it very difficult to speak... and she was punished for that, because she did not speak Spanish very well and... they demanded a lot from her. I think it is always easier if you can speak the same language as the other person. Because especially with certain, well, with certain people, they can be more comfortable if you speak the same language to them.

(136)

Interviewer: So, what topics do you think give you more to talk in one language and another?

I-14: I don't know, for example... I don't know, for example, if a doctor from (closest city's name) calls her and tells her what I have to do or such and tells me: "your doctor called and such" well, in that sense I speak to her in Spanish because she is speaking to me and such. And what he told her and all that.

Interviewer: Do you also tell her what the doctor told you?

I-14: Yes, of course. Of course. (*Informant 14: female 77 years old, primary education*)

Excerpts from §5.3.: Situational Dynamics

(137)

Interviewer: Do you speak in Galician or in Spanish?

DR. C: Well, um, I think I switch between them.

Interviewer: Um, when you start...

DR. C: There are people that I already know will speak to me in Galician and (...) of course, I have been here for eight years, I know everyone, I already know how they are going to react and... [LAUGHS]

(138) If she starts speaking Galician first or if she speaks Galician to me, then I speak Galician. If not, I speak Spanish. Maybe sometimes I let slip a phrase in Galician, and if she continues with me, then we continue in Galician. (*Informant 2: male 75 years old, secondary education*)

(139) Or at the beginning maybe they spoke to me in Spanish but the moment I changed..., I spoke in Galician, so they continued the whole conversation with me in Galician, and it was not forced at all. I mean, these are people who probably habitually... We go back to the same: in a formal context, we speak in Spanish, and probably at home we speak Galician, but since we're behind..., we speak in Spanish. (*Informant 3: female 25 years old, secondary education*)

(140)

I-3: As for the doctor, that's another story. My grandmother, because she passed away recently, but I used to see and always said, with my grandmother: "grandma, don't do that," because she would go there and have a hard time explaining what was wrong with her in Spanish, but she would go to the doctor and speak in Spanish. And I would say, "grandma, say it in Galician, they will understand you." "Yes, but it is always..." Yes, I think it is correct that they always spoke Spanish. You go to the doctor and all the doctors speak in Spanish, except for two or three doctors at the medical center, who I think do not count, everyone in Spanish. You go to make an appointment; they answer you in Spanish. And if you want... All the time in Spanish, and she, of course, would go there, and all the elderly people I know would go there, and they explain things to them in Spanish.

Interviewer: Then did it change to Galician later, or did it continue? Like if you told her something, maybe...

I-3: No. At first, she always spoke in Spanish, and I would tell her: "but grandma, in the end, you are leaving a lot of things unsaid because you are worried about making yourself understood in Spanish. Say it in Galician or whatever, and if we see that the person does not understand us, because now there are a lot of doctors from outside, or I do not know, then we try to make the person understand. There is no problem, we will go with you, you will not go alone. So, in the end, she started changing. (*Informant 3: female 25 years old, secondary education*)

(141) Yes, because, obviously, I think older people, especially those aged sixty and above, well, obviously there is a prejudice and... and the doctor is always seen as a superior figure and things like that, and perhaps they feel embarrassed that the doctor is speaking to them in Spanish, and they speak to him in Galician, I suppose. Obviously, the doctor must be respected, but he is not some divine figure who will say, "he speaks Spanish because if not, you are stupid, do not speak like a clown," I do not know. But yes, I think so. (*Informant 11: female 23 years old, higher education*)

(142) My doctor, since she speaks Spanish, well, I follow her in Spanish. Sometimes, other times I continue in... yes, well, since she speaks Spanish, then I speak Spanish to her. (*Informant 14: female 77 years old, primary education*).

(143) With the doctor, I don't know, I went to (*closest city's name*) to do some tests and such, and I speak to her in Galician. She also understands me, she doesn't tell me: "speak to me in Spanish" or anything. But I wonder, "will she understand me or not?" so I don't know. Maybe asking her "do you want us to speak in Spanish or Galician?" also doesn't sit well, right? (...) Of course, of course, I thought "maybe Galician is not okay now or something like that," but well, our Galician is not one hundred percent perfect, but we understand each other well. As I said, they didn't teach us Galician in school, but through customs and those things we defend ourselves. We defend ourselves and understand each other perfectly. (*Informant 8: male 78 years old, secondary education*)

(144) I noticed that more often, I noticed it more often with doctors, with some doctor. I would speak Galician and the guy would start speaking Galician, but when he realized I wasn't the typical Galician, sorry for the typical part, eh? Don't get me wrong. (...) Yes, well, I had..., I spoke cultivated Galician, to put it one way, with all the parentheses you want to add. And at that moment, they started speaking to me differently. Like saying, you're an impostor, "you're speaking Galician to me, but you're actually a cultured guy, and therefore I'm going to speak Spanish to you." (*Informant 5: male 77 years old, higher education*)

(145)

DR. E: Almost always Galician, but it depends on what they speak.

Interviewer 1: So, you address them initially in Galician?

DR. E: Yes, because the vast majority here speak in Galician. So, I address them in Galician and then, depending on how they speak to me, I reply in Spanish or Galician. And sometimes, I also mix.

(146)

I-14: (...) to my doctor, for example, since she speaks Spanish, I follow her in Spanish. Sometimes, other times I follow in..., yes, well, since she speaks Spanish, I speak Spanish to her.

Interviewer: But do you think she doesn't understand Galician or...?

I-14: She does understand, yes. But well, as we're talking and such, yes. Sometimes I speak Galician to her, depending on the situation.

Interviewer: Depending on the day or the topic or...?

I-14: The topic, depending on the topic. (*Informant 14: female 77 years old, primary education*)

(149) Dr. F: Many people here speak Galician, but I still don't speak in Galician because I don't express myself well in Galician. They understand me perfectly, though!

(147)

Interviewer 1: Do you typically speak Galician with your patients?

DR. B: Yes.

Interviewer 1: Is it more your initiative, theirs, or...?

DR. B: Well, for example, now as I'm talking to you, you see that sometimes I switch to Galician.

Interviewer 1: Yes.

DR. B: It also depends a bit on how the other person speaks to me. If the other person speaks to me in Spanish, automatically, I mean, unconsciously, I have no problem answering in Spanish. I don't have formalized Galician here. It comes out as it comes from the person I'm dealing with because it's what happens every day, I mean, it's not like at home.

(148) Today there are many doctors, who used to all be from (*closest city's name*), but now doctors from rural areas come here and usually speak to you in Galician. Our doctor (*Surname*) usually... Maybe at some point she wants to give you a more technical explanation and resorts to Spanish, but that's just... (*Informant 15: male 78 years old, secondary education*)

APPENDIX B - CORPUS DATA (DO&HF, 2014)

Data Annotation

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
1	dr. a	1	1	both	pgal	no	dgal	no	no	0:07:29	average	no	no	no
2	dr. a	1	1	both	pgal	no	dgal	no	no	0:05:19	short	no	no	no
3	dr. a	1	1	both	pcs	yes	dgal	no	yes	0:11:55	long	no	yes	no
4	dr. a	1	1	both	pgal	no	dgal	no	no	0:02:18	short	no	no	no
5	dr. a	1	1	both	pgal	no	dgal	no	no	0:07:47	average	no	no	no
6	dr. a	2	1	both	pgal	no	dgal	no	no	0:12:40	long	no	no	no
7	dr. a	1	1	both	pgal	no	dgal	no	no	0:09:00	average	no	yes	no
8	dr. a	1	1	both	pgal	no	dgal	no	no	0:03:42	short	no	no	no
9	dr. a	2	1	both	pspa	no	dcg	yes	yes	0:05:58	short	no	no	yes
10	dr. a	2	1	both	pspa	no	dspa	no	no	0:08:25	average	no	no	no
11	dr. a	1	1	both	pspa	no	dspa	no	no	0:09:50	long	no	yes	no
12	dr. a	1	1	both	pgal	no	dgal	no	no	0:06:12	average	no	no	yes
13	dr. a	1	1	both	pcs	yes	dcg	yes	yes	0:14:19	very long	no	yes	no
14	dr. a	2	1	both	pspa	no	dspa	no	no	0:13:00	long	no	no	no
15	dr. a	2	1	both	pspa	no	dspa	no	no	0:05:55	short	no	yes	no
16	dr. a	1	1	both	pgal	no	dgal	no	no	0:14:10	very long	no	yes	no
17	dr. a	2	1	both	pgal	no	dgal	no	no	0:18:06	very long	no	no	no
18	dr. a	1	1	both	pgal	no	dgal	no	no	0:04:10	short	no	no	no
19	dr. a	2	1	both	pgal	no	dcg	yes	yes	0:05:41	short	no	no	no
20	dr. a	2	1	both	pgal	no	dgal	no	no	0:08:32	average	no	no	no
21	dr. a	2	1	both	pgal	no	dgal	no	no	0:03:31	short	no	no	yes
22	dr. a	2	1	both	pgal	no	dgal	no	no	0:08:06	average	no	no	no
23	dr. a	2	1	both	pspa	no	dspa	no	no	0:16:25	very long	no	no	no
24	dr. a	1	1	both	pgal	no	dgal	no	no	0:09:43	long	no	yes	no
25	dr. a	2	1	both	pspa	no	dspa	no	no	0:05:30	short	no	no	no
26	dr. a	2	1	both	pgal	no	dgal	no	no	0:09:43	long	no	yes	no
27	dr. a	1	1	both	pgal	no	dgal	no	no	0:06:29	average	no	no	no
28	dr. a	2	1	both	pgal	no	dgal	no	no	0:07:40	average	no	no	no
29	dr. a	2	1	both	pgal	yes	dcg	yes	yes	0:10:45	long	no	yes	no
30	dr. a	2	1	both	pcs	yes	dgal	no	yes	0:02:17	short	no	yes	no
31	dr. a	2	1	both	pspa	no	dspa	no	no	0:06:38	average	no	no	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
32	dr. a	2	1	both	pspa	no	dspa	no	no	0:11:50	long	no	no	no
33	dr. a	1	1	both	pspa	no	dspa	no	no	0:08:13	average	no	no	no
34	dr. a	2	1	both	pcs	yes	dcs	yes	yes	0:17:40	very long	no	no	no
35	dr. a	2	1	both	pgal	no	dgal	no	no	0:07:12	average	no	no	no
36	dr. a	2	1	both	pgal	no	dgal	no	no	0:08:04	average	no	no	no
37	dr. a	1	1	both	pspa	no	dspa	no	no	0:08:44	average	no	no	no
38	dr. a	1	1	both	pgal	no	dgal	no	no	0:07:23	average	no	no	no
39	dr. a	2	1	both	pgal	no	dgal	no	no	0:03:07	short	no	no	no
40	dr. a	2	1	both	pgal	no	dgal	no	no	0:04:44	short	no	no	no
41	dr. a	2	1	both	pgal	no	dgal	no	no	0:02:02	short	no	no	no
42	dr. a	1	1	both	pspa	no	dspa	no	no	0:07:04	average	no	no	no
43	dr. a	1	1	both	pgal	no	dgal	no	no	0:07:19	average	no	no	no
44	dr. a	1	1	both	pgal	no	dgal	no	no	0:05:50	short	no	no	no
45	dr. a	1	1	both	pgal	no	dgal	no	no	0:05:24	short	no	no	no
46	dr. a	2	1	both	pgal	no	dgal	no	no	0:03:52	short	no	no	no
47	dr. a	2	1	both	pgal	no	dgal	no	no	0:07:36	average	no	no	no
48	dr. a	2	1	both	pgal	no	dgal	no	no	0:02:52	short	no	no	no
49	dr. a	2	1	both	pspa	no	dspa	no	no	0:10:48	long	no	no	no
50	dr. a	2	1	both	pspa	no	dspa	no	no	0:16:43	very long	no	yes	no
51	dr. a	2	1	both	pcs	yes	dcs	yes	yes	0:04:14	short	no	no	no
52	dr. a	1	1	both	pgal	no	dgal	no	no	0:10:32	long	no	no	no
53	dr. a	2	1	both	pcs	yes	dgal	no	yes	0:06:42	average	no	no	no
54	dr. a	2	1	both	pgal	no	dgal	no	no	0:04:32	short	no	no	no
55	dr. a	2	1	both	pspa	no	dcs	yes	yes	0:08:44	average	no	yes	no
56	dr. a	1	1	both	pgal	no	dgal	no	no	0:06:44	average	no	no	no
57	dr. a	2	1	both	pspa	no	dspa	no	no	0:05:18	short	no	no	no
58	dr. a	2	1	both	pspa	no	dspa	no	no	0:02:40	short	no	no	no
59	dr. a	1	1	both	pcs	yes	dcs	yes	yes	0:10:24	long	no	no	no
60	dr. a	2	1	both	pgal	no	dgal	no	no	0:03:02	short	no	no	no
61	dr. a	2	1	both	pspa	no	dspa	no	no	0:07:10	average	no	no	no
62	dr. a	2	1	both	pgal	no	dgal	no	no	0:12:12	long	no	yes	no
63	dr. a	2	1	both	pgal	no	dgal	no	no	0:06:56	average	no	no	yes
64	dr. a	2	1	both	pspa	no	dspa	no	no	0:06:19	average	no	no	no
65	dr. b	1	1	gal	pcs	yes	dgal	no	yes	0:12:58	long	no	yes	no
66	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:09:56	long	no	no	no
67	dr. b	2	1	gal	pspa	no	dcs	yes	yes	0:15:40	very long	no	no	no
68	dr. b	1	1	gal	pgal	no	dgal	no	no	0:09:53	long	no	no	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
69	dr. b	2	1	gal	pgal	no	dgal	no	no	0:12:40	long	no	no	yes
70	dr. b	1	1	gal	pgal	no	dgal	no	no	0:09:48	long	no	yes	no
71	dr. b	2	1	gal	pgal	no	dgal	no	no	0:14:01	very long	no	no	no
72	dr. b	2	1	gal	pgal	no	dgal	no	no	0:10:19	long	no	no	no
73	dr. b	1	1	gal	pgal	no	dgal	no	no	0:20:52	very long	no	no	no
74	dr. b	1	1	gal	pgal	no	dgal	no	no	0:04:52	short	no	no	no
75	dr. b	2	1	gal	pgal	no	dgal	no	no	0:13:41	long	no	no	no
76	dr. b	2	1	gal	pspa	no	dcs	yes	yes	0:05:53	short	no	no	no
77	dr. b	2	1	gal	pgal	no	dgal	no	no	0:05:04	short	no	no	no
78	dr. b	1	1	gal	pgal	no	dgal	no	no	0:13:44	long	no	yes	no
79	dr. b	1	1	gal	pcs	yes	dgal	no	yes	0:07:18	average	no	no	no
80	dr. b	1	1	gal	pgal	no	dgal	no	no	0:11:24	long	no	no	no
81	dr. b	1	1	gal	pgal	no	dgal	no	no	0:13:42	long	no	yes	no
82	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:23:41	very long	no	no	no
83	dr. b	2	1	gal	pgal	no	dgal	no	no	0:19:15	very long	no	yes	no
84	dr. b	2	1	gal	pgal	no	dgal	no	no	0:04:15	short	no	no	yes
85	dr. b	2	1	gal	pgal	no	dgal	no	no	0:10:19	long	no	no	no
86	dr. b	1	1	gal	pgal	no	dgal	no	no	0:06:30	average	no	yes	no
87	dr. b	2	1	gal	pgal	no	dgal	no	no	0:12:13	long	no	yes	no
88	dr. b	1	1	gal	pgal	no	dgal	no	no	0:07:02	average	no	yes	no
89	dr. b	1	1	gal	pgal	no	dgal	no	no	0:05:28	short	no	no	no
90	dr. b	2	1	gal	pgal	no	dgal	no	no	0:14:36	very long	no	no	no
91	dr. b	2	1	gal	pspa	no	dspa	no	no	0:16:52	very long	no	no	no
92	dr. b	2	1	gal	pspa	no	dspa	no	no	0:05:31	short	no	no	yes
93	dr. b	2	1	gal	pcs	yes	dcs	yes	yes	0:03:00	average	no	no	no
94	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:08:56	average	no	yes	no
95	dr. b	1	1	gal	pgal	no	dgal	no	no	0:05:23	short	no	yes	no
96	dr. b	2	1	gal	pgal	no	dgal	no	no	0:10:51	long	no	no	no
97	dr. b	1	1	gal	pgal	no	dgal	no	no	0:08:45	average	no	no	no
98	dr. b	2	1	gal	pgal	no	dgal	no	no	0:14:05	very long	no	yes	no
99	dr. b	1	1	gal	pgal	no	dgal	no	no	0:12:55	long	no	yes	no
100	dr. b	1	1	gal	pgal	no	dgal	no	no	0:13:56	long	no	no	no
101	dr. b	2	1	gal	pgal	no	dgal	no	no	0:04:05	short	no	no	no
102	dr. b	1	1	gal	pgal	no	dgal	no	no	0:04:53	short	no	yes	no
103	dr. b	1	1	gal	pgal	no	dgal	no	no	0:13:47	long	no	no	no
104	dr. b	1	1	gal	pgal	no	dgal	no	no	0:09:40	long	no	no	no
105	dr. b	1	1	gal	pcs	yes	dcs	yes	yes	0:22:45	very long	no	yes	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
106	dr. b	2	1	gal	pgal	no	dgal	no	no	0:10:40	long	no	yes	no
107	dr. b	2	1	gal	pgal	no	dgal	no	no	0:14:35	very long	no	no	no
108	dr. b	1	1	gal	pgal	no	dgal	no	no	0:29:20	very long	no	yes	no
109	dr. b	1	1	gal	pgal	no	dgal	no	no	0:12:09	long	no	no	no
110	dr. b	2	1	gal	pgal	no	dgal	no	no	0:16:43	very long	no	yes	no
111	dr. b	2	1	gal	pgal	no	dgal	no	no	0:16:15	very long	no	no	no
112	dr. b	1	1	gal	pgal	no	dgal	no	no	0:09:23	long	no	yes	no
113	dr. b	2	1	gal	pgal	no	dgal	no	no	0:05:29	short	no	no	no
114	dr. b	2	1	gal	pgal	no	dgal	no	no	0:06:19	average	no	no	no
115	dr. b	1	1	gal	pgal	no	dgal	no	no	0:15:37	very long	no	no	no
116	dr. b	2	1	gal	pgal	no	dgal	no	no	0:12:46	long	no	yes	no
117	dr. b	1	1	gal	pgal	no	dgal	no	no	0:13:49	long	no	no	no
118	dr. b	1	1	gal	pcs	yes	dcg	yes	yes	0:07:24	average	no	no	no
119	dr. b	1	1	gal	pgal	no	dgal	no	no	0:06:54	average	no	no	no
120	dr. b	2	1	gal	pgal	no	dgal	no	no	0:06:33	average	no	no	no
121	dr. b	1	1	gal	pgal	no	dgal	no	no	0:08:47	average	no	no	no
122	dr. b	2	1	gal	pgal	no	dgal	no	no	0:02:34	short	no	no	no
123	dr. b	1	1	gal	pgal	no	dgal	no	no	0:06:15	average	no	yes	no
124	dr. b	2	1	gal	pgal	no	dgal	no	no	0:16:23	very long	no	no	no
125	dr. b	1	1	gal	pgal	no	dgal	no	no	0:04:11	short	no	no	no
126	dr. b	2	1	gal	pgal	no	dgal	no	no	0:11:29	long	no	no	no
127	dr. b	2	1	gal	pgal	no	dgal	no	no	0:05:00	short	no	no	no
128	dr. b	1	1	gal	pcs	yes	dcg	yes	yes	0:03:44	short	no	no	yes
129	dr. b	2	1	gal	pgal	no	dgal	no	no	0:12:12	long	no	no	yes
130	dr. b	1	1	gal	pgal	no	dgal	no	no	0:28:58	very long	no	no	no
131	dr. b	1	1	gal	pgal	no	dgal	no	no	0:08:33	average	no	no	no
132	dr. b	1	1	gal	pgal	no	dgal	no	no	0:15:00	very long	no	yes	no
133	dr. b	2	1	gal	pgal	no	dgal	no	no	0:04:00	short	no	yes	no
134	dr. b	2	1	gal	pspa	no	dspa	no	no	0:05:32	short	no	no	yes
135	dr. b	2	1	gal	pgal	no	dgal	no	no	0:09:29	long	no	no	no
136	dr. b	2	1	gal	pspa	no	dcg	yes	yes	0:08:09	average	no	no	no
137	dr. b	1	1	gal	pgal	no	dgal	no	no	0:03:40	short	no	no	no
138	dr. b	1	1	gal	pgal	no	dgal	no	no	0:19:40	very long	no	no	no
139	dr. b	1	1	gal	pgal	no	dgal	no	no	0:07:56	average	no	no	no
140	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:17:13	very long	no	no	no
141	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:14:00	long	no	yes	no
142	dr. b	2	1	gal	pspa	no	dcg	yes	yes	0:03:00	short	no	no	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
143	dr. b	1	1	gal	pcs	yes	dgal	no	yes	0:06:35	average	no	yes	no
144	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:13:22	long	no	yes	no
145	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:05:09	short	no	yes	no
146	dr. b	1	1	gal	pgal	no	dgal	no	no	0:27:05	very long	no	yes	no
147	dr. b	2	1	gal	pcs	yes	dc	yes	yes	0:06:10	average	no	no	no
148	dr. b	1	1	gal	pspa	no	dspa	no	no	0:07:43	average	no	no	no
149	dr. b	1	1	gal	pgal	no	dgal	no	no	0:04:29	short	no	no	no
150	dr. b	2	1	gal	pspa	no	dc	yes	yes	0:19:36	very long	no	yes	no
151	dr. b	2	1	gal	pgal	no	dgal	no	no	0:13:09	long	no	no	no
152	dr. b	2	1	gal	pgal	no	dgal	no	no	0:12:24	long	no	no	no
153	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:05:46	short	no	no	yes
154	dr. b	2	1	gal	pgal	no	dc	yes	yes	0:19:03	very long	no	no	no
155	dr. b	2	1	gal	pspa	no	dc	yes	yes	0:04:55	short	no	no	no
156	dr. b	2	1	gal	pspa	no	dspa	no	no	0:05:30	short	no	no	yes
157	dr. b	1	1	gal	pgal	no	dgal	no	no	0:07:42	average	no	no	no
158	dr. b	2	1	gal	pspa	no	dc	yes	yes	0:12:27	long	no	no	no
159	dr. b	2	1	gal	pgal	no	dgal	no	no	0:16:23	very long	no	no	no
160	dr. b	1	1	gal	pgal	no	dgal	no	no	0:01:36	short	no	no	yes
161	dr. b	1	1	gal	pgal	no	dgal	no	no	0:03:03	short	no	no	no
162	dr. b	2	1	gal	pgal	no	dgal	no	no	0:18:13	very long	no	yes	no
163	dr. b	1	1	gal	pspa	no	dc	yes	yes	0:10:22	long	no	no	no
164	dr. b	2	1	gal	pspa	no	dgal	no	no	0:06:26	average	no	yes	no
165	dr. b	1	1	gal	pgal	no	dgal	no	no	0:15:17	very long	no	no	no
166	dr. b	1	1	gal	pgal	no	dgal	no	no	0:07:23	average	no	no	no
167	dr. b	1	1	gal	pgal	no	dgal	no	no	0:10:28	long	no	no	no
168	dr. b	2	1	gal	pgal	no	dgal	no	no	0:03:00	short	no	no	no
169	dr. b	2	1	gal	pspa	no	dc	yes	yes	0:08:55	average	no	no	no
170	dr. b	1	1	gal	pgal	no	dgal	no	no	0:05:28	short	no	yes	no
171	dr. b	2	1	gal	pspa	no	dspa	no	no	0:03:50	short	no	no	no
172	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:09:20	long	no	no	no
173	dr. b	2	1	gal	pgal	no	dgal	no	no	0:08:28	average	no	no	no
174	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:12:08	long	no	yes	no
175	dr. b	2	1	gal	pgal	no	dgal	no	no	0:08:11	average	no	no	no
176	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:13:56	long	no	no	no
177	dr. b	2	1	gal	pgal	no	dgal	no	no	0:05:49	short	no	no	no
178	dr. b	1	1	gal	pgal	no	dgal	no	no	0:14:57	very long	no	yes	no
179	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:11:26	long	no	yes	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
180	dr. b	2	1	gal	pgal	no	dgal	no	no	0:08:10	average	no	no	no
181	dr. b	2	1	gal	pgal	no	dgal	no	no	0:04:39	short	no	no	no
182	dr. b	2	1	gal	pcs	yes	dgal	no	yes	0:11:30	long	no	no	yes
183	dr. b	2	1	gal	pgal	no	dgal	no	no	0:29:21	very long	no	yes	no
184	dr. b	1	1	gal	pgal	no	dgal	no	no	0:07:35	average	no	no	yes
185	dr. b	2	1	gal	pcs	yes	dc	yes	yes	0:11:44	long	no	no	no
186	dr. b	2	1	gal	pgal	no	dgal	no	no	0:11:50	long	no	yes	no
187	dr. c	2	1	spa	pspa	no	dspa	no	no	0:10:49	long	no	no	yes
188	dr. c	1	1	spa	pspa	no	dspa	no	no	0:07:15	average	no	no	no
189	dr. c	1	1	spa	pgal	no	dspa	no	no	0:01:55	short	no	no	no
190	dr. c	2	1	spa	pspa	no	dspa	no	no	0:09:05	long	no	no	no
191	dr. c	2	1	spa	pcs	yes	dspa	no	yes	0:05:48	short	no	no	no
192	dr. c	1	1	spa	pgal	no	dspa	no	no	0:01:36	short	no	no	no
193	dr. c	2	1	spa	pgal	no	dspa	no	no	0:05:18	short	no	no	no
194	dr. c	2	1	spa	pspa	no	dspa	no	no	0:10:08	long	no	yes	no
195	dr. c	1	1	spa	pspa	no	dspa	no	no	0:04:24	short	no	no	no
196	dr. c	1	1	spa	pgal	no	dspa	no	no	0:03:11	short	no	no	no
197	dr. c	2	1	spa	pspa	no	dspa	no	no	0:12:25	long	no	yes	no
198	dr. c	1	1	spa	pspa	no	dspa	no	no	0:02:19	short	no	no	no
199	dr. c	1	1	spa	pcs	yes	dspa	no	yes	0:09:07	long	no	no	no
200	dr. c	2	1	spa	pspa	no	dspa	no	no	0:02:27	short	no	no	yes
201	dr. c	2	1	spa	pcs	yes	dspa	no	yes	0:13:21	long	no	no	yes
202	dr. c	2	1	spa	pcs	yes	dspa	no	yes	0:07:00	average	no	no	no
203	dr. c	1	1	spa	pcs	yes	dspa	no	yes	0:10:33	long	no	no	no
204	dr. c	1	1	spa	pspa	no	dspa	no	no	0:11:33	long	no	no	no
205	dr. c	2	1	spa	pspa	no	dspa	no	no	0:01:28	short	no	no	no
206	dr. c	2	1	spa	pspa	no	dspa	no	no	0:12:54	long	no	no	no
207	dr. c	1	1	spa	pgal	no	dc	yes	yes	0:12:29	long	no	no	no
208	dr. c	1	1	spa	pgal	no	dspa	no	no	0:01:22	short	no	no	no
209	dr. c	1	1	spa	pspa	no	dspa	no	no	0:04:59	short	no	yes	no
210	dr. c	2	1	spa	pspa	no	dspa	no	no	0:01:21	short	no	no	no
211	dr. c	2	1	spa	pspa	no	dspa	no	no	0:05:41	short	no	no	no
212	dr. c	2	1	spa	pgal	no	dspa	no	no	0:02:08	short	no	no	no
213	dr. c	1	1	spa	pspa	no	dspa	no	no	0:07:05	average	no	no	no
214	dr. c	2	1	spa	pcs	yes	dspa	no	yes	0:05:27	short	no	no	no
215	dr. c	2	1	spa	pspa	no	dspa	no	no	0:03:08	short	no	no	yes
216	dr. c	1	1	spa	pspa	no	dspa	no	no	0:11:47	long	no	no	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
217	dr.c	1	1	spa	pgal	no	dspa	no	no	0:05:54	short	no	yes	no
218	dr.c	2	1	spa	pspa	no	dspa	no	no	0:06:22	average	no	no	no
219	dr.c	2	1	spa	pgal	no	dspa	no	no	0:08:33	average	no	yes	no
220	dr.c	2	1	spa	pspa	no	dspa	no	no	0:09:51	long	no	no	no
221	dr.c	2	1	spa	pcs	yes	dspa	no	yes	0:04:18	short	no	no	no
222	dr.c	2	1	spa	pcs	yes	dspa	no	yes	0:07:21	average	no	no	yes
223	dr.c	1	1	spa	pspa	no	dspa	no	no	0:03:05	short	no	no	no
224	dr.c	2	1	spa	pspa	no	dspa	no	no	0:12:02	long	no	no	no
225	dr.c	2	1	spa	pcs	yes	dspa	no	yes	0:01:25	short	no	no	no
226	dr.c	2	1	spa	pcs	yes	dspa	no	yes	0:02:33	short	no	no	yes
227	dr.c	1	1	spa	pgal	no	dspa	no	no	0:09:35	long	no	no	no
228	dr.c	2	1	spa	pcs	yes	dspa	no	yes	0:11:07	long	no	no	no
229	dr.c	1	1	spa	pgal	no	dspa	no	no	0:09:04	long	no	no	no
230	dr.c	2	1	spa	pspa	no	dspa	no	no	0:07:52	average	no	no	no
231	dr.c	1	1	spa	pcs	yes	dspa	no	yes	0:08:51	average	no	no	no
232	dr.c	2	1	spa	pgal	no	dcs	yes	yes	0:03:27	short	no	no	no
233	dr.c	1	1	spa	pspa	no	dspa	no	no	0:02:02	short	no	no	yes
234	dr.c	2	1	spa	pspa	no	dspa	no	no	0:03:27	short	no	no	yes
235	dr.c	2	1	spa	pspa	no	dspa	no	no	0:08:28	average	no	no	no
236	dr.c	2	1	spa	pgal	no	dspa	no	no	0:07:18	average	no	yes	yes
237	dr.c	1	1	spa	pgal	no	dspa	no	no	0:11:52	long	no	yes	yes
238	dr.c	2	1	spa	pspa	no	dspa	no	no	0:02:19	short	no	no	no
239	dr.c	1	2	spa	pspa	no	dspa	no	no	0:11:58	long	no	no	no
240	dr.c	2	1	spa	pspa	no	dspa	no	no	0:04:03	short	no	no	no
241	dr.c	1	1	spa	pcs	yes	dspa	no	yes	0:06:01	average	no	no	no
242	dr.c	2	1	spa	pspa	no	dspa	no	no	0:05:39	short	no	no	no
243	dr.c	2	1	spa	pspa	no	dspa	no	no	0:12:40	long	no	no	no
244	dr.c	2	1	spa	pcs	yes	dspa	no	yes	0:10:47	long	no	no	no
245	dr.c	2	1	spa	pgal	no	dspa	no	no	0:08:53	average	no	no	no
246	dr.c	1	1	spa	pspa	no	dspa	no	no	0:09:36	long	no	no	no
247	dr.c	1	1	spa	pgal	no	dspa	no	no	0:15:19	very long	no	no	no
248	dr.d	2	2	spa	pgal	no	dspa	no	no	0:07:50	average	no	yes	no
249	dr.d	1	2	spa	pgal	no	dspa	no	no	0:09:37	long	no	no	no
250	dr.d	2	2	spa	pspa	no	dspa	no	no	0:13:10	long	no	no	no
251	dr.d	2	2	spa	pspa	no	dspa	no	no	0:13:16	long	no	yes	no
252	dr.d	1	2	spa	pspa	no	dspa	no	no	0:11:48	long	no	yes	no
253	dr.d	1	2	spa	pgal	no	dspa	no	no	0:09:26	long	no	no	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
254	dr. d	2	2	spa	pgal	no	dspa	no	no	0:21:49	very long	no	no	no
255	dr. d	1	2	spa	pspa	no	dspa	no	no	0:17:00	very long	no	yes	no
256	dr. d	2	2	spa	pcs	yes	dspa	no	yes	0:07:41	average	no	no	no
257	dr. d	2	2	spa	pcs	yes	dspa	no	yes	0:07:13	average	no	yes	no
258	dr. d	1	2	spa	pspa	no	dspa	no	no	0:07:47	average	no	yes	no
259	dr. d	1	2	spa	pspa	no	dspa	no	no	0:08:50	average	no	no	no
260	dr. d	1	2	spa	pspa	no	dspa	no	no	0:18:08	very long	no	yes	no
261	dr. d	2	2	spa	pcs	yes	dspa	no	yes	0:08:51	average	no	yes	no
262	dr. d	2	2	spa	pspa	no	dspa	no	no	0:03:00	short	no	yes	no
263	dr. d	1	2	spa	pgal	no	dspa	no	no	0:07:16	average	no	no	yes
264	dr. d	2	2	spa	pcs	yes	dspa	no	yes	0:11:57	long	no	no	no
265	dr. d	1	2	spa	pcs	yes	dspa	no	yes	0:07:10	average	no	no	no
266	dr. d	1	2	spa	pgal	no	dspa	no	no	0:09:10	long	no	no	no
267	dr. d	1	2	spa	pspa	no	dspa	no	no	0:11:50	long	no	no	yes
268	dr. d	2	2	spa	pspa	no	dspa	no	no	0:03:06	short	no	no	yes
269	dr. d	1	2	spa	pspa	no	dspa	no	no	0:01:30	short	no	no	yes
270	dr. d	1	2	spa	pspa	no	dspa	no	no	0:07:50	average	no	no	no
271	dr. d	2	2	spa	pspa	no	dspa	no	no	0:02:55	short	no	no	no
272	dr. d	2	2	spa	pspa	no	dspa	no	no	0:08:07	average	no	no	no
273	dr. d	2	2	spa	pspa	no	dspa	no	no	0:08:05	average	no	no	no
274	dr. d	2	2	spa	pspa	no	dspa	no	no	0:07:30	average	no	no	no
275	dr. d	1	2	spa	pspa	no	dspa	no	no	0:01:19	short	no	no	yes
276	dr. d	2	2	spa	pcs	yes	dspa	no	yes	0:04:05	short	no	no	no
277	dr. d	2	2	spa	pspa	no	dspa	no	no	0:09:40	long	no	no	no
278	dr. d	2	2	spa	pspa	no	dspa	no	no	0:09:40	long	no	no	no
279	dr. d	2	2	spa	pspa	no	dspa	no	no	0:11:30	long	no	yes	no
280	dr. d	1	2	spa	pspa	no	dspa	no	no	0:22:20	very long	no	no	no
281	dr. d	2	2	spa	pspa	no	dspa	no	no	0:08:35	average	no	no	no
282	dr. d	2	2	spa	pspa	no	dspa	no	no	0:11:10	long	no	no	no
283	dr. d	2	2	spa	pgal	no	dspa	no	no	0:15:55	very long	no	no	yes
284	dr. d	2	2	spa	pspa	no	dspa	no	no	0:04:15	short	no	no	no
285	dr. d	2	2	spa	pcs	yes	dspa	no	yes	0:06:20	average	no	no	no
286	dr. d	1	2	spa	pspa	no	dspa	no	no	0:07:00	average	no	no	no
287	dr. d	2	2	spa	pspa	no	dspa	no	no	0:03:35	short	no	no	no
288	dr. d	2	2	spa	pspa	no	dspa	no	no	0:02:04	short	no	no	no
289	dr. d	2	2	spa	pspa	no	dspa	no	no	0:02:20	short	no	no	no
290	dr. d	1	2	spa	pspa	no	dspa	no	no	0:07:35	average	no	no	yes

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
291	dr. d	2	2	spa	pgal	no	dspa	no	no	0:01:22	short	no	no	no
292	dr. d	1	2	spa	pcs	yes	dspa	no	yes	0:07:20	average	no	yes	no
293	dr. d	2	2	spa	pgal	no	dcs	yes	yes	0:19:19	very long	no	no	no
294	dr. d	1	2	spa	pgal	no	dspa	no	no	0:16:25	very long	no	yes	no
295	dr. d	2	2	spa	pspa	no	dspa	no	no	0:11:25	long	no	no	yes
296	dr. d	2	2	spa	pgal	no	dspa	no	no	0:13:20	long	no	no	no
297	dr. d	1	2	spa	pcs	yes	dspa	no	yes	0:09:01	long	no	yes	no
298	dr. d	1	2	spa	pspa	no	dspa	no	no	0:02:30	short	no	no	no
299	dr. d	2	2	spa	pspa	no	dspa	no	no	0:02:35	short	no	no	no
300	dr. d	2	2	spa	pspa	no	dspa	no	no	0:05:48	short	no	no	no
301	dr. d	1	2	spa	pspa	no	dspa	no	no	0:03:23	short	no	no	no
302	dr. d	2	2	spa	pspa	no	dspa	no	no	0:11:58	long	no	yes	no
303	dr. d	1	2	spa	pspa	no	dspa	no	no	0:01:26	short	no	no	no
304	dr. d	2	2	spa	pgal	no	dspa	no	no	0:02:24	short	no	yes	no
305	dr. d	2	2	spa	pcs	yes	dspa	no	yes	0:07:05	average	no	no	no
306	dr. d	2	2	spa	pspa	no	dspa	no	no	0:08:34	average	no	no	no
307	dr. d	1	2	spa	pspa	no	dspa	no	no	0:09:47	average	no	no	no
308	dr. d	1	2	spa	pspa	no	dspa	no	no	0:11:44	long	no	yes	no
309	dr. d	1	2	spa	pspa	no	dspa	no	no	0:15:33	very long	no	no	no
310	dr. d	2	2	spa	pspa	no	dspa	no	no	0:07:00	average	no	no	no
311	dr. d	2	2	spa	pspa	no	dspa	no	no	0:13:53	long	no	no	no
312	dr. d	1	2	spa	pgal	no	dspa	no	no	0:06:16	average	no	yes	no
313	dr. d	1	2	spa	pgal	no	dspa	no	no	0:14:53	very long	no	no	no
314	dr. d	1	2	spa	pspa	no	dspa	no	no	0:15:56	very long	no	no	no
315	dr. d	2	2	spa	pspa	no	dspa	no	no	0:10:34	long	no	no	yes
316	dr. d	2	2	spa	pgal	no	dspa	no	no	0:03:40	short	no	no	yes
317	dr. d	2	2	spa	pgal	no	dspa	no	no	0:07:00	average	no	no	no
318	dr. d	2	2	spa	pcs	yes	dspa	yes	yes	0:16:15	very long	no	yes	no
319	dr. d	1	2	spa	pgal	no	dcs	yes	yes	0:12:55	long	no	yes	no
320	dr. d	2	2	spa	pcs	yes	dcs	yes	yes	0:10:20	long	no	no	no
321	dr. d	2	2	spa	pspa	no	dspa	no	no	0:15:35	very long	no	yes	no
322	dr. d	2	2	spa	pspa	no	dspa	no	no	0:05:10	short	no	yes	no
323	dr. d	2	2	spa	pspa	no	dspa	no	no	0:08:45	average	no	no	no
324	dr. d	1	2	spa	pspa	no	dspa	no	no	0:07:55	average	no	no	no
325	dr. d	1	2	spa	pgal	no	dspa	no	no	0:04:13	short	no	no	no
326	dr. d	2	2	spa	pspa	no	dcs	yes	yes	0:14:47	long	no	no	no
327	dr. d	2	2	spa	pgal	no	dspa	no	no	0:13:28	long	no	yes	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
328	dr. d	2	2	spa	pspa	no	dspa	no	no	0:01:27	short	no	no	no
329	dr. d	1	2	spa	pspa	no	dspa	no	no	0:10:40	long	no	no	no
330	dr. d	1	2	spa	pspa	no	dspa	no	no	0:17:05	very long	no	no	no
331	dr. d	2	2	spa	pspa	no	dspa	no	no	0:05:10	short	no	no	no
332	dr. d	2	2	spa	pspa	no	dspa	no	no	0:06:00	short	no	no	no
333	dr. d	1	2	spa	pcs	yes	dspa	no	yes	0:11:35	long	no	no	no
334	dr. d	2	2	spa	pspa	no	dspa	no	no	0:13:20	long	no	no	yes
335	dr. d	2	2	spa	pspa	no	dspa	no	no	0:09:20	long	no	no	no
336	dr. d	1	2	spa	pspa	no	dspa	no	no	0:08:40	average	no	no	no
337	dr. d	1	2	spa	pgal	no	dspa	no	no	0:09:32	long	no	no	no
338	dr. d	2	2	spa	pspa	no	dspa	no	no	0:11:40	long	no	yes	no
339	dr. d	2	2	spa	pspa	no	dspa	no	no	0:04:30	short	no	no	no
340	dr. d	2	2	spa	pspa	no	dspa	no	no	0:08:05	average	no	no	yes
341	dr. d	2	2	spa	pspa	no	dspa	no	no	0:11:17	long	no	yes	no
342	dr. d	2	2	spa	pcs	yes	dspa	no	yes	0:14:35	long	no	yes	no
343	dr. d	2	2	spa	pcs	yes	dspa	no	yes	0:21:50	very long	no	no	no
344	dr. d	2	2	spa	pgal	no	dspa	no	no	0:10:50	long	no	no	no
345	dr. d	2	2	spa	pgal	no	dspa	no	no	0:01:50	short	no	no	yes
346	dr. d	2	2	spa	pspa	no	dspa	no	no	0:07:45	average	no	no	no
347	dr. d	2	2	spa	pcs	yes	dc	yes	yes	0:15:35	very long	no	no	no
348	dr. d	1	2	spa	pgal	no	dspa	no	no	0:11:33	long	no	no	no
349	dr. d	1	2	spa	pgal	no	dspa	no	no	0:14:30	very long	no	no	no
350	dr. d	1	2	spa	pcs	yes	dspa	no	yes	0:01:50	short	no	no	no
351	dr. d	2	2	spa	pspa	no	dspa	no	no	0:06:32	average	no	no	no
352	dr. d	2	2	spa	pspa	no	dspa	no	no	0:02:24	short	no	no	no
353	dr. d	1	2	spa	pgal	no	dspa	no	no	0:01:54	short	no	no	no
354	dr. d	2	2	spa	pspa	no	dspa	no	no	0:13:47	long	no	no	no
355	dr. d	1	2	spa	pspa	no	dspa	no	no	0:10:42	long	no	no	no
356	dr. d	2	2	spa	pcs	yes	dc	yes	yes	0:07:25	average	no	no	no
357	dr. d	2	2	spa	pcs	yes	dspa	no	yes	0:05:17	short	no	no	no
358	dr. d	2	2	spa	pcs	yes	dspa	no	yes	0:22:00	very long	no	yes	no
359	dr. d	2	2	spa	pspa	no	dspa	no	no	0:03:55	short	no	no	no
360	dr. d	2	2	spa	pspa	no	dspa	no	no	0:12:16	long	no	no	no
361	dr. d	2	2	spa	pspa	no	dspa	no	no	0:11:00	long	no	yes	no
362	dr. d	2	2	spa	pspa	no	dspa	no	no	0:05:09	short	no	no	yes
363	dr. d	1	2	spa	pspa	no	dspa	no	no	0:02:03	short	no	no	yes
364	dr. d	2	2	spa	pspa	no	dspa	no	no	0:12:05	long	no	no	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
365	dr. d	1	2	spa	pspa	no	dspa	no	no	0:15:10	very long	no	yes	no
366	dr. d	2	2	spa	pgal	no	dspa	no	no	0:12:10	long	no	yes	no
367	dr. e	2	2	gal	pgal	no	dc	yes	yes	0:05:54	short	yes	no	no
368	dr. e	2	2	gal	pgal	no	dgal	no	no	0:06:47	average	yes	yes	no
369	dr. e	1	2	gal	pgal	no	dc	yes	yes	0:04:40	short	yes	no	no
370	dr. e	2	2	gal	pspa	no	dc	yes	yes	0:03:00	short	yes	no	no
371	dr. e	1	2	gal	pspa	no	dspa	no	no	0:18:00	very long	yes	no	no
372	dr. e	1	2	gal	pgal	no	dc	yes	yes	0:05:10	short	yes	no	yes
373	dr. e	1	2	gal	pgal	no	dgal	no	no	0:10:00	long	yes	no	no
374	dr. e	2	2	gal	pgal	no	dc	yes	yes	0:08:46	average	yes	no	yes
375	dr. e	2	2	gal	pcs	yes	dc	yes	yes	0:24:38	very long	yes	no	no
376	dr. e	2	2	gal	pspa	no	dspa	no	no	0:12:38	long	no	no	no
377	dr. e	1	2	gal	pgal	no	dgal	no	no	0:11:01	long	no	no	no
378	dr. e	1	2	gal	pgal	no	dgal	no	no	0:03:39	short	no	no	no
379	dr. e	2	2	gal	pcs	yes	dgal	no	yes	0:07:50	average	no	no	no
380	dr. e	1	2	gal	pgal	no	dc	yes	yes	0:05:47	short	no	no	no
381	dr. e	1	2	gal	pgal	no	dc	yes	yes	0:05:35	short	yes	no	no
382	dr. e	2	2	gal	pcs	yes	dc	yes	yes	0:07:04	average	yes	no	no
383	dr. e	2	2	gal	pgal	no	dc	yes	yes	0:10:14	long	yes	no	no
384	dr. e	2	2	gal	pspa	no	dspa	no	no	0:10:22	long	yes	no	no
385	dr. e	1	2	gal	pgal	no	dc	yes	yes	0:08:04	average	yes	no	no
386	dr. e	2	2	gal	pspa	no	dc	yes	yes	0:10:20	long	yes	no	no
387	dr. e	1	2	gal	pcs	yes	dc	yes	yes	0:16:21	very long	yes	no	no
388	dr. e	2	2	gal	pspa	no	dspa	no	no	0:06:52	average	yes	no	no
389	dr. e	1	2	gal	pgal	no	dc	yes	yes	0:10:40	long	yes	yes	no
390	dr. e	1	2	gal	pgal	no	dgal	no	no	0:06:30	average	yes	no	no
391	dr. e	1	2	gal	pspa	no	dspa	no	no	0:21:50	very long	no	no	no
392	dr. e	2	2	gal	pspa	no	dspa	no	no	0:03:50	short	no	no	no
393	dr. e	1	2	gal	pgal	no	dgal	no	no	0:05:05	short	no	yes	no
394	dr. e	1	2	gal	pgal	no	dgal	no	no	0:03:18	short	no	no	no
395	dr. e	2	2	gal	pspa	no	dspa	no	no	0:07:45	average	no	no	no
396	dr. e	1	2	gal	pgal	no	dc	yes	yes	0:04:55	short	no	yes	no
397	dr. e	1	2	gal	pgal	no	dgal	no	no	0:11:31	long	no	yes	no
398	dr. e	2	2	gal	pspa	no	dspa	no	no	0:01:52	short	no	no	no
399	dr. e	2	2	gal	pspa	no	dc	yes	yes	0:05:09	short	no	no	no
400	dr. e	1	2	gal	pspa	no	dc	yes	yes	0:21:16	very long	no	yes	no
401	dr. e	2	2	gal	pspa	no	dspa	no	no	0:04:35	short	no	no	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
402	dr. e	2	2	gal	pgal	no	dcS	yes	yes	0:12:10	long	yes	yes	no
403	dr. e	1	2	gal	pcs	yes	dgal	no	yes	0:05:18	short	yes	yes	no
404	dr. e	1	2	gal	pcs	yes	dcS	yes	yes	0:10:52	long	yes	no	no
405	dr. e	2	2	gal	pspa	no	dspa	no	no	0:05:10	short	yes	no	no
406	dr. e	2	2	gal	pgal	no	dcS	yes	yes	0:09:49	long	yes	yes	no
407	dr. e	2	2	gal	pgal	no	dcS	yes	yes	0:17:30	very long	yes	no	no
408	dr. e	2	2	gal	pspa	no	dspa	no	no	0:02:15	short	yes	yes	no
409	dr. e	2	2	gal	pspa	no	dspa	no	no	0:01:36	short	yes	no	no
410	dr. e	1	2	gal	pgal	no	dcS	yes	yes	0:09:09	long	yes	yes	no
411	dr. e	2	2	gal	pspa	no	dcS	yes	yes	0:04:44	short	yes	yes	no
412	dr. e	2	2	gal	pcs	yes	dspa	no	yes	0:11:41	long	yes	no	no
413	dr. e	1	2	gal	pcs	yes	dcS	yes	yes	0:03:53	short	yes	no	no
414	dr. e	2	2	gal	pcs	yes	dcS	yes	yes	0:05:39	short	yes	yes	no
415	dr. e	2	2	gal	pgal	no	dgal	no	no	0:09:20	long	yes	yes	no
416	dr. e	2	2	gal	pgal	no	dgal	no	no	0:01:47	short	yes	no	no
417	dr. e	1	2	gal	pcs	yes	dcS	yes	yes	0:26:47	very long	yes	yes	no
418	dr. e	2	2	gal	pcs	yes	dcS	yes	yes	0:19:05	very long	yes	yes	no
419	dr. e	2	2	gal	pspa	no	dspa	no	no	0:16:19	very long	yes	no	no
420	dr. e	2	2	gal	pgal	no	dcS	yes	yes	0:03:47	short	yes	no	no
421	dr. e	2	2	gal	pcs	yes	dcS	yes	yes	0:11:50	long	yes	yes	no
422	dr. e	1	2	gal	pgal	no	dcS	yes	yes	0:06:45	average	yes	no	no
423	dr. e	1	2	gal	pgal	no	dcS	yes	yes	0:11:32	long	yes	no	no
424	dr. e	1	2	gal	pcs	yes	dcS	yes	yes	0:11:30	long	yes	no	no
425	dr. e	1	2	gal	pgal	no	dcS	yes	yes	0:05:54	short	yes	no	no
426	dr. e	2	2	gal	pcs	yes	dcS	yes	yes	0:10:38	long	yes	no	no
427	dr. e	2	2	gal	pgal	no	dcS	yes	yes	0:13:36	long	yes	yes	no
428	dr. e	1	2	gal	pcs	yes	dcS	yes	yes	0:06:18	average	yes	no	no
429	dr. e	2	2	gal	pgal	no	dcS	yes	yes	0:03:54	short	yes	no	no
430	dr. e	2	2	gal	pcs	yes	dcS	yes	yes	0:14:36	very long	yes	no	no
431	dr. e	1	2	gal	pspa	no	dspa	no	no	0:07:45	average	yes	no	no
432	dr. e	2	2	gal	pgal	no	dgal	no	no	0:04:42	short	yes	no	no
433	dr. e	2	2	gal	pcs	yes	dcS	yes	yes	0:08:45	average	yes	yes	no
434	dr. e	1	2	gal	pcs	yes	dspa	no	yes	0:03:41	short	yes	yes	no
435	dr. e	1	2	gal	pgal	no	dgal	no	no	0:02:30	short	no	no	no
436	dr. e	1	2	gal	pgal	no	dcS	yes	yes	0:08:48	average	yes	no	no
437	dr. e	1	2	gal	pgal	no	dcS	yes	yes	0:13:30	long	yes	yes	no
438	dr. e	2	2	gal	pgal	no	dcS	yes	yes	0:08:36	average	yes	no	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
439	dr. e	1	2	gal	pgal	no	dcx	yes	yes	0:03:41	short	yes	no	no
440	dr. e	1	2	gal	pgal	no	dcx	yes	yes	0:09:45	long	yes	no	no
441	dr. e	2	2	gal	pgal	no	dcx	yes	yes	0:07:56	average	yes	no	no
442	dr. e	2	2	gal	pspa	no	dcx	yes	yes	0:09:23	long	yes	yes	no
443	dr. e	2	2	gal	pgal	no	dcx	yes	yes	0:06:50	average	yes	no	no
444	dr. e	2	2	gal	pspa	no	dspa	no	no	0:07:40	average	yes	no	no
445	dr. e	2	2	gal	pspa	no	dspa	no	no	0:11:05	long	yes	no	no
446	dr. e	1	2	gal	pgal	no	dcx	yes	yes	0:02:08	short	yes	yes	no
447	dr. e	2	2	gal	pcs	yes	dcx	yes	yes	0:14:37	very long	yes	yes	no
448	dr. e	2	2	gal	pgal	no	dcx	yes	yes	0:09:45	long	yes	no	no
449	dr. e	2	2	gal	pspa	no	dspa	no	no	0:02:30	short	yes	no	no
450	dr. e	2	2	gal	pcs	yes	dcx	yes	yes	0:03:44	short	yes	no	no
451	dr. e	1	2	gal	pgal	no	dcx	yes	yes	0:07:15	average	yes	no	no
452	dr. e	2	2	gal	pspa	no	dspa	no	no	0:01:58	short	yes	no	no
453	dr. e	2	2	gal	pcs	yes	dcx	yes	yes	0:19:38	very long	yes	no	no
454	dr. e	2	2	gal	pspa	no	dspa	no	no	0:08:28	average	yes	no	no
455	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:02:14	short	no	no	no
456	dr. f	2	2	spa	pgal	no	dspa	no	no	0:17:00	very long	no	no	no
457	dr. f	2	2	spa	pspa	no	dspa	no	no	0:15:03	very long	no	no	no
458	dr. f	1	2	spa	pspa	no	dspa	no	no	0:17:01	very long	no	no	no
459	dr. f	1	2	spa	pspa	no	dspa	no	no	0:09:28	long	no	no	no
460	dr. f	2	2	spa	pspa	no	dspa	no	no	0:09:03	long	no	no	no
461	dr. f	2	2	spa	pspa	no	dspa	no	no	0:02:53	short	no	no	no
462	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:05:05	short	no	no	no
463	dr. f	2	2	spa	pgal	no	dspa	no	no	0:05:57	short	no	no	no
464	dr. f	1	2	spa	pspa	no	dspa	no	no	0:03:25	short	no	no	no
465	dr. f	2	2	spa	pspa	no	dspa	no	no	0:04:16	short	no	no	no
466	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:07:30	average	no	yes	no
467	dr. f	2	2	spa	pspa	no	dspa	no	no	0:01:22	short	no	no	no
468	dr. f	2	2	spa	pspa	no	dspa	no	no	0:03:50	short	no	no	no
469	dr. f	1	2	spa	pgal	no	dspa	no	no	0:04:21	short	no	yes	no
470	dr. f	1	2	spa	pgal	no	dspa	no	no	0:15:02	very long	no	yes	no
471	dr. f	2	2	spa	pspa	no	dspa	no	no	0:03:00	short	no	no	no
472	dr. f	2	2	spa	pspa	no	dspa	no	no	0:05:37	short	no	yes	no
473	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:06:43	average	no	no	no
474	dr. f	2	2	spa	pspa	no	dspa	no	no	0:10:05	long	no	no	no
475	dr. f	2	2	spa	pgal	no	dspa	no	no	0:05:38	short	no	no	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
476	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:11:09	long	no	yes	no
477	dr. f	2	2	spa	pspa	no	dspa	no	no	0:02:30	short	no	no	no
478	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:09:52	long	no	no	no
479	dr. f	2	2	spa	pgal	no	dspa	no	no	0:04:53	short	no	no	no
480	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:06:01	average	no	no	no
481	dr. f	1	2	spa	pspa	no	dspa	no	no	0:07:15	average	no	no	no
482	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:11:04	long	no	no	no
483	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:04:26	short	no	no	no
484	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:05:00	short	no	no	no
485	dr. f	1	2	spa	pspa	no	dspa	no	no	0:07:28	average	no	no	no
486	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:04:01	short	no	no	no
487	dr. f	2	2	spa	pspa	no	dspa	no	no	0:03:45	short	no	no	no
488	dr. f	2	2	spa	pspa	no	dspa	no	no	0:10:39	long	no	no	no
489	dr. f	1	2	spa	pgal	no	dspa	no	no	0:01:30	short	no	no	yes
490	dr. f	1	2	spa	pgal	no	dspa	no	no	0:01:14	short	no	no	no
491	dr. f	1	2	spa	pgal	no	dspa	no	no	0:04:16	short	no	no	yes
492	dr. f	2	2	spa	pgal	no	dspa	no	no	0:03:43	short	no	no	no
493	dr. f	2	2	spa	pspa	no	dspa	no	no	0:04:45	short	no	no	yes
494	dr. f	2	2	spa	pspa	no	dspa	no	no	0:10:10	long	no	yes	no
495	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:04:40	short	no	yes	no
496	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:06:22	average	no	no	no
497	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:03:43	short	no	yes	no
498	dr. f	1	2	spa	pspa	no	dspa	no	no	0:05:45	short	no	yes	no
499	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:02:57	short	no	yes	no
500	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:03:02	short	no	no	no
501	dr. f	2	2	spa	pgal	no	dspa	no	no	0:06:34	average	no	yes	no
502	dr. f	2	2	spa	pspa	no	dspa	no	no	0:04:30	short	no	yes	no
503	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:03:19	short	no	no	no
504	dr. f	1	2	spa	pspa	no	dspa	no	no	0:10:30	long	no	yes	no
505	dr. f	2	2	spa	pgal	no	dspa	no	no	0:11:32	long	no	no	no
506	dr. f	1	2	spa	pspa	no	dspa	no	no	0:04:40	short	no	no	no
507	dr. f	2	2	spa	pspa	no	dspa	no	no	0:26:15	very long	no	no	no
508	dr. f	2	2	spa	pspa	no	dspa	no	no	0:03:30	short	no	yes	no
509	dr. f	2	2	spa	pspa	no	dspa	no	no	0:10:04	long	no	no	no
510	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:03:29	short	no	no	no
511	dr. f	1	2	spa	pspa	no	dspa	no	no	0:02:03	short	no	no	no
512	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:12:55	long	no	no	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
513	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:12:30	long	no	yes	no
514	dr. f	1	2	spa	pspa	no	dspa	no	no	0:13:24	long	no	no	no
515	dr. f	2	2	spa	pgal	no	dspa	no	no	0:00:30	short	no	no	no
516	dr. f	1	2	spa	pgal	no	dspa	no	no	0:06:03	average	no	no	no
517	dr. f	2	2	spa	pgal	no	dspa	no	no	0:05:39	short	no	yes	no
518	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:02:38	short	no	no	no
519	dr. f	1	2	spa	pgal	no	dspa	no	no	0:00:45	short	no	no	no
520	dr. f	2	2	spa	pspa	no	dspa	no	no	0:03:26	short	no	no	no
521	dr. f	1	2	spa	pgal	no	dspa	no	no	0:09:24	long	no	no	no
522	dr. f	2	2	spa	pspa	no	dspa	no	no	0:02:27	short	no	no	no
523	dr. f	1	2	spa	pgal	no	dspa	no	no	0:12:30	long	no	no	no
524	dr. f	2	2	spa	pspa	no	dspa	no	no	0:07:10	average	no	no	no
525	dr. f	2	2	spa	pspa	no	dspa	no	no	0:09:03	long	no	no	no
526	dr. f	2	2	spa	pgal	no	dspa	no	no	0:05:06	short	no	yes	no
527	dr. f	2	2	spa	pspa	no	dspa	no	no	0:04:53	short	no	no	no
528	dr. f	2	2	spa	pgal	no	dspa	no	no	0:09:45	long	no	no	no
529	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:05:57	short	no	no	no
530	dr. f	2	2	spa	pspa	no	dspa	no	no	0:04:35	short	no	yes	no
531	dr. f	2	2	spa	pspa	no	dspa	no	no	0:07:20	average	no	no	no
532	dr. f	2	2	spa	pgal	no	dspa	no	no	0:03:50	short	no	no	no
533	dr. f	1	2	spa	pspa	no	dspa	no	no	0:12:30	long	no	yes	no
534	dr. f	2	2	spa	pgal	no	dspa	no	no	0:04:25	short	no	no	no
535	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:04:44	short	no	no	no
536	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:04:03	short	no	no	no
537	dr. f	2	2	spa	pgal	no	dspa	no	no	0:08:00	average	no	no	no
538	dr. f	2	2	spa	pspa	no	dspa	no	no	0:12:59	long	no	no	no
539	dr. f	2	2	spa	pspa	no	dspa	no	no	0:14:22	very long	no	no	yes
540	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:04:57	short	no	no	no
541	dr. f	2	2	spa	pspa	no	dspa	no	no	0:03:37	short	no	yes	no
542	dr. f	1	2	spa	pgal	no	dspa	no	no	0:03:21	short	no	no	no
543	dr. f	2	2	spa	pspa	no	dspa	no	no	0:05:02	short	no	no	no
544	dr. f	2	2	spa	pspa	no	dspa	no	no	0:04:32	short	no	no	yes
545	dr. f	2	2	spa	pspa	no	dspa	no	no	0:05:10	short	no	no	no
546	dr. f	2	2	spa	pgal	no	dspa	no	no	0:01:47	short	no	no	no
547	dr. f	1	2	spa	pgal	no	dspa	no	no	0:03:13	short	no	yes	no
548	dr. f	2	2	spa	pgal	no	dcs	yes	yes	0:10:02	long	no	yes	no
549	dr. f	1	2	spa	pgal	no	dspa	no	no	0:07:35	average	no	no	no

number	doctor_code	patient_sex	doctor_sex	doctor_langpref	patient_lang	patient_switch	doctor_lang	doctor_switch	CS_total	length	standard_length	resident	companion	carer
550	dr. f	1	2	spa	pgal	no	dspa	no	no	0:07:14	average	no	no	no
551	dr. f	2	2	spa	pspa	no	dspa	no	no	0:08:01	average	no	no	no
552	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:07:30	average	no	yes	no
553	dr. f	2	2	spa	pspa	no	dspa	no	no	0:05:20	short	no	no	no
554	dr. f	2	2	spa	pspa	no	dspa	no	no	0:10:15	long	no	no	no
555	dr. f	2	2	spa	pspa	no	dspa	no	no	0:03:18	short	no	no	no
556	dr. f	2	2	spa	pgal	no	dspa	no	no	0:02:45	short	no	no	no
557	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:17:12	very long	no	no	no
558	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:03:30	short	no	no	no
559	dr. f	2	2	spa	pspa	no	dspa	no	no	0:11:47	long	no	no	no
560	dr. f	2	2	spa	pspa	no	dspa	no	no	0:05:33	short	no	no	no
561	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:25:20	very long	no	yes	no
562	dr. f	2	2	spa	pspa	no	dspa	no	no	0:02:11	short	no	no	no
563	dr. f	1	2	spa	pspa	no	dspa	no	no	0:00:55	short	no	no	no
564	dr. f	1	2	spa	pspa	no	dspa	no	no	0:02:12	short	no	yes	no
565	dr. f	2	2	spa	pgal	no	dcs	yes	yes	0:09:55	long	no	yes	no
566	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:06:22	average	no	no	no
567	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:06:00	average	no	no	no
568	dr. f	2	2	spa	pspa	no	dspa	no	no	0:04:01	short	no	no	no
569	dr. f	1	2	spa	pspa	no	dspa	no	no	0:04:13	short	no	no	no
570	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:04:47	short	no	no	no
571	dr. f	1	2	spa	pspa	no	dspa	no	no	0:01:15	short	no	no	no
572	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:07:08	average	no	no	no
573	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:06:08	average	no	no	no
574	dr. f	1	2	spa	pgal	no	dspa	no	no	0:10:00	long	no	no	no
575	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:03:15	short	no	no	no
576	dr. f	1	2	spa	pspa	no	dspa	no	no	0:06:33	average	no	no	no
577	dr. f	2	2	spa	pcs	yes	dspa	no	yes	0:07:50	average	no	yes	no
578	dr. f	1	2	spa	pcs	yes	dspa	no	yes	0:11:05	long	no	no	no
579	dr. f	2	2	spa	pspa	no	dspa	no	no	0:08:48	average	no	yes	no
580	dr. f	1	2	spa	pgal	no	dspa	no	no	0:03:58	short	no	yes	no
581	dr. f	2	2	spa	pspa	no	dspa	no	no	0:07:05	average	no	no	no
582	dr. f	2	2	spa	pspa	no	dspa	no	no	0:00:45	short	no	no	no
583	dr. f	1	2	spa	pspa	no	dspa	no	no	0:11:21	long	no	yes	no
584	dr. f	2	2	spa	pspa	no	dspa	no	no	0:00:46	short	no	no	no
585	dr. f	1	2	spa	pspa	no	dspa	no	no	0:12:28	long	no	no	no
586	dr. f	1	2	spa	pspa	no	dspa	no	no	0:02:38	short	no	yes	no

Transcriptions

Example 1: Consultation #51

Doctor (D): Dr. A, man ca. 50 years old. Functional bilingual. Behavior: Spanish-Galician-Spanish.

Patient (P): Female 35 years old. Behavior: Spanish-Galician-Spanish.

Nurse (ENF): Female. She speaks Spanish.

Consultation: Signing last maternity leave before the birth.

Length: 4 minutes and 14 seconds

- 1 **D:** ¡Hola!, ¿aún estás aquí? Pues se está retrasando la cosa. Pasa, anda.
- 2 **P:** ¿Paso yo ya?
- 3 **D:** Sí.
- 4 **P:** ((Aínda)) pues salgo mañana de cuentas, aún, ¿eh?
- 5 **D:** Sí, ¿sales de cuentas ahora?
- 6 **P:** Mañana.
- 7 **D:** Mañana.
- 8 **P:** Pero fui el viernes...
- 9 **D:** Buenos días, mira.
- 10 **P:** ¡Ay!, ¿qué pasa?
- 11 **D:** Umm, estamos haciendo un estudio que es para la (***)
- 12 **P:** Sí.
- 13 **D:** Bueno, esto son encuestas, si quieres te las daa, a la salida. Si no tienes prisa,
- 14 te las paso.
- 15 **P:** Si, si, fághecha.
- 16 **D:** Y después también requiere la grabación de la consulta. Lo que pasa es que la grabación necesito
- 17 de tuu..., tuu autorización...
- 18 **P:** Sí, autorización.
- 19 **D:** Exactamente.
- 20 **P:** Sí, ((perfecto)).
- 21 **D:** La grabación es anónima, quiere decir que la persona que la va a analizar, va a ser een,
- 22 een, en (***), en (***) y no sabe, no vaa, no vaa a saber quién es el médico ni quién es el
- 23 paciente, y entonces solo se va a centrar en lo que es la, eel, lo que es la comunicación.
- 24 **P:** Bien.
- 25 **D:** Fírmame aquí, (*sonido de firma*) tienes ganas de acabar de una vez, ¿no?
- 26 **P:** Ai!, a verdá é que agora *chéghame*.
- 27 **D:** Sí.
- 28 **P:** Pero fui el viernes y aún me dijo que aún estaba bastante verde, pero bueno, a ver,

29 puede estar verde y..., de un día pa' otro...

30 **D:** Empezar las contracciones.

31 **P:** Claro, o no, (()) día.

32 **D:** ¿No leíste las noticias ayer? Que no sé dónde fue...

33 **P:** Ayer estuve en enganchada al resultado electoral,

34 **D:** Pues una, unaa de una mesa electoral...

35 **P:** ¿Sí?

36 **D:** ...eh, una vocal d'estas que le toca ir, pues se puso de parto en el recuento (RISAS).

37 **P:** (RISAS) ¡Qué bueno! ¡Ay!, pues no lo oí, fíjate, estuve con

38 la ((Gendarta)) mirando la, y esa no...

39 **D:** Sí, sí, no sé dónde fue, pero se puso de parto, o sea que...

40 **P:** Fíjate.

41 **D:** Sí, sí.

42 **P:** Bo! Y es que yo, mira, del primero me dijo el día anterior que estaba muy verde.

43 Y es verdad que el cuello del útero lo tenía verde, ¿eh?

44 **D:** Sí.

45 **P:** Y rompí aguas al día siguiente y ya..., tuven q'ir, que parín ben, o sea, fue rápido.

46 **D:** Y eso que era el primero.

47 **P:** Y eso que era el primero, y en cinco horas tenía al niño. Por eso que d'esta, a lo mejor,

48 si estoy verde, a lo mejor yo tardo más en madurar oo..., eeh, la matrona, por ejemplo,

49 allí me ayudó. Yo estaba dilatada de todo y me ayudó ella a un, a madurarlo,

50 ¿sabes? Pero...

51 **D:** Sí.

52 **P:** Y a lo mejor esta semana (...) que quería, porque ahora díghoche

53 que me chegha, ehh, iuff!

54 **D:** Es que tienes, tienes una buena barriga, ¿eh?

55 **P:** Uff, estoy cargadísima.

56 **D:** Eso tiene que molestaar...

57 **P:** ¡Veintidós kilos engordé!

58 **D:** ¿Engordaste cuarenta y dos kilos?

59 **P:** ¡Veintidós!, cuidao, es mucho, ¿eh?

60 **D:** ¡Uff! Eso es mucho, ¿eh?

61 **P:** Es muchísimo. E que ti sabes que fame teño (RISAS)

62 **D:** (RISAS)

63 **P:** Y después...yo en mi vida normal como, ipero me muevo mucho! Soy super activa,

64 pero ahora, claro, estoy cansada, voy a andar un pedazo y ya, ya *afogho*,

65 xa quero parar. Porque son muchos kilos. Yo soy una persona que no engordo,

66 estoy siempre igual. En el primero engordé diecisiete, pero d'este ya me pasée...

67 Tengo suerte que no me sube la tensión, ni me hinchán las piernas.

68 **D:** Un segundo (*entra alguien en la consulta*), ya...

69 **P:** Ni nada, ni el azúcar.

70 **D:** No, pero bueno, tienes ahí.

71 **P:** Sí, no...

72 **D:** Ahí... (*el médico habla con la enfermera*)

73 **ENF:** (*apellido*), eso me dices tú un día, (())

74 **D:** Muy bien. Guárdalo. Está, está normal.

75 **ENF:** Está normal.

76 **D:** Puede hacer uno cada dos años, o así. ¿Vale? (*pausa*) ¡Gracias/ (*nombre enfermera*)! (*la enfermera sale*), ahí tienes.

77 **P:** Vale. Esta é a miña baixa. Aa ver se é a última, eh?

78 **D:** (RISAS) Síi, yo creo que la próxima semana ya vie..., ya es el permiso de maternidad.

79 **P:** (RISAS) ¡Sí! Esperemos.

80 **D:** Non sei cando é a lúa, cando é?

81 **P:** Creo que es veintiocho, pero no influye eso. ¿Tú crees?

82 **D:** Mira, los, los que se dedican al tema, dicen que sí.

83 **P:** Que sí.

84 **D:** Y si ellos dicen que sí...

85 **P:** Y los, y la gente vieja también te dice que sí.

86 **D:** Y..., y..., bueno, que sí, que sí, que hay aumento de...

87 **P:** ¡Listo!

88 **D:** ¡Espera, no, listo, non. Teño que darche...Levas un bolígrafo?

89 **P:** Sí, no, me lo prestas.

90 **D:** Te lo presto. ¿Y me la devuelves ahora?

91 **P:** ¡Claro!

92 **D:** Muy bien.

93 **P:** Pero dame o papeliño, non?

94 **D:** Non cho dei?

95 **P:** Noo, claro que noo.

96 **D:** Bueno, pois espera un momentíño...Esto no, esto son los consentimientos...

97 son estos.

98 **P:** Te la cubro y te la doy ahora antes de irme.

99 **D:** No firmes ni pongas, ni pongas tu nombre.

100 **P:** Vale.

101 **D:** Es anónima, ¿vale?

102

- 103 **P:** Okey.
- 104 **D:** Venga, ¡hasta luego!
- 105 **P:** ¡Chao, chao!

Example 2: Consultation #293

Doctor (D): Dr. D, female, ca. 60 years old. Spanish-dominant speaker.

Patient (P): Female, unidentified age (old, she has a grandson). She speaks Galician.

Consultation: Walk-in consultation due to a thrombosis while sleeping. Referral to the hospital.

Length: 19 minutes and 10 seconds.

- 1 **D:** Número ocho. Vamos a ponerlo aquí. Número ocho. Entonces, ahora están haciendo un trabajo
2 que graban las consultas y tiene que firmar ahí, ¿vale?
- 3 **P:** Bien. Aquí, ((xunta)) ao oito?
- 4 **D:** Sí, ahí. Así, ya va. Entonces, ¿qué es lo que le ha pasado?, ¿a ver!
- 5 **P:** Que ando ca boca torta!
- 6 **D:** Tiene la boca un poco torcida, ¿verdad? A ver, saque la lengua.
- 7 **P:** Uhum
- 8 **D:** Así, muévela para este lado. Ahora pa'l otro. Enséñeme los dientes.
- 9 **P:** Non teño.
- 10 **D:** Ya, pero me lo enseña así, porque así veo yo. Ahora cierra los ojos fuerte. Vale, bueno, ha sido
11 poca cosa. A ver, venga para aquí.
- 12 **P:** Pero doime esta man
- 13 **D:** A ver, venga pa'quí.
- 14 **P:** Porque me colleu durmida. Ao estar durmida, debeu sere, non me afectou tanto. Que non vexo...
- 15 **D:** Ah, pues siéntese ahí. Estaba todo el día. Me da las manos, así, y apriete fuerte. Bien, parece que
16 no, que sí que tiene fuerza, ¿no? Igual, que sí.
- 17 **P:** No, no, nesta teño menos fuerza.
- 18 **D:** ¿En esta de aquí tiene menos fuerza?
- 19 **P:** Sí, sí, moita menos.
- 20 **D:** Ay, es verdad que sí. Apriete más, venga. Bueno, un poco menos en esta parte.
- 21 **P:** Esta, esta e doime máis por aquí.
- 22 **D:** Bueno, pero el dolor no tendría que ser...A ver, haga así.
- 23 **P:** Pois non sei se ((é algho)) ou que.
- 24 **D:** Haga así, pa'bajo, pa'riba. (*sonidos de palmas*). Así, así.
- 25 **P:** Ui! así doi máis.
- 26 **D:** Bueno, a ver, ponga las manos en frente de las mías. Así. Muy bien. ¿Y en la pierna? ¿Tiene
27 fuerza igual?
- 28 **P:** No, na perna no
- 29 **D:** No tiene, vale
- 30 **P:** Sí, creo que sí. Teño solamente esto. Pero de aquí hasta aquí.

31 **D:** ¿Pero qué le pasa aquí?, ¿que le duele o no tiene fuerza?

32 **P:** Non teño forsa e mais doime.

33 **D:** Apriete otra vez. Es verdad que tiene poca fuerza. Bien, vamos a ver. Míreme a mí, así, apriete,

34 cierre fuerte. Parece que ahí está bastante bien. Sí que tiene un poquito de desviado hacia arriba.

35 **P:** Sí, teño. (()) tamén segue aí.

36 **D:** A ver, eso, abra, saca la lengua, muévela pa' quí. Bien. Para aquí, bien. Enséñame los dientes,

37 muy bien. Muy bien, vale. Hinche los carrillos así. Está todo bien, bueno. Así, Le ha dao una

38 pequeño, un pequeño trombo. ¿Por qué?

39 **P:** Xa me volveu a dar, outra ves.

40 **D:** Eh?

41 **P:** Non sei por que!

42 **D:** Bueno, no sabe por qué, pero esto, vamos a mirar a ver cómo está la tensión. Es decir, ile voy a

43 mandar a (*hospital más próximo*)! Porque esto es una pequeña trombosis, ¿entiendes?

44 **P:** Sí.

45 **D:** Es lo que se llama un accidente vascular.

46 **P:** Xa estiven antes

47 **D:** ¿Ya le ha dado otra vez?

48 **P:** Sí. E non fóra, xa pasaran oito días ou máis.

49 **D:** Bueno, pues ahora va a ir, porque esto tiene un peligro. Si le da más grande,

50 se queda a lo mejor paralítica. ¿Entiende?

51 **P:** Quedar paralítica é o *piore*, se morro non pasa nada.

52 **D:** Claro, es mejor morir que quedar paralítico.

53 **P:** Bueno

54 **D:** Pero no podemos elegir. Vamos a ver que le voy a...mirar la tensión (*pausa*). La tensión está

55 bien, doce de máxima, seis de mínima. Un momentito que voy a mirar otra cosa.

56 Vamos a escucharle el corazón. Aquí (*pausa*). Respire tranquila. No hace falta que respire fuerte.

57 Lo que sí que tiene es un soplo en el corazón bastante gordo. ¿Alguna vez se lo habían dicho ya que

58 tenía un soplo ahí en el corazón?

59 **P:** No.

60 **D:** Bueno. Vale, vale. Levante para arriba eso. Respire fuerte. (*pausa*) Así, ahora. (*pausa*) Vale.

61 Entonces, le voy a mandar. ¿Tiene alguien que le ayude, que le acompañe y eso?

62 **P:** Terei que chamar á filla para ir.

63 **D:** Pues tendrá que llamar. Vamos a ver. O sea, que me dice usted que ya en otra ocasión le pasó

64 algo parecido.

65 **P:** Sí. Pero non fora a ningún lado. Non é que solamente despois...(médica teclea en el ordenador).

66 Pero despois me chamarán (()) tamén. (()) (*paciente chama á filla por teléfono*) Podes vir que

67 teño que ir a (*cidade máis próxima*)?

68 **Filla (teléfono):** Eu ahora non podo, mamá.

69 **P:** A que hora?

70 **Filla (teléfono):** Que eu non podo! Non podo ir, agora mesmo non podo.

71 **P:** Chámalle a (*nome*), a ver.

72 **Filla:** Eu non (())

73 **P:** Vale, vale.

74 **Filla:** (())

75 **P:** Pois chamo eu, vale, vale, vale.

76 **Filla:** Vale (())

77 **P:** A ver...cinco, que non é o de (*nome*), senón o da soghra, bueno. Catro. Cuatro. (*médica segue*

78 *tecleando no ordenador*). Nueve...Un...El que llama...Marquei o número...oi! A ver...ocho,

79 uno...Cincuenta y cuatro. Ochenta y cuatro (***)

80 **D:** Cierre los ojos fuerte otra vez. ¡Bien fuerte! ¡Bien fuerte! Bien fuerte, porque cuando...Bien,

81 parece que bien, ¿no?

82 **P:** O ollo este, pero para que non... (())

83 **D:** Que no quiere cerrar, ¿no?

84 **P:** O que está máis...(ao teléfono) Mira, quen eres, (*nome*)? (*Nome*). Está (*nome*) por aí?

85 (*interlocutor fala*) Mi madre, logo nada. Pero eu, eu teño que inghresare, ((como así)).

86 **D:** Déjame el teléfono, anda. Oye, mira, soy la doctora (apelido). Parece como si le ha dao un

87 pequeño accidente de manera que se le ha desviado un poco la boca y tiene pérdida de fuerza en un

88 brazo. Estaba bien ir a (*ciudad más próxima*), ¿sabes? A urgencias, a echar un vistazo. Era para ver

89 si le puede acompañar algún hijo (*interlocutor habla*).

90 **P:** Que está traballando.

91 **D:** Pues de... ¿y no podéis llamar al otro hijo o alguien?

92 **P:** É a nora

93 **D:** Esta no tiene el teléfono. Pues a ver.

94 **P:** No o chama.

95 **D:** Pues a ver usted, no, está ya sin

96 **P:** Unicamente que chame a (()) señor alí. A ver, que me dixeron que cando me fixera falta, que

97 chamara. A ver se están, tamén (*médica teclea no ordenador*). Senón vou sola ou vamos (()).

98 Pois...

99 **D:** Hombre, estaba bien que le acompañara alguien.

100 **P:** Xa, pero xa sei como son meus fillos. Unha que ten que ir buscar o fillo, outra que non sei que...E

101 cos sogros...E non o teño aquí apuntado. Noo. No, aquí teño os papeles da aquí do outro día. Non o

102 teño aquí. (*médica teclea no ordenador e paciente marca un número no teléfono*). Aquí, non chama.

103 Non está permitido, ala! Ai! Seis...(paciente marca un número no teléfono). Ah! Están todos

104 comunicando ou...

105 **D:** A ver, a ver, ioh! Dígame, ¿cuál es el número? Déjeme a mí. ¿Quién es? ¿cuál es el que quiere

106 poner? ¿este número de arriba?

107 **P:** Estes d'aquí.

108 **D:** ¿Este de aquí de abajo?

109 **P:** Este de aquí pon que non...

110 **D:** Vamos a ver, el de debajo del todo, el móvil.

111 **P:** Si.

112 **D:** Vamos a llamar.

113 **P:** Xa está marcado.

114 **D:** Seis (***) y cero. Llamando. (El teléfono que ha marcado no está disponible

115 en este momento). No está. (Inténtelo más tarde). Que no está disponible.

116 **P:** Unicamente que usted chame á miña filla e fale con ela.

117 **D:** ¿Y dónde está su filla? ¿Cuál es su teléfono de su filla?

118 **P:** Coa que falei eu hai un pouco, porque xa cando foi da perna, xa fixeron...

119 non lle deu a gana. Non era aí, era aquí...(*marca no teléfono*)

120 **D:** ¿Cómo se llama ella?

121 **P:** *P: (nome da filla)*

122 **D:** Hola, mira, soy la doctora (*apellido*), de (*centro de salud*). Llamo de parte de (*nombre de la*

123 *paciente*).

124 **Filla:** Si, ya lo sé.

125 **D:** Bueno, pues le dio, así como un poquito, a lo mejor un poco de trombosis. Se le ha desviado un

126 poco la boca y tiene pérdida de fuerza en un brazo. No es que sea mucho, pero convenía... ir a

127 (*ciudad más cercana*).

128 **Filla:** Ya, ¿y qué hago? Tengo mi vida, tengo que ir buscar ((al niño)).

129 **D:** Bueno, hombre, pero... ¿Eh? (*la hija habla al otro lado del teléfono*) ¿Y el niño? ¿Cuántos años

130 tiene?

131 **P:** Ten dazaoito.

132 **Filla:** (()) ¿Ahora yo qué hago?

133 **D:** Bueno, pues aquí estamos. La llama a tu madre y dices como, mira a ver cómo lo podéis arreglar,

134 ¿vale?

135 **Filla:** Vale.

136 **D:** Bueno, hasta ahora. Ella va a ver cómo arregla, ¿vale? Ahora la llamará. Un momento.

137 **P:** O fillo é un *moso*. Non sei se está no colegio. Porque senón...vai a traballar a un bare.

138 **D:** Bueno, pues entonces es, va a esperar un poco ahí fuera usted, ¿vale?

139 **P:** Vale.

140 **D:** Y, momento.

141 **P:** Espero un momento.

142 **D:** Ahora le llamará a su hija a ver cómo apaña, ¿vale?

143 **P:** Vale.

144 **D:** Y ahora ella algún avío para poder venir a buscarle. (ruido de impresora) Entonces, ahí tiene el
145 papelito para ir a urgencias, ¿vale?

146 **P:** Vale.

147 **D:** No es que ha sido mucho y se, y se va a recuperar.

148 **P:** Home...co tempo si.

149 **D:** Lo que pasa es que está bien saber qué es lo que pasa ahí. Sobre todo, ese pueblo del corazón
150 que a lo mejor tiene alguna válvula un poquito afectada y le crea algún pequeño trompo. Um? Y le
151 da estas...Ahora ya casi se le nota poco, la verdad. Un poquitín, solo.

152 **P:** (()) unhos quilos, non sei se sería deso.

153 **D:** Eh?

154 **P:** Se baixei quilos, seique.

155 **D:** ¡Ah! Eso no tiene que ver nada con lo que va a estar aquí, ¿eh?

156 **P:** que baixei moitos quilos.

157 **P:** Eso no tiene que ver, en principio, eso no tiene que ver.

158 **P:** bueno, pero quería a folla dos medicamentos, bueno si.

159 **D:** ¿Quiere que se la renueve?

160 Por min xa mellor, ou esperamos a mañá? (RISAS) Home si, se chegho!

161 **D:** Pues yo ya se la renuevo, porque ya...

162 **P:** ((donde puxen o)) ai! Metino coa outra.

163 **D:** Bueno, pues los medicamentos ya los tiene ahí todos, ¿vale?

164 **P:** quería esto, esto que é para o dolor, non? Eso que é? para...

165 **D:** Para los dolores, así es para...

166 **P:** Este é para os dolores? Logho non...

167 **D:** Sí, la Buscapina también es así para el dolor de barriga y eso. ¿Él le ha dado eso?

168 **P:** No, eso no. Era para...

169 **D:** Eso no, no? Paracetamol.

170 **P:** Tengo que dar un ((consome)), un protector de estómago. Eso non está posto na *seguridá*
171 social.

172 **D:** Bueno, eso primero va a ir al hospital. Esta se la doy porque la debe, pero va al hospital y luego
173 hablamos. Con lo que le manden, hablamos, ¿vale?

174 **P:** Vale.

175 **D:** Entonces, Paracetamol, un gramo de Paracetamol, Diacepal...(pausa, ruido del ordenador) Ahí
176 van lo de los medicamentos, están activados. De momento se los he puesto hasta agosto y luego
177 hablamos. Es que primero a ver...

178 **P:** Vale.

179 **D:** Ahora ya está mejor, la verdad, ¿eh?

180 **P:** No, pero o *braso* doime máis!
181 **D:** Pero el dolor del brazo no tiene que ver con esto, tampoco mucho.
182 **P:** No, será reuma?
183 **D:** Eso será más bien reuma, quizá. En la boca parece que está bastante mejor. Tiene un poquito de
184 desviado, pero poco. Bueno, pues espere ahí fuera, que le llames mi hija y tal, y ya mirarán, ¿vale?
185 **P:** Vale.
186 **D:** Espera un poquito y a ver qué pasa. Luego hablamos.

Example 3: Consultation #318

Doctor (D): Dr. D, female, ca. 60 years old. Spanish-dominant speaker. Behavior: Spanish-Galician- Spanish.

Patient (P): Female, 80 years old. She speaks Galician. Behavior: Galician-Spanish-Galician.

CS: Doctor.

Consultation: Follow-up consultation after hospitalization. Severe pain in back, feet and hips.

Length: 16 minutes and 15 seconds.

- 1 **D:** Buenos días. Lo primero es que estamos haciendo como un trabajo que es de la (***), sobre la
2 relación entre los pacientes y los médicos. Se graba en este grabador. Y ustedes si quieren lo
3 aceptan. Lo firman que aceptan grabarse. ¿Entiendes? ¿Sabes? Aquí es donde lo firman todo. No
4 tiene mucha importancia, la verdad. No nos importa mucho ninguno. O sea que puede firmarlo
5 tranquilamente. Pues esto es un estudio. Escuchan y dicen qué tal le tratan los médicos a los
6 pacientes... Son de (***), o sea que lo han traído ellos. Bueno, pues nosotros lo hacemos, no nos
7 importa.
- 8 **P:** Bueno, a ver, ¿dónde firmo?
- 9 **D:** Ahí mismo.
- 10 **P:** ¿Aquí?
- 11 **D:** Sí, ahí mismo.
- 12 **P:** Vamos a ver.
- 13 **D:** Así ya vale. Eso, muy bien. Dejamos esto aquí y vamos entonces al asunto. Dígame, (*nombre de*
14 *la paciente*), ¿qué pasa entonces?
- 15 **P:** Estou moi mal, moi mal.
- 16 **D:** Si?
- 17 **P:** Si porque estiven no hospital. Sí. Una neumonía. Bueno, xa está todo aí. O vinte e un tuven
18 revisión, me fixeron unhas pruebas e doume todo ben. Deume todo limpito cando me deu a
19 neumonía que me pasou...
- 20 **D:** Moi ben.
- 21 **P:** Pero teño semejante dolor de espalda que esto é moito. Y dóeme por aquí, e o más fuerte, o más
22 fuerte... dolor dóeme todo, pero o más fuerte dolor é aquí onde me operaron de...
- 23 **D:** Hala, pues vamos a sacar la ropa...
- 24 **P:** ...donde me operaron da hernia discal. E polas caderas e abaixo nas rodillas, e cóstame traballíño
25 subir as...
- 26 **D:** A ver, saca la ropa que así también veo yo por dónde va la cosa.
- 27 **P:** cóstame un traballo subir a escaleira e baixala... e a mellor hora que teño é de mañán. Pero
28 despois... Madre mía, estou terrible. Non sei se non será a asiática, que también xa a tuven máis

29 veces. Ahora, que me doe á mañá cando saio da cama, perdió nin de día, nin de noite, nin mediodía,
 30 nin nada. Isto é moito.

31 **D:** Por aquí... Vamos a ver, sacamos así la camiseta.

32 **P:** Sí, sacámola toda?

33 **D:** No, así me la saca. Venga, eso es. Entonces, ¿dónde más le duele por dónde es? A ver. ¿En esta
 34 zona?

35 **P:** Por todo, por todo.

36 **D:** ¿En esta zona así a nivel dorsal? ¿Y también hacia abajo?

37 **P:** Aquí.

38 **D:** ¿Aquí abajo también?

39 **P:** Ay, Dios mío.

40 **D:** Y le baja también un poco hacia las piernas, ¿no?

41 **P:** As piernas, pola parte de atrás de las rodillas e os pés por baixo, hai que ver...

42 **D:** ...La zona lumbar, le baja un poco por las piernas y a nivel dorsal. Muy bien. Vamos a pararlo
 43 así. Y aquí así a los lados y hasta abajo, ¿no?

44 **P:** Ai, todo, todo, hasta las entradas parece que se me abre por aquí todo...

45 **D:** ¿Y va a dar así un paseíto y eso?

46 **P:** Ai, dar un paseíño se pode, sabe que fomos a votar. E o centro de votar queda cerquiña da nosa
 47 casa e costoume traballo chegar a casa. E xa non podía máis. Non podía máis, que se me enchen
 48 as pernas de puntos e un dolor, un dolor, un dolor, que non pode andar.

49 **D:** Bueno, intente poquito a poco andar algo, que también es bueno.

50 **P:** Si que intento andar algo, si.

51 **D:** Eso, aunque sea un día un poco, otro día un poco más... Andar es bueno, porque hace que todo
 52 circule: la circulación, el corazón... Y también hasta duele menos. El ejercicio también es bueno
 53 para el dolor. No mucho, pero eso, ¿vale? Así que es bueno moverse. Moverse es mejor que no
 54 moverse.

55 **P:** Bueno, na casa, por exemplo, agora *chegho*, pois na casa hai algún traballo, pois teño que
 56 *faser* a comida, claro, igualmente. Teño que *fasela* e *logho* despois déitome un pedaciño a
 57 descansar

58 **D:** uhum

59 **P:** E despois recollo a cociña e *fagho* así, pouquiño a pouco.

60 **D:** Bueno, pouquiño a pouco. Vamos a mirar las cositas que tiene aquí de su tratamiento.

61 **P:** Mire, eu voulle explicar. Aquelas pastillas que me deu usté para o azúcar,
 62 a doutora díxome que non as necesitaba. Quitoumas.

63 **D:** Me estás hablando de la metformina.

64 **P:** E máis que foi outra cousa. Eso de dar...

65 **C:** ((Aspirar)). O aspirador ese...

66 **D:** El Symbicort. Uno tiene un inhalador, ¿verdad?

67 **P:** Si, pero ese quitoumo tamén. Quitoume os dous, mire quitoume

68 e despois díxome usté usté...

69 **D:** Ahora lo quito. Pues no sé por qué no lo ha quitado de aquí.

70 **P:** Usté tiene que pasar el lunes por junto de la doctora, pero non tiña *ves* pa' lunes.

71 **D:** Muy bien, o sea, quiero saber, dos cosas. Una, voy a mirar todo un poco. Tenemos por un lado

72 el Losartan de la tensión, el Nolotil que tiene usted de los dolores, el Lexatin de dormir, las de la

73 tensión Amlodipino. Luego, tenemos esta de los huesos, Risedronato, esta a lo mejor sí que se

74 puede quitar ya pronto. No sé cuánto tiempo hace que está, pero no hay que tomarla más que cinco

75 años. El Citaloprán, el Ceprandal, el calcio, el Sintrom, la Simvastatina, el Seguril. Luego tiene estas

76 de Palexia Retard, que eso es un calmante fuerte.

77 **P:** Si, esa douma o traumatólogo...

78 **D:** ¿Y esa la está tomando?

79 **P:** Sí, sí, sí.

80 **D:** Si, vale. Bueno, o sea que ya tiene lo del dolor. Bien, entonces el Symbicort es lo que han dicho

81 que tiene solo una rejetita aquí...

82 **P:** Teño moito, moito dolor. E me tomo un nolotil así de vez en cuando para que me axude a calmar

83 o dolor.

84 **D:** Le voy a quitar entonces... el inhalador ya has dicho que no.

85 **P:** Eso nada, eso e o que me da usted pra o azúcar, iso díxome...

86 **D:** Bueno, la del azúcar... Veremos cómo está el azúcar.

87 **P:** Díxome ela: "bueno, de momento a hablar con la dotora". Pero de momento...

88 **D:** ...porque yo cuando se la he dado es por algo.

89 **P:** de momento, estes días... parece que me foi millor, si.

90 **D:** Claro, porque a lo mejor en el hospital comía menos. Vamos a ver. Laboratorio. Aquí, por

91 ejemplo, en el último análisis que tienen hecho, el azúcar lo tenía en ciento veintiuno. ¿Allí en el

92 hospital no se la dieron, la pastilla de la diabetes?

93 **P:** No hospital...

94 **D:** No se la daban, ¿no?

95 **P:** ¿No hospital sabe que me daban?

96 **D:** ¿Qué?

97 **P:** Dábanme... como se chama? Pinchábanme tres veces ao día insulina.

98 **D:** O sea, le pinchan la insulina, le quitan la insulina y le dicen que pa casa sin nada. Estamos

99 apañados.

100 **P:** Y después ahora... Bueno, porque alí déronme un momento que me subiu o azúcar unha

101 barbaridad.

102 **D:** Ay, señor...

103 **P:** Tes moita razón, si...

104 **D:** O sea, allí le ponen insulina y luego aquí dicen que no tome nada... Ay, Dios, me extraña. Si ya
 105 estaba tomando la pastillita, lo lógico es que necesite la pastillita. Lo lógico. Nosotros si no la
 106 necesita mejor, más contentos todos.

107 **P:** Dixéronme: “pa esta poquita cosa que hay, no es necesaria”.

108 **D:** Bueno, bueno, ella no sabe esto. Vamos a ver, hombre

109 **P:** Eu Dios mío, pero si nunca me fixo falta a insulina...

110 **D:** Lo va a necesitar, hágase la idea.

111 **P:** E dixo ela: “no, que al retirar este tratamento...”.

112 **D:** Ahora tiene ciento setenta y uno, ¿eh? ¡Ciento setenta y uno! Quiere decir que sí que nos va a
 113 hacer falta. Podemos estar una temporada, pero la pastilla la va a necesitar. Ciento setenta y uno.

114 **P:** Por eso dixo ela, tiene que pasar por junto la doctora, a ver lo que dice la doctora. Así que
 115 entonces está normal, o azúcar está normal.

116 **D:** No, el azúcar está bastante alto en este momento. Usted ya ha desayunado, ¿no?

117 **P:** Si. No, pero inda que desayune, eu dulce non tomo.

118 **D:** Ya, de todas maneras, está en ciento setenta, que no tendría que estar tan alto. Si yo me lo hago,
 119 estoy en cien. Es decir, está alto. Tiene diabetes, o sea que... Y vamos a tener que tomar la pastilla. A
 120 lo mejor ahora esperamos unos días, pero después va a tener que tomar la pastilla. Hágase a la
 121 idea. (...) ciento setenta y uno.

122 **P:** Pois dixo ela: “vamos a esperar esta semana, luego vas a junto la doctora y te explica ella”, digho
 123 bueno...

124 **D:** Ya, pero ha venido, con los años viene la diabetes, ¿vale?

125 **P:** Sí, sí.

126 **D:** Bueno, para el dolor entonces nosotros... Usted ya tiene dos cosas: el palexia retareste, que es
 127 fuerte, y el nolotil. Son las cosas que tiene usted en sus recetas.

128 **P:** O nolotil tómo cando me encontro moi apurada, que me encuentro así con moitísimo
 129 dolor. Porque eso non se pode tomar siempre, non?

130 **D:** Puede tomarlo de vez en cuando, no pasa nada, ¿eh? No. Es decir, vamos a ver cómo está aquí
 131 el Nolotil. Usted tiene para tomar, si hace falta, una al día o dos, si ya le hace falta, no tiene mayor
 132 problema. El Nolotil no tiene problema, ¿vale? Por lo menos no nos altera ninguna otra cosa,
 133 ¿vale? No nos altera nada de sus cositas, del Sintrom ni nada. Lo mismo que el Palexia, ni el
 134 Palexia ni el Nolotil lo alteran. Y son los momentos que usted puede tomar. Porque otro tipo de
 135 antiinflamatorios no debo darle. Porque esos sí que pueden alterar, ¿vale? Entonces, vamos a
 136 hacer una cosa. Dentro de una semana va a volver a venir... Y va a venir en ayunas, ¿vale? Porque
 137 le voy a mirar el azúcar, a ver cómo está. Según esté el azúcar decidimos si hay que tomar o no la
 138 pastilla. De momento no la va a tomar esta semana, ¿vale?

139 **P:** Para a semana que vén?

140 **D:** Y luego sabemos. Eso es así, ¿vale? Bien, eso, por un lado. Y para el dolor no le voy a dar

141 *(nombre de la paciente)* nada nuevo. Ya tiene usted sus cosas: el Palexia mañana y noche, y el
142 Nolotil, que puede tomar también mañana y noche si tiene mucho dolor, ¿vale? No le voy a dar
143 ninguna cosa nueva de momento, no es fácil encajarle más cosas, ya tiene bastante
144 tratamiento. Bueno, eso, por un lado. Dígame, más cosas.

145 **P:** Yo tengo un aparatiño... un aparatiño eléctrico para dar calor. E a noite co caloríño e o caloríño
146 moito me presta.

147 **D:** Pues eso me parece muy bien. Perfecto, me parece muy bien. Eso es una cosa natural que no
148 hace daño a nada.

149 **P:** Pero si non poño o calor... Virgen santísima querida...

150 **D:** Pues muy bien. Eso si hace falta. se compra una mantita eléctrica que le abarque toda la zona
151 que le hace falta, lo pone... Muy bien.

152 **P:** Si, reghaláronme unha que...

153 **D:** Pues eso le viene genial.

154 **P:** ...que cubre hasta aquí e a outra solamente pa aquí pa espalda.

155 **D:** Pues muy bien, eso es lo más natural, mejor que tomar tanta pastilla, son cosas de esas, mucho
156 mejor. Y luego también es bueno, ya digo, intentar ir andando, ir haciendo ya la vida normal,
157 aunque no sea mucho, cada día un poquitín más, ir el cuerpo a ponerle a funcionar, que es como
158 mejor está. Si se está uno muy quieto, duelen más los huesos y todo. Es mejor moverse un poco pa'
159 aquí y pa allá y el cuerpo va cogiendo fuerza.

160 **C:** Es más entretenido...

161 **D:** Es verdad.

162 **P:** Pois lle teño medo a este dolor de rodillas e así de pernas, tanto dolor que teño. E con perdón
163 así os pés por abaixo.

164 **D:** Pero eso siempre ha tenido y ya está tomando calmantes y esas cosas. No sirve darle más
165 calmantes. ¿Eh? De verdad. Porque no podemos. Porque ya toma muchas cosas y con el Sintrom
166 casi todos son incompatibles. ¿Vale? Así que lo que sí que vamos a hacer es eso, venir dentro de
167 una semana en ayunas para ver cómo va la diabetes. ¿Vale?

168 **P:** Vale. A ver. A ver si Dios nos axuda. Dios mío.

169 **D:** *(Escribe en el ordenador)* Su pastilla de metformina... Vale, pues entonces quedamos así,
170 ¿vale? Porque...

171 **P:** Vale, pues...

172 **D:** Muy bien, bueno, me alegro de que de la neumonía y eso ya esté todo bien...

173 **P:** Pues si, da neumonía sí que está todo limpiño, está todo... quedou moi ben. E ben contenta, pero
174 o resto eu...

175 **D:** Pero eso es lo que ya tiña, también tiene ochenta años y son cositas que el cuerpo es así. Luego
176 usted es así de dolores.

177 **P:** Esto no cura...

178 **D:** Sí, esto es así, usted es de tener dolores. Hay personas que sienten más el dolor y otras que lo

179 sienten menos. Y usted es de las que lo siente más. Y esto hay que llevarlo. ¿A que usted no siente
180 tanto?
181 **C:** Eu... vou tirando.
182 **P:** E que sabe o que? Non teño forza, perdín forza, teño medo de caer e estou moi..
183 **D:** Bueno, claro, perdió fuerza. Por eso ahora hay que ir haciendo ejercicio. De verdad que sí que
184 es muy bueno.
185 **C:** Pero yo cuando tengo un momento escapo.
186 **D:** Claro, es que eso es muy sano. Y usted, (*nombre de la paciente*), tiene que ir haciendo poco a
187 poco.
188 **P:** El dime: “vente conmigo” e digo eu: “non, eu contigo non podo porque ti andas moito”. Eu teño
189 que ir ao meu pasiño.
190 **D:** Bueno, pues a su pasiño, incluso si hace falta se lleva uno un bastoncito, y andando por la veirita,
191 y descansando de vez en cuando, sin problema, pero eso es muy bueno, ¿vale?
192 **P:** Vale, vale. Muchísimas gracias.
193 **D:** Bueno, pues que vaya bien, (*nombre de la paciente*). Hasta luego.

Example 4: Consultation #50

Doctor (D): Dr. A, male, ca. 50 years old. Functional bilingual. He speaks Spanish.

Patient (P): Female, 71 years old, she speaks Spanish.

Companion (C): Patient's husband. Behavior: Spanish-Galician-Spanish.

Consultation: Analysis results and follow-up consultation after stay at hospital. Liver problems, gall bladder colic and chest pain.

Length: 16 minutes and 43 seconds.

- 1 **D:** Se está haciendo en otros sitios en España, un poco más me parece, pero bueno, creo que se está
2 haciendo en otros sitios de Europa. Entonces lo que requiere es cubrir la encuesta...
- 3 **C:** Pero no hace falta firmar.
- 4 **D:** No, no, no, porque es anónima. Es anónima. Cubrir la encuesta y después también lo que se
5 quiere también es grabar lo que es la consulta, grabarlo en audio. La grabación requiere la
6 autorización del paciente, eso es así. Entonces, la grabación después se manda a (***) y en (***) lo
7 analizan personas que están allí...
- 8 **C:** ¿Y entienden el castellano?
- 9 **D:** Sí, sí, porque son de la universidad de lengua románica o romances y las personas que lo van a
10 analizar no nos conocen. El análisis de la consulta es anónimo y solo se va a centrar en el tipo de
11 comunicación que tenemos entre nosotros. Y entonces, (*nombre de la paciente*), si está de acuerdo
12 lo que tiene que hacer es..., pues entonces le paso el papel y me lo firma.
- 13 **P:** Estoy sin gafas, ahí las crucecitas las hice bien, pero...
- 14 **D:** Aquí, simplemente firmar aquí.
- 15 **C:** ¿Hace falta la tarjeta?
- 16 **D:** Eh, no. Bueno. Entonces, (*nombre de la paciente*), dime el problema...
- 17 **P:** A ver, yo vengo por... Estuve ingresada...
- 18 **C:** Venía por la analítica que tenía que mirar ahí que hicimos el otro día...
- 19 **D:** ¿Cuándo la hicisteis?
- 20 **C:** Hase *quinse* días, ¿no?
- 21 **P:** Sí, sí. Y cuando estuve en el hospital me dijeron que me revisara el médico de cabecera..., que me
22 repitiera las muestras, que mirara... porque tenía el hígado inflamado, que me mirase el hígado. Y
23 repetir las analíticas. Que estuve con cólico de vesícula. Ahora estoy con un catarro con...
- 24 **C:** Hai que lle mirar o peito que dóelle moito.
- 25 **P:** Ya estuve peor, pero tuvimos en Barcelona una calor tremenda y al llegar aquí, ese día de lluvia
26 y de frío...
- 27 **C:** Fuimos al campo a animar al Atleti, entonces al gritar tanto, non sabes?
- 28 **D:** ¿Pero fuisteis?
- 29 **C:** Sí, sí, sí, sí, creo que sí.

30 **D:** ¿Pero fuisteis al...?

31 **P:** No.

32 **C:** Tuvimos allí, pero no fuimos al partido...

33 **D:** Bien. ¿De esto mejoró? ¿Del motivo de la consulta mejoró?

34 **P:** No, no estoy normal, ¿eh?

35 **D:** ¿No está normal?

36 **P:** No, no

37 **D:** Mira, pues sería conveniente... No se le ha hecho una ecografía, ¿no?

38 **P:** No. En (*nombre de la ciudad más cercana*) sí me la hicieron.

39 **D:** Pues deberíamos hacer aquí otra.

40 **P:** Claro, y me dijeron repetir las muestras..., todas las pruebas aquí. Me dijeron ocho días y bueno,

41 como fuimos a Barcelona, pues ya pasaron quince.

42 **D:** Mira, entonces vamos a hacer la ecografía. Mañana no se puede porque mañana no estoy. Y no

43 sé si... déjame mirar aquí la agenda a ver si la podemos hacer o el miércoles o el jueves a primera

44 hora a las ocho de la mañana en ayunas. La fecha, déjame mirar aquí la agenda...

45 **C:** ¿Tenemos que pedir vez?

46 **D:** Sí, haz que pedirlo, apunta. El día veintinueve del cinco del dos mil catorce a las ocho de la

47 mañana estás aquí en ayunas.

48 **P:** Muy bien. Sí, porque me dijeron de repetir análisis y las pruebas.

49 **C:** ¿La analítica que hicisteis el otro día como le salió?

50 **D:** La miramos ahora. Entonces, vas ahora a cita previa y le das esto, que el veintinueve del cinco

51 dos mil catorce a las ocho de la mañana en ayunas, una ecografía, miramos una ecografía.

52 **P:** Y vengo aquí.

53 **D:** Sí, sí, sí, a esa hora la hago yo.

54 **P:** Ah, bien, bien, bien.

55 **D:** ¿Y la analítica que vamos a mirar ahora, qué día la hiciste?

56 **C:** Hace quince días.

57 **D:** ¿Antes de ir a Barcelona?

58 **P:** Sí, sí.

59 **C:** Fue un día antes.

60 **P:** Sí, en Barcelona, pues estuve... O sea, en el hospital hace veinte días que estuve con el cólico.

61 Dijeron que tenía arenilla en la vesícula y que tenía inflamación de hígado. Digo, yo si no bebo

62 nada, ¿por qué el hígado anda así?

63 **C:** Pero la cirrosis... ¿Hay cirrosis de los que no beben?

64 **D:** Hablamos de cirrosis porque es un problema de unas piedras biliares. Y las piedras biliares, el

65 primer factor de riesgo es la mujer. Porque es mucho más frecuente en las mujeres que en los

66 hombres.

67 **C:** ¿Y la inflamación del hígado?

68 **D:** La inflamación de hígado...

69 **C:** ¿La tienen también alcohólicos?

70 **D:** Exactamente, porque hace una obstrucción de la bilis... La bilis es un producto que produce el

71 hígado. Entonces, si hay una piedra que está obstruyendo la salida de ese producto, se produce una

72 obstrucción en el hígado. De hecho, la analítica se hizo hace un año, estaba perfecto el hígado. Se

73 le hizo otra analítica el día que tuvo que ir a urgencias y hay aumento de transaminasas, de Gama

74 GT, de GPT y de GOT, de las tres, de las tres. Que eso fue hecho el día treinta del cuatro, ¿no? Y se

75 le vuelve a hacer una analítica trece días después, o catorce, porque aplica otro distinto.

76 **C:** Treinta días tiene noviembre...

77 **P:** Abril.

78 **D:** Treinta.

79 **C:** Treinta días tiene noviembre como abril.

80 **D:** Treinta días después se vuelve a hacer una analítica y las enzimas hepáticas que estaban

81 alterados casi se han normalizado. De hecho, una está normalizada, el otro también está

82 normalizado. Lo único, la Gama GT, que es la que más se suele alterar con las obstrucciones, aún

83 está en proceso de recuperación. Pero no han ido a más y tampoco se han mantenido. Han ido a

84 mejor. Mucho mejor. Espera un momentito, que a lo mejor me hace una... Hay veces que hace

85 curvas de evolución. No, no lo hace. Bueno, mira, esta ahora tienes veintidós. ¿Tú lo ves?

86 **C:** No, no, yo no lo veo.

87 **P:** No.

88 **D:** Veintidós de GOT.

89 **C:** Con lo que digas tú vale...

90 **D:** Veintidós de GOT. ¿Cuánto tenías de GOT el día que fuiste al hospital? Doscientos setenta y uno.

91 ¿Vale? O sea, que va muy bien. La evolución es muy buena. Y ahora solo nos queda repetir esta

92 analítica, que no corre prisa, y hacer la ecografía.

93 **C:** ¿Tiene que hacer otra analítica?

94 **D:** Sí. Para confirmar que vaya todo bien hacemos otra. Va muy bien, pero bueno, la verdad es que

95 subieron bastante las transaminasas el día del cólico.

96 **P:** Ha subido la tensión...

97 **D:** Con dolor, con muchas cosas...

98 **P:** Pero yo soy de tensión baja y se disparó. Es que fue un dolor que yo creí que no llegaba a (*nombre*

99 *de la ciudad más cercana*), ¿eh?

100 **C:** También estuvo... Antes del cólico, fue a la unidad del dolor y le dieron dos medicaciones.

101 **P:** Sí, unos polvos efervescentes y unas pastillas para la artrosis, para frenarla un poquito.

102 **D:** ¿Y en el hospital te dieron algo cuando tuvistes el cólico?

103 **P:** No, me dieron algo, estuve allí.

104 **D:** Ah, pero no te dieron para casa.

105 **P:** No, que el médico de cabecera me controlara.

106 **D:** Bien, bueno, pues esto es lo que vamos a hacer, ¿vale? Un control analítico, le pides vez ahora y

107 pides vez ahora también para el jueves.

108 **C:** Vez pa' esto y vez pa' esto.

109 **P:** ¿Y para el mismo día?

110 **D:** No, no sé, igual te venía mejor... Quizás, espera, voy a ver si tengo libre el viernes y entonces el

111 viernes hacemos la ecografía y la analítica.

112 **P:** Claro, ya hacía todo.

113 **D:** Déjame ver si el viernes tengo yo posibilidad de hacer la ecografía.

114 **C:** Claro, así ya quitábamos el viernes.

115 **P:** Sobre todo por los críos que...

116 **D:** Y aparte que las dos cosas necesitan estar en ayunas.

117 **C:** Por eso.

118 **P:** Y por los nietos, que te los llevan ya para vestir y desayunar ya tempranito.

119 **D:** A primera hora, ¿no?

120 **C:** Las guarderías es lo que tienen (RISAS)

121 **D:** Es de buena calidad esta guardería, tiene una buena, está bien considerada

122 **D:** esta guardería, ¿eh?

123 **C:** Cuando seas abuelo...

124 **P:** Y abierta las veinticuatro horas.

125 **C:** Está dentro de la ley.

126 **D:** (RISAS) Abierta las veinticuatro horas...

127 **P:** Y encima gratis.

128 **D:** Encima gratis y cualquier imprevisto.

129 **P:** Sí, sí.

130 **C:** Y con todo el cariño, ¿eh?

131 **D:** Y con todo el cariño.

132 **C:** Ai! cando che toque a ti, xa me contarás...

133 **D:** Sí, sí.

134 **P:** Estuvimos en Barcelona porque dicen que la nieta de allá... que también algo reclama a los

135 abuelitos.

136 **D:** Hombre normal, no me extraña.

137 **P:** Y por lo menos fue ocho días que no fue a la guardería, la pobre.

138 **C:** Eso es distinto a las guarderías, ¿sabes?

139 **D:** ¿Cuánto... qué edad tienen las nietas?

140 **P:** Tenemos uno de once, dos de cuatro y una de uno.

141 **D:** Ya tienen clientela, ¿eh?

142 **P:** Sí, sí, sí.

143 **D:** Ya tienen clientela.

144 **C:** La del año es diferente, la del año allá va una guardería cerca de casa, pero no es nada...

145 **P:** Cerca, enfrente, portal por portal, muy buena.

146 **C:** ...no es lo mismo que los abuelos.

147 **D:** Vamos a ver, el viernes tengo un problema, porque yo el viernes a primera hora tengo que estar

148 en una reunión que no... fuera. Entonces, vamos a hacerla...

149 **C:** Déjalo para otro día.

150 **D:** No, el miércoles, dejamos el miércoles. La hacemos el miércoles.

151 **C:** ¿Y el miércoles es este también?

152 **D:** Sí, voy a ponerlo aquí, que sea el miércoles, porque la agenda la tengo un poco complicada estos

153 días. Vamos a ver, entonces esto es para el veintiocho del cinco del dos mil catorce. Y esto también,

154 para el veintiocho del cinco del dos mil catorce.

155 **P:** ¿Me mira por si me da un jarabe o algo de...?

156 **C:** Del pecho.

157 **D:** Sí, sí.

158 **P:** Ya no estoy tan mal, ¿no? Ya estuve peor. Llevo dos noches durmiendo, durmiendo no, media

159 horita, una horita...

160 **C:** Con una manta eléctrica...

161 **P:** Con una mantita aquí a darle calor.

162 **C:** Y alivia mucho.

163 **P:** Y por lo menos paro de toser. Es que ayer y anteayer me dolía el pecho... ¿Me saco la ropa?

164 **D:** Sí, por ahora la sube, sí.

165 **C:** Cuando estuvimos allí el día del partido, no fuimos porque estábamos cerca del

166 campo, pero lo vimos en casa con la familia catalana. Y cuando marcaron, que

167 marcaron primeiro eles, ¿no sabes?

168 **D:** Sí.

169 **C:** Os de Barcelona... Nosotros tiña, mi hijo y yo, somos del Madrid,

170 pero queríamos que ganara o Atlético.

171 **D:** Ya...

172 **C:** Caladiños aí sin *desir* nada (RISAS). Despois xa cando empataron, empezou

173 xa jiji jaja, jiji, jaja... Pero aplaudieron en el campo, ¿eh?

174 **D:** Sí, sí, no, no, yo lo vi.

175 **C:** Y cantidad de bombas que echaron.

176 **D:** Si, fue muy deportivo.

177 **C:** No te puedes imaginar la cantidad de bombas que echaron.

178 **P:** Porque los catalanes querían que ganase el Atleti.

179 **D:** Bueno, que ganaran ellos.

180 **P:** Claro, ellos. Y al no ser ellos, antes que el Madrid...

181 **D:** Respira hondo.

182 **P:** Tengo muchas flemas...

183 **D:** Bueno, se puede vestir. Le voy a dar un mucolítico para que expulse lo que son las flemas, ¿vale?

184 **P:** Ay, la flema esta que me da unas náuseas...

185 **C:** Y lo del hígado es lo que nos vas a hacer esto, ¿no?

186 **D:** Sí, las dos cosas. Vamos a...

187 **C:** ¿Cuándo cojes las vacaciones, luego? ¿En agosto?

188 **D:** Cojo todo repartido. Una semana en julio, una semana en agosto y quince días en septiembre.

189 Los ajustes económicos. Como no mandan ningún tipo de sustituto, pues tenemos que turnarnos y

190 sustituirnos unos a otros. No nos podemos ir todos en agosto, entonces tenemos que repartir un

191 poquito...

192 **C:** Lo que nos pasaba a nosotros igual cuando estaba... Al principio a mí, a nosotros, hace años, no

193 las queríamos, no las pagaban. Y tú sabes que es cobrar, además de las pagas extraordinarias, es

194 cobrar menos doble. Las vacaciones, en vez de disfrutarlas...

195 **D:** Pues ahora mismo aquí hay que disfrutarlas. Ahora te obligan a...

196 **C:** Ya lo sé que ahora te obligan, pero antes si querías trabajarlas, te las pagabas.

197 **D:** La cisteína son sobres, no lleva nada de antibiótico, son sobres, desayuno, comida y cena diez

198 días y es para..., tiene algo de moco los bronquios, para ayudar a echar, ¿vale? Y también beber

199 bastante líquido.

200 **P:** Vale, vale.

201 **D:** Muy bien.

202 **C:** ¿Y qué son? ¿Tres veces al día?

203 **D:** Tres veces al día.

204 **P:** ¿Qué es, un jarabe?

205 **D:** No son sobres, un poquito de agua...

206 **P:** ¿Tres veces al día?

207 **D:** Sí. Y entonces quedamos para el miércoles a las ocho en ayunas. En ayunas tiene que ser.

208 **P:** Muy bien. Bueno, pero la analítica voy mejorando, ¿no?

209 **D:** Sí, sí, sí. La analítica tiene muy buena evolución, por eso no hay ningún problema.

210 **C:** Doctor, muchas gracias.

211 **P:** Muchas gracias.

212 **C:** Muy amable.

213 **D:** Gracias. Hasta luego. Nos vemos el miércoles.

214 **C:** Venga, hasta luego.

Example 5: Consultation #441

Doctor (D): Dr. E, female, ca. 55 years old. Galician-dominant speaker. Behavior: Galician-Spanish-Galician.

Residents (RES-GAL, RES-COL): Galician resident (she speaks Spanish) and non-Galician resident (she is a Spanish speaker).

Patient (P): Female, unidentified age (old, thirty-eight years of employment). Galician-speaker.

Consultation: Certificate of a CAT scan to process a disability pension.

Length: 7 minutes and 56 seconds.

- 1 **D:** (*Nome paciente*), bueno, son dúas doctoras...
- 2 **RES-COL:** Hola
- 3 **P:** Hola
- 4 **D:** que están facendo a especialidade. Vale, como (*nome paciente*) va mucho al
- 5 hospital también ya sabe. Esta señora está operada de...
- 6 **RES-GAL:** Sí, ya está acostumbrada.
- 7 **D:** Un cáncer de colon. Déronche a invalidez ao final?
- 8 **P:** Ando neso.
- 9 **D:** Andas neso aínda! Pero de momento estás de baixa! Si, non?
- 10 **P:** Si, de momento si.
- 11 **D:** O sea, prolongáronche a baixa.
- 12 **P:** No, non me prolongaron a baixa, xa me deron...a total permanencia.
- 13 **D:** Ah!, déronche a incapacidá, ah! Vale! Bueno, bueno, vale. Entonces, cóntanos, ah! E que van a
- 14 ver se che sacan xa...a bolsa.
- 15 **D:** A bolsa, si, xa está na lista de espera.
- 16 **P:** Bueno, bueno.
- 17 **RES-GAL:** Que ben!
- 18 **D:** Xa vai sendo hora, non?
- 19 **RES-GAL:** Si.
- 20 **D:** Si, bueno, pero a última vez aínda estabas, non sabes! Bueno, cóntanos.
- 21 **P:** Bueno, viña porque me fixeron uun, un TAC. Bueno, un escáner e viña buscar o papel
- 22 de, porque teño que levarllo ao abogado, porque agora teño que ir a xuicio,
- 23 porque danme moi pouco de, de, quedame moi pouco despois de trinta e oito anos
- 24 cotizados. E entonses ((teño))...
- 25 **D:** Mira, ahora le vas a dar, vas a dar, ya sabes, le tienes que dar una copia.
- 26 Espera, no le digas, que sino, nada, peor. Le tenemos que dar
- 27 una copia del TAC.
- 28 **RES-COL:** Buscar el informe.

29 **D:** Uhum...A ver si está, claro. Ah! si, ah, está.

30 **P:** Está!, porque foi o veinte e tres de abril.

31 **D:** Xa, pero para eso necesitamos () por enfermedad, muy bien. ¡Ah! Y ahora para imprimir,

32 nada, sí, le puedes dar a cualquier, a ver cuál te,

33 tú dale a esa, si a veces no te va la una, te ve la otra.

34 **RES-GAL:** Si no te funciona, si eso no funciona, porque en urgencias muchas veces no te va a

35 funcionar, primero la amplías con la lupa, que te sale la vista preliminar.

36 **RES-COL:** ¿La que no funciona?

37 **D:** Sí, que no va, esa sí.

38 **RES-GAL:** Y luego lo imprimes desde esa pantalla. Así va siempre.

39 **D:** Sí, pues no va. Esa y ya está.

40 **RES-GAL:** En urgencias casi siempre vas a tener que hacer esto con los informes porque nunca...

41 **D:** Y aquí pasa lo mismo...

42 **RES-GAL:** A veces imprime, a veces no...

43 **RES-COL:** ¿En urgencias imprimes para qué? El informe...

44 **RES-GAL:** No sé, imagínate que lo quieres... dárselo al compañero que le vas a hacer luego el

45 cambio de tal, yo qué sé.

46 **RES-COL:** Ya.

47 **D:** Sí. No, no, esto ya está firmado. (*Á paciente*) Pois xa está, solo necesitabas eso, (*Nome*)?

48 **P:** Solo... Si, porque según me dixo o doctor este que me mirou, ahora teño artrosis na columna.

49 **RES-COL:** Pero bueno, ¿esto está de... de tórax y abdomen?

50 **DR. E:** Sí...

51 **RES-GAL:** ¿Y tiene algo más aparte de eso?

52 **RES-COL:** Sí, esperemos que no...

53 **D:** Cierra, cierra.

54 **RES-COL:** Esto, bueno, esto no...

55 **P:** Non sei se o escribeu.

56 **D:** Nada, ahora si sales de ahí...

57 **P:** El estuvo escribindo aí...

58 **D:** Para salir vete a "Paciente", a ver si lo puso en la consulta de especializada, en oncología.

59 **P:** Si, pero é que eu téñolle que pedir a el o certificado para ir a ahora a...

60 **D:** Ahí, sí, sí, en "Oncología", que fue el último que le vió el siete de mayo. E eles déronche algún,

61 os de onco déronche algún informe?

62 **P:** Déronme un, pero seghuro que...

63 **D:** Pero mira el curso clínico, por si fue donde le puso...

64 **RES-COL:** ¿Aquí?

65 **D:** En la... Esa, ahí, ahí, por si le puso algo nuevo de lo que dice ella de la artrosis. Artrosis en

66 columna. El último, el último. Neuropatía periférica, eso es por la quimio. G1 persiste sobre todo en
67 pie. Queres que che demos este?

68 **P:** Si, si.

69 **D:** O último. O que pasa que aquí... Sí, aquí le van a salir todas. Desde el principio... Da igual, lleva
70 todo y punto y se acabó. Le sale toda...Sáleche toda a evolución.

71 **P:** Bueno.

72 **D:** Desde que te operaron, desde que foi todo, (*Nome*). Primero le dieron radioterapia y quimio y
73 después la operaron. Para disminuir el tamaño.

74 **RES-COL:** Ya está.

75 **D:** Aquí vaiche todo e sobre todo no último, (*Nome*), é onde che pon, ves? Este é o último que pon
76 aquí o de artrosis en columna. E tamén che puxo que che quedou este problema da..., bueno, das...

77 **P:** O problema nos pes que non podo calsar aínda.

78 **D:** Aí está.

79 **P:** E díxome seis meses, pero seis meses van.

80 **D:** Y el fíxoche un informe de febreiro, que é o que lle deches alí, non?

81 **P:** Si, claro, pero agora teño que pedirlle o informe... Bueno, ahora hasta que...

82 **D:** Ahora o outro no.

83 **P:** O novo agora cando vaia pa aghosto.

84 **D:** Bueno, mira (*Nome*), e cando fixeches o último control? Porque esta señora es también
85 diabética.

86 **P:** O último control fíxeno en maio, o día sete de maio.

87 **D:** No, digo de diabetes, da diabetes.

88 **P:** Fíxéronme aquí... po día sete a analítica.

89 **D:** Ah, al día... Ay, pero no tiene pedida la indicada. Que pena.

90 **P:** A ver, se usté mo quere pedir, fághoo aquí. Teño outro po...

91 **D:** No la va a tener pedida... Y el de octubre tampoco porque son de onco. Para cando tes, (*nome*)?

92 **P:** Teño papel pa faser... Porque teño que ir a pedir a ves a partir do mes de julio. Porque non da...,
93 a *veses* de *vrán* non dan.

94 **D:** E que che deron, un papel? Bueno, pois sabes que fas? Un día veste por aquí, un día que che
95 cadre, tampouco pides a cita. Pásasme o papeliño e simplemente marcarche o da diabetes, vale?

96 **P:** Vale.

97 **D:** E xa está, esperamos hasta esa data.

98 **P:** Porque teño que... ahora non dan as veses pa o vrán, no vrán. Debe ser polas..., polas vacaciones
99 dos...

100 **D:** Ah, claro, que non saben como vai a ser, vale.

101 **P:** Como vai a ser.

102 **D:** Pois nada, ti cando sea, un día que che cadre a ti ben, pásaste por aquí...

103 **P:** Antes de facer a...

104 **D:** Antes de facer análise, para poñerlle o noso alí.
105 **P:** Porque teño que facelo unha semana antes de ir a consulta...
106 **D:** Claro.
107 **P:** Entonces paso por aquí antes e usted se...vale.
108 **D:** Vale? Bueno, (*nome*), pois a ver se te suerte agora en esto.
109 **P:** Mal será, non?
110 **D:** No da invalidez.
111 **P:** Ai, ca invalidez?
112 **D:** Claro. Home, o outro xa ves que vai moi ben.
113 **P:** Ah, o outro vai, xa esperando que me saquen a bolsa e fuera.
114 **D:** Claro. Bueno, a ver.
115 **P:** Ahora non creo que ma saquen tampouco no verano.
116 **D:** Non. Bueno, tamén agora mesmo o mesmo che ten uns meses máis.
117 **P:** Ahora hasta septiembre no...
118 **D:** Si, non creo.
119 **P:** Hasta septiembre non creo que ma saquen.
120 **D:** Non creo, non.
121 **P:** Porque si non dan a ves ahora para ir a consulta, menos van dar pa...
122 **D:** No, cirugía y que no es urgente, además.
123 **P:** Por eso. Veña, gracias!
124 **D:** Hasta logo!

Example 6: Consultation #118

Doctor (D): Dr. B, male, ca. 60 years old. Galician-dominant speaker. Behavior: Galician-Spanish-Galician.

Doctor 2 (D2): Dr. A, male, ca. 50 years old. Functional bilingual. He speaks Spanish.

Patient (P): Male, 47 years old. Behavior: Spanish-Galician.

Consultation: Inflammation of the knee due to gout. Follow-up after consultation in the emergency room.

Length: 7 minutes and 24 seconds.

- 1 **P:** Buenos días.
- 2 **D:** Ola, bos días.
- 3 **P:** Casi tardes.
- 4 **D2:** Hola, (*nome médico*). ¿Tienes consentimientos? ¿Hay firmados?
- 5 **D:** Si.
- 6 **D2:** No, las encuestas, perdona. Encuestas.
- 7 **D:** Encuestas dos.
- 8 **D2:** Vale.
- 9 **D:** Porque como me habías dicho... Mira, esta es una...
- 10 **D2:** Esta chica te puede hacer una encuesta.
- 11 **P:** Si (RISAS).
- 12 **D2:** Vas a tener tres ya (RISAS).
- 13 **D:** Hoy no les pedí mucho de la encuesta, porque lo cogió de...
- 14 **D2:** No importa. Mira, la encuesta es una encuesta anónima y no tienes que poner ni tu
- 15 nombre ni firmarla y después se envía a la (**).
- 16 **P:** Ah vale.
- 17 **D2:** No está en España. Entonces. ¿le das una y te la cubre después?
- 18 **D:** Vale.
- 19 **D2:** Y entonces luego se la devuelves a (*nombre*) o se la das a los chicos que están en la puerta que
- 20 ya la recogen ellos.
- 21 **P:** Vale, perfecto. Venga, ¡hasta luego!
- 22 **D:** ¡Hasta luego, chao! Mira, estamos gravando a...
- 23 **P:** As consultas?
- 24 **D:** A consulta. Entonces, tesme que firmar aquí si non queres que..., pero é anónimo, eh? Todo o
- 25 que digas tú vaise a oír, pero no saben quen o dice. Nin se..., so úsase para estudos que van a facer
- 26 eles de... a nivel de varios países de zonas distintas e tal para ver como é a relación médico
- 27 paciente...
- 28 **P:** Vale.
- 29 **D:** Ou a comunicación, máis que a relación. Muy ben, cóntame.
- 30 **P:** Mire, eu levo dez días con..., a ver, como con un dolor aquí, sabe? Pensei que ao principio sería

31 como unha infección de orina ou algo así. Tomei un Norfloxacino para cortar, pero un solo, no?
 32 Entón ó día seguinte, como seguía así con medio presión, volví a tomar outro Norfloxacino. Iso
 33 habíamo dito o anterior médico, o sea, que cando empezara, eu teño mogollón de infeccións de
 34 orina, moitas cistitis e tal, entón díxome “cando vaias empezando tómate un, a ver si cortas”. Pero
 35 creo que non cortei. O sea, creo que agora necesito..., creo, non sei se é infección de orina. Creo que
 36 necesito algo máis porque sigo como cada vez...

37 **D:** Orinas moi a menudo?

38 **P:** Non, pero teño como ganas, como unha presión aquí na vejiga.

39 **D:** Tes ganas de orinar...

40 **P:** Pero non vou ao baño.

41 **D:** E ao final de cando...

42 **P:** Quédame como un escozor.

43 **D:** Como un escozor.

44 **P:** Si.

45 **D:** Bueno, o máis probable é que teñas, o máis probable...

46 **P:** Además que me doe por aquí esa zona, ao tocarlle fuerte, dóeme. Ó principio pensei que serían
 47 os abdominales, como estiven facendo abdominales dixen, a ver se vai ser dolor abdominal (RISAS)

48 **D:** Bueno, podía ser.

49 **P:** Podía ser.

50 **D:** Incluso un dolor irradiado...

51 **P:** También pode ser, é que por eso non quixen vir antes, sabe? Esperei dez días ou unha cousa así.
 52 Máis ou menos dez, quince días. Pero é que agora, é que é tan molesta a parte das cistitis. Non sei,
 53 que me poñen de moi mal humor. Tamén o noto así no carácter, non?, que estou así máis...

54 **D:** Mira, o que eu dixero do tema é que cando che empece, si te colle pois por exemplo de viaxe ou
 55 así, fai así como che dixo o médico.

56 **P:** O Norfloxacino.

57 **D:** Pero se non, o mellor é vir antes de tomar nada e facer unha tira de orina. Porque agora, por
 58 exemplo, pódote pedir unha tira de orina, pero vai dar influenciada polo...

59 **P:** Polo Norfloxacino.

60 **D:** Polo Norfloxacino. Entonces agora quizá o que vamos a facer é, se che parece, é dar o tratamento
 61 de forma empírica para a infección de orina. Monurol, que é unha fosfomicina...

62 **P:** Iso tomeino moitas veces.

63 **D:** Que é un Monurol tres gramos, non sabes? Un sobre hoxe e outro...

64 **P:** E outro mañán. Ás vintecatro horas.

65 **D:** Logo vouche pedir xa hoxe pa que fagas un cultivo dentro de... cando acabes o Monurol dentro
 66 de sete días e se persiste a sintomatología, pois mañá... O sea, tomaríalo lunes e martes, pois o
 67 jueves o viernes pódote acercar por aquí si persiste. Si non, si che vai cedendo...

68 **P:** Esperamos.

69 **D:** Pois esperamos a que fagas o urocultivo. Si ves que non che acaba de aliviar moito, dille que che
70 poña para facer o urocultivo o lunes.

71 **P:** Vale.

72 **D:** Porque adelantámonos un pouco no tempo, pero é por por ter xa a orina recollida e logo poder
73 ter o antibiograma pa darche o antibiótico con máis...

74 **P:** É que eu creo que o Monurol pa min é como moi floxo, sabes? Así muy... Claro, haberá que
75 probar antes con eso, pero como que a min tampouco non me fai demasiado con...

76 **D:** Bueno, hai outros medicamentos, a ver, eu digo o do Monurol por unha cousa, porque é un
77 tratamento cómodo, un tratamiento de pouco tempo. Incluso podemos facer unha tira de orina,
78 eh? Porque...

79 **P:** Ahora? Non sei si sae.

80 **D:** Sí, por se che sale... O que pasa é...

81 **P:** Sabe que pasa? Que á hora de facer pis teño que facer mogollón de forza, como se fora a presión.

82 **D:** Que pasa? Que si non che sale, tampouco o descartamos porque... Entendes?

83 **P:** É que o picor o teño aí igual, eu noto picor igual. E agora ao facer pis teño que facer como
84 mogollón de forza pa que me salga.

85 **D:** Toda a clínica é de infección do orina, eh?

86 **P:** Mhm.

87 **D:** Ben, que che fagan a tira, de paso cúbresme a... e logo facemos unha cousa, fíxate: si a infección...,
88 si na tira confirma infección, vouche dar o Denvar, Denvar catrocentos, é un antibiótico máis forte,
89 é unha Cefuroxima máis forte, pa tomar incluso sete. E a Cefuroxima vouche a dar a de douscentos
90 cincuenta pa tomar cada doce horas sete días. Si a infección é positiva. Si a infección é negativa,
91 penso que non debemos dar antibiótico tanto tempo, ante a duda de que poida ser ou non poida
92 ser. Entonces aí o que che vou a dar é un Monurol que son dous días, vale? Veña, toma, leva a
93 encuesta...

94 **P:** Fago a tira e paso por aquí, non?

95 **D:** Fas a tira e despois xa me avisa a min a enfermera, xa me dice. Se é positiva, xa che dou o
96 tratamento.

97 **P:** E mentres fago a encuesta.

98 **D:** Se é negativa... Toma, que che regalo un bolígrafo.

99 **P:** Muchas gracias.

100 **D:** Si é negativa, pois entonces o que che dou é o Monurol.

101 **P:** Mire, despois coméntolle do... que estou tomando, que quería empezar a deixalo.

102 **D:** Ahora acaba con esto da orina e despois xa o empezarás a deixar.

103 **P:** Vale (RISAS).

104 **D:** Non mezcles unha cousa con outra, vale? Veña, chao.

Example 7: Consultation #59

Doctor (D): Dr. A, male, ca. 50 years old. Functional bilingual. Behavior: Spanish-Galician.

Nurse (ENF): Female, she speaks Spanish.

Patient (P): Male, 72 years old. Behavior: Spanish-Galician.

Consultation: Constipation and family history of colon issues.

Length: 10 minutes and 24 seconds.

- 1 **D:** Buenos días (*nome paciente*). Quiero comentarle una cosa previamente porque están
2 haciendo un estudio de la Universidad de (***).
- 3 **P:** ¿De la...? Universidad de (***)?
- 4 **D:** De (***), sí. Por un lado, es cubrir una encuesta, que la encuesta es anónima y no hay que firmar
5 ni poner el nombre...Dime.
- 6 **ENF:** Estamos listos.
- 7 **D:** Después cuando acabe con (*nombre*), hablo con ella para darle el antibiótico para la herida.
- 8 **ENF:** ¿Le digo que espere en la puerta?
- 9 **D:** Sí, que espere en la puerta. ¿La quiere hacer? Puede hacerla a la salida, si quiere.
- 10 **P:** Sí, fágoa despois.
- 11 **D:** Pues toma aquí. Y, por otro lado, también lo que están haciendo es grabar las consultas, grabar
12 en audio para analizar después, en (***), la relación médico-paciente. Solamente se van a fijar eso,
13 no se van a fijar en la patología ni nada. Y las personas que lo va a analizar non nos conocen a
14 nosotros de nada, o sea que será también una audición, digamos, anónima. Para que se pueda hacer
15 eso, tendría que usted autorizarlo.
- 16 **P:** Si, bueno, pero... Non sei, tería que mirar... En principio, creo que será bastante simple isto,
17 no?
- 18 **DR. C:** Sí. Bueno, esto lo puede hacer después, lo que es la encuesta. Si quiere me la trae más tarde
19 o como muy tarde, mañana, porque mañana marchan. Que simplemente es sobre lo que duran las
20 consultas, qué tipo de relación tiene con los médicos... y sin firmar ni nada. ¿Grabamos la consulta,
21 (*nome do paciente*)?
- 22 **P:** Bueno, como quiera. Eu o que teño que facer é mirar o tema do colon, porque non sei que hai...
- 23 **D:** Vale, pero espera un momentito que le doy pa'...
- 24 **P:** Ahora se ten que atender a esa señora que...
- 25 **D:** No, esa ya está atendida, la parte urgente ya... Ahora simplemente tengo que darle... firma aquí.
- 26 **P:** Firmar aí?
- 27 **D:** Sí. Vale. Ten dolor entonces na barriga?
- 28 **P:** É que tardo bastante e... a veces parece que teño ganas de ir ao váter e despois vou e non fago
29 nada. Non é que haxa moito, bueno a... Pero parece que hai algo anormal, eu fai tempo mirei e...

30 me pasara unha vez e fora no dous mil cinco que me atendera o doutor (*nome*), no, eso era
 31 simplemente..., fora por..., por urgencia...

32 **D:** Sí.

33 **P:** E atendeume o doutor (*Nome*), pero foi no dous mil cinco xa, e tiña un problema de almorranas,
 34 entonces en ese momento pois tiña dificultad para...eran unhas heces duras e iso, pero agora non é
 35 este o caso, pero... ao mellor paso un día e...Normalmente iba todos os días ao váter e agora ao
 36 mellor pasa un día... ao mellor vou ós dous días ou así. Nin é moi dura..., é coma se estuvera
 37 algo obstruído ou algo.

38 **D:** Bueno, déitese na camilla e descubra a barriga.

39 **P:** Vamos a ver, sabe con que me alivia? Con esto de..., de...unha cousa que hai coma té ou así...

40 **D:** Manzanilla?

41 **P:** Manzanilla non é, é...

42 **D:** Poleo...?

43 **P:** Non me acordo... Ah, esto.

44 **D:** Esto. Manasul, si, esto é pa ir ao váter.

45 **P:** Si, pa ir ao váter.

46 **D:** Bueno, déitese un momentíño na camilla. (*Pausa*) E baixar o pantalón un pouquiño e subir a
 47 roupa, a parte de arriba.

48 **P:** Séntome ou...

49 **D:** Deitado.

50 **P:** Doume a volta?

51 **D:** Non, tal como está.

52 **P:** Eh... non é medo,pero é un pouco de precaución. Teño unha irmá que se foi operar porque tiña
 53 uns vultos no colon e tenís que operar. Non é que eu teña medo, pero...

54 **D:** Por certo, que anos ten a súa irmá?

55 **P:** A miña irmá ten sesenta..., ten catro anos menos que eu, sesenta e oito.

56 **D:** Vale, agora non fale, eh? (*Pausa*). (*Nome do paciente*), vamos a pedir, máis que nada polo que
 57 me dixo da súa irmán, un análisis de heces. Déixame apuntar, vale? A exploración é normal, pero
 58 coa edad que ten vamos a pedir un análisis de heces, vale?

59 **P:** Eu hoxe fun ao váter á mañán.

60 **D:** Si, no, pero te explico agora como é. A recepción de heces é lunes, miércoles e viernes, entonces
 61 ten que ser un día que lle cuadre...

62 **P:** Lunes, martes e miér...

63 **D:** Miércoles.

64 **P:** Miércoles e viernes.

65 **D:** Si.

66 **P:** Bueno, usted me ten que decir o que teño que facer, que eu estou jubilado e podo facer...

67 **D:** No, o único...depende do ritmo intestinal que ten usted. Si non fai todos os días, pois se fai o
68 día anterior dun día de recepción, ten que metelo nun bote que lle vamos a dar e metelo
69 na nevera, hasta traelo para aquí.

70 **P:** E iso hai que entregalo aquí ou donde?

71 **D:** Sala número once de analíticas. *(Pausa)* Cando foi a última analítica que fixéramos?

72 **P:** O que?

73 **D:** A última analítica, cando foi?

74 **P:** A última analítica, creo que foi en setiembre.

75 **D:** Setiembre.

76 **P:** Ou non, porque usted habíame dito de facela en junio en..., a primeiros de diciembre. Creo que
77 foi en diciembre.

78 **D:** Vale, pois pedimos a (()).

79 **P:** Facer análisis tamén? De heces ou...?

80 **D:** De heces.

81 **P:** Porque a outra era unha analítica de...

82 **D:** Sanguínea. Si, no, de heces solamente.

83 **P:** O que poño alguna vez, algo que me había dado usted...

84 **D:** *((nome do tratamento))*, non?

85 **P:** Si, iso pónoo algunha vez. Porque eu, se usted considera, aunque sea vou a facer unha inspección
86 de colon ou así...

87 **D:** Non, se isto sale negativo, non fai falta facelo.

88 **P:** Non?

89 **D:** Non. Por eso llo pido, eh?

90 **P:** Bueno, eu estou falando porque desconozco todo, eh?

91 **D:** Esto é unha proba que se chama sangue oculta en heces, que é para ver si hai... pone anticuerpos
92 monoclonales, o sea, que é moi exacta. Si sale positivo significa que aí pode haber algún tipo de
93 sangrado, entón si que estaría indicado, pola súa idade, facer unha colonoscopia. Si sale negativo,
94 se descarta. É unha proba previa que se fai.

95 **P:** Esto... a das heces cando a podo traer?

96 **D:** Lunes, miércoles o viernes.

97 **P:** Pero non teño que avisar antes...?

98 **D:** Ten que ir alí e deixar este papel para cando traia as heces, coloca o código de barras para
99 que se sepa que é de usted.

100 **P:** Vale, vale, perfecto.

101 **D:** Quedamos así?

102 **P:** Quedamos así. Perdoa, isto non acabou de pasar, eh? Botámolo dúas veces, é coma se
103 desaparecera. Mire, o que me había dado usted é isto...

104 **D:** Si, espera.

105 **P:** É como se quixera de salir, pero... depois volve outra vez. Non saleu de todo, eh? Non

106 desapareceu de todo, das dúas veces que lle botamos.

107 **D:** Entonces hai que quitalo. Moléstalle moito?

108 **P:** No, algunha vez si, pero agora neste momento casi non me dou de conta de que está, o

109 que pasa que a veces é como se me enghanchara aí. Non sei se lle parece seguir botándolle esto,

110 a ver se chega a desaparecer.

111 **D:** Pois bótelle iso quince días e depois mo enséña, a ver como está.

112 **P:** Pero haberá que esperar a ver si reacciona.

113 **D:** Si, quince días. Mañana e noite.

114 **P:** Isto entrégollo a (*nome*) e isto...

115 **D:** Exactamente. Quere un bolígrafo, ou... vana empezar agora a encuesta?

116 **P:** Vouna mirar aí a ver se a fago agora e depois xa lla entrego.

Examples 8 & 10: Consultation #82

Doctor (D): Dr. B, male, ca. 60 years old. Galician-dominant speaker.

Patient (P): Female, 81 years old. Behavior: Spanish-Galician-Spanish-Galician-Spanish.

Staff (ADM): Female. Behavior: Spanish-Galician.

Consultation: Request of a blood and urine test. Pain in feet.

Length: 23 minutes and 41 seconds.

- 1 **P:** Buenos días, doctor.
- 2 **D:** Ola, bos días, (*nome da paciente*).
- 3 **P:** No están muy buenos, pero bueno.
- 4 **D:** Bueno.
- 5 **P:** Bueno, ((hay que coger)) lo que nos venga, ¿no? E que non señan peores.
- 6 **D:** Hai que coller o que vén, mira, (*nome da paciente*), estamos facendo un...estudio en todo
- 7 o centro que é un pouco de como se relaciona o médico co, co paciente.
- 8 **P:** Co paciente.
- 9 **D:** Co médico e...
- 10 **P:** Yo tengo buena experiencia suya, no de eso no hay duda, gracias a Dios.
- 11 **D:** Pero mira.
- 12 **P:** Estoy encantada
- 13 **D:** O que quería era.
- 14 **P:** Que le cubriera un papel.
- 15 **D:** Non, simplemente tes que botar a firma para que se vexa que a cousa vai,
- 16 que se fai como hai que facer.
- 17 **P:** ¿Es aquí?
- 18 **D:** É aquí e a bótala firma, pa' que se sepa que o estudio está...
- 19 **P:** ¿Aquí debajo?
- 20 **D:** Si, aí debaixo, pero non, isto é anónimo eh? Non se, non aparece nome ningún nin
- 21 nada, todo o que digamos aquí non vai a estar relacionado con...
- 22 **P:** (*Nome, apelido*)
- 23 **D:** Venga, moitas gracias.
- 24 **P:** Nada, yo usted sabe lo que quiera, ((aquí)) estoy a sus órdenes.
- 25 **D:** Nada, veña, moi amable.
- 26 **P:** Mira una cosiña. Yo venía a ver cuándo me toca el *analis*, porque yo hace que no lo hice.
- 27 **D:** Si.
- 28 **P:** Y ahora los pies, parece que pierdo el equilibrio algo.
- 29 **D:** Que tes, como unha sensación de inestabilidade...?

30 **P:** Si, si.

31 **ADM:** Mira, (*nombre del médico*), no sé si tú me podrás contestar. Vamos a ver.

32 Eh, este paciente es tuyo y esta es la mujer que acaba de dar a luz... ayer.

33 **D:** Uhum.

34 **ADM:** ¿Sí? Están el bebé y la mujer ingresaos. El ten mesa electoral o domingo.

35 Están o bebé e máis a..., o sea, a nai e máis o bebé ingresao.

36 **D:** Eu creo que se non se aporta un informe do...

37 **ADM:** Do hospital.

38 **D:** Do hospital.

39 **ADM:** De conforme está ingresado...

40 **D:** De conforme está ingresado e fágolle un informe cumplimentándolle, e con todo esto

41 e supoño que si, porque é unha causa de forza maior. Ahora, sabes como están as ((legalidades))...

42 **ADM:** No, eu voulle comentar eso, senón falamos coa xerencia.

43 **D:** El está aí?

44 **ADM:** Non, non. Chamoume por teléfono.

45 **D:** Mira, pois chama...

46 **ADM:** A xerencia (()).

47 **D:** Chama a xerencia e dille..., e incluso nós podemos entrar na historia da...

48 **ADM:** Da muller.

49 **D:** Da muller, confirmamos que está ingresada e simplemente con eso, sin obrígalo a el a que vaia

50 ao hospital, podemoslle facer eso.

51 **ADM:** El no hospital está igual. También lle digo que na xerencia, que se acerque alí. Tamén era

52 outra opción.

53 **D:** A ver que opción nos dan en xerencia e tanto llo podemos facer aquí como llo facemos alá, vale?

54 **ADM:** Vale, gracias.

55 **D:** Chao. (*Á paciente*) Sí, tócache facelo (*nome da paciente*).

56 **P:** Si, non?

57 **D:** Tócache o análisis e..., xa ves que da..., do anterior do que habías feito en julio do ano pasado

58 ao que fixeche no mes de noviembre, finales de setiembre-noviembre, habíache subido un

59 pouco a creatinina, que é unhas probas de funcionamento de... renal. Entonces convennos

60 facer un análisis para ver si esta sigue aumentando ou non sigue aumentando. Orinas ben? Non tes

61 dificultad para orinar?

62 **P:** Non, a veces me escuece algo, a veces, pero non siempre, eh?

63 **D:** Bebes bastante...?

64 **P:** Eu mexo tódolos días, mañana y tarde.

65 **D:** Bebes agua, ¿sí?

66 **P:** Ay, agua mucha. Yo el vino no lo pruebo, en mi casa non se bebe el vino pa' nada. Nin o meu

67 marido (risas).

68 **D:** Non, pero non me refiero tanto a tomar ou non tomar viño, senón a beber agua con *regularidad*.

69 **P:** No, sí, yo agua bebo...

70 **D:** É conveniente beber sempre, polo menos, sobre un litro e medio de agua diario repartido ao

71 largo do día, pero... E quisá unha das formas que tu teñas para saber se realmente estás

72 bebendo esa agua ou non a estás bebendo, pois hai un sistema que, por exemplo, coller unha

73 botella desas de litro e medio, enchela pola mañá...

74 **P:** Hasta la noche, la tengo...

75 **D:** ...E á noite tela vacía e o que bebas fóra, pois é a maiores, non sabes?

76 **P:** Si, ya, ya, no, pero yo pienso que la bebo tranquilamente

77 **D:** Sobre todo ahora na época do verano porque na época do verano se vén o calor...

78 **P:** Se bebe un poco más.

79 **D:** Fai falta beber un pouco máis porque muito do líquido pérdese polo sudor, non sabes? E

80 se non nos motivamos un pouco para beber, bueno, pois a partir de unha certa edad, entre

81 que xa non fas ejercicios intensos, non corres e todo eso...

82 **P:** Non te moves.

83 **D:** Xa tamén tens que comer con pouca sal polo tema da tensión... Entonces o corpo non che pide

84 beber como unha persona, por exemplo, ou que coma máis salado, ou que fagha máis esfuerzos.

85 Bueno, vouche pedir a analítica. (Pausa) O análisis é de sangre e de orina.

86 **P:** ¿Y de los pies qué me dice? ¿Qué será de qué? Porque a veces es como si estuviera algo mareada

87 o así borracha, digo “será posible, que ya no bebo vino, en mi casa no se entra el vino para nada...”.

88 **D:** Sácate a chaqueta que che vou mirar a tensión.

89 **P:** Ah, vale, ¿la derecha o izquierda?

90 **D:** No derecho mismo.

91 **P:** ¿Cómo?

92 **D:** No derecho. No brazo derecho.

93 **P:** A ver.

94 **D:** Dolor de cabeza?

95 **P:** A veces, no siempre, no, pero esta temporada lo llevo...

96 **D:** Non relacionas o dolor de cabeza con esa inestabilidad, non?

97 **P:** No, no, no, yo más bien los pies, que a veces voy y parece que voy..., parece que vou

98 andando así. Digo “pero é posible que en tan poco tiempo..., que me cambie así desta forma?”.

99 **D:** Bien, mira unha cousa, iso é cando empezas a andar?

100 **P:** Más ben cuando ando ya un poco.

101 **D:** Cando andas un pouco?

102 **P:** Un poco. Quero andar y parece que no puedo, ¿entiendes?

103 **D:** Como si tuveras que descansar un pouco?

104 **P:** Si.

105 **D:** E descansas un pouco e despois xa te ves...?

106 **P:** Si, ando tal, pero no bien del todo, ¿eh?, como antes. No como antes.

107 **D:** Mira, e a que distancia dirías ti que che empeza esa sensación? O sea, can levarás andado?

108 **P:** Ah bueno, ya hará a lo mejor dos meses...

109 **D:** Non, non digo no tempo, digo, por exemplo, ti agora estás aquí e vas pa casa, vas a pé, non? E

110 por exemplo, canto..., que distancia hai de aquí a túa casa?

111 **P:** Pois hai pouco, un quilómetro y...

112 **D:** E ese quilómetro, es capaz de andar sin que cha aparezca eso ou non? Xa tes que parar...

113 **P:** No, no, al pouco tiempo..., non es que pare, sino...

114 **D:** Non necesitas parar?

115 **P:** No necesito parar, es que como si estuvera borracha. Ando así como trambolando.

116 **D:** Pon o brazo aí encima

117 **P:** Ah, si. Como si estuviera...

118 **D:** Por exemplo, cando estás sentada e te levantas, esa sensación non a tes?

119 **P:** No, no, eso cuando ando.

120 **D:** Cando andas, cando vas andando, nada máis. Porque, por exemplo, se te agachas e te pós de pé,

121 non tes esa sensación.

122 **P:** No, un día caí ahí en la cosa ahí, pero como un roble!

123 **D:** Pero caíche porque tropezache, ou...?

124 **P:** ¡No tropecé, no sé cómo fue! Es que dije yo..., parece que me arrastraba el pie y caí, pero como

125 un roble, pero digho eu “pero será posible?”. Y después...

126 **D:** Deixa agora o brazo quieto...

127 **P:** ...Vine a mirar la tensión y la tenía bien.

128 **D:** Vamos a ver.

129 **P:** Yo soi de tensión baja... perdón (*pausa*).

130 **D:** Deixa, deixa o brazo, vamos a volver a mirar a... (*Pausa*) Pois baixou da primeira esta, ves?

131 Vamos a ver a... (*pausa*) Bueno, ves como vai...?

132 **P:** Catorce.

133 **D:** Catorce con catro e sete con sete.

134 **Paciente externo:** Hola, buenas, perdone la molestia...

135 **D:** Hombre, ¿qué tal? Canto tempo!

136 **Paciente externo:** Si, levo sen vir por aquí unha temporada...

137 **D:** (()) ...por (*nome do municipio*). A ver si nos vemos...

138 **Paciente externo:** Si nos veremos.

139 **D:** Vale, alégrome de verte.

140 **Paciente externo:** I eu.

141 **D:** Ben, ten un pouquiño alta pero non é...

142 **P:** No es una cosa...

143 **D:** ...da tensión.

144 **P:** No, si esta temporada la tenía bien, porque fui ayer a mirar la... Perdón.

145 **D:** Déixate aí sentada un momentíño,

146 **P:** Ah, si. Y...

147 **D:** Mira...

148 **P:** La tenía a catorce con nueve, me parece.

149 **D:** Ponme as mans, así. Estírame os brazos. Saca...pon os brazos en alto.

150 **P:** En alto?

151 **D:** Así como os poño eu, así. Pon os dedos separados. Separa así un pouquiño os dedos. Cóstache

152 as veces coller o tenedor?

153 **P:** Non, non, eso non.

154 **D:** Non tes dolor...?

155 **P:** Non, de manos non.

156 **D:** Non.

157 **P:** Non noto nada.

158 **D:** E... ves que che costa máis traballo por... ó facer os movementos? O sea, pos para...pos por

159 exemplo, pa subir un brazo ou así que notas como... agarrotado.

160 **P:** Ai, eso si, eso si, porque... Tuve una caída...

161 **D:** É no hombro?

162 **P:** No, más bien el brazo derecho.

163 **D:** No brazo?

164 **P:** Si.

165 **D:** Nos dous ou nun solo?

166 **P:** No, en el brazo derecho.

167 **D:** No brazo onde tiveche a... caída.

168 **P:** Yo... calculé que me caí en el baño e dije eu “seguro que foi da caída do baño que parece que...

169 para peinarme bien..., parece que non podo levar a man á cabeza para. Pero yo para mí que fue del

170 golpe.

171 **D:** Mira, ponte de pé un minutíño. Colle así o brazo e intenta levalo...

172 **P:** Ai, ai! No, para allá non podo.

173 **D:** Aí non? Vamos facer co outro.

174 **P:** Para allá non podo. Con este si, con este si puedo.

175 **D:** Mira, o que quero que faghas é...

176 **P:** Así.

177 **D:** Que flexiones o...

178 **P:** Pero esto así fago eu tranquilamente...

179 **D:** Iso falo ben... E co outro?

180 **P:** Pero isto pa...

181 **D:** Por que che doe?

182 **P:** ...para arriba lo hago, pero para así, para...

183 **D:** Pero estíralo ben e flexiónalo ben e todo eso?

184 **P:** Si, si.

185 **D:** Mira, séntate e levanta...

186 **P:** ...Incluso voy pa cama y hago esto siempre para ver se me..., porque tuve una caída y...

187 **D:** E levache o golpe aí.

188 **P:** ...golpe no brazo izquierdo.

189 **D:** Fixeches unha tendinitis postraumática. Mira, séntate un momento e pon alí a gabardina.

190 Séntate e a ver... Fai o...levántate. Teste que apoiar nas rodillas pa levantarte?

191 **P:** No...

192 **D:** Pódeste levantar sen apoiar...

193 **P:** Si, si. Pero lo que me pasa es que... al andar.

194 **D:** Al andar.

195 **P:** E parece que me...como se me...zarandeara. A veces, no siempre.

196 **D:** Non sempre.

197 **P:** Non sempre. E digo eu “haberá algunha cousa para o equilibrio”, porque esto debe ser do

198 equilibrio, verdad?

199 **D:** Si, eso é un trastorno da marcha, o que pasa é que é un pouco atípico porque pásache de vez en

200 cando, pero ás veces non che...

201 **P:** No siempre no.

202 **D:** ...non che pasa.

203 **P:** No, no, siempre no.

204 **D:** E, sin embargo, por exemplo, pensando nunha posibilidade, por exemplo, dun Párkinson que fora

205 inicial, non tes temblor, non tes...

206 **P:** No, gracias a Dios, yo de momento no encuentro así...

207 **D:** Non tes bradicinesia, non tes rigidez... Bueno, non parece que...

208 **P:** Yo dije “tengo que consultarlo porque parece que voy a veces...zarandeando na carretera”. O

209 meu marido xa me dice “non vaías pola carretera! Vete por atrás a la vuelta”. Que a lo mejor un

210 coche..., bueno, xa sabes como é...

211 **D:** E mira, tes algún antecedente familiar, irmáns ou que recordes ti de teus pais..., se tiveron

212 Párkinson?

213 **P:** No, no, mi padre murio de noventa y dos años e tiña a cabeciña mellor ca miña.

214 **D:** E como se..., cales eran os apellidos da túa nai?

215 **P:** (*Apellidos*)

- 216 **D:** E o teléfono da túa casa?
- 217 **P:** ¿De mi casa? Ay, pues en este momento no sé decírselo.
- 218 **D:** E de...
- 219 **P:** ...Porque é teléfono móbil. Pero le traigo un día la tarjeta...
- 220 **D:** Non, non, non é eso. Cal é a... Cantas fillas tes, cantos fillos tes?
- 221 **P:** Dos, dos mujeres.
- 222 **D:** Dous. E netos?
- 223 **P:** Netos outros dos, pero homes.
- 224 **D:** Que idade teñen?
- 225 **P:** ¿Los niños? Los niños tienen uno... Hace trece ahora para... El mayor hace trece para septiembre
- 226 y el pequeño hace nueve pa' setiembre. Se llevan cuatro años.
- 227 **D:** Como se chaman?
- 228 **P:** (Nome do maior)... El mayor (*nome*) y el pequeño (*nome*).
- 229 **D:** De memoria andas ben, eh?
- 230 **P:** No, de memoria gracias a Dios de momento no me quejo. No, aparte los niños son..., como din
- 231 o outro, están na casa tódolos días, como non lle vou saber esas cosas? (RISAS).
- 232 **D:** Bueno, pero non todo o mundo á túa idade se recorda como te recordas tú, eh?
- 233 **P:** No, yo de memoria no me quejo. Yo creo que me acuerdo más de las cosas de pequeña que de
- 234 las últimas de mayores.
- 235 **D:** Máis de antes, non?
- 236 **P:** Si, más de antes. Me acuerdo de mi abuela y tenía yo catorce años cuando murió.
- 237 **D:** Canto tempo che dura ese trastorno? O sea, despois corrígese por si mesmo ou xa desde que
- 238 che aparece...?
- 239 **P:** No, me voy a casa, me siento un ratito y me pasa.
- 240 **D:** Descansas?
- 241 **P:** Si. Me pasa. Bueno, en casa más bien estoy sentada, no estoy de pie. Bueno, de pie para hacer la
- 242 comida y eso. Hago la comida, hago la compra y vengo a hacer las cosas.
- 243 **D:** Vas toda..., es totalmente autónoma pa' facer...
- 244 **P:** No, no, de momento eso sí, eso sí. Yo vengo todas las mañanas a (*nombre del municipio*), aunque
- 245 sea para a barra do pan, aunque sea pa' la barra de pan, vengo igual. (*Pausa*) De memoria, de
- 246 momento, no me quejo.
- 247 **D:** E notas algo de pérdida de forza nas pernas?
- 248 **P:** Como cansancio no. A veces, pero pocas veces. Salvo que vaya a sitios apurada.
- 249 **D:** Se levas unha marcha rápida ou...
- 250 **P:** Apurada, claro. Si no voy apurada, no.
- 251 **D:** E canto tempo dirías que che leva pasando isto?
- 252 **P:** Ah, pues ahora..., yo pienso que todo este año ya.

253 **D:** No que vamos de...

254 **P:** Lo que llevamos del año. El año pasado no...andaba bien.

255 **D:** Este mes, cantas veces dirías ti que che pasou eso? No que vai deste mes?

256 **P:** No, no, no es que me pasase de caerme ni nada, no.

257 **D:** No, pero que ti percibiras, foras consciente de que tiñas ese...

258 **P:** Como cansancio de pernas, como cansancio de piernas. Dije yo, algunos de ochenta e tantos

259 corren que vuelan por aí, y yo que acabo de cumplir..., bueno, los cumplí en octubre los ochenta.

260 Pero no me quejo, otros habrá peores.

261 **D:** Mira, tes á noite como movemento de pernas? Así como pernas inquietas ou...?

262 **P:** No. A veces en cama me hace como una calambre así que me..., y me dijo la doctora, esa que

263 estaba ahí ya hace tiempo, que era de varices internas.

264 **D:** Si, tamén pode ser un... trastorno da... circulatorio polas varices...

265 **P:** Dije, yo nunca padecí de varices, pero bueno.

266 **D:** Tamén a veces hai un pouco de debilidade muscular en función dalgúns..., por exemplo do

267 potasio, non? Se está un pouquiño disminuído, pois ao mellor tes un pouco de debilidade de

268 pernas. Entonces, como xa tiñamosque pedir a analítica po outro, vamos a esperar que veñan os

269 resultados. Como esa clínica non é moi alarmante...

270 **P:** No, de manos no, de manos...

271 **D:** No, que non é de momento unha clínica que che invalide, non sabes?

272 **P:** No, no, gracias a Dios.

273 **D:** E todo o que parece, bueno, en principio, desta primeira aproximación que fixemos, por

274 exemplo, unha das ausas máis frecuentes do trastorno da marcha é o Párkinson, pero non tes nin

275 rigidez, nin bradicinesia, nin tes un... O sea, non parece nin temblor, ni siquiera temblor fino,

276 levántaste... Bueno, pois vamos esperar que veña o resultado do análisis, en principio ti vas a ser un

277 pouco... Nos momentos que che pase vas a ver, pa que cando volvas...reflejarme un pouquiño máis

278 dicindo "pois mira, empezara a andar e levaba andando pois cincuenta metros e tuven que

279 parar e tal", por exemplo. O hecho de empezar a marcha e ter que parar pois aos cen metros ou cento

280 cincuenta e ter que descansar...

281 **P:** Eu non corro como antes tampoco...

282 **D:** ...e volver a andar, tamén pode ser un trastorno circulatorio, non tanto da circulación venosa, da

283 que sube, senón un pouco da que baixa. Mira, sueles ter os pés fríos habitualmente?

284 **P:** Eso ya fue de siempre. Aparte no noto frío en ellos, yo voy para cama y estoy siempre con ellos

285 calientes.

286 **D:** Ah, na cama telos quentes?

287 **P:** Oh, sempre, sempre. Eu ás veces teño que botar os pés pa' fóra da cama.

288 **D:** Eso é máis da circulación que... que lle costa traballo volver. Mira, non notas a veces que se che

289 poñan os pés nin as mans blancas, non? Así como...

290 **P:** No.

291 **D:** Bueno, pois...

292 **P:** Ni dormidas tampoco. A veces que otros dicen “se me duermen las manos y tal”, a mi no. Yo las
293 manos las tengo bien.

294 **D:** Moi ben, sigue facendo a túa vida...

295 **P:** Normal?

296 **D:** Normal, sigues tomando o tratamento como vas tomando, fundamentalmente...

297 **P:** Estará para coger, ¿no? Que yo tengo...

298 **D:** Si, tes o tratamento posto hasta o mes de agosto, pero logo xa nos temos que ver antes. Mira,
299 estás tomando o calcio...

300 **P:** Si, calcio.

301 **D:** Estás tomando a pastilla da tensión...

302 **P:** Si, también.

303 **D:** E estás tomando a pastilla de depresión, non? O Valdoxán.

304 **P:** Si, o Valdoxán. Una a la noche.

305 **D:** Ben, como o tes... Cando tes dolor tomas o paracetamol e tamén usas o protector de estómago...

306 **P:** ¿Si... sábado, lo que? Que a veces aquí en la cadera cuando me quiero levantar casi no puedo.
307 Digo, pero ¿qué pasará aquí?

308 **D:** Pois aí é... Generalmente iso é cando empeza a artrosis y tal. Para iso temos (()) Cando che
309 suceda eso colle un paracetamol que pa iso está e non che fai daño e podes tomar hasta un
310 máximo de tres ó día sin ningún tipo de...

311 **P:** Ah, no, yo tomo uno a la mañana cuando me levanto.

312 **D:** Bueno, os días que che doia máis porque senón, a grandes males, grandes remedios.

313 **P:** Vale, vale.

314 **D:** ¿De acuerdo?

315 **P:** Vale. ¿O sea, ahora que pido, allí en la...?

316 **D:** En el mostrador.

317 **P:** Allí en la cosa, ¿no?

318 **D:** Eso es.

319 **P:** Y después cuando me mande ya vendré aquí.

320 **D:** Ti falo, deixas pasar sobre unha semana e facemos outra visita, vale?

321 **P:** Vale.

322 **D:** Venga, hasta luego.

323 **P:** Vale, gracias doctor. Venga, hasta luego.

Example 9: Consultation #29

Doctor (D): Dr. A, male, ca. 50 years old. Functional bilingual. He speaks Galician.

Patient (P): Female, 20 years old. She speaks Galician.

Companion (C): Female, 43 years old (patient's mother, in the second part she is the patient). Behavior: Galician-Spanish-Galician.

Consultation: Results from a blood test. Anemia and lack of folic acid due to inadequate nutrition.

Length: 10 minutes and 45 seconds.

- 1 **D:** Ola, buenos días
2 **P:** Ola, buenos días.
3 **D:** Antes de nada, teño que comentar unha cousa, que se está facendo no centro un estudio sobre
4 a relación médicos-pacientes. Entonces se está gravando as conversacións. Se non queredes que se
5 grave, se apaga e punto. Por agora no..., esta gravación despois vai ser estudiada de forma
6 anónima por unha xente que está en Dinamarca. Pero si me deixades gravar, tedes que firmar un
7 consentimiento.
8 **P:** Vale.
9 **D:** Por un lado, primeiro está (*nome da paciente*), entonces firmas aquí (*nome da paciente*). E por
10 outro lado...((...)). Dime, (*nome da paciente*).
11 **P:** Era por..., pos resultados da...
12 **D:** Dos resultados da analítica?
13 **P:** Si.
14 **D:** Cando...? Si, falamos normal, non pasa nada, eh? Mira, cando fíxeches a analítica?
15 **P:** A semana... Fai unha semana ou...
16 **C:** Si, dez días máis ou menos haberá?
17 **D:** Bueno, parece que está fallando o ordenador, vamos a ver...
18 **C:** O... que día foi? Miércoles. Da semana pasada, da anterior, non?
19 **P:** Da anterior, desta non.
20 **D:** Mira, bueno, despois falamos do teu, non? Que me falou... como se chama? O dermatólogo?
21 **C:** Se sabe logo desta semana...?
22 **D:** Mira (*nome da paciente*), tes anemia, eh? Notas cansancio?
23 **P:** Si.
24 **D:** Ben, tes bastante anemia.
25 **C:** Ten moita?
26 **D:** Pois para unha rapaza da súa idade... tiña que estar sobre doce a hemoglobina, estás por
27 debaixo de once. Tes as regras moi abundantes?
28 **C:** Non ten nada.
29 **P:** Nada. Como moito dous días.
30 **D:** Dous días... Bueno, pois vacheron dar ferro e temos que facer un estudio de..., das heces, das
31 cacas, non vaia ser que esté perdéndose... Na túa idade, o máis lóxico é que a anemia sexa por
32 sangrado menstrual, pero se me dis que o sangrado moi pouco, pois facemos a maiores..., facemos
33 a maiores un estudio das heces, das cacas, por se aparece sangue oculta nas cacas. Si eso é normal,
34 vai ser que a alimentación non é boa.
35 **P:** Si, eu creo que é eso.
36 **C:** Porque estubo traballando e estubo comendo fóra da casa e non sei que comía fóra, bocadillos
37 e...
38 **D:** Todo bocadillos, todo fiambre?
39 **P:** Si...
40 **D:** E comendo malamente, non?

41 P: Si.

42 C: É que é moi mala pa comer.

43 P: Eu agora estou comendo ben.

44 P: É un caso patético.

45 D: Es bastante falta de ferro, eh? Se nota que os depósitos están baleiros.

46 P: Como tiña seguido ganas de comer hielo.

47 D: ¿Hielo? Ai, mira!

48 P: Seguido.

49 D: Espera un momentíño porque isto..., vou chamar á residente.

50 P: Vale (*pausa e fala coa acompañante mentres a doutora chama á residente*).

51 D: Non está, estivo de guardia e agora librou. Pois es un síntoma, que non é un síntoma típico

52 pero que está descrito nos libros. Comer cousas extrañas.

53 C: Obsesión co hielo.

54 D: Si, si, si, agora esta temporada.

55 C: Leva unha temporada que está seguido.

56 P: E que eu sempre como hielo, me dan ghanas de comelo.

57 D: Tamén tes falta de ácido fólico, unha vitamina, que tamén che vou a dar. Está claro que a

58 alimentación que tuvistes foi mala, eh?

59 C: Tivo que ser iso.

60 P: Si, que ao baño tampouco vou moito, así que ten que ser de comer.

61 D: Bueno, hai que facer a proba esta que che digo, que hai que traer un... Vanche dar un bote en

62 cita previa, entonces traes unha mostra de heces para analizar. Ten que ser lunes, miércoles ou

63 viernes. Vas todo-los días ao váter?

64 P: No.

65 D: Que días vas?

66 P: Buf!

67 D: Bueno.

68 C: É moi estreñida, eh?

69 D: Xa, pero se resulta que..., cando sea, cando nos coincida, si é o día anterior, que meta a mostra

70 na nevera.

71 P: Vale.

72 C: Acórdate dos días: lunes...

73 D: Lunes...

74 C: Apúntalo nun papel...

75 P: Miércoles o viernes.

76 D: Eses son os días das analíticas.

77 C: Das analíticas, claro.

78 D: E por que comías tan mal?

79 P: Porque non tenía ghana.

80 D: Esa é a resposta?

81 P: Si.

82 C: Non ten *ghanas*. "Ai, esto no me gusta, esto non o quero, esto no me apetece...".

83 P: É que ás veces non teño fame e...

84 C: E ala. E agora con vinte anos, como pa obligala a comer.

85 D: Pois teis o ferro baixo e tes o ácido úrico..., o ácido fólico, perdón, baixo. Entonces vas a tomar

86 ferro durante seis meses e ácido fólico durante tres.

87 P: Vale.

88 D: Un comprimido ó día.

89 P: Vale.

90 C: Tuvo que ser a raíz de fase-lo curso ese que estivo facendo e comer fóra da casa...

91 (*interrupción, entra enfermeira*)

92 D: Dime, (Nome).

93 ENF: Mira, está aquí la señora (nome) que venía con el hijo que... Que a veces venía el hijo...

94 **D:** Si, si.

95 **ENF:** Bueno, hace siete meses que hizo la analítica porque me dice la sobrina si necesitaba una

96 analítica. Non sé si tú le dijiste una... creatinina de uno con cinco...

97 **D:** Pues hay que repetirla, hay que hacerlo.

98 **ENF:** ¿Le hacemos?

99 **D:** Le hacemos una analítica a mayores, ¿vale?

100 **ENF:** Vale.

101 **D:** Eh, é a primeira vez que tes anemia, non? Si.

102 **P:** Si.

103 **D:** E sabes que alimentos teñen ferro?

104 **C:** Lentejass...

105 **D:** Bueno, vamos a ver. O alimento que máis ten ferro son os produtos cárnicos.

106 **P:** Ves, a carne tena distinta.

107 **C:** Eu non dixen que no. Eu dixen que comeras un bo plato de lentejas, eu non

108 dixen que a carne non tivera.

109 **P:** Pero as lentejas non me gustan.

110 **D:** Pero a carne ten máis ferro caa...

111 **P:** Mira ves!

112 **D:** Cas lentejas e ademáis é un ferro, que se absorbe moito mellor.

113 **C:** Y más, ¿qué te dijo tu madre? ¡El hígado de cerdo!, que muy bueno.

114 **D:** Tamén, si. O que pasa é que, hoxe en día, non se come moito. Todos os productos

115 cárnicos, hígado, eh, carne, son os que máis, eh, ferro teñen. Despois,

116 dentro da, dos vexetais...

117 **C:** ¿Y la carne? ¡Cuánto tiempo hay que no la quieres! En casa,

118 por lo menos.

119 **P:** Carne?

120 **C:** En casa.

121 **P:** Pero en (*nombre da aldea*) estou comendo carne.

122 **C:** ¡Ah, porque te obligan!

123 **P:** ¡Noo!, porquee sí.

124 **C:** Fuera de casa, porque la obligan a comer. En casa, no,

125 no me apetese carne.

126 **P:** ((Vou)) coméndoa, eh?

127 **C:** Y la apartas.

128 **P:** Esta semana comín carne, eh?

129 **D:** Como?

130 **P:** Esta semana ((tamén)) comín carne.

131 **C:** Si, en la casa del novio le obligan a comerla. *Entonses* tiene quee ir

132 p'alí a vivir

133 **P:** Bueeno, vale.

134 **D:** Aquí tes, por un lado, o ferro, que o ferro, a mellor forma de tomalo é

135 á primeira hora da mañán antes de desayunar cun zumo de, de naranxa,

136 porque así se absorbe mellor, uhuh?

137 **P:** Vale

138 **D:** A primeira hora da mañán cun zumo de naranxa. E o ácido fólico... Esto son seis meses.

139 **P:** Si, e o outro tres.

140 **D:** E o outro tres. Ó mes e medio, aparte da analítica de sangre oculta en heces que vamos a facer

141 agora, ó mes e medio de empezar o tratamento con ferro, temos que ver..., facer outra analítica

142 para ver si ó tratamento que te estamos dando... respondes. O sea, que mellora a anemia e todo

143 isto. O sea que ahora, tes unha analítica agora e dentro de mes e medio temos que facer outra.

144 **P:** Vale.

145 **D:** Si tes algún problema ca medicación, porque a veces o ferro pode ser que che dea lugar a

146 molestias gástricas, ou estreñimiento ou así, fala connmigo.

147 C: Más estreñimiento do que ten?

148 D: E ao revés, hai xente que lle pasa ao revés, que pasa a tener algo de diarrea.

149 C: Ah, mellor (risas).

150 D: Fala comigo, pero non suspendas.

151 P: Vale.

152 D: E o que ten que quedar claro é que o color das heces, das cacas, é de color negro co ferro. Agora mesmo tuvestes algún día cacas de color negro, negro? No?

153 P: No.

154 D: Bueno. Mes e medio, si.

156 P: E ao comer, que me doe o estómago, será de haber comido antes pouco que agora me doe cando como?

158 D: Home, agora teráo que facer a engullir (risas). Pero non é motivo para non comer.

159 P: Vale. Non, agora xa como.

160 D: Aquí tes, isto é para ir a cita previa pa a analítica das cacas, vale?

161 P: Vale.

162 D: Mui ben. Mira, o outro día chamoume...

163 C: Esto lo pedimos aí, no?

164 D: Si, si, si. O outro día chamoume o dermatólogo porque non encontraban a biopsia de cando se che quitou o vulto a primeira vez. Entonces díxome “foi no dous mil oito”. Entences pode ser que igual a biopsia fora feita e enviada á... universidade, efectivamente. Vale? Entences, o que me dixo que era, é unha lesión que se chama dermatitis seborreica, que non é mala, pero se a queres quitar, temos..., o sea, hai que facer un envío digamos que normal, porque o outro día que fixen as fotos e enviei por internet as fotos ao dermatólogo, era por si era unha lesión maligna e había que facer as cousas rápido. Pero non, non é maligna, pero entón, se queres quitarla...

171 C: No, se non é maligna, non.

172 D: Non é maligna.

173 C: Por exemplo, agora está al sangrar, non? Mira o que sangrou e..., pequiniña.

174 D: Si.

175 C: Ó mellor desaparese e volve. Pero se non é maligna, deixámola.

176 D: Pois foi o..., preocupouse, eh?, que me chamou varias veces e ao final díxome “mira, que encontrei a biopsia e a biopsia..., pois é unha dermatitis seborreica. Como está en una zona de roce, polo peine e por estas historias, pois pode sangrar e pode caer, pero que non é unha...”.

178 C: Nin se volve mala tampouco?

179 D: Non, non se volve mala.

181 C: Vale.

182 P: E o que teño eu que é, como o teu?

183 C: Si. *(Pausa)* É hereditario.

184 D: Ves? Aquí tes o que... Esto mesmo que está aquí escrito foi o que me comentou el por teléfono: “Hemos encontrado el resultado de dos mil ocho y fue queratosis seborrica. Lesión benigna y, por lo tanto, sin antecedencia médica. Un saludo”. Foi o que me..., porque estuvemos falando por teléfono. Entences me dixo: “Si ti queres quitala, que se che envíe, pero por vía normal”. Como se fixo a outra vez.

188 C: Si.

189 D: Pero iso xa depende de ti.

191 C: No, no, entences no. No que a mí no me molesta.

192 D: Vale, pois entences era eso.

193 C: A ver, me preocupaba porque...

194 D: Si, si, si.

195 C: ¡El aspecto que tenía!

196 D: Bueno, tamén nos preocupou a min, tamén lle preocupou ao dermatólogo..., pero como encontramos a biopsia, pois xa sabemos que non... que podemos estar tranquilos.

197 C: Perfecto, vale. Pois logho nada.

198 D: Veña.

199

200 **C:** Veña.
201 **D:** Hasta logo!
202 **C:** Chao.

Example 11: Consultation #3

Doctor (D): Dr. A, male, ca. 50 years old. He speaks Galician.

Patient (P): Male, 75 years old. Behavior: Galician-Spanish-Galician.

Companion (C): Female, she speaks Galician.

Consultation: Results of a CT scan after severe respiratory failure.

Length: 11 minutes and 55 seconds.

- 1 **D:** Bueno, como vos decía, é unha investigación que se está facendo para a comunicación entre
2 médicos e pacientes, que fallos pode haber e como se pode millorar, vale? Simplemente eso.
3 Entonces hai que autorizar o que é por escrito a que se poda gravar a conversación que temos na
4 consulta e nada máis, vale? Non hai ningún problema despois porque despois... a conversación é
5 anónima para a xente que o pode escoitar e non se vai utilizar para outra cousa, vale? Entonces
6 vou facer primeiro o papeliño, vale?
7 **C:** Como usté queira.
8 **D:** (*sonido teclado*) Como vas entónces?
9 **P:** Ayere...
10 **C:** Bueno, el tuvo que buscar outro TAC.
11 **P:** O martes, me chamaron outra vez.
12 **D:** Si.
13 **P:** Si, e que, eh, entónces, chegoume o TAC. E entónces díxome a señora:
14 “¿usted sabe cómo va esto?” Y dije yo: pues, pues sí, estuve, estaba (())
15 aquí, y me dice ella: “ah! ((pues)) mira para dentro” y hay una chavala,
16 y dice: “sí, pero fue cosa de la do, de la doctora.”
17 **C:** Debe ser a Doctora (*apelido*), ao mellor veuno no ordenador e dixo: este é o meu pasiente.
18 Quero que o mire doutra maneira.
19 **D:** Uhum.
20 **C:** E fixéronlle o TAC doutra maneira.
21 **P:** Si.
22 **D:** Non lle valía o TAC que lle fixeron?
23 **P:** Non se sabe...
24 **C:** Si, pero debe... A doutora (*nome*) chamou...
25 **P:** El primero que hice o outro día, o sábado, foi así. Entón...
26 **D:** Puxéroncho de lado? Para...
27 **P:** No, no, ó revés.
28 **D:** Ao revés, da espalda, vale.
29 **P:** Si, díxome..., díxenlle “eu estuve aquí o sábado” e díxome “si, pero fue la doctora (*nome*) que
30 llamó”.
31 **C:** Debía de ser a que el vai, que foi a que o operou, non sabes?
32 **D:** E sabes o resultado do TAC?
33 **P:** Non.
34 **D:** Non o sabes?
35 **C:** Ahora non, daranllo a ela.
36 **D:** A ver, pois, agora se o temos aquí...
37 **P:** Si, daranllo a ela seguro...
38 **C:** ...porque non dijeron nada.
39 **D:** Nin che dixeron nada?
40 **C:** Non dixeron nada. Nada.
41 **D:** Cando o fixeron?

42 C: Penso que irá... Ayer.
 43 D: ¿Ayer?
 44 C: No, ayer no. O martes.
 45 P: O martes, o martes, home, o martes.
 46 C: Ayer foi o mércores.
 47 D: E que tal te encontras?
 48 P: Ben, ben, eu encóntrome ben.
 49 D: Peron non notas nada de fatiga, ni pitido, ni nada?
 50 P: No, no, no, nin pitido, non teño, non tuven máis que aquela vez que...
 51 D: Si que aquel día afogabas.
 52 C: Si, ho! Estaba horrible eh?
 53 P: Pero...
 54 C: Estaba horrible.
 55 P: ...non noto nada, nin ao dormir, nin tranquilo, non...
 56 D: Vale.
 57 P: Non noto nada, nada, nada.
 58 D: Vale, bueno, pois entonces mira, vai quitando a roupa... a parte de arriba e séntate na camilla
 59 que te vou a auscultar, vale?
 60 P: Muy bien.
 61 D: Mientras tanto vou ler o resultado, vale?
 62 P: Si.
 63 C: A ver, porque non nos dijeron nada... Dirá “vaia ao control onda ela”, digho eu.
 64 D: Si, tamén, eh?
 65 C: Si, é de supoñer, eh?
 66 P: Eso non...
 67 C: Pero está ben que miren, mira, ao millor ela entre esos... Veuno no ordenador e dixo “este é o
 68 meu paciente, como é que ingresou? E ighual dixo “vouno faser doutra maneira”. Penso eu,
 69 porque pa disirlle “trae á doctora”, outra doutora non creo.
 70 P: Si, dixo “no, no, fue cosa de la doctora”. Bueno, pues nada. A sacalo dos veces, hai que esperar.
 71 D: Vale. Bueno, o informe nos di que non encontra nada especial, pero que, como... polo que che
 72 pasou, que queren facer outro TAC dentro de catro meses. De control. Vale?
 73 C: Chamarán?
 74 D: Si, si, xa che comentarán.
 75 C: Hano de chamar.
 76 D: Quita a camiseta que vamos a auscultar.
 77 C: Porque nos chamaron, chamáronos tamén por teléfono pa que fóramos alá.
 78 D: Si?
 79 C: Si, chamáronos, dixéronos “mira, tal día veñan por aquí”. Así que tamén chamarán.
 80 D: Bueno, vamos a ver. Respira hondo (*mide a respiración*). Agora respira normal, vale? Asi
 81 (*pausa*). A respiración está ben, a frecuencia está ben... Hai que deitarse boca arriba na camilla,
 82 que vou tomar a tensión.
 83 P: Si. Boca arriba.
 84 D: Ahora está normal esto, no?
 85 C: Ahora si, pero estuvo...!
 86 D: Si, xa me comentara Don (nome).
 87 C: Si, que estaba a practicante...
 88 D: Estaba (nome). Contoume que lle destes un susto.
 89 C: Oh, un susto ghrandísimo.
 90 D: Pero que foi, de repente? Ou xa levabas unos días mal?
 91 P: No, no, no, estiven toda a tarde alí sentado na horta e non tuven nada, nin nada, nin nada. Van
 92 dar as once e pico e fun alí onda as verduras...
 93 C: Empezou, pero inda estaba a ver se lle pasaba. Pero mira que tuveron que sacalo dunha
 94 ambulansia pa outra, eh?

95 D: Si, si, tiveron que chamar a... o que se chama medicalizada, que lle levaron os que estaban de
96 urgencias e despois hai outra que é de peores condicios que sempre se fai o...
97 C: Si, si, pero é que eu nunca o vin así, é que morría eh? *Afoghaba* pero... eu pensei que era do
98 corazón.
99 D: (*Ao paciente*) Ahora non fales, para que nos saia ben a... (*pausa*). Bueno, a tensión está un
100 pouquiño alta. El toma algo para a tensión?
101 C: Toma a pastilla, non?
102 D: Si
103 P: Tomo a pastilla sempre, unha a noite, unha pa o corazón e outra para a tensión.
104 D: Vale, mira, vamos...
105 P: Eu antes tiña catorce.
106 D: Catorce, vale, agora tes quince e nove e medio. Entón o que vamos facer é unha cousa. Vas a
107 esperar un pouquiño na sala de espera, dez minutos ou así, e despois vaiche tomar a tensión outra
108 vez a enfermeira. Para ver se...
109 C: Si, porque ó millor agora estás un pouco nervioso.
110 D: Se pone nervioso...
111 C: Parece que non, pero...
112 D: Si.
113 C: ...ao mellor estás...
114 P: (())
115 D: Bueno, pois agora... Bueno, está alta, pero hai que facer dous controles máis, para ver
116 realmente se está alta ou non, vale? Entonces...
117 C: Se é mellor que estés tranquilo...
118 D: Hai que relaxarse un pouquiño, eh?
119 C: Si, porque si no se te pone mucho peor. E eso é de eso.
120 P: Non, claro, ao oír á xente chamando e...
121 D: Porque o resto da auscultación é normal. A auscultación cardiopulmonar non hai ningún
122 problema, non era como o outro día.
123 C: Noo.
124 D: O sea, que agora está estable.
125 P: É que me extraña porque eu o día... quince de febreiro fun facer a placa. E o mesmo día xa me
126 mirou a doutora. A doutora díxome “bueno, está estupendamente como siempre”. Muy bien. Pide
127 vez para outro ano. E de repente te chaman así...
128 C: Si, pero eu... (*Chaman ao teléfono da consulta*)
129 D: Si? Dime. Vale, me lo recordáis, ¿eh? Sí, apuntarlo, sí. Pero recordármelo. Vale, venga. Ta logo.
130 P: Te chaman así de repente...
131 C: Ás veces paresenos a nós que non estamos nerviosos, e ao mellor estamos.
132 D: Si...
133 C: Si, porque a min pasa. Eu xa non teño por que estar nerviosa. E estou.
134 P: Eu tamén estiven todo o día ben e fun pa cama ás onse e pico e (()).
135 C: Esas cousas pásanche de repente.
136 P: Pouco a pouco, pouco a pouco, pero se va a máis...
137 D: A tarjeta, a tarjeta súa. Bueno, pois despois cando salga, esperamos un rato, falo con (*nome*) e
138 facemos outro control, eh? Para ver si realmente a tensión está alta ou é un problema un pouquiño
139 de estrés polo que te pasou estes días.
140 C: Claro, claro, pode ser.
141 D: Se está alta, pois entón teríalle que aumentar o tratamento.
142 C: Outra pastilla? Ou sacar esa pastilla e poñer outra?
143 D: A súa, a súa.
144 C: Ai, a miña non a trouxen!
145 D: Como é o nome?
146 C: Ah, espera, espera. Que a teño aquí.
147 D: Tena aí?

148 C: Teño tantos departamentos...

149 D: Bueno, os bolsos son para eso.

150 C: Teño o carné... Ighual no a teño, pois tíña aquí, eh?

151 D: Como é o teu nome?

152 C: *(Nome)* Que cambias de bolso... Non sei, é por culpa deso dos ((.)) Penso eu, non? A tarjeta.

153 D: Si, pero bueno... Non a teño apuntada na agenda, pero bueno...

154 C: Pero téñoa alí no centro, vou ao centro?

155 D: Espera un momentíño. No, busco desde aquí. Entonces... Busco desde aquí, desde a pantalla.

156 *(Pregunta polo apelido)*

157 C: *(Apelido)*.

158 D: *(Nome)?*

159 C: *(Nome)*.

160 D: A ver si o comprobamos no ordenador... Ah, aquí está. *(Pausa)* O outro día deille un

161 antibiótico por unha infección de orina, non?

162 C: Si.

163 D: E que tal está agora?

164 C: Bueno, eu encóntrome ben.

165 D: Bueno, pero temos que facer un novo control agora.

166 C: Ai, bueno, si queres fágħoo agora logħo.

167 D: Si, teño... Porque acabou..., o antibiótico acabouno hai tres...

168 C: Sete días me dixo.

169 D: Sete días.

170 C: E sobraronme... e aínda teño na casa.

171 D: Vale.

172 C: Pero deixei de tomalo porque me dixo sete días. E aos sete días deixei de tomar.

173 D: Bueno, pois entonces o que facemos é que... Vai orinar dentro do tubiño e facemos unha tira

174 para ver si... si realmente está curada a infección, vale?

175 C: Veño agora ou espero que veña *(nome)*? Ou que lle toque a *(nome)* aí?

176 D: Eh... a parte desto hai algo máis, ou solamente...?

177 C: Para mi nada.

178 D: Vale, pois entonces..., despois cando pasen para a enfermeira, que lle tome a tensión a *(nome)*

179 e que lle dea...

180 C: E doulle esto.

181 D: E que lle dea esto para que lle faga a tira da orina. E xa me avisa ela dos resultados, vale?

182 C: Moi ben, un millón de gracias. Isto se abre aquí?

183 D: Si. Vamos a firmar o papel que non o firmamos, agora que me dei conta.

184 P: Si, si, fírmolle o papel.

185 C: Temos que firmar os dous?

186 D: El xa firmou antes, ao principio de todo.

187 C: Ai, si. Aquí abaixo, eu?

188 D: Si, por aquí.

189 P: Arriba.

190 D: Aí arriba. *(Pausa)* Menudo susto, eh?

191 C: Oh! Non se pode imaginar. Non se pode imaginar, eh? O susto que levamos. Eu ata abrín os

192 ollos...

193 D: Eu cando cheguei pola mañán foi o primeiro que me dixo... Xa me dixo “mira, estubo en

194 urgencias *(nome)* e...”

195 C: Horrible, horrible.

196 D: “Púxose fatal, fatal, fatal”.

197 C: Que de aí xa pa a morte, porque estás buscando vida e non a tes. Eso é horrible, eh?

198 P: Despois cando me puxeron a máscara despois...

199 D: Despois si, co oxígeno e tal empezou a encontrarse mellor.

200 P: Tenía tensión..., tenía todo ben... Todo ben, tiña todo ben.

201 **D:** Non, agora mesmo a saturación en sangue polos saturímetros está ben, a auscultación está todo
202 ben, vamos a ver o que foi. Vamos a estar pendente... E o TAC tampouco non me aparece nada
203 especial.
204 **C:** Non, xa lle dixo..., xa lle dixo en urgencias, “usté tan pronto teña un algo de eso, non vaia ao
205 médico de cabeseira, veña inmediatamente aquí”.
206 **P:** No, se depois eu teño que ir a...
207 **C:** Dixo “veña inmediatamente aquí”.
208 **D:** Bueno, pois nos vemos dentro dun momentíño, cando teña os resultados (nome), vale?
209 **C:** Grazas, eh?
210 **D:** Veña, hasta logo.

Example 12: Consultation #94

Doctor (D): Dr. B, male, ca. 60 years old. Galician-dominant speaker.

Patient (P): Female, 41 years old. Behavior: Galician-Spanish-Galician-Spanish-Galician.

Companion (C): Male, he speaks Galician.

Consultation: Sick leave due to the fall of a dental implant.

Length: 8 minutes and 56 seconds.

- 1 **D:** Ola, bos días. Sentádevos, por favor.
- 2 **P:** No, lo mío es rápido. Es que...
- 3 **D:** Mira, espera un momentito. Estamos facendo un estudio de voz para ver o da relación médico-
- 4 paciente. É anónimo, pero... salvo que non queiras, se non che importa vamos a gravar a
- 5 conversación. Pedimos que nos bodedes unha firma aquí, non vos compromete a nada, é
- 6 anónimo...Tes aí o...
- 7 **C:** Se non les, firmas e fóra.
- 8 **P:** Eu me fío (RISAS).
- 9 **C:** Eu teño que firmar tamén?
- 10 **D:** Non, mira, vouche dicir: "...la autorización del paciente al uso científico de la grabación de
- 11 consulta médica (()) Investigar las características de la comunicación médico-paciente, para lo
- 12 cual hace uso de grabaciones de consultas médicas auténticas. Los investigadores son (***) . Por
- 13 medio de este consentimiento faise a gravación, os usos dos datos solo son con fines científicos,
- 14 pero anónimos, o sea, non aparece..., nin sequera aparece o meu nome tampouco, eh? O sea, é
- 15 anónimo o teu... (*Datos proxecto*). Aquí aceptámoslle de facelo e seguimos pa' diante. Ahora
- 16 cóntame... o teu.
- 17 **P:** Nada, é que eu teño un implante dental e a semana pasada xa tiña dolor
- 18 e movíase o dente, e entón fun pedir cita á clínica e déronme cita para
- 19 o vinte e sete de maio. Onte cando cheguei, caeume o implante, e entón, claro,
- 20 eu para ir traballar así dábame vergonza, e entón eu chamei..., bueno, pedín cita para
- 21 usted e á mañán chamei á jefa, entón conteillo e díxome: "nin se te ocurra venir
- 22 por aquí, trae un justificante médico porque se lo tengo
- 23 que pedir a todo el mundo".
- 24 **D:** Justificante ou Baixa?
- 25 **P:** No, baja no, baja no porque yo el lunes ya voy a trabajar porque el dentista... Él
- 26 como es el que me hace el implante, me va a atender hoy a las seis menos
- 27 cuarto y me dijo que, si no me lo podía volver a colocar, lo que hacía era como
- 28 una especie de brackets o algo así para disimular estéticamente
- 29 y me atenderían el sábado, para el lunes ya ir trabajar. Es decir, baja no.

30 **D:** Bien, pues entonces o que fago é... poñemos a infección dental que ti tes e...

31 **P:** E claro, eu como non sabía... Porque, a decir verdad, eu sólo collín as baixas maternales,

32 nunca faltei ao traballo. A jefa hoxe díxome: “(*nome da paciente*), por Dios, te conozco desde

33 hace quince años, nunca me faltastes al trabajo, a las siete y media te tengo

34 aquí, tráeme un justificante porque se lo tengo que pedir a todo el mundo,

35 pero de ti me fío perfectamente” (RISAS). Dije yo, “bueno, es que...”

36 **D:** Non hai ningún problema.

37 **P:** Eu estou en documentación clínica e claro, veñen todos os médico a pedir pois que lles

38 digitalicemos cosas pa (()) que... e dame vergonza (RISAS).

39 **D:** Bueno, muller, non hai ningún problema... (())

40 **P:** Non, porque xa cando foi o accidente e tal xa estiven moitísimo tempo sin el e...

41 **D:** O que son as cousas, eh? (Pausa) Resulta que diante do que máis tiñan que presumir, non? Que

42 era diante túa... Pero bueno, está entendido, nom ten ningún...

43 **P:** Despois, bueno, volle comentar, que ao mellor aparécelle aí, unha resonancia que fixen, máis

44 unha electromiografía... e claro, usted dirá “e esta como fai as pruebas se por aquí nunca pasou?”.

45 Foi porque a min ás veces danme como unha especie de vértigos, mareos...Entonces un día

46 estaba na secretaría de trauma, eu lévome moi ben co doutor (*nome*), entón deume así como

47 unha especie de..., bueno, dos mareos estes que me pasan a min e tal, e díxome “buah, esto

48 seguramente que é das cervicales, busca alguén que che faga unha placa” e comenteillo a este

49 que estaba traballando na planta e dixo “buah, un oncólogo cualquiera te hace aquí unha placa”,

50 bueno, pois fun facer a placa. Entón chamoume a radióloga e díxome “mira, te veo algo en las

51 cervicales, habla con cualquier trauma a ver si te pueden hacer el estudio más completo”. Entonces

52 o típico, encontras outra vez a (*nome*) polo pasillo e comentas o que che pasa e pideume a

53 electromiografía e a resonancia. Estou pendiente dos resultados del, pero como sei que estuvo un

54 poquiño pachucho...

55 **D:** Do que? Da resonancia?

56 **P:** Si, bueno eu xa...

57 **D:** Da resonancia xa cha dixeron, non?

58 **P:** Si, si...

59 **D:** Ao principio sospechaban se tiñas un síndrome de...

60 **P:** Salida torácica.

61 **D:** Que parece que non se confirmou, non?

62 **P:** No. E a eletromiografía xa a fixen, o que pasa é que déronme o informe na man, téño na

63 casa...

64 **D:** E aparece algún tipo de alteración do...?

65 **P:** Si, das cervicales e... o túnel carpiano na man dereita, por eso ao mellor se me queda a man

66 dormida, perdo forza e teño hormigueo nos dedos...

67 **D:** Bueno. Que tal túa nai?

68 **P:** Bueno, a ver, ben, nós apoyámola moito, animámola... tuvemos moito, moito que tal... Ahora

69 teño medo que recaia, ela non quere que o digamos, non? Pero bueno, se va a separar mi hermana.

70 Yo xa lo sabía, quero dicir, eu a ela non llo quixemos ocultar, xa sabíamos que a cousa iba mal, mal,

71 mal... O que pasa é que, bueno, fómola preparando, fúmoslle dicindo “buah, mira...”.

72 **D:** Perdona un momento, ti traballas sábado? Non.

73 **P:** No, no, no.

74 **D:** Si, sigue co...

75 **P:** E bueno, fómola preparando, fúmoslle dicindo “jo...” . Bueno, eu generalmente.

76 **C:** Pero está moi animada, está... co tratamento...

77 **P:** Si, si, ui, o tratamento genial.

78 **C:** Está un poquiño acelerada a veces, pero bueno.

79 **P:** Pero bueno, ahora normal que se acelere porque con estas historias e demais...

80 **C:** É millor que estea acelerada que non un baixón como tiña antes.

81 **D:** Bueno, pois

82 **P:** Entón temos outra vez cita en junio co doutor (*nome*)? Eu de momento, como a vexo bastante

83 ben, non lle quero adiantar a cita, para darlle *normalidá*.

84 **D:** Si, millor.

85 **P:** Si vexo que no caso de que a vexa... bueno, tal, o que fago é chamar ao doctor (*nome*) para

86 adiantarlle a cita do trinta de junio, pero bueno, ela tomouno bastante ben, de momento.

87 **D:** O outro día chamoume por... non sei se por unha receta de teu pai que lle había quedado colgada

88 ou algo así e cando me puxen con ela “que, como me nota?”, e eu “home, xa vexo que estás un

89 poquiño acelerada”, pero bueno, con un optimismo e tal, e dixen “bueno, pois hai que continuar

90 así e tal”. Bueno, incluso con esa disculpa, que non era para nada necesaria porque como está

91 enferma, claro, o que está enfermo non quere estar enfermo, senón que está enfermo e punto. “Non,

92 porque tal...”, como un pouco xa sendo máis consciente de toda aquela que tal... Bueno, pois

93 paréceme que o que estás facendo, o que estades facendo, que é correcto, face-los plazos, si

94 ves que a causa por algún motivo se filtrara, poñédesvos en contacto co psiquiatra pois un

95 pouquiño antes, e isto que che fixen aquí é un permiso de ausencia, que se chama.

96 **P:** Vale.

97 **D:** Con isto non é baixa, senón que autorizo a que... Pois infórmase de que tes a exploración clínica

98 realizada, “o asegurado non se atopa en condicións de realizar o seu traballo habitual”.

99 Entonces, como é uns días solo xa non (()). Douche dous, un entrégasllo á empresa e o outro

100 quedaste ti con el.

101 **P:** Realmente (*nome da xefa*) díxome: “Por Dios, non fai falta que traigas nada porque tanto eu

102 como o doutor (*nome*) conocémoste e tal, sabemos perfectamente que si non vés é por algo”.

103 Ela dicíame: “traime aínda que sea un da clínica...”.

- 104 **D:** Iso é un permiso de ausencia.
- 105 **P:** Dixen eu: “non, eu como tódolos compañeiros”.
- 106 **D:** Isto é unha dinámica que temos para, de forma oficial, justificar pois unha ausencia de vinte e
- 107 catro ou de cuarenta e oito horas, sen necesidade de recurrir á baixa: unha infección dental, ou...
- 108 **P:** A baixa non porque non é xa... Que estéticamente me pongan aí algo e punto (RISAS).
- 109 **D:** Bueno, ata logo!

Example 13: Consultation #34

Doctor (D): Dr. A, male, ca. 50 years old. Functional bilingual. Behavior: Spanish-Galician.

Patient (P): Female, 29 years old. She speaks Galician. Behavior: Spanish-Galician.

Consultation: Certificate of medication to take on a trip.

Length: 17 minutes and 40 seconds.

- 1 **P:** Hola.
- 2 **D:** ¡Hola! Buenos días (*nombre*), te tengo que comentar una cosa previa.
- 3 **P:** Vale.
- 4 **D:** Porque se está haciendo un estudio.
- 5 **P:** Uhum. ¿qué es?
- 6 **D:** De la Universidad (***) sobre relación médico-paciente dentro de la consulta, cómo se
- 7 comunican.
- 8 **P:** Vale.
- 9 **D:** Entonces requiere la grabación de la consulta, que tú también te puedes negar, eso también te
- 10 lo digo de antemano, pero, si no te importa, eh...entonces tienes que firmar una autorización.
- 11 **P:** Vale, sí.
- 12 **D:** La grabación se, lo van a estudiar esta gente en (***), no, no, o sea, no es (***), simplemente la,
- 13 qué tipo de comunicación mantenemos entre nosotros.
- 14 **P:** Vale.
- 15 **D:** De ahí no van a sacar nada.
- 16 **P:** No te preocupes.
- 17 **D:** Vale, pero bueno, te tengo que informar.
- 18 **P:** Claro, (RISAS), vale, sí.
- 19 **D:** Mira, entonces, si no te importa, eh...Me firmas ahí.
- 20 ¡Qué raro que vengas sola! ¿no?
- 21 **P:** Sí, (RISAS), sí, non deu chegado, miña nai, sempre, sempre me acompaña.
- 22 **D:** Sí, por eso, dime, entonces.
- 23 **P:** Mira, a ver. Púxenche consulta, pero non sabía como poñerche,
- 24 márchome lunes de viaxe a Méjico e que, se me podías dar un informe ou algo así,
- 25 por si pasa calquer cousa, levar un pouco.
- 26 **D:** Eh, vamos a ver. Tes que levar medicación no avión?
- 27 **P:** Claro, teño que levar as miñas medicinas, entonces para...
- 28 **D:** Vale.
- 29 **P:** ...Como pa justificar eso e despois por se pasa calquera cousa que teña así...
- 30 **D:** Si, outra cousa...

31 **P:** ...Un algo.

32 **D:** Canto tempo vas estar?

33 **P:** Do..., once..., doce días.

34 **D:** Doce días, vale.

35 **P:** Si.

36 **D:** O sea que medicación extra no necesitas, simplemente...

37 **P:** Eu penso que no, a verdade é que non teño recuento, pero penso porque aínda collín onte... Penso

38 que no.

39 **D:** Espera que che fago agora mesmo un informe, vale?

40 **P:** Vale.

41 **D:** Viaxe de placer?

42 **P:** De novios (risas).

43 **D:** Bueno, más placer imposible (RISAS).

44 **P:** Si, caseime o sábado.

45 **D:** Ah, bueno, noraboa.

46 **P:** Gracias.

47 **D:** ¿Y qué vais, a Riviera Maya?

48 **P:** Si, a Riviera Maya. si.

49 **D:** Estás todo o tempo alí na Riviera Maya?

50 **P:** Si. En principio, bueno, no sé...

51 **D:** En principio. Hai xente que di que a capital é muy bonita, eh? A zona de (()), todo eso.

52 **P:** Si, pero bueno, eu nós... En principio a Riviera Maya, por agora, é onde vamos ir. Ten todo o que

53 a mí me gusta e... ou o que a nós nos gusta. Entre o turista e despois ten a súa parte cultural, que a

54 min encántame a cultura maya...

55 **D:** Si, e logo co tema das murallas e todo...

56 **P:** As murallas, todo... si. E despois a selva, que xa son eu (()).

57 **D:** A selva que? A selva Lacandona? No, a Lacandona...

58 **P:** Non teño nin idea, la verdad.

59 **D:** Non foi a revolta esta dos... zapatistas, era no sur de México...

60 **P:** Pero creo que... É o sur, pero penso que aínda hai máis ao sur, non?

61 **D:** Pois pode ser, é que non sei. Sei que cando foi aquela historia era a selva Lacandona, que era

62 bastante ao sur, era casi tocando cos países de Centro América.

63 **P:** Si, pero penso que non estamos tan tan tan ao sur. É sur, pero que non é... Que aínda hai máis

64 para abaixo. A verdad que non sei como se chama, non o mirei. Mirei moita información, pero

65 desa...

66 **D:** Mira, isto é un informe das prescripcions, vale? Con data do vinte e tres, do cinco dos dous mil

67 catorce. Levothroid cincuenta, Hidroaltesona, Progyluton, Omeprazol, Dostinex, no?

68 **P:** Si.

69 **D:** Pues ahora espera...

70 **P:** Vale.

71 **D:** Canto se tarda en chegar alí en avión?

72 **P:** Dez horas.

73 **D:** Dez hora. Tes que ir por Madrid o...?

74 **P:** Si, por Madrid.

75 **D:** Es un rollo, eh?

76 **P:** Pois algúns vuelos que miraba mandábanme por Miami. E tardábamos quince ou unha cousa
77 así...

78 **D:** A Orlando, me parece que é, non? A conexión que hai en...

79 **P:** En Miami?

80 **D:** Si, non sei como se chama o aeroporto.

81 **P:** Pois non sei, non sei...

82 **D:** Si, creo que é un que hai alí. Vamos a repasar os datos todos.

83 **P:** Vale.

84 **D:** (Nome e datos da paciente). Tes a tarjeta aí?

85 **P:** Si.

86 **D:** Bueno, como é un informe para fóra voulle poñer tamén o teu DNI, eh? DNI, dimo.

87 **P:** (****número do DNI****).

88 **D:** Vale, entonces, número da seguridade social (número). ¿Vale?

89 **P:** Uhum.

90 **D:** E ZIP (*número*).

91 **P:** Uhum.

92 **D:** Vale, entonces están todos os datos correctos... (Pausa). Agora non hai problema de tornados,
93 nin nada desto por aí, non?

94 **P:** Poñía que empezaban a partir de maio, o sea que non se sabe (risas), pero non, porque creo que
95 esa é outra zona, que é máis ben na zona do Pacífico. Pero bueno, non...

96 **D:** Eu non sei se hai un ano ou así que hoube problemas, que saíou nas...

97 **P:** (Risas) Non me asuste!

98 **D:** Non, pero para min que foi na época de... setembro, outono ou por aí...

99 **P:** Si, é que agora en maio din que empezan ao mellor hasta septiembre, octubre, noviembre, si.
100 Pero bueno, que suelen ser por outras zonas.

101 **D:** Mira, vou por papel porque parece que se me acabou.

102 **P:** Vale.

103 **D:** Que raro, non? Non me imprime. Bueno, vou chamar aos informáticos. (*Fala por teléfono*) Ola,
104 bos días, mira, chamo do Centro de Saúde de (*lugar*). É o ordenador número nove. Quería imprimir

105 un PDF, pero non sei porque non imprime. Teño a impresión de que non lle chega a información á
106 impresora. *(Entra alguén na sala e entrégalle algo)* Gracias. *(***código***)*. Si. Número nove. Si.
107 Número nove. Quería imprimir o documento que ves en pantalla. Si, claro, eu doulle a imprimir, fai
108 todo, pero a impresora está en verde, pero como se non lle chegara a orden de impresión. Si. Si,
109 dalle a aceptar... No, pues... Estou toda a mañana traballando, eh? Apago, entonces? Está sacando
110 aquí unhas follas de configuración... No, son unhas follas estas de configuración de impresión que
111 salen, que son tres follas. Vale. Eh, bueno, hasta ahora estuve... imprimía sin ningún problema,
112 non... Pues foi agora mesmo entonces. Si, a verde. Pois debe ser os documentos que intentei
113 imprimir antes. Si, cancela, cancela, porque o documento pendente é o que temos en pantalla. Si.
114 Si. Pois...no. A ver, vamos esperar, pero... Si. Vale. Vale. Ela está en verde, eh? Vale. Porque senón
115 miramos despois...paso este documento a un pen e vou a outra impresora, outro ordenador. Para
116 que non se me retrase a consulta. Espera, que lo quiero pasar a un pen. A ver si podo. E agora
117 tampouco reconece o porto USB, me cago en... Si. No. Entonces mira, gárdame o documento no
118 pendrive e lévoo a outra impresora e o imprimo aí. E despois si tal, chamo outra vez, vale? Porque
119 senón se me... Veña, muchas gracias. Hasta logo. Pues no sé qué le pasa. Entonces vamos a ir a otra
120 impresora...
121 **P:** Vale
122 **D:** E o imprimimos aí porque desde aquí, no sé qué le pasa que no puedo. *(Pausa)* Bien. Ven
123 conmigo que vamos a otro sitio...
124 **P:** Levo este xa, non?
125 **D:** Si, levas ese e vamos desde Cita Previa a imprimir o papel, vale?

Examples 14 & 24: Consultation #19

Doctor (D): Dr. A, man, ca. 50 years. Functional bilingual.

Patient (P): Female 33 years old. She speaks Galician. Behavior: Spanish-Galician.

Consultation: Itchy back mole and suspicious lump.

Length: 5 minutes and 41 seconds.

- 1 **D:** Buenos días, (*nome da paciente*).
- 2 **P:** ¡Buenos días! Como siempre vengo sin cita, te extrañaba, ¿eh? Dice, esta...
- 3 **D:** ¡Nooo!
- 4 porque iba, noo, porque iba, viña, iba con retraso e non estaba moi
- 5 claro. Mira, vamos a ver, quería antes de, de empezar a consulta,
- 6 decirche que estamos facendo un estudio de investigación. Entonces...
- 7 **P:** Xa o vin na porta.
- 8 **D:** Eh, se non queres que o fagamos, non me firmes. Se autorices que se grave a consulta,
- 9 pos me tes que firmar.
- 10 **P:** Que é para axudarche para que te quedes?
- 11 **D:** Si, no, para que faga, para facer ben as cousas.
- 12 **P:** Ah, si, non me importa.
- 13 **D:** Veña!, dime, (*nome da paciente*).
- 14 **P:** Mira, eu fun xa por varias cousas. Unha, porque me me sighe picando ese lunar que teño na
- 15 espalda.
- 16 **D:** Bueno, pois imos mirar.
- 17 **P:** Despois, teño aquí un bulto. Pero non sei se é, pode ser un ganglio, non sei.
- 18 **D:** ((E pois))...
- 19 **P:** Encontreino o outro día.
- 20 **D:** Vai quitando a parte de arriba, entonces.
- 21 **P:** Ao mellor non é nada, non?, pero bueno. Ese lunar, xa che dixen da outra vez,
- 22 dixéchesme que era nada, pero que me *sighe* picando igual.
- 23 **D:** Que hora é agora? Diez, once, cincuenta y uno. Este d'aquí?
- 24 **P:** Si, está por aí, aí, ás *veses* pícame bastante e cando fai máis calor, máis aínda.
- 25 **D:** Vamos a mirar con esto.
- 26 **P:** E está un pouco descolorido, ou? Ou no?
- 27 **D:** No, es un dermatofibroma, pero te puede dar molestias y ahora está un
- 28 poquito inflamado. Vamos a echarle una crema con corticoide unos días,
- 29 ¿vale? Por las noches.
- 30 **P:** Vale. E que me, cando fai máis calor é cando.

31 **D:** Sí, cuando está más molesta.

32 **P:** ¡Claro!

33 **D:** Y el bulto que notaste en el cuello, ¿cuál es?

34 **P:** Está aquí.

35 **D:** A ver, déjame ver. No, no, bota ((para)) este (()) ganglio. A ver,

36 séntate que teño que mirar se tes máis.

37 **P:** Creo que no. Claro, non sei, non me estou tocando (()). Non sei, vino

38 fai días e *digo*, bah? Non me doi nin nada, pero por se acaso *digho*,

39 teño medo que sea calquer...

40 **D:** Creo que é o ganglio, este aquí e o ganglio. Non está eh, solto, eh...

41 **P:** Aínda que (()) o bulto encóntroo máis ben, si, contra a parte de atrás.

42 **D:** Bueno, pero estes (()) son inflamatorios. Si ves que tal dentro dun mes si volvemos a controlar,

43 solamente tes este, eh?

44 **P:** Si, eu non.

45 **D:** Non hai nada máis, no, e (())

46 **P:** No.

47 **D:** Bueno, che vou dar o corticoide para...

48 **P:** Vale.

49 **D:** Para a lesión que tes aí na espalda.

50 **D:** Vale, vale.

51 **P:** Queres a tarjeta?

52 **D:** Eh, si, déixama un momentinho.

53 **P:** Pois eu xa estaba en duda se tiña cita ou no, e tiven que preguntar, que a pedín polo ordenador.

54 E digho eu, é a primeira ves. E digho eu, ighual vou eu sin...

55 **D:** Tes algún tipo de alerxía? a algún medicamento?

56 **P:** Si, ao Nolotil, Buscapina e condimentos.

57 **D:** Bien. (Teclea no ordenador). Buscapina, Nolotil, tamén tiña apuntado Ibuprofeno. Tamén?

58 **P:** No, ese no, ese no.

59 **D:** No, ¿seguro?

60 **P:** O Ibuprofeno ese é un, son uns sobres de aghua, blancos e naranxas, non?

61 **D:** Hai de varios tipos.

62 **P:** Vale, ese xa o teño tomado. E tómoo para o dolor de cabeza e non me fai nada. En cambio,

63 Espidifen, ese si. Cando o tomo, ou ben me hincha un labio, ou ben me sale un *ghrano*,

64 ou...tampouco é tanta cousa. Téño tomado ighual, non?, pero...

65 **D:** Bueno, eh, tes que botar esta crema na espalda, solo polas noites durante dez días.

66 **P:** Vale, e despois veño por aquí ou xa no?

67 **D:** Si ves que non millora, ves por aquí.

- 68 **P:** Vale.
- 69 **P:** E a encuesta?
- 70 **D:** Nada, igual cha fan fóra.
- 71 **P:** Aí fóra?
- 72 **D:** Si.
- 73 **P:** Ah, bueno, perfecto, *logho*.
- 74 **D:** (RISAS) Veña, hasta logo.
- 75 **P:** Hasta luego.

Example 15: Consultation #201

Doctor (D): Dr. C, male, ca. 55 years old. Spanish-dominant speaker.

Patient (P): Female, unidentified age. Behavior: Spanish-Galician-Spanish.

Consultation: Laboratory results from his husband.

Length: 13 minutes and 21 seconds.

- 1 **P:** ¿Estás grabando?
- 2 **D:** Sí, estoy grabando, sí. Estoy grabando, que no he parado.
- 3 **P:** Vale. ¿Tengo que hablar en castellano?
- 4 **D:** No, habla como quieras, en lo que hables habitualmente.
- 5 **P:** Eu hablo *ghallegho*...
- 6 **D:** Pues galego.
- 7 **P:** Galego.
- 8 **D:** Eh, ¿vienes por (*nome dun paciente*)?
- 9 **P:** La analítica que hicimos el veintiuno. No sé si estará.
- 10 **D:** ¿Cómo está él?
- 11 **P:** Bueno, bueno. (*Pausa*) ¿Le bajaron eso?
- 12 **D:** Déjame ver. Estoy mirando cómo está y voy a ver lo que tenía antes. Sí, algo le bajó.
- 13 **P:** Tenía mil y pico.
- 14 **D:** Novecientos cuarenta.
- 15 **P:** Bueno.
- 16 **D:** Y la bilirrubina le ha bajado de uno con cinco a uno con cuatro. Bien, como estaba... No tiene la
- 17 hemoglobina alta, tiene quince con ocho. Las plaquetas...
- 18 **P:** Ciento treinta.
- 19 **D:** Ciento treinta y dos tiene ahora.
- 20 **P:** Antes tenía ciento treinta.
- 21 **D:** Los leucocitos están bien. La bilirrubina, que tenía uno con cinco, se le va para abajo.
- 22 **P:** ¿Está mejor?
- 23 **D:** Tiene uno con cuatro, no debía subir de uno con dos. Y la gamma-GT, que tenía mil ciento
- 24 noventa. Tiene novecientos cuarenta, le va bajando.
- 25 **P:** Le va bajando.
- 26 **D:** Le bajó poco. Pero bueno, también es un mes na más. ¿Y él se encuentra bien, relativamente
- 27 bien? No tiene... ¿Había tomado medicación...?
- 28 **P:** El Inmunoferon.
- 29 **D:** ¿Cuándo había empezado con Inmunoferon?
- 30 **P:** Tomó durante todo el invierno.

31 **D:** ¿Y dejó...?

32 **P:** Dejó... cuando vino aquí.

33 **D:** ¿Toma alcohol?

34 **P:** No, no lo probó este mes. No lo probó, ¿eh? El problema que tiene es que tiene las piernas un
35 poco hinchadas. Eso sí que sí.

36 **D:** Nos falta... que todavía no está hecho el... el de la hepatitis vírica. Esta es la que nos falta, la
37 hepatitis C y de la B. Está pendiente. Se pide por precaución, pero bueno, en principio no tendría
38 ya por qué tener. Si no lo tuvo hasta ahora... Entonces, si no tiene otra sintomatología, me llamas
39 en... veintidós... Hoy es... veintitrés. Pa' la semana el jueves o el viernes.

40 **P:** ¿Y aún tarda esto?

41 **D:** Sí, porque esto..., vamos a ver. Hiciste el análisis el veintiuno. Aquí la data de respuesta nos la
42 dan el veintidós. Pero lo que es la hepatitis, todavía la data de solicitud es del veintidós y todavía
43 no hay data de respuesta. Entonces yo, si quiere llamar antes, llama el lunes o el martes. Me llama,
44 si no está..., si está, ya te digo lo que hay. Pero de momento no hay nada. Está, ya ves aquí,
45 pendiente, pendiente, pendiente.

46 **P:** Vale, no veo. Sin gafas.

47 **D:** Espera, que te lo aumento.

48 **P:** No, es igual. Es igual, home.

49 **D:** Si te piden los marcadores del virus de la hepatitis B y la hepatitis C y todavía no hay. Está
50 pendiente.

51 **P:** Vale. Y mire, ¿y el colesterol que dejó el tratamiento? ¿Cómo lo tiene, doctor (nombre)?

52 **D:** El colesterol...

53 **P:** Porque lo tenía bien y dijo "que deje el tratamiento".

54 **D:** Tiene aquí: colesterol total ciento cincuenta y cinco. Y el malo sesenta y siete, lo tiene muy bien.

55 **P:** Muy bien, ¿sin tomar nada?

56 **D:** Sin tomar nada. Te digo lo que tenía.

57 **P:** Está muy bien.

58 **D:** Esto es de fecha de abril y tenía colesterol total de ciento cuarenta y cinco y el malo aparecía en
59 rojo porque está demasiado bajo. No hay demasiado bajo, pero bueno, la máquina le pone unos
60 límites y entonces por eso aparece en rojo. Tenía cincuenta y uno. Ciento cuarenta y cinco y
61 cincuenta y uno. Y ahora en mayo... Tiene colesterol total ciento cincuenta y cinco, tenía ciento
62 cuarenta y cinco, ciento cincuenta y cinco, subió. Claro, al estar sin tratamiento, sube, pero está
63 bien. Y el malo, de cincuenta y uno, pasó a sesenta y siete, pero está muy bien. O sea que, de
64 momento, sin tratamiento.

65 **P:** Bueno, pues mire, escuche unha cousa que vou decir eu. E o das pernas, logho que se lle doe e
66 hinchán, hínchanlle as pernas. Eso es el problema que tiene.

67 **D:** ¿Pero le hincha mucho, mucho, mucho?

68 **P:** Bueno...

69 **D:** ¿Solo a la tarde-noche...?

70 **P:** Home, claro...

71 **D:** ¿Se levanta ya con ellas...?

72 **P:** No. Levántase con elas baixas, pero despois os tobillos e así un pouco pa arriba... Se toma eso

73 pa' mear, pero...

74 **D:** ¿A qué hora está tomando la Furosemida?

75 **P:** A la mañana.

76 **D:** Pues que la pase pa el mediodía.

77 **P:** ¿Que la pase para el mediodía mejor?

78 **D:** A la mañana se levantará con ellas menos... deshinchadas.

79 **P:** Hombre, claro, casi... baixas.

80 **D:** Entonces, tomarlo al mediodía para que empiece a hacer efecto ya un poquito más tarde, cuando

81 está de pie.

82 **P:** Claro, el despois déitase outra vez pola tarde... Bueno, non hai outra cousa pa iso das pernas?

83 **D:** No. A ver, se le puede aumentar la Furosemida, le puedo dar media pastilla más.

84 **P:** Ahora pa o mes imos ao respiratorio...

85 **D:** Pero... No puedo descontrolar de otras cosas. Entonces, en principio...

86 **P:** Mire...

87 **D:** Cambiar el horario de medicación, nada más.

88 **P:** Sí, mire, también yo ahora pa o mes imos ao respiratorio, non sei que día é, o vinte e non sei que

89 de junio, e voulle falar...

90 **D:** Tienes cita aquí de...

91 **P:** El respiratorio, vinte e non sei que, no me acuerdo, ya son tantas...

92 **D:** El once de julio.

93 **P:** Aí es para (nombre del médico). El respiratorio no es el del once.

94 **D:** El once de julio.

95 **P:** No, no, no.

96 **D:** Sí, sí, sí.

97 **P:** Pero respiratorio no puede ser. El venti...

98 **D:** Doctor (nombre), once de junio del dos mil catorce. A la una y media.

99 **P:** Bueno. Pues no me coincide para nada, doctor (*nombre*). El veinte-algo, ¿eh? Que tengo un

100 papel en casa. El once de junio es para aquí, para la practicante.

101 **D:** Once de junio..., once del seis del dos mil catorce. Segundo, sucesivas visitas, consultas externas.

102 Neumología general, doctor (*nombre*), a las trece treinta. Planta uno, área B.

103 **P:** Sí, exactamente. Pues mire, ese cambiáronme a cita. Porque non era, ¿eh? Era el veinte-algo.

104 El once é aquí, con (*nombre*). Eso sí. O once é con (*nombre*). Pero cambiáronme a cita e non me

105 chamaron aínda. El venti no sé qué. El veintitrés...

106 **D:** A ver si puedo yo imprimir esto.

107 **P:** Es igual, pero sí que me la cambiaron, el veintialgo. Veintitrés, era veinti... Seguro que chaman.
108 Seguro que chaman, fijo. Si, oh, que va. Bueno, pues muchas gracias. Entonces que, doutor (*nome*)?
109 Como vou, contenta, disgustada...?
110 **D:** En principio mejor, está mejor.
111 **P:** Sigue sin probar alcohol.
112 **D:** Está mejor que... De momento sin tomar alcohol. No sabemos si es de la del colesterol, lo que
113 pasa es que el del colesterol ya lo tomaba, ya hacía muchos años.
114 **P:** Sí, sí, y el alcohol también.
115 **D:** O el Inmunoférol. Entonces, si en principio va bien con lo que hemos hecho, pues igual.
116 **P:** E mira, tarda en baixar eso logho, doutor (*nome*)?
117 **D:** Tarde en bajar, sí.
118 **P:** Tarda en baixjar, porque hasta lle dei eu un remedio casero, unhas herbas, que eu xa non sei se
119 será nada...
120 **D:** No, que no tome nada...
121 **P:** Eso no? Tarda en baixar, non baixa así a correr...?
122 **D:** Tarda en bajar, sí.
123 **P:** Baja poco a poco? Pois mira, eu dígolle que foi do Inmunoféron e non entendo nada.
124 **D:** Es posible, puede ser...
125 **P:** No entiendo nada de medicina
126 **D:** El aumento ese de las enzimas del hígado lo que viene a decir es que hay como más trabajo del
127 hígado por un motivo que sea y hay una citolisis que se llama, entonces pues... puede ser por
128 cualquier medicamento, por cualquier tóxico hepático... En este caso coincide de que los
129 medicamentos que hemos retirado y el alcohol ya los tomaba de siempre y no tenía tanto y el
130 Inmunoféron coincidió esos meses que lo tomó y ahora al dejarlo mejoró. Pues a ver si es de eso...
131 **P:** Claro, e cando facemos outro...?
132 **D:** Pues espérate un mes o dos meses.
133 **P:** Un mes ou dous meses?
134 **D:** Sí, de todas maneras, lo fundamental es que él se encuentre bien. Si él está bien..., lo fundamental
135 es la clínica. Pero me llamas pa la semana y ya te digo, no vaya a ser que estemos hablando de una
136 cosa y en lo que falta de los análisis aparezca otra. Yo creo que no, pero bueno, hay que esperar.
137 **P:** Eu veño aquí, xa non quero chamar.
138 **D:** Bueno, pues ven
139 **P:** Xa pido a vez por se acaso. Pedirei logho, pa cando me di, doutor (*nombre*)?
140 **D:** Para la semana. Si vas a venir, mejor que vengas del miércoles en adelante, porque si vienes
141 antes a lo mejor no está.
142 **P:** Ao mellor non está, claro. Si tardan en salir... Eu digo porque eso foi a única cousa que tomou.
143 Eso é a única cousa. Tomou po herpes tamén, aquel que tuvera na cabeza.
144 **D:** Sí, pero ¿cuánto tiempo hace de eso?

145 **P:** Si, foi en...

146 **D:** Hace más de seis meses.

147 **P:** No, menos. A última infección respiratoria que tuvo foi o día de Santa Lucía, o día trese de

148 diciembre. Ese fue, tomou o antibiótico. Despois do antibiótico colleu...

149 **D:** El herpes.

150 **P:** El herpes, e despois tomou..., tomaría en enero, en febreiro e claro, seis meses non sae.

151 **D:** Bueno, tú quédate con que está bien. Vamos, bien no está, está mejor.

152 **P:** Está mejor.

153 **D:** De lo que estaba.

154 **P:** Va mejorando...

155 **D:** Con eso nos quedamos.

156 **P:** Con eso nos quedamos.

157 **D:** Para eso hacemos, yo sabía que en un mes... que no iba a normalizarse, pero es para ver...

158 **P:** Usté cre que...

159 **D:** Claro, es para ver si fuera aumentando, entonces ya había que hacer otras cosas. Pero ha ido

160 disminuyendo, pues ya está. Vamos esperando y viendo.

161 **P:** Bueno, muchas gracias, doctor (*nombre*). Nos vemos para la semana.

162 **D:** Venga.

163 **P:** No, no lo llamo, no le molesto, por favor. Despois vúelveme a *ghrabar*,

164 que a min non me importa, estou encantada con el doctor (*nombre*).

165 **D:** (RISAS)

166 **P:** *Oghallá* non... O que non quixera eu era vir tanto, pero qué quiere...

167 Pero a el inda o vexo ben, o home aínda vai respirando ben, véxoo...

168 **D:** Eh, eh, lo que es la hemoglobina, lo que tenía tan alto...

169 **P:** Si.

170 **D:** ...porque respiraba mal hasta ahora, está mucho mejor.

171 **P:** Si, y lo veo bien, le veo los labios rojiños, senón el tamén é tan pesimista

172 *Empesa a preghun...*, “hoxe xa non *peghou* ollo en toda a noite”.

173 **D:** Ya.

174 **P:** Que ahora, mira, ahora cando salga, xa o chamo e *dígholle* “mira,

175 melloraches un pouco”, *entonses*...

176 **D:** No, el análisis está mejor.

177 **P:** Claro.

178 **D:** Que no es mucho, porque pasó un mes nada más, pero que sí que está mejor.

179 **P:** Claro, no.

180 **D:** Le bajó de mil a novecientos. Mil cien a novecientos y poco.

181 **P:** Baixoulle douscentos casi.

- 182 **D:** Claro.
- 183 **P:** Muchas gracias, doctor (*nombre*). Nos vemos pa' la semana.
- 184 **D:** ¡Venga, chao!
- 185 **P:** Muchas gracias, usted lo pase bien.

Example 16: Consultation #386

Doctor (D): Female, ca. 55 years old, Galician-dominant speaker. Behavior: Spanish-Galician-Spanish.

Patient (P): Female, 84 years old. She speaks Spanish.

Residents (RES-GAL, RES-COL): Galician resident (she speaks Spanish) and non-Galician resident (she is a Spanish speaker).

Consultation: Back pain after a cold.

Length: 10 minutes and 20 seconds.

- 1 **D:** Buenos días, (*nome paciente*). A ver, siéntese un momento.
- 2 **P:** Muchas gracias, y hace calor.
- 3 **RES-GAL:** Falta fai!
- 4 **D:** (*Nome paciente*), son dúas compañeiras máis, ¿vale?,
- 5 que están facendo a *especialidá*.
- 6 **P:** Muy bien.
- 7 **D:** ¿Vale? Mire, a usted le importa que estamos haciendo un estudio, para ver cómo es la
- 8 comunicación entre el paciente y el médico. ¿Le importa que la grabemos?
- 9 **P:** Sí, claro que no.
- 10 **D:** ¿No quiere?, vale.
- 11 **P:** ¡¡¡Sí, que sí!!!
- 12 **D:** Vale, vale.
- 13 **P:** Lo que usted diga.
- 14 **D:** Bueno, muy bien.
- 15 **RES-GAL:** ¡Qué bueníños son todos!
- 16 **D:** Pues ya nos firma aquí.
- 17 **P:** Yo estoy, yo estoy contenta con usted, y por qué voy a (()).
- 18 **D:** ¡Ay, hala! (RISAS)
- 19 **RES-GAL:** Échenos aquí una firminiña, entonces, ¿vale? Aquí debajo.
- 20 **P:** Ah, muy ben. No traje las gafas, no sé si...
- 21 **RES-GAL:** No pasa nada.
- 22 **D:** Bueno, no pasa nada, tranquila. (*Á residente*) Es cuando...
- 23 **RES-GAL:** Esto es del veintiocho de abril...
- 24 **D:** Sí, así al abrir ya te sale justo la última atención. Y tú ya ves a ver qué pasó. Ya miras también
- 25 ahí si quieres cuáles son las... Que ves aquí tenemos que... borrarle a un episodio. Por ejemplo,
- 26 ¿inmunizaciones mal qué pinta ahí? Mira tú, del dos mil ocho. Pechar porque te facilita más la labor
- 27 no ver ahí tantas cosas. (*Á paciente*) Díganos, (*nome da paciente*).
- 28 **P:** Pues nada, que tuve gripe. Y... un frío, un frío... y me quedó un dolor aquí en la espalda tremendo.

29 Hasta me pasa aquí al cuello.

30 **D:** ¿Pero estuvo con fiebre?

31 **P:** Estuve, alguna fiebre tuve, pero me quedé en cama. Dos o tres días porque estaba tan mal, tan

32 mal... Y me quedó... tuve catarro. No esputaba mucho. Pero yo fui aguantando en cama y ahora me

33 decía mi hijo “pero vete al médico, no seas terca, vete”. A mí no me gusta mucho andar molestando

34 a los médicos. Dije yo “ya me pasará, ya me pasará”, pero no, veo que no me pasa.

35 **D:** ¿Pero le aumenta así con los movimientos?

36 **P:** Sí, sí...

37 **D:** ¿O al girarse en cama?

38 **P:** ¡Oh, en cama! Bueno, este brazo parece que lo... como si me dieran una paliza en él.

39 **D:** ¿Tos no tiene?

40 **P:** La tuve, pero ahora me pasó.

41 **D:** No, bueno, de todas maneras, saque un momento la parte de arriba y la vamos a auscultar y le

42 miramos allí. ¿Vale, (*nombre paciente*)?

43 **P:** Ay, es que... ¡Qué mal se está con dolor, Dios mío!

44 **RES-COL:** Sí, pero dice que...

45 **RES-GAL:** ¿...que le sube hasta arriba?

46 **RES:** Al frío...

47 **D:** ¿Qué? ¿Qué decías?

48 **RES-GAL:** Nada, que no...

49 **RES-COL:** El dolor era en el costado.

50 **RES-GAL:** Costado derecho...

51 **D:** Ah, sí... (*Á paciente*) A ver, (*nome*), non pode? Espere. Axúdolle?

52 **P:** ¡Ay, Dios mío!

53 **D:** A ver como... Yo creo que es muscular, pero bueno.

54 **RES-GAL:** La auscultamos por si las moscas y ya está.

55 **D:** Sí, por si acaso. Sí, una señora mayor...

56 **RES-COL:** Diecisiete, ¿no?

57 **D:** Ah, ¿y sabes una cosa? (*Á paciente*) Saque... Podémoslle sacar a camiseta?

58 **P:** A camiseta e o pantalón se hace falta.

59 **D:** Non, o pantalón non. Espera que saquemos esto... Senta aquí un momentinho na camilla. Siéntese

60 y ahora le ayudo yo a sacar eso.

61 **P:** ¿La camisa?

62 **D:** Sí.

63 **P:** ¿O el sujetador?

64 **D:** No, no, el sujetador déjelo. Sujetador déjelo.

65 **P:** No, la camisa puedo yo.

66 **D:** ¿Puede?

67 **P:** Sí. (*Pausa*) No hay cosa que no me venga.

68 **D:** A ver, (*Nome*)

69 **RES-GAL:** Fiebre no tuvo, ¿no? (*Á paciente*) ¿Fiebre tuvo, (*Nome*)?

70 **P:** No.

71 **RES-COL:** No, ¿no?

72 **P:** Pero estaba con el dolor este que no me pasaba...

73 **D:** Siente, siente si quiere un momentito. Ah, vamos a mirar por si le salió alguna... Espere. Primero

74 respire...

75 **P:** Mira, ¿quito el sujetador?

76 **D:** No hace falta. Respire.

77 **RES-GAL:** ...anda bien, pero no creo que tenga... No tiene... (*Pausa, escribe*).

78 **D:** La auscultación está perfecta.

79 **RES-GAL:** Perfecta, ¿no? No tiene lesiones vesiculitas ni nada, ¿no?

80 **P:** ¿Cómo dice?

81 **RES:** No, no, le hablo a la doctora, no se preocupe, (*nombre paciente*).

82 **D:** ¿Si pudiera ser un zóster?

83 **RES-GAL:** Sí.

84 **D:** No.

85 **RES-GAL:** No, ¿no?

86 **P:** (()), yo ahora voy para casa y no me hace falta.

87 **D:** No, pero estaba mirando... Hombre, yo aquí no le veo nada, ¿eh? Ahora le miramos aquí el

88 (()), pero... Espera.

89 **P:** Es que de moverme así... es como si... Se me pasó de la garganta, mira.

90 **RES-GAL:** ¿Qué le duele, el cuello?

91 **P:** No, no, lo del pecho no. No, (()) mucho.

92 **D:** No, pero, de todas maneras, María, ha de vigilar un poquito, ¿eh?, si le saliera estos días..., si le

93 sale alguna ampollita, ¿vale?

94 **P:** Muy bien.

95 **D:** Parecido a picaduras o así. Si le sale algo, se viene inmediatamente, aunque sea un sábado o un

96 domingo.

97 **P:** Vale.

98 **D:** ¿Vale? Por si acaso. A ver, ahora... A ver, (*nombre paciente*). Así, quítese la camiseta. A ver, ¿esto

99 duele?

100 **P:** Sí, claro que me duele ahí. Aquí en la espalda.

101 **D:** ¿Y así pa' atrás?

102 **P:** También.

103 **D:** ¿Por aquí?

104 **P:** No, por ahí la columna no me duele, es más bien ese lado.

105 **D:** Por aquí.

106 **P:** Ah, un poquito más abajo. Ahí, ahí.

107 **D:** ¿Por aquí?

108 **P:** Sí. Ahí.

109 **D:** Parece muscular, sin más, pero bueno, hay que vigilarle, ¿eh? Para ver si..., no vaya a ser que le

110 vaya a aparecer algo. (*nome*), mire, los pulmones están limpios.

111 **P:** Bueno.

112 **D:** ¿Vale?

113 **P:** Sí.

114 **D:** Parece que es muscular. Ao mellor é o que di usté, foi de frío.

115 **P:** Ah, puede ser, ¡que yo esos días tuve un frío...!

116 **D:** Claro. Mire, le viene muy bien que le ponga calor. Si tuviera una mantita eléctrica o algo...

117 **P:** Ah, ya... Ya la tengo...

118 **D:** Con agua caliente..., algo. De todas maneras, que le echen un vistazo, si pueden, en casa.

119 **P:** Sí.

120 **D:** Y si ve que le sale alguna roncha incluso por aquí, aunque sea sábado o domingo, venga. ¿Vale?

121 **P:** Muy bien, muchas gracias.

122 **D:** Vístase, (*Nome*), vístase.

123 **P:** A mí siempre, por el mes de mayo, siempre me cogió así una gripe o así... Y no me vino en el

124 invierno, pero... Ahora tengo que aguantar a los de casa porque no vine a poner la inyección del...

125 **D:** Ay, la vacuna de la gripe, y ahora le riñen.

126 **P:** Y ahora me riñen. (RISAS) Se unen los dos y bueno... Como estoy...

127 **D:** Bueno, pues este año la tiene que poner.

128 **P:** ... Como estoy sola, ahora vivo en (*lugar*).

129 **D:** Claro. Ah, ¿y ahora ya vino...? Bueno, está aquí.

130 **RES-GAL:** ¿Qué le dijiste, Paracetamol?

131 **P:** Sí, estoy en (*lugar*), pero bueno...

132 **D:** Yo le dije nada, pero sí (RISAS).

133 **P:** Y a mi hijo ya lo conoce, ¿no?

134 **D:** Sí, que vino.

135 **P:** Y la niña también.

136 **D:** Y la hija yo creo que también vino en una ocasión con usted, ¿verdad?

137 **P:** Sí, vino.

138 **D:** Yo creo que sí. Me acuerdo más de su hijo porque vino más veces.

139 **P:** El hijo está en el hospital de (*nombre*).

140 **D:** En el (*nombre hospital*).

141 **P:** Sí, sí. Bueno, mire, aunque me muera no tengo pena ninguna. Porque lo que yo quería lo llevo
 142 cumplido.

143 **D:** Bueno, mujer, pero...

144 **P:** No quería más que, que mis hijos estudiaran y nada más. Y estudiaron y bueno, tienen su carrera
 145 y trabajo, que eso...

146 **D:** Eso es bien importante ahora. Sí. (*Á residente*) Mira, (*nombre residente*), mira una cosa que...

147 **P:** Y la... cartilla.

148 **D:** (*Nome paciente*)

149 **P:** Ay, la cartilla, sí.

150 **RES-GAL:** (*Nome paciente*), ¿tiene paracetamol en casa?

151 **P:** ¿Paracetamol...?

152 **RES-GAL:** No se acuerda.

153 **P:** Yo no...

154 **RES:** ¿Qué toma cuando tiene dolor?

155 **D:** Mira las prescripciones y así sabemos.

156 **P:** Una aspirina. ¿Y esto me hace falta?

157 **D:** No, no, guárdelo. Ah, no tiene nada. Pues le vamos a dar.

158 **RES-GAL:** ¿Le busco a ver si tiene algo...?

159 **D:** No, no, porque esta señora se acuerda muy bien, ¿eh?, de lo que toma.

160 **RES-GAL:** ¿Sí?

161 **D:** Sí, sí. (*Nome paciente*), le vamos a dar unas pastillas.

162 **P:** Muy bien.

163 **D:** Eh..., para que tome así durante unos días, una a la mañana al desayuno, una al mediodía y una
 164 a la cena.

165 **P:** Estoy tomando Citalopram, una pequeñita a la mañana.

166 **D:** Sí.

167 **P:** Después a la noche una de...

168 **D:** El Secalib.

169 **P:** Secalib.

170 **D:** Sí.

171 **P:** Y más otra pequeña.

172 **D:** ¿Y cuál es la otra que toma?

173 **P:** ¿La Secalib?

174 **D:** Sí.

175 **P:** La Secalib.

176 **D:** Nada más.

177 **P:** Después una pequeñita también a la noche que me diera usted. Secalib.

178 **RES-GAL:** ¿Antes de dormir?

179 **P:** No, eso es Citalopram.

180 **D:** Ya, nada más.

181 **P:** Nada más que esas.

182 **D:** Vale, vale. Bueno, pues ahora lleva unas que son para tomar una a la mañana con el desayuno,

183 una al mediodía y una a la noche. Y le pone calor. Si ve que en tres o cuatro días le alivia, en vez de

184 tomar tres, puede tomar dos. ¿Vale? (*A la residente*) Casi sácale el papel más.

185 **P:** Sí, sí, me apunta porque ahora...

186 **D:** ¿Ves? Como le pone cada ocho horas, ahí no le vas a decir cada ocho horas. Le dices desayuno,

187 comida y cena y sí se lo apuntamos. Ahora ves cómo es la hoja de prescripciones. Y el calor le va

188 muy bien, (*nombre paciente*). Ay, va muy bien. Un día hizo mucho calor, mucho calor y estaba yo

189 en (*ciudad más cercana*) con una amiga. Y bueno, teníamos que andar por la sombra porque es que

190 nos moríamos. Y después al otro día vino un frío y yo...

191 **D:** Ay, seguramente sí. De todas maneras, usted vigile, ¿eh? Si le aparece alguna ronchita viene,

192 ¿eh? Vale.

193 **P:** Bien.

194 **D:** (*A la residente*) Hay que avisarle lo del fin de semana...

195 **P:** Sí, pónmelo porque... La memoria ya me engaña, pero bueno...

196 **D:** ...porque a veces te dice "ah, no, sin non está usted non veño".

197 **RES:** Sí. Ya.

198 **D:** Entonces hay que decírselo por eso.

199 **RES-GAL:** (*Á paciente*) Aquí vai (*nome*), vale? É esto, vale? É o paracetamol, desayuno, comida e

200 cena.

201 **P:** Bueno, muy bien.

202 **RES-GAL:** ¿Vale?

203 **P:** Muy bien, muchas gracias.

204 **RES-GAL:** De nada, (*nombre paciente*). Lista entonces.

205 **D:** Hala, hasta luego. Hasta luego, (*nombre paciente*).

206 **RES-COL:** Hasta luego.

207 **P:** Hasta luego, muchas gracias.

208 **RES-GAL:** Bo día, (*nombre paciente*), ata loguiño.

209 **P:** Ah, está esto...

210 **D:** No, está abierto. Está... así. Sí, sí.

211 **RES-GAL:** Hasta luego.

212 **P:** Hasta luego, ((cuidarse)).

Example 17: Consultation #93

Doctor (D): Dr. B, male, ca. 60 years old. Galician-dominant speaker.

Patient (P): Male, 40 years old. Spanish speaker. Behavior: Galician-Spanish.

Consultation: Renew of a sick leave.

Length: 3 minutes.

- 1 **P:** Buenos días.
2 **D:** Hola, bos días.
3 **P:** Que tal, cabaleiro?
4 **D:** Moi ben.
5 **P:** Alédome.
6 **D:** Séntate. Mira, (*nome do paciente*), estamos facendo un estudio de gravación e pedímosvos a
7 a firma. Non é pa' me des a herencia, únicamente pa' que sepamos quen estubo aquí foi
8 (broma co nome) e non (broma co nome). Aquí, paciente.
9 **P:** ¿No pongo fecha y hora?
10 **D:** No, no, eso pónenllo os do estudio. Entonces, sen máis detalles, eh, vouche facer o parte
11 e vas a pasar por aquí o próximo...
12 **P:** Xoves.
13 **D:** Xoves. (RISAS). Ben, para o próximo xoves, se Dios quere, non?
14 **P:** Si Dios quere.
15 **D:** Moi ben.
16 **P:** Porque xa, xa nos metemos ao vinte e nove.
17 **D:** eEh, o viernes é trinta, non?
18 **P:** Ay! pues entonces ahí ya me...yo creo que...
19 **D:** O viernes é trinta.
20 **P:** ((Voy a)), a ver (ruído de pasar páginas)
21 **D:** Cando terías que ir alí a revisión?
22 **P:** El día dos
23 **D:** El día dos. Bueno, pois viernes trinta é o día...
24 **P:** Viernes treinta, ((deja que miro)) (*ruído de pasar páginas*) aquí otra vez, viernes treinta,
25 ((vengo)) el viernes que viene.
26 **D:** Exactamente.
27 **P:** Y nada más.
28 **D:** Nada menos. Xa empezas a facer vida máis normal posible? Dáche moito a lata, tírache moito,
29 tírache, non?
30 **P:** Escaleras descalzo imposible, ¿eh? De una en una, bajarlas, escaleras, es imposible bajarlas
31 descalzo, las escaleras. Y lo estoy haciendo, ¿eh?
32 **D:** Mira, eh, vou ir a, a falar coas de rehabilitación.
33 **P:** Alédome.
34 **D:** A ver qué, qué sorpresa nos dan, porque claro, eh, tamén teñen bastante traballo e, a ver un
35 pouco, cando nos poden dicir, en todo caso cando che poderían empezar. Porque claro, se poden nun
36 par de meses, eh...
37 **P:** No, no, dentro de un par de meses no... Si Dios quiere, estoy trabajando.
38 **D:** Pois, pois por eso cho digo, entonces, pero aí...
39 **P:** Pero si me dices en diez días, ((unas semanas))

- 40 **D:** Aí non é cando nos queiramos.
- 41 **P:** ¿Hay overbooking aquí, vamos?
- 42 **D:** Nos servicios de rehabilitación hai overbooking [*CORTE ABRUPTO*].

Example 18: Consultation #264

Doctor (D): Dr. D, female, ca. 60 years old. Non-Galician Spanish-speaker.

Patient (P): Female, 68 years old. Galician-speaker. Behavior: Galician-Spanish-Galician.

Consultation: Refill her prescriptions for chronic illnesses. Pain in a leg, hip and a lump in the knee.

Length: 11 minutes and 57 seconds.

- 1 **P:** Viña para...
- 2 **D:** Mire, estamos haciendo como un estudio, en el cual...
- 3 **P:** Si, si, xa vin aí.
- 4 **D:** Pues eso, hemos estado toda la semana haciéndolo, se graba digamos lo que se habla en la
5 consulta, nada más.
- 6 **P:** Vale.
- 7 **D:** Entonces, tiene que firmar que lo acepta, fírmelo aquí y aquí.
- 8 **P:** Donde o firmo?
- 9 **D:** No tiene mayor importancia, ahí mismo. Entonces, a ver, (*nombre de la paciente*), vamos allá.
- 10 *Dígame, (nombre de la paciente).*
- 11 **P:** Viña para facer a receta, receta electrónica.
- 12 **D:** Uhum, pa' renovarla.
- 13 **P:** Pa' renovarla, si, que no...
- 14 **D:** Entonces tenemos el Pantoc, el Sintron, el Concord, Amaril y Eutirós. Esas cinco, ¿no?
- 15 **P:** Sí, sí.
- 16 **D:** Venga. Recetar en bloque, todo para seis meses, ¿vale? Generar receta.
- 17 **P:** Vale, gracias. Y luego, después,
- 18 bueno, en fin, es, eh, non sei se estou mal da *cabesa*, ou teño que estes
- 19 días me falla esta cadera, me falla esta, esta perna. No me duele, pero cuando la voy
- 20 a poner en el suelo y hago firme, me falla.
- 21 **D:** Vamos a ver, ¿y dónde te falla?, ¿en la rodilla o en la cadera?, arriba, en la cadera.
- 22 Ahora miramos.
- 23 **P:** No, no, no, en la ca, aquí, aquí, aquí.
- 24 **D:** Un momentito, que está haciendo esto de las recetas, vamos a ver.
- 25 **P:** Aquí, baixando unha escaleira, pois casi, casi, casi me caigo. Logo despois
- 26 saleume un bulto aquí na rodilla.
- 27 **D:** ¿Te duele?
- 28 **P:** Ay sí, me duele.
- 29 **D:** Te duele.

30 **P:** Hago así y ¡ah!

31 **D:** O sea, tumbate ahí arriba que vamos...

32 **P:** Subir pa'quí, me salió aquí un bulto también, ((no ves)).

33 **D:** Así como un poco de rosales, en la zona de aquí, de la tibia.

34 **P:** Sí, sí.

35 **D:** Uhum, ¿te duele?

36 **P:** Y me duele también, sí.

37 **D:** Muy bien, acuéstese.

38 **P:** Vale, pois xa lle digo.

39 **D:** Tumbate ahí un poco, que vamos a ver, ¿cuál es la cadera?

40 **P:** Esta, esta.

41 **D:** La izquierda.

42 **P:** Sí.

43 **D:** Bien, ((vamos a ver)), esta así.

44 **P:** ¿Quito los zapatos?

45 **D:** Sí.

46 **P:** (())

47 **D:** Subes un poquitín, eso, entonces, primero lo doblamos así. Ahora para allá,

48 ¿ahí le duele?

49 **P:** No.

50 **D:** No. Ahora para aquí.

51 **P:** Tampoco.

52 **D:** Ahí tampoco mucho, de ahí, para allá.

53 **P:** Tampoco.

54 **D:** Uhum, es más bien al andar, ¿no?

55 **P:** Sí.

56 **D:** O sea, más que es a lo (()).

57 **P:** Sí, no me duele, no me duele.

58 **D:** ¿O le duele?

59 **P:** No, no, no, aquí mismo.

60 **D:** ¿Ahí?, ¿ahí tampoco te duele?, lo que es dolor.

61 **P:** No, no me duele, no me duele ni al tocar.

62 **D:** Ni nada, es más bien esa sensación que te falla.

63 **P:** Eso, que me falla.

64 **D:** Vale, aquí en la rodilla, tampoco te duele.

65 **P:** Tampoco, tampoco, no, no me duele nada.

66 **D:** ¿Y esta sensación de fallo? Que eso es, o sea, parece que no está inflamada, ni nada.

67 **P:** No, esto.

68 **D:** Esto.

69 **P:** Yo qué sé hace tiempo que me, a veces me fallaba algo, pero hoy por la mañana me falló un
70 montón bajando una escalera. No me doy cuenta que me falla y, hice firme con ella y casi me caigo,
71 eché la otra rápido, estaba sirviendo un café, me falló y tiré el café. ¿Entiende?

72 **D:** Uhum.

73 **P:** Sólo como un pinchazo, ¿entiende? Me duele un momento y ya me pasa.

74 **D:** Uhum.

75 **P:** Pero claro, como no me duele, seguí.

76 **D:** ¿Pero te duele?, cuando te falla te duele.

77 **P:** No, no, no. Si, si, si.

78 **D:** Bueno, bueno.

79 **P:** Si, si, si.

80 **D:** Y luego, está esto otro de aquí.

81 **P:** Si, por eso lle digo que esto.

82 **D:** Como un bultito aquí.

83 **P:** Si.

84 **D:** Que está como un poco engrosando, porque es digamos, (()) vale,
85 y te duele un poco también.

86 **P:** Eh...me duele por, al estar en cama o así. Si le toco, sino no me duele tampoco, ¿eh?

87 **D:** Vale, vamos entonces a poner...

88 **P:** Ai!, por eso lle digo, e logo despois estou máis baixa de moral uff,
89 porque da vista, uff, quedei fatal, ¿eh?

90 **D:** Sí.

91 **P:** A doctora díxome que “muy bien muy bien”, pero eu de “muy bien muy bien”,
92 no lo veo tan bien pero bueno.

93 **D:** O sea te distorsiona y eso al mirar.

94 **P:** No, no, no me distorsiona, pero a la gente como a media distancia donde está usted
95 la cara la veo oscura, no la reconozco por la calle, uff yo ó mellor fálolle a alguien
96 que non conozco e a alghien que conozco non lle falo non sei como disirlle.

97 **D:** ¿Y esto tú ya se lo has comentao al oculista?

98 **P:** Sí, sí, sí, sí, pero me hicieron las pruebas, o que pasa é que desta ves non me,
99 non me mirou ela, miroume outro e a verdá díxenlle que quería falar con,
100 con ela e ela díxome: “noo, las pruebas te dan muy bien” y tal, e eu, bueno, pues vale,
101 e díxenlle: “pero es que no veo bien, me pasa esto”.

102 **D:** ¿Te han mandao volver?

103 **P:** Sí, pero, para enero.

104 **D:** Uhum.

105 **P:** Y me dijo que, que nada que no le tuviera yo, que veía muy bien, que no, o sea,

106 veume a desir que non me queixara bueno.

107 **D:** Pues habías tenido un desprendimiento de vitrio y tal y que sí y que bueno, que no queda

108 perfecto, ¿no?

109 **P:** Sí, justo, eso fue lo que me dijo, que no quedó perfecto.

110 **D:** Uhum, muy bien, un momento, que estoy copiando un poco todo lo que hemos hecho.

111 **P:** Sí.

112 **D:** De acuerdo, entonces. Mire, y para lo del ánimo, ¿tú crees que te arreglas?

113 **P:** Nada.

114 **D:** De momento.

115 **P:** Sí, sí, no quiero tomar nada, sí.

116 **D:** Bien.

117 **P:** Sí, sí.

118 **D:** Yo también entiendo que uno se puede arreglar, pues no hay que tomar.

119 **P:** Sí, sí, no, no.

120 **D:** Cuanto menos, mejor.

121 **P:** Sí, sí.

122 **D:** Si ves que te encuentras muy mal, pues me lo dices y te ayudo.

123 **P:** No, no

124 **D:** Vale. Bueno, entonces te voy a dar algo para esta cadena, ¿verdad?

125 **P:** ¿De qué puede ser?

126 **D:** Porque yo creo que tiene ahí algún tendón que está un poco inflamado. Yo creo que, al quitarle

127 un poco la inflamación, tanto del uno como del otro, te va a doler menos.

128 **P:** Es que, ¿cómo le diría?, no me duele, solo me, es al poner el pie.

129 **D:** Te da ese tirón.

130 **P:** Eso, me da como si fuera un pinchazo.

131 **D:** Uhum...

132 **P:** Y ya me pasa.

133 **D:** Bien, no las fuerzas, tampoco vas así a andar mucho.

134 **P:** No, no, no.

135 **D:** ¿No?, bien. Y estás con el Pantoc, con el Sintrom, con el Encolcor, el Amaril y el Eutirós. bueno...

136 **P:** ¿Amaril, para qué es? que no...

137 **D:** La de la diabetes.

138 **P:** Ah, sí.

139 **D:** Bueno.

140 **P:** Sí, sí, sí.

141 **D:** Esto es la renovación de las cosas.

142 **P:** Porque fun hoxe, fun ayer, e xa me, e xa me dixeron que non, que non, o sea, que nas tiña.

143 **D:** Bueno, como tengo aquí el (()), tampoco te puedo dar todo lo que quisiera, ¿entiendes?

144 **P:** Bueno, pues no me...

145 **D:** Te voy a dar una cosa sencillita

146 **P:** Sí.

147 **D:** Solamente para unos días.

148 **P:** Sí.

149 **D:** Una sola pastilla para unos días, ¿vale?

150 **P:** Sí, vale.

151 **D:** Una al día.

152 **P:** Sí.

153 **D:** ¿Vale? Vamos a hacer entonces...

154 **P:** O espere, si quiere, espere unos días a ver si me pasa solo. Tampoco... Pero es que hoy en la

155 mañana me falló muchísimo, ¿eh?

156 **D:** Vamos a ver, porque no va a ser mucho lo que te voy a dar, ¿vale? A ver si te ayuda un poco y va

157 poniéndose todo en su sitio. Muy bien. Es un antiinflamatorio, pero eso va a ser uno después de

158 comer.

159 **P:** Y nada más.

160 **D:** Siete días, ¿vale?

161 **P:** Vale.

162 **D:** Y espero que con eso te mejore.

163 **P:** Vale.

164 **D:** Esto lo vamos a guardar entonces ya. Ya lo tienes en la farmacia, ¿vale?

165 **P:** Vale. Si, pois entonces hoxe, cando vaia buscar o Sintrom, o que me urge máis, xa o collo.

166 **D:** Veo que ya has venido alguna otra vez por lo de la cadera.

167 **P:** Sí, xa non me acordaba.

168 **D:** Guardar. O sea, que te ha dado algún día así algo más de dolor alguna vez.

169 **P:** Sí, sí, sí, sí. E que...

170 **D:** ¿También en la derecha?

171 **P:** Sí, sí, sí. E que, e que antes, acórdome agora que foi na dereita donde me daba, que me fallaba.

172 **D:** Uhum. Muy ben, pues así. Vale, una cada día, siete días.

173 **P:** Muy bien.

174 **D:** Y...eso.

175 **P:** Muy bien.

176 **D:** Y luego ya me contarás, ¿vale?

177 **P:** Gracias, eh. Hasta luego.

178 **D:** Hasta luego. Deja abierto.

179 **P:** No hay nadie, ¡eh!

180 **D:** Vale. Bueno, pues hemos terminado ya el día veintidós de mayo del dos mil catorce.

Example 19: Consultation #343

Doctor (D): Dr. D, female, ca. 60 years old. Non-Galician Spanish speaker.

Patient (P): Female, 56 years old. Behavior: Spanish-Galician-Spanish.

Nurse (ENF): Female. She speaks Spanish.

Extern Patient (EXT-P): Male. He speaks Spanish.

Consultation: Acute sore throat.

Length: 21 minutes and 50 seconds.

- 1 **D:** Hay que firmar... Resulta que esta semana están haciendo un estudio de la universidad para ver
2 un poco la relación entre los médicos y los pacientes y estas cosas, y usted tiene que firmar si
3 consiente que se le grabe.
4 **P:** ¿Que se me grabe?
5 **D:** Sí, se graba en esta cosita así un poco la conversación. Mientras hablamos...
6 **P:** Ah, sí, no me importa.
7 **D:** Vale, muy bien, pues eso. Se graba la conversación...
8 **P:** Sí, ya...
9 **D:** Luego ellos dicen si se tratan bien, como es el trato entre ellos y estas cosas, ¿sabes?
10 **P:** Ai, eu estou contenta de momento.
11 **D:** Muy bien, vamos a ver entonces. Nos vamos aquí... (*nombre paciente*).
12 **P:** Sí.
13 **D:** Muy bien, (*nombre*), muy bien. Pues cuéntame.
14 **P:** Pues nada, veño pola garganta outra vez. Pero xa vin hai... despois de vir aquí, xa vin un día, pero
15 aos tres ou catro días estaba doña (*nome da médica*)...
16 **D:** O sea que tienes la garganta fatal...
17 **P:** Y me dio antibióticos.
18 **D:** Vale.
19 **P:** Pero ya no me pasó del todo...
20 **D:** Espera, que te voy a mirar aquí. El cinco del cinco habías tenido el helicobacter y habías estado...
21 Helicobacter pylori en heces....
22 **P:** O das heces? Non fun capas de faselas, despois cóntolle.
23 **D:** Bueno, pues entonces cuéntame lo de la garganta.
24 **P:** Lo de la garganta que nada, que aquí eu teño un dolor e un malestar que me ten amargada, este
25 ganglio. Ya no me pasó del todo y entonces...
26 **D:** Entonces, ¿qué tratamientos has estado tomando?
27 **P:** Un antibiótico. ¿No lo pone ahí?
28 **D:** Porque aquí no me han puesto... Omeprazol por Famotidina, ¿no? Aquí no pone nada... no hay
29 nada escrito.

30 **P:** Ah, pois era un antibiótico, creí que estaba, se non traía... Un antibiótico..., unha pastilla que me
 31 deu para tomar seis días.

32 **D:** ¿Una al día?

33 **P:** Una al día.

34 **D:** Ahá.

35 **P:** Dos cajitas me dio.

36 **D:** Dos cajitas.

37 **P:** Si, una de tres y otra de tres. Dos de tres.

38 **D:** Ah, entonces ya sé. O sea, que te dio una cosa que se llama Azitromicina.

39 **P:** Pode ser.

40 **D:** Porque es así, la Azitromicina es de quinientos y trae tres comprimidos.

41 **P:** Si.

42 **D:** ¿Entonces tomaste seis ya?

43 **P:** Si, si.

44 **D:** (*Escribe no ordenador*) Seis com...pri...mi...dos. Vale. O sea, eso, dolor, inflamación, vamos a
 45 ver.

46 **P:** Si, y además a mí lo que más me mosquea es que estoy... desde el año pasado en verano que cada
 47 vez que me da...

48 **D:** A ver, entonces, ¿el dolor por dónde es?

49 **P:** No sé si aquí, el ganglio este.

50 **D:** Más bien por esta zona de aquí de atrás.

51 **P:** Sí, y más...

52 **D:** A ver, ¿ganglio, ganglio? Espera que voy a palpar.

53 **P:** Bueno, pois eu aí teño un dolor.

54 **D:** Aquí tenemos un poco más arriba lo que es la glándula carótida,
 55 eso sí que es verdad.

56 **P:** Aparte.

57 **D:** Que está aquí, un poco más hinchada, esta glándula del lado derecho que la del
 58 izquierdo. Ahora bien, ganglio no hay.

59 **Enfermeira:** ¿Después vienes un segundito?

60 **P:** Bueno, eu tampoco sei o que é, eu sei que aí teño un dolor,
 61 aparte estou como si...

62 **D:** Está como un poco más grande, y luego otra cosa es la articulación.

63 **P:** ¡Como si la tuviera fuera de sitio o yo qué sé!

64 **D:** Claro, luego hay otra cosa, que está también en esta zona que es la articulación
 65 temporomandibular, que a veces te duele ahí. Abre y cierra.

66 **P:** Déjame que...así seguido ¿eh?

67 **D:** ¿Te hace así?

68 **P:** Sí.

69 **D:** Pero no sé si ha sido esta.

70 **P:** No, fue esta, fue esta.

71 **D:** ¡Aha! Vale, vale. Aquí en esta articulación tienes un problema y esto también es muy

72 doloroso cuando se tiene esta articulación un poco inflamada, la articulación

73 temporomandibular da dolor tanto hacia allá como...

74 **P:** Siii, siiii e tamén doime a cara!

75 **D:** ¡A ver si va a ser de la articulación!

76 **P:** A veces...

77 **D:** Que es, desde luego ganglio, te aseguro que no hay ningún ganglio.

78 **P:** ¿No? Pero en este lado no, ¿pero en este?

79 **D:** Luego, lo que es la carótida, pues quizás esta está un poco más grandecita que la otra.

80 Y luego lo que sí que te salta es esta articulación claramente.

81 **P:** Sí, sí.

82 **D:** La articulación temporomandibular salta.

83 **P:** No.

84 **D:** Al abrirla, cerrarla.

85 **P:** (()) Aí dóenme as dúas, pero unhas veces máis un ca outro.

86 Aparte xa digo, cando me doe aquí na cara, esto aquí, buh!

87 **D:** Pues ese dolor es más bien de la mandíbula, ¿eh?

88 **P:** ¿Y eso qué? ¿Tengo que ir al dentista?

89 **D:** Eso es el dentista. Y a veces te coloca... Lo que suelen hacer es una cosa, como un mordedor...

90 **P:** Pa dormir.

91 **D:** Para dormir. Para dormir, que duerma eso relajado. Y es como... Se pasa. Y luego tomar a veces

92 algún antiinflamatorio, pero sobre todo es la... El mordedor ese que te hace, lo que suele ir mejor.

93 Abre la boquiña. Di "Ah!".

94 **P:** Aaaah!

95 **D:** Bueno, la garganta..., algo irritada lo que es atrás la faringe, es verdad, pero vamos, como para

96 dar ese dolor ahí en la... en esa zona y esto... Es decir, que no es de... Yo creo que el dolor este te

97 viene más bien de la articulación.

98 **P:** Puede ser porque me dolió muchísimo la cara por aquí. Hasta le eché pomada de esa de...

99 **D:** Pues es de aquí, de la articulación. Más que de otras cosas. Ah, aquí abajo sí que tienes una

100 pizquina de ganglio, más abajo, es verdad. Aquí un poquito también. Bien. Aquí es pequeñín y aquí

101 es un poco más grande. Aquí. Aquí abajo. ¿Ahí te duele donde te toco o no?

102 **P:** Si.

103 **D:** Porque ahí tienes un poquitín de ganglio, es verdad. A este lado está muy pequeñín y a este

104 lado..., más abajo, en esta zona, pero no en la zona que más te duele aquí. Bueno.

105 **P:** Aparte, no sé si será muscular o... Aquí teño un sitio que lle toco, e cuidado, ¿eh?

106 **D:** ¿Ahí en el pecho?

107 **P:** Aquí mismo.

108 **D:** A ver, sácate el jersey.

109 **P:** Eu penso que é muscular.

110 **D:** Ahí. ¿Ahí al tocar?

111 **P:** Aquí, aquí, aquí donde teño a teta.

112 **D:** A ver...

113 **P:** Joba! Aí doe moitísimo.

114 **D:** ¿Y al respirar y eso?

115 **P:** No, no. O tocar.

116 **D:** Solo al tocar. Bueno, pues eso hay que pensar más bien que es de las cubiertas de fuera, o sea,

117 de... Respira fuerte.

118 **P:** E como ao ir andar perdo moito a respiración.

119 **D:** ¿Mhm?

120 **P:** Penso, ¿pode ser de no estar...de no andar?

121 **D:** ¿El qué?

122 **P:** Como si asfixio...algo aquí que me..., que me..., que me atasca. Que estou como se tivera algo aí

123 que non me deixa respirar. Ó ir a andar.

124 **D:** A ver, respira fuerte.

125 **P:** O...

126 **D:** Ahora vamos a.... a escuchar dentro del pulmón. Desde aquí atrás. Respira. (Pausa) Vale, o sea,

127 como pitos y cosas de esas que son los que hacen que el...

128 **P:** Lo tuve mucho tiempo y aparte, que tengo una fatiga aquí...

129 **D:** Ahora no tienes...

130 **P:** ...Y sobre todo que..., que bueno, como si tuviera aquí algo que no me..., bueno, eso lo digo yo así

131 a mi manera, como si tuviera ahí algo que me atasca y no me deja, como una grasa o algo que sea.

132 **D:** A ver. ahora no hace falta (()) Digamos que el corazón se le oye bien, lleva buen ritmo, no tiene

133 ningún soplo y el pulmón también, lo cual no quiere decir que no tengas algo de alergia o de asma

134 o cosas de esas que a veces surgen cuando uno está andando, por el polen o lo que sea, y falta como

135 un poco el aire, pero tendrías que notar pitos, así (ruido), como si el aire al salir hace un pito.

136 **P:** Eu onde o notei foi no inverno, pero agora no.

137 **D:** Ahora no.

138 **P:** Agora no.

139 **D:** Bueno, pues también el ejercicio, haz ejercicio...

140 **P:** Eu penso que é deso, quería sabelo.

141 **D:** La verdad que, si uno se engorda, si uno hace menos ejercicio, se fatiga mucho más, ¿eh? Y te
142 pesa el cuerpo, es verdad, pesa más el cuerpo y todo, así que estar en forma también hace que...,
143 digamos, se fatigue uno menos.

144 **P:** Mhm.

145 **D:** Bueno, de momento yo no te veo así ninguna patología... Bueno, entonces, para lo de la garganta
146 ya has tomado todo ese antibiótico y yo creo que ya no hay que hacer más antibiótico, tienes un
147 poco de ganglio, es verdad, y luego tienes ese dolor aí, vamos a darte como un antiinflamatorio, que
148 vale para el ganglio ese que está un poquito inflamado, a ver si ya se va deshinchando, y también
149 para la articulación. Y consulta eso de la articulación, eso de que se te trabe y de que te duele así la
150 cara, con el dentista, porque eso te daría más bien...

151 **P:** Un aparato.

152 **D:** Un aparato para morder, para por la noche...

153 **P:** Para dormir, sí.

154 **D:** Porque es lo que suele ir bien, para eso. Bueno.

155 **P:** Tengo que pasar aquí una pieza..., una o dos, no sé si tendré un diente también y ya se lo comento.

156 **D:** Se lo comunicas. (Pausa, escribe) Un momento, que me estabas esperando, ¿verdad, (*nome da*
157 *enfermeira*)?

158 **ENF:** Te estaba esperando para que nos digas... Mira, está aquí el resultado del cultivo. Ahora
159 mismo está tomando (()), ¿verdad? Si, si, mira, y aquí (()).

160 **D:** Nos dice que es sensible a ese antibiótico. Y sin embargo...

161 **ENF:** Y la otra vez lo que tomaba, ¿cuál era el Orbenin?

162 **D:** El Orbenin no está aquí...

163 **ENF:** No está, no sale.

164 **D:** Bien, pero bueno, es de la familia más de la Amoxicilina clavulánico y a ese está resistente, o sea,
165 que a este sí que está siendo sensible.

166 **ENF:** ¿Y cuántos días lleva con antibiótico?

167 **D:** También es sensible...

168 **EXT-P:** ¿Con el Orbenin y con este?

169 **ENF:** No, con este, ¿cantos días...?

170 **D:** Son ocho días, ¿verdad?

171 **EXT-P:** Diez.

172 **D:** Diez. Ha terminado ya... O sea, una caja...

173 **ENF:** El lunes le recetaste un poco más pa que se viese ya hoy...

174 **D:** Bueno, pues de la primera son siete días, por lo tanto, le falta... pues, si empezó ayer, ayer, hoy
175 y mañana. Tres días, ¿vale?

176 **ENF:** Vale, hasta mañana, el viernes la volvemos ver...

177 **EXT-P:** Uno a la mañana y otro a la noche.

178 **D:** Uno a la mañana y otro a la noche, tres días más de una caja, vamos. Que es lo que cumplen los
179 diez, porque una caja son siete y con esto, diez. ¿Vale? Vale, bueno, muy bien.

180 **ENF:** Vale, muchas gracias.

181 **D:** Poco a poco, a ver.

182 **EXT-P:** Vale, gracias, muy bien.

183 **D:** Bueno, entonces... Entonces te voy a dar estas de Neurufen pa' tomar una por la mañana y una
184 por la noche, así como... seis días o así, ¿vale? Es un antiinflamatorio y espero que te quite ya la
185 inflamación esa que te queda en el ganglio y que te mejore también la mandíbula, ¿vale? Neurufen.
186 También te va a ayudar en este dolor...

187 **P:** É horrible, esto de que che..., dóche así esto por aquí, oh!

188 **D:** Si, pues eso...

189 **P:** ¡Ya lo tuve tres veces!

190 **D:** La tienes ahí que se desencaja un poco...

191 **P:** Y se inflama, seguro.

192 **D:** Sí, esa articulación... Pues tienes que comentárselo porque si te dan el mordedor ese sí que te
193 mejora mucho, es con lo que mejor mejora.

194 **P:** A mi hijo, a (***)

195 **D:** Sí.

196 **P:** ...Pues le pasaba ya hace años y ahora está con el mordedor.

197 **D:** Pues sí.

198 **P:** Le rompió uno, tiene otro y le dio mucho la vida, ¿eh?

199 **D:** Pues sí, es eso. Seis, cuatro, seis, ocho... Bueno, muy bien, pues entonces ya lo tienes ahí, mañana
200 y noche seis días o siete, ¿vale?

201 **P:** Y lo de las heces, vine aquí a junto de usted y resulta que no estaba, estaba doña (*nombre*),
202 entonces fui abajo y le comenté que tenía otra vez algo de sangre, no era que fuera mucho... y me
203 mandó hacer eso. Resulta que me descompuse otra vez y el día que tenía que venir, no pude, por
204 eso. Al siguiente igual y después estaba tan estreñida que no tenía qué traer. Pero bueno, pues
205 cuando vaya ya se lo comentaré a la doctora más para adelante...

206 **D:** Más para adelante, sí.

207 **P:** Porque estoy...

208 **D:** Si te vuelve a dar...

209 **P:** Es que estoy descompuesta otra vez, voy muchas veces al día, estoy blandísima. No como
210 descompuesta, sino blanda, blanda, blanda. Eso tampoco es.

211 **D:** Bueno, pues ya haces así un poco de dieta y eso, a base de un poco... dejas un poco la leche...

212 **P:** Estoy sin lactosa...

213 **D:** Yogures...

214 **P:** ¿Eso puedo?

215 **D:** Sí, sin lactosa yo creo que sí.

216 **P:** Porque me venía mejor, ya hace tiempo que lo cambié, y estoy tomándolo sin lactosa.

217 **D:** Bien, pues sin lactosa.

218 **P:** Bueno.

219 **D:** Y luego pues hacer un poco de dieta con un poco más de arroz, patata cocida y a ver si se va...

220 **P:** Ya, comer todo cocido y a ver...

221 **D:** Bueno, pues eso si no hablamos, ¿vale?

222 **P:** Si no, habrá que mirar.

223 **D:** Queda pendiente ese asunto, vale.

224 **P:** O que teño medo máis que nada... Eso son cosas miñas, ao mellor... Que teña algo de pólipos ou

225 algo no intestino, ou... Eu que sei!

226 **D:** Claro... Hombre, siempre puede ser, ¿eh?

227 **P:** Pensar...

228 **D:** Mhm.

229 **P:** Entende?

230 **D:** Bien, ¿y ha sangrado muchas veces?

231 **P:** É que eso xa o levo tirando xa hai moito tempo.

232 **D:** ¿Sí?

233 **P:** O sangrado. E haberá dous meses salín un día..., non sei se fue un sábado ou un domingo, y

234 estaba con unas amigas tomando algo y resulta que..., estábamos en (*pueblo*), fui al baño... madre

235 mía! Aquel día fue...

236 **D:** ¿Mucha cantidad?

237 **P:** Si, un chorro así de esto que... iba a limpiarme, manché... ¡Pero se veía que era sangre, sangre,

238 sangre! Una sangre roja...

239 **D:** Roja. Bueno, pues si quieres te doy el volante, que te mando a proctología a que te mire. Me

240 parece bien. Venga, pues lo vamos a hacer.

241 **P:** Hombre, é que eu... Tenme así algo mosca. A min prrr! Todo o médico...

242 **D:** Pues te voy a echar un vistazo, primero vamos a mirar si hay..., si hay almorranas o si veo una

243 fisura. Eso es lo primero, si hay una cosa que ya lo vemos, pues entonces nos quedamos más

244 tranquilos. Si te veo una almorraña san... hombre, ahora no estás sangrando, ¿no?

245 **P:** No, ahora no, no.

246 **D:** Bien, pero te voy a mirar por si se ve ahí una...

247 **P:** Ayer ata fun varias veces e xa miraba de vez en cuando por si salía algún sangrado e no. Así un

248 amarillo, amarillo...

249 **D:** Bien, agárrate aquí un poco que voy a echar un vistacito. Así, miramos aquí, ahora mismo lo que

250 sí que se ve es que sí que has tenido, yo creo que aquí abajo, aparte de hemorroides tienes una zona...

251 Sí, ahí tienes una zona que está sangrante de una almorraña que está como ulcerada. Vale, bueno,

252 o sea que el punto está ahí, ¿sabes? (*Escribe no ordenador*). Ahora mismo no está muy hinchada,
 253 porque las hemorroides también tienen épocas que se hinchan más, que pueden hacer sangre,
 254 además, y se irritan, a veces con la diarrea se irrita y es más fácil que sangre.

255 **P:** Lo que noto... Ahí nunca noté así nada raro, lo que noto no, eso lo noto porque cuando me da
 256 una vez al mes o a lo mejor de dos en dos, ¿yo qué sé?, yo no calculo porque estoy así perfectamente,
 257 me entra un dolor por ahí arriba, es de segundos. Pero es una cosa que..., Dios me libre que fuera
 258 media hora, ¿eh? Tendría que estar a gritos. Y no sé de qué puede ser. Y llevo así...

259 **D:** Así como en la zona rectal, del recto, ¿no?

260 **P:** Sí, y llevo así desde que me operé, desde que me sacaron la matriz, al mes y medio o dos meses
 261 me dio la primera vez. Por eso me acuerdo, los años que..., bueno, que eso. ¡Lleva un susto...!

262 **D:** ¿Y eso no coincide con que estés más estreñida, ni cosas de esas, ese dolor que te da tan fuerte?

263 **P:** No, me da cuando le da la gana.

264 **D:** Cuando le da la gana...

265 **P:** Estos días estuve blanda y el otro día me dio. Cuando me da la gana... me le da y punto.

266 **D:** Bueno, pues entonces te mando a proctología, a que te miren un poco eso, ¿vale? Aunque yo ya
 267 me quedo más tranquila porque he visto como una hemorroide ahí...

268 **P:** Ya.

269 **D:** ...un poco ulcerada, que es de ahí de donde viene la sangre. No es como si no sabemos de dónde
 270 viene.

271 **P:** De donde viene.

272 **D:** Entonces es más peligroso, ¿entiendes? Porque dices, a ver, ¿qué pasa ahí? (*Pausa*) Entonces
 273 cogemos aquí... Ah, en este caso, proctología no tiene esto de la..., de consulta, así que lo vamos a
 274 hacer normal.

275 **P:** ¿Suelen tardar mucho en dar consulta?

276 **D:** Sí, pero bueno, no hay prisa, no me preocupa mucho, ¿eh? Quiero que te echen un vistazo...

277 **P:** No, ya.

278 **D:** ...Por el dolor y bueno, ya nos quedamos más tranquilos de que es solo de ahí y tal, y cual. Pero
 279 en realidad, sí que tardan un poco. Suponte que tarden tres meses o así.

280 **P:** Bueno, tampoco es tanto.

281 **D:** Entonces, abajo bajas y ya pides consulta para esto que te..., toma, para proctología.

282 **P:** Ya.

283 **D:** ¿Vale?

284 **P:** En el hospital, ¿no?

285 **D:** Sí. Y ya dejamos este tema mirado. Bueno, que te vaya bien.

286 **P:** Pues muy bien, gracias.

287 **D:** A ver.

288 **P:** Buenos días.

- 289 **D:** Deja abierto, deja abierto.
- 290 **P:** Sí, sí.
- 291 **D:** Por si hay alguien más.

Example 20: Consultation #478

Doctor (D): Dr. F, female ca. 50 years old. Spanish-dominant speaker.

Patient (P): Woman (unidentified age). Galician speaker with Spanish-speaking companion.

Consultation: Analysis results and a cold with blood sputum.

Length: 9 minutes and 52 seconds.

- 1 **D:** ¿De sangre?
- 2 **C:** De reuma.
- 3 **D:** De reuma, de reuma. ¿Tenemos cita pa' (*hospital*)?
- 4 **C:** Dijeron que si no había...
- 5 **D:** (*Nombre paciente*), ¿verdad?
- 6 **P:** No.
- 7 **C:** No...
- 8 **D:** Ay, perdón. Me estaba confundiendo. Que si no había... ¿nada?
- 9 **P:** Que non me chamaban xa.
- 10 **D:** ¿O sea que ellos vieron los análisis ya?
- 11 **C:** No sé.
- 12 **P:** Non, eles teranos no..., no ordenador.
- 13 **D:** Tienes cita en el reumatólogo el veintiuno del diez.
- 14 **C:** Si.
- 15 **D:** O sea, que tienes cita con ellos, ¿no?
- 16 **P:** Si, pero se me ven mal aí, chámanme xa.
- 17 **C:** Que tiene que hacerlo cada dos meses.
- 18 **D:** Los del tiroides.
- 19 **C:** No, el tiroides tiene que hacerlo ahora también. Cada tres me dijiste tú. Tendrá que... Lo que
- 20 pasa que...
- 21 **D:** Eso está todo bien. Mira, menos los leucocitos. Este te doy una copia, ¿eh? Lo que está mal en
- 22 un análisis es que está en rojo. No tienes anemia, tienes una pequeñita infección aquí, pero es por
- 23 tu problema de reuma. Tú tienes una reuma, ¿no?
- 24 **P:** Si, si.
- 25 **D:** Pues muy probablemente sea eso. Después todo lo tienes estupendo, mira. El azúcar, el riñón, el
- 26 hígado, todo, el colesterol, las grasas, la reuma... ¿vale? La tienes aquí. ¿Y el tiroides no tocaba de
- 27 esta vez, luego?
- 28 **C:** No. Pa' el mes, o así. Ahora como está facendo cada dous meses...
- 29 **D:** No, es que el tiroides justo, lo hicistes el diecisiete de marzo y lo tenías bien.
- 30 **C:** Si, pues puede esperar a hacerlo ahora..., creo que es para el próximo mes, que le toca el...

31 **D:** Si, es que tenías el veintinueve en enero.

32 **P:** É que agora con estas pastillas vou millor. É que las cambiaras, non te acordas?

33 **C:** Si, porque entonces te pasaba ya...

34 **D:** Claro, estaba en veintinueve. El mes pasado estabas muy bien, en cero cincuenta y cinco.

35 **C:** Si, con esta pastilla va bien. ¿Entonces pode esperar a que haga los próximos de reuma...?

36 **D:** ¿Cuándo es?

37 **C:** Para julio, creo que es.

38 **D:** Si es pa' julio, sí. Si son pa' julio, sí. Para septiembre no, ¿eh?

39 **C:** No, no, para julio.

40 **D:** Pa' julio sí. Estoy de acuerdo. Pa' septiembre no, que es mucho esperar.

41 **C:** A últimos de junio, primeros de julio...

42 **D:** Mira, ¿tienes los análisis en casa o tengo que darte yo?

43 **C:** Tiene, tiene en casa.

44 **D:** ¿De quién son?

45 **C:** Son de...

46 **D:** Antes de hacerlos los traes por aquí porque quiero ver si te quiero pedir algo más. Porque ya

47 aprovecho el pinchazo.

48 **P:** Ahá, vale.

49 **D:** Porque probablemente te pida también el hemograma, quiero decir, tengo que ver... Esto está

50 todo perfecto. Todo perfecto, lo único que tienes es estos leucocitos aquí, que puede ser mismo de

51 la reuma... Esto está alto cuando uno tiene un virus, un catarro, una enfermedad como tú, crónica

52 e inflamatoria... Pero que, si ellos... Si este puntito, a veces sube y baja... En los próximos análisis,

53 si no te los pidió él, te lo quiero volver a pedir yo. Pero ya aprovecho el pinchazo, ¿vale?

54 **P:** Si. E máis veño *pore*...

55 **D:** Dime.

56 **P:** Porque teño *algho* de *ghripallada*.

57 **D:** ¿Qué tienes, gripe?

58 **P:** Venme así a moqueira e a toser e así.

59 **C:** Onte te sangraba la garganta, ¿no?

60 **P:** Si.

61 **D:** ¿Te sangraba la garganta? Como...

62 **P:** Si.

63 **C:** Arrancou algo de sangre así...

64 **D:** ¿Sí?

65 **C:** Sangroulle a garganta, si. ¿Te sangraba la garganta? ¿Te sangraba la garganta?, sí.

66 **P:** O mes pasado estuvo el e ao vivir xuntos... Era mellor...

67 **D:** Si, siéntate allí, (*nombre*). Como hilillos de sangre, ¿verdad?

68 **P:** Si.

69 **C:** Al esputar pues salía ahí...

70 **D:** Pero, ¿sangre roja?

71 **C:** Si, algo..., no muy roja, así medio... E non che doían os oídos?

72 **D:** Si que la tienes toda roja. ¿Te duelen los oídos?

73 **P:** Algho. Non sei se me estará empezando...

74 **D:** ¿(()) te duele?

75 **P:** Non.

76 **D:** La garganta la tienes roja, hay que vigilar que no eche sangre. Cuando la garganta está muy roja,

77 claro, eso está todo rojo, te rompe una venilla y sangras.

78 **P:** Si, si.

79 **D:** Pero hay que vigilar que solo sea una venilla, ¿eh?

80 **C:** No, poquita cosa, un poquito.

81 **D:** Vale, que sea poquita cosa.

82 **P:** Pode (()), eh?

83 **D:** Si, ya, porque te voy dar antibiótico, antiinflamatorio y todo. Pero vigílame que la sangre..., ese

84 hilillo, que tengas poca, ¿vale? Que se te vaya. Este está bien... Bien por fuera. Probablemente lo

85 que tienes mal, lo que te duele el oído, es por dentro. Por culpa de la garganta.

86 **P:** Ai, e teño unos pinchazos na *cabesa*, pero non sei que pode ser.

87 **D:** Moi ben, ben, pois sube la manga que miramos la tensión... Por los análisis bien, salvo eso que

88 ya te digo que ya será de tu reuma. Sienta aquí. Por aquí, mete la maniño...

89 **C:** Ahí, ahí, súbela.

90 (*Pausa*)

91 **D:** ¿Y mocos tienes?

92 **P:** Si.

93 **D:** ¿De qué color?

94 **P:** Moqueira, como agua.

95 **D:** Agua.

96 **P:** Si.

97 **D:** Muy bien la tensión. No eres alérgica a nada, ¿verdad?

98 **P:** Non, que eu sepa.

99 **D:** Bueno, pues hacemos así, ¿eh? Que veas que sangras más, vienes.

100 **C:** Vale.

101 **D:** ¿Y tos?

102 **P:** Si, *alghunha* si.

103 **D:** Ah, eso es de la garganta, seguro. Déjame verte, aunque sea solo por delante,

104 un poquito...

105 **P:** Si.

106 **D:** ... el pulmón, el pulmón.

107 **P:** Ah.

108 **D:** Así. Esto está aquí, muy bien. Respira por la boquiña.

109 **P:** E non lle quería botar o alento pa porque senón...

110 **D:** Non pasa nada. A mí nadie me contagia nada.

111 **P:** No?

112 **D:** No, yo no enfermo nunca.

113 **C:** ¡Qué suerte!

114 **D:** Ya te digo, tamén el día que enferme..., morro xa! Perdón.

115 **P:** Ó toser..., ó toser dóeme *algho* por aquí, eh?

116 **D:** ¿Sí?

117 **P:** Si.

118 **C:** É que non cogemos... En todo el inverno no hemos cogido nada y ahora en primavera..., con estos
119 cambios...

120 **D:** Es que es el cambio de la... (Pausa) Muy bien, vamos allá. Entonces, Acetrolicina. ¿Qué tomas
121 para el dolor normalmente? Ibuprofeno..., ¿qué tomas para o dolor?

122 **P:** Agora non tomo nada. Mel con cousas quentes.

123 **D:** ¿Tienes tomado Ibuprofeno?

124 **C:** Paracetamol, ou....

125 **D:** Sí. ¿Epidifen tienes tomado alguna vez?

126 **P:** E que é iso?

127 **C:** Epidifen é aspirina.

128 **P:** Non, non tomo.

129 **D:** ¿No? ¿Siempre toma paracetamol?

130 **C:** Si, pero...

131 **D:** Vale. ¿Y tiene en casa?

132 **C:** Algún creo que si.

133 **D:** ¿O te pongo la... aquí?

134 **P:** Se me cobre o *seghuriño* as cousas, mellore.

135 **D:** Sí, sí.

136 **C:** O que lle vaia millore, ao millor vaille millor o Epidifen, non sei, depende.

137 **D:** Lo que pasa es que está con Urbason, ¿verdad?

138 **C:** Ah, sí.

139 **D:** Entonces mejor no. Por el estómago.

140 **C:** Ahá.

141 **D:** Si no queda más remedio, sí.

142 **C:** Téñeslle que dar o Frenadol. Yo tomé Frenadol y me pasó...

143 **P:** Ai, a min dóeme o estómagho co Frenadol.

144 **D:** Pues exactamente. Pues el Ibuprofeno puede ser lo mismo. Mira, si no te llaman en

145 quince días, ponte en contacto conmigo, ¿eh? Que vuelvo a mandar outra carta, ¿eh?

146 **C:** Vale, vale.

147 **D:** Esperamos quice días y volvemos a mandar otra carta.

148 **C:** Vale.

149 **D:** Porque esto ya fue... Que te mandé... Ya me mandó la carta a mí...

150 **C:** Quince días, por aí...

151 **D:** Sí. Pues esperamos quince días nada más, y si no, me vienes. Y cuando vengas, me traes el

152 análisis. Miramos si le pidió todo.

153 **C:** Vale.

154 **D:** Pero estos están muy bien, ¿eh?

155 **C:** Son igual que estos todos. Son todos repetidos.

156 **D:** Vale, pues déjame lo ver. A ver, no vaya a ser. Alérgica me dijiste que a nada, ¿verdad?

157 **P:** Que eu sepa no.

158 **D:** Muy bien, pues aquí va. Esto pa llevar. Aquí llevamos un jarabe para la flema, Mucosan para la

159 tos, tres cucharadas al día. En la nariz echamos agua de mar, estéril, a la mañana y a la noche. Y

160 después del agua del mar, este spray. A la mañana e a la noche, así también durante diez días o así.

161 El spray. El Paracetamol cada ocho horas si dolor o fiebre. Y el antibiótico una pastilla al día, seis

162 días, separada de las comidas, Dos horas antes o dos horas después.

163 **P:** E cólleme todo o seguro?

164 **C:** Si, casi todo.

165 **D:** Menos esto de aquí abajo.

166 **P:** Ah, bueno, vale.

167 **D:** Y si ves que... No tomes cosas que te lastimen, patatas, pan, cosas que te lastimen en la garganta,

168 ¿eh?

169 **P:** Vale, vale.

170 **C:** ¿La miel será buena o mala?

171 **D:** Sí, buena, buena.

172 **P:** Vale, gracias.

173 **C:** Venga...

174 **D:** Chao. Chao.

Example 21: Consultation #417

Doctor (D): Dr. E, female, ca. 55 years old. She speaks Galician with the patient and Spanish with the resident.

Patient (P): Male, unspecified age. Behavior: Galician-Spanish-Galician.

Resident (RES-COL): Female, Spanish-speaker.

Companion (C): Patient's wife with their son (C2). She speaks Galician.

Consultation: Follow-up after an antibiotic treatment due to wheezing in both hemithorax.

Length: 26 minutes and 47 seconds.

- 1 **D:** Mira, antes de nada, dicirche, bueno, aparte de que está unha compañeira...
- 2 **RES-COL:** Hola, ¿qué tal? (*nombre paciente*)
- 3 **D:** Mira, que se está facendo un traballo de investigación aquí no centro. Non sei se xa escoitáchedes
4 algo...
- 5 **P:** No.
- 6 **D:** E si te podemos... O que consiste simplemente é en gravar a consulta. Non figura quen é o
7 paciente, nin quen é o médico, nin nada, vale?
- 8 **P:** Vale.
- 9 **D:** Podémosche gravar?
- 10 **P:** Si, si.
- 11 **D:** Vale, e despois si nos firmas aquí a autorización para gravarche... Dinos, (*nome*).
- 12 **P:** Pois estaba tomando un antibiótico porque estaba mal e viña para que me auscultara.
- 13 **D:** Si, para ver como estaba, si é certo que outro día... Si, entonces, a ver, ponte allí que te
14 auscultamos, (*nome do paciente*). (*Á compañeira*): Si, porque este señor vino el otro día, mira...
15 Saca a camisa, (*nome do paciente*), un momentito. (*Nome do paciente*), el otro no vino... Es que no
16 me acuerdo, sé que llevaba ya varios días... (*nome do paciente*), e ahora o moco xa é blanquiño?
- 17 **P:** Si, pero non me pasou de todo.
- 18 **D:** (*Á compañeira*) Mira, ¿ves? Tenía tos con moco amarillo, no fiebre, y tenía sibilancias en ambos
19 semi-tórax, con roncós. Le di el clavulánico durante diez días y le dije que viniera a ver cómo iba. A
20 ver, (*nome do paciente*), si vemos que no va bien, le pedimos una placa.
- 21 **C:** E que cando está na cama...
- 22 **D:** Sigue facendo ruidos?
- 23 **C:** Si, sigue tendo as flemas aí. Ten unha tos que está todo o día... Polas mañás inda moito máis.
- 24 **D:** Ven, (*nome residente*). Saca a camisa, que o auscultamos. Si, así. A ver, respira, (*nome do*
25 *paciente*).
- 26 **C2:** Que é eso, papá?
- 27 **RES-COL:** Respire por la boca, anda. Soa limpio...
- 28 **D:** Ahora está bien, perfecto. Ahora está normal, (*nome do paciente*).

29 **RES-COL:** Moco no tiene...

30 **C:** É que moco apenas expulsa, tampouco bota moco, nin saca moitas flemas. Ao mellor á mañán

31 ao movelo un pouquiño, pero tampouco saca flemas, verdad?

32 **D:** Pero agora xa son blancas, (*nome do paciente*)?

33 **P:** Si.

34 **D:** Si. A auscultación hoxe está perfecta. Así como outro día non, hoxe está de marabilla. Limpiña

35 de todo.

36 **P:** Bueno, entonces...

37 **D:** Limpiña, limpiña.

38 **C:** Esperarás a ver se che pasa...

39 **RES-COL:** Estando la auscultación bien, ¿eh?

40 **D:** Porque eu claro, como o outro día o vin así, era por si no estaba bien,

41 para facerche unha placa, pero está perfecta! (*nome do paciente*)

42 **C:** Non lle ten medo ningún aos médicos.

43 **D:** Está ben, entón non te vamos a pedir de momento nada, vale?, mira.

44 **P:** E outra cousa, tamén. Fun a vascular.

45 **D:** Sí.

46 **P:** O outro día.

47 **C:** Polo do pé, polo da perna.

48 **P:** Polo da perna, polo, bueno, sí, da variz.

49 **D:** Si.

50 **P:** E fixéronme unha radiografía, unha ecografía, non?

51 **D:** Si.

52 **P:** E para mirarme a vere como estaba a circulación e eso, e díxome que en principio estaba ben. E

53 de operar, que non.

54 **D:** Non, nada.

55 **P:** Díxome que en principio que...

56 **C:** Non, porque lle din que as venas que as ten ben, o sea, usté xa lla mirara, non? Que lle poñedes

57 así o dedo, e nótase, bueno, e dixéronlle que estaba ben. Fixéronlle a ecografía pa'descartar, pero el

58 sigue tendo uns problemas no pé que non pode andar

59 **D:** A ver, espera, a ver, a ver. Este señor que le viste que tiene las dos,

60 está operao de una...

61 **P:** Aneurisma.

62 **D:** Aneurisma aorta, y arriba, ¿eh?

63 **C:** E troncoencefálico, está todo de arriba abaixo, pouco menos, e agora dinlle que

64 de operar a variz que nada, que abaixo co, de baixar pa' baixo, nada.

65 **D:** Bueno, pero sí que tiene insuficiencia venosa en ((sección)) externa,

66 desde (...), varices esenciales en miembro inferior derecho.

67 **P:** Sí.

68 **D:** Porque tuvo.

69 **RES-COL:** ¿Pulmonar?

70 **D:** Pero esto es de 2012, mujer, no. Primero le diagnosticaron un

71 aneumolismo pulmonar, pero de, después, fue cuando se le descubrió el otro

72 tema, es que esto...Espera, pero este médico, espera, no, esto fue ahora, por

73 otro motivo.

74 **RES-COL:** Pero digo, tuvo, si tuvo problema, no, tuvo una trombosis venosa.

75 **D:** Sí, me parece que la tuvo, sí, empezara, sí, tuvo un tromboembolismo

76 pulmonar y, a raíz de ahí ¡uy! Porque esto se tardó mucho en diagnosticar,

77 estuvo mucho tiempo con unas quejas, a raíz de ahí fue cuando se descubrió,

78 el, el aneurisma aórtico. Sí, fue así, sí, sí, es que ahora estaba pensando.

79 **RES-COL:** en lo de la pierna, mujer. Y soporte y eso, no, o sea,

80 una vez midiendo...porque tiene síntomas (())

81 **D:** Espera, que es como aquí tiene varias cosas.

82 **RES-COL:** ¿Pero le duele la pierna, ahora?

83 **P:** ¿Cómo?

84 **RES-COL:** ¿La pierna, le está doliendo?

85 **C:** O pé.

86 **P:** Más bien el pie y ella, ella me dice, la doctora de vascular me dice: “de,

87 de la variz, no es, circulación la tienes, tienes variz, se te hincha un poco

88 la pierna, pero de la circulación no es, no es ni de la vena ni...”

89 **RES-COL:** De la arteria, sí.

90 **P:** Ni de la arteria si te duele, el pie, es de otra cosa.

91 **RES-COL:** ¿Pero, duele todo el pie?

92 **P:** No, no, no, a mí me duele el pie, o sea, la variz viene de aquí

93 para abajo, ¿no?

94 **RES-COL:** Sí, pero, ¿dónde está el dolor?

95 **P:** Y a mí, el dolor del pie, a veces es por aquí, otras veces me duele así por aquí, y otras veces por

96 debajo, si voy a andar, me duele por abajo

97 **D:** Pero a él no se le mandó a vascular por eso, ¿eh?

98 **RES-COL:** por eso digo, que el dolor tampoco es específico, ni arteriano.

99 **D:** A vascular, fue por otra cosa.

100 **C:** O sábado foi andar. Como estaba un pouco mellor, había xa días que non iba, e díxenlle eu bueno,

101 pois vaite aí polo canal. Andas un pouco nas máquinas e para aló di que inda foi indo, pero o vir pa’

102 casa..., bueno.

103 **RES-COL:** Plantillas no usa...

104 **P:** No.

105 **C:** No.

106 **RES-COL:** Claro. Si, es que si es diabético también...

107 **D:** Claro...

108 **C:** Aféctalle ós pés?

109 **RES-COL:** Sí, porque hai un problema del sistema nervioso en el diabético que se va desarrollando

110 con los años. Pero bueno, a veces con una plantilla mejora bastante. Utilizar una plantilla, porque

111 es también del tema del apoyo, ¿no? Pero no es fácil...

112 **C:** ¿Y además non é unha persona que tiene así un pie como muy plano?

113 **P:** Si...

114 **C:** ¿A ti no te parece que apenas tiene arco?

115 **D:** Si... Que a lo mejor es simplemente de eso, eh, *¿(nome do paciente)?* Es que mira, yo de todas

116 maneras a vascular no le mandé por eso. Por el dolor. Le mandé porque...

117 **P:** Por la variz.

118 **RES-COL:** Si, si.

119 **D:** Mira, el venía por edema en miembros inferiores, sobre todo en el derecho. También coincidió

120 que le introduje..., estaba con el Anlodipino.

121 **C:** Claro.

122 **D:** Entonces... Ah, mira, y él comentaba que tenía dolor... Mira, yo te digo lo que está anotado en

123 marco: dolor al caminar en pantorrillas, tenía que parar a los dos kilómetros, que le hincha más la

124 derecha... Ah, y ahí habías tenido un traumatismo, *(nome do paciente)*, en esa pierna.

125 **P:** Si, tuven hace tiempo.

126 **D:** Que tuveras aí? No pé?

127 **P:** Un golpe... No, fuera un golpe en la rodilla.

128 **D:** En la rodilla. Mira, y nosotros ese día habíamos puesto edema con fóvea en el lado derecho.

129 Bueno, angioedema secundario, anlodipino y varices. Entonces lo mandamos a vascular, más que

130 nada, para ver si procedía cirugía o no, un poco como tenía todo lo antecedente del aneurisma de

131 aorta, por eso. Pero ya ves, en vascular de momento... A ver, porque como aquí dice... Nada, eso,

132 que efectivamente tiene varices en miembro inferior derecho, pero nada más, de momento de

133 operar, nada. Eso parece un dolor muscular, *(nombre paciente)*. Nada más.

134 **P:** Sí, pero lo que pasa que a mí me duele..., principalmente al ir a andar.

135 **C:** Claro, e ten que andar, e ten que adelgazar, e...

136 **P:** Me empieza ahí un dolor y es que... no puedo andar. Al empezarme a salir el dolor...

137 **D:** Claro, que a lo mejor le podría ayudar... Entonces yo le voy a cerrar este episodio. Home, é que

138 tamén, porque es que, mira... Vamos a ver como tiene la función renal, que aún hizo poquito..., hace

139 poco que hizo la analítica. *(Á compañeira)* Es que mira ya como está el filtrado, es que claro, aquí

140 tampoco conviene mucho darle mucho antiinflamatorio, porque ya ves que está por debajo de
 141 sesenta.

142 **RES-COL:** No, pero por eso, no sé, el paracetamol si tiene mucho dolor y que mira..., con métodos
 143 no...

144 **D:** Está con Proteinuria... (*nome do paciente*), es que mira, aquí tienes que bajar de peso como sea.

145 **P:** Ya, eso ya.

146 **C:** Si, pero se non se move...

147 **D:** Claro, pero vamos a ver, o que non pode tampouco é, se el estaba ahora de non andar, pois de
 148 repente coller un día e poñese a andar dous ou tres quilómetros.

149 **P:** No, no, no.

150 **C:** Non, foi un tramo corto, que sería...?

151 **P:** Andar ando algo tódolos días.

152 **C:** Si, anda pola tarde, sale e eso.

153 **P:** Pero é que eu antes andaba bastante, non? E por exemplo, ao millor cansábaseme un pouco o pé,
 154 non? Pero, cada vez, empezoume así a doer e hinchar máis e tal e cual, e entonces fun reducindo,
 155 reducindo. E entonces agora xa cada vez ando menos. E agora é que o pé doime aí neses puntos.
 156 Non sei se é..., porque eu pensei que era da variz, debido á variz, pero a doctora de vascular dime
 157 que non, que non é da variz. Pode ser que é doutra cousa do pé, de que teña..., pero que da variz que
 158 non é.

159 **D:** A ver, da variz pode hinchar a perna e pode doer...

160 **P:** Si, eso xa me di ela...

161 **D:** ...sobre todo de cara ao verano.

162 **P:** Ela díxeme que, por exemplo, díxeme: “si andas, o que te podes é cansar, darche cansancio”.

163 **RES-COL:** Si, como pesades en la pierna.

164 **P:** No, como pesadez. Pero que non ten por que..., por exemplo, doerche así. Como lle digo eu que
 165 me doe. O sea, aquí hai un momento que, ó millor, teño un dolor que non son capaz de apoiar o pé.
 166 É como...

167 **D:** Pero eso é noxo, é realidade. Home, podes probar ir a unha ortopedia..., ir a unha ortopedia, eh?
 168 E pedir unha plantilla, que che miren o pé, porque ti tes o pé un pouco plano. Non plano total, pero
 169 tes moi poquiño arco. Eso si, se tes máis peso... Claro, eso produce dolor. Entendes? Entonces, era
 170 importante... ao mellor probar primeiro ca plantilla. Se algún día tes moito dolor, tomas
 171 Paracetamol. Pero non queríamos que tomaras moito antiinflamatorio porque está un pouco
 172 dañado o riñón.

173 **P:** Xa.

174 **D:** E para o riñón o peor son os antiinflamatorios. Déixanos que te pesemos. Un momentito. Vamos
 175 a pesarlo y medirlo. Porque me estoy fijando, (*nome do paciente*), inon temos ningún peso teu
 176 anotado! Ves, (*nombre de residente*)? Este señor era un candidato estupendo, era este el que decía

177 yo para el (()), para ese de eliminar (()). Pero no podemos. (*Al niño*) Se te va a enfriar la barriga.

178 **RES-COL:** Siento seis y medio.

179 **D:** Ciento seis... ¿Y mide?

180 **RES-COL:** Gírese..., gírese de espaldas.

181 **D:** A ver. No le tengo anotado ninguno, fíjate.

182 **RES:** Uno sesenta y seis y medio.

183 **P:** Encogí.

184 **RES-COL:** (RISAS) Sí.

185 **P:** No, porque antes era uno sesenta y ocho.

186 **C:** Pero hace poco non...

187 **P:** Uno sesenta y nueve

188 **C:** Hace muchos años.

189 **RES-COL:** (RISAS)

190 **D:** Claro, pero fíjate, uno sesenta y seis y medio y pesa ciento seis.

191 **RES-COL:** Sí.

192 **D:** Está en obesidad tipo dos, ya casi va a estar en obesidad mórbida.

193 **RES-COL:** Sí, estamos pasadillos.

194 **D:** Es que tienes muchísimo peso, (*nome do paciente*).

195 **RES-COL:** Pero igual se adapta a la plantilla, le va a ayudar tanto para evitar las *complicaciones*

196 de la diabetes en el pie, en la circulación, y le va a ayudar para que pueda caminar tranquilo sin

197 dolor y *empiese* a bajar algo de peso. Entonces la plantilla es importante. En las ortopedias *hasen*

198 estudios gratuitos. Le *hasen* un estudio de marcha y del apoyo del pie. Y eso lo *hasen* gratis. Después

199 la plantilla si le cobrarán, pero el estudio lo *hasen* gratis en las ortopedias. Donde tengan este

200 estudio de apoyo plantar.

201 **C:** Non sei si aquí en (***) darán información...

202 **RES-COL:** No le se desir aquí porque no conosco, pero sí que...

203 **D:** Non cho sei. A verdade é que non cho sei.

204 **RES-COL:** Y le adaptan una plantilla. No es para que compre una plantilla de las hechas de

205 silicona, no, tiene que ser una adaptada al pie.

206 **C:** Si, claro. El otro día dijeron en la tele eso, que nos debían mirar las pisadas y adaptarnos...

207 **RES-COL:** Si, pero esos estudios lo *hasen* en esas ortopedias y le adaptan la plantilla según lo que

208 salga en el estudio.

209 **C:** ¿Y el calzado también?

210 **RES-COL:** Exacto. Si después se adapta bien la plantilla, ya esa plantilla la usa para cualquier tipo

211 de *calsado* que pueda *utilizar*. Y le evita todos estos problemas y le va a ayudar un poquito para que

212 por la *insuficiencia* venosa no tenga los síntomas después de pesades.

213 **D:** Eso casi mellor vai a ser nunha ortopedia, eh? Penso mellor que na farmacia aí, eh?

214 **RES-COL:** Sí, sí.

215 **C:** Si, no, nunha farmacia non van ter pa tanto.

216 **D:** Eso non é...

217 **RES-COL:** Yo sé que lo hacen en (*nombre ciudad más cercana*), pero de aquí no sé. (*nombre*

218 *ciudad más cercana*) es la que queda... En la ortopedia que hay en (*nombre ciudad más cercana*),

219 en diagonal al Policlínico de la (***), hacen el estudio. Y es gratuito y eso. Yo conozco ese sitio que

220 es de...

221 **D:** ¿Y tú cuál dices diagonal?

222 **RES-COL:** Diagonal al Policlínico de la (***), ahí sobre la calle de la (***), ahí hay una *espesie* de

223 ortopedia.

224 **D:** Ah, sí, sí.

225 **RES-COL:** No sé ni como se llama, pero ahí sé que lo *hasen*.

226 **C:** Aí traballou... (()).

227 **RES-COL:** Es en la calle de la (***).

228 **D:** Pois si. Eu creo... Yo creo que es la única que hay allí. En la calle de la (***), sí. ¿Sabes dónde es

229 la (***)?

230 **C:** Si, si sei.

231 **D:** Pois alí cerquiña.

232 **RES-COL:** Pero es gratuito.

233 **D:** Claro, que a lo mejor en otro no te lo hacen, el estudio, y eso es muy importante.

234 **RES-COL:** O si no, hay podólogos que *hasen* también el estudio. Pero hay que buscar un podólogo

235 que sea...

236 **C:** Si, que teña...

237 **D:** Claro...

238 **RES-COL:** Que tenga para pruebas ortopédicas. Que no todos lo *hasen*.

239 **C:** Ya, pero si lo tienen allí en la (***)

240 **RES-COL:** Sí, ahí sé que lo hay, pero eso, cualquiera que...

241 **D:** Es que, a ver, (*nome do paciente*), probablemente si baixaras un poquiño de peso... Pero claro,

242 para eso tamén o que dis ti, tes que empezar a camiñar, pero pouco a pouco. Cada día un pouco

243 máis e incluso repartir, en vez de ir... Pois ao mellor dicir “vou pola tarde unha hora”, reparte. Pois

244 ao mellor media hora pola mañán e media hora pola tarde, ou incluso en tres etapas. Non empeces

245 tampouco de repente a camiñar unha hora. Pois empezas dez minutos, o seguinte día un cuarto de

246 hora... Pouco a pouco. Pero era importante baixar. E probablemente melloraras o do pé. Se algún

247 día tes moita dolor ou para ir a camiñar, tómate un paracetamol unha hora antes.

248 **C:** Pa que lle axude a...

249 **D:** Pa que non che doia o pé. Mira, pode suceder tamén unha cousa, (*nome do paciente*), y é que...

250 no verano, non sei se xa cho explicaría a doutora de vascular, que te hinche máis a perna. Eso é

251 normal e vai a suceder por culpa da variz, vale? Pero bueno. Vale? De momento... Tamén hai
 252 tratamento para as varices, de tomar pastillas. Se podemos escapamos delas porque ti xe a tomas
 253 bastantes. Vale, (*nome do paciente*)? Entonces a ver si..., se conseguimos controlalo, vale? E nada
 254 máis, logo.

255 **RES-COL:** Mira, si me podía dar una firma ahí...

256 **D:** Vale, mira, podías vir sobre... quince días, (*nombre do paciente*)? Para ver se así intentabas
 257 baixar un pouquiño e íbamosche controlando o peso. ¿Qué te parece? Pareceche ben?

258 **P:** Vale, vale.

259 **D:** Digo eu, porque se non vés, seguro que non es capaz a seguir..., a facer tanto a dieta.

260 **P:** Si, si, intentarei facer...

261 **D:** Si? Vale, pois quedamos en quince días. Vale?

262 **RES-COL:** Vale, hasta luego.

263 **D:** Hasta logo.

264 **C:** As verduras tamén pódense comer nas dietas?

265 **D:** Dime, a que?

266 **C:** As verduras, que reteñen líquidos e as ensaladas e así.

267 **D:** Si. Mellor é que tome... Ven, ven, (*nome do paciente*) e cerra un momento. Mira, mellor é que
 268 pola noite tome ou unha ensalada, por exemplo, ou pode botar atún, bonito...

269 **C:** Si.

270 **D:** ...ou ben un filete á plancha ou un pescado cocido... Que evite todo o que leve hidrato de carbono,
 271 por exemplo arroz, pasta, fruta...

272 **C:** Fruta pola noite non?

273 **D:** Mellor pola noite non.

274 **C:** Pola tarde, que a coma pola tarde.

275 **D:** Mellor a última a partir da tarde e logo que non tomes. Pero por exemplo, un filete á plancha e
 276 unha boa ensalada moi ben. Outro día pois como... unhas xudías con un pouco de atún, un pescado
 277 cocido, sin patata, cunha verduriña. Mellor eso a..., pois non sei, a facer un bocadillo, ou facer un
 278 sándwich, ou tomar fruta. Vale?

279 **C:** Porque el come a mediodía e despois ata a noite non toma nada, eu creo que son moitas horas.
 280 Mellor pola tarde que poder tomar? Unha peza de fruta..., pode tomar algún yogur desnatado?

281 **D:** Si.

282 **C:** Porque agora os días tamén son largos e nós cenamos bastante tarde. Vamos pa aldea e ao mellor
 283 hasta as dez... non vimos pa cenar.

284 **D:** Non, non, ten que tomar algo... Pero non te dimos alguha dieta xa de diabetes?

285 **C:** No, no.

286 **D:** No? A ver, o ideal é, sobre todo sendo diabético, cinco comidas ao día.

287 **C:** Cinco comidas, si.

288 **P:** Si, bueno.

289 **D:** E para as dietas cinco comidas ao día. Desayuno...

290 **C:** É o que lle digo eu...Ti espacias demasiado as comidas. E hai que picar máis para non ter esa
291 ansiedá de... Despois ten unha fame que non se da saciado.

292 **D:** Claro.

293 **D:** Sabes outra cousa, (*nome do paciente*), que funciona bastante ben? É comer en plato de postre.
294 Porque así nunca comes demasiada cantidá.

295 **C:** Ter o plato máis pequeno pa velo cheo.

296 **D:** Sí. ¿Por qué no me sale este aquí? Ay, aquí. Es que le quería dar una dieta para la diabetes... Le
297 daremos mil setecientas cincuenta, porque dos mil...

298 **C:** No hospital dábanlle a de oitocentos, pero eso tampouco non é nada.

299 **D:** Es que mil quinientos non te parece moi pouco? Bueno, podemos intentar.

300 **C:** Non, poñédelle a de mil quinientos a ver o que ten. (*Nome do paciente*) tampouco é moi... Usté
301 veo moi *ghordo*, pero non pense tamén que é unha persona que se come un plato de comida, que se
302 come aí carne todos os días, que se come un chuletón... No, non é tanto a comida...

303 **RES-COL:** No, pero ya lo tiene ganado. No es lo del día a día. La cuestión es que ya lo tiene
304 acumulado en el organismo. Para quemar esa grasa nos hase falta ya no lo del día a día, sino dejarlo
305 un poquito...

306 **D:** Claro...

307 **C:** Ir reduciendo.

308 **RES-COL:** Porque no hay equilibrio...

309 **D:** Y sabes... Muchas veces no es comer poco, es comer bien. E ao mellor el come cousas que son as
310 que lle engordan. Por exemplo, a xente moitas veces te di: “aí é que eu non ceno”, ou “non
311 desayuno”. Pero é que o organismo non pode estar tantas horas en ayunas.

312 **C:** Claro, o desayuno é principal.

313 **D:** Claro, porque recurre a las grasas y después esas grasas se acumulan. Entendes? Entonces...
314 Mira, esto é unha dieta que se chama unha dieta abierta. É de mil quinientas e se te fijas vai
315 desayuno, media mañán, comida, merenda, cena. Bueno, esto de antes de acostarte no principio
316 non é necesario. Non, porque si cenades tarde, non. É abierta no sentido de que si te fijas, por
317 exemplo, lle pon á comida: é un plato de verdura, de farináceos, que es lo que es los hidratos de
318 carbono, de proteína y de fruta. Entonces, el mira aquí e di: “bueno, pois hoxe que escollo?”. Pois
319 de verduras podo escoller ou trescentos gramos dalgunha destas, a que queira, ou ben douscentos
320 gramos dalgunha desta, ou cen gramos destos, ou combino. Que el pode combinar a comida como
321 queira, vale? E mira, véñenche aquí unha serie de recomendacións. Mira, vas levar tamén aquí...
322 que estos están muy bien... Mira, son dos carteles que están muy bien, ¿ves? Porque les viene muy
323 clarito de la cantidad de...

324 **RES-COL:** La cantidad que es.

325 **D:** Claro. Dos, y a ver si tengo el de... Porque sobre todo el de la comida, que venía muy bien... Mira,

326 esto es lo que tiene que ser un plato de un diabético. Esto es lo que es la proteína, que es pollo. Esto
 327 es lo que serían los hidratos de carbono, que en este caso yo non sé muy bien se son lentejas ou
 328 fabas, ou garbanzos, bueno, é igual. Y lo que son las verduras. El plato tiene que llevar esta cantidad.
 329 Ya ves, la mitad es de verduras, una cuarta parte de hidratos y un cuarto de proteínas. Esto é así,
 330 moi... Ah. e ti ademais non andas co ordenador, (*nome do paciente*)?
 331 **C:** Si.
 332 **D:** Ah, pois mira, podes entrar nesta páxina e aquí pónente dietas, podes ti xogar como queres
 333 preparar os platos e así tamén te orienta e podes xa preparar a dieta de toda semana, vale? E logo
 334 mira, esto ven a cantidad de hidratos de carbono, pois, por exemplo, tomando esta cantidad de
 335 tostadiñas é esta cantidad. Para que ti vaías sabendo o que é os hidratos de carbono, os refrescos,
 336 que non se deben de tomar...
 337 **C:** Iso non toma nada... solo bebe *aghua*.
 338 **D:** Pero bueno...
 339 **C:** Non quere dicir que un domingo non poida tomar unha cerveza, non?
 340 **D:** Non pasa nada. O que é para o desayuno, pa que máis ou menos sepas as cantidades, vale? E
 341 logo tamén o que é a fruta. Porque así sabes, pois por exemplo, un plátano ten máis azúcar que unha
 342 laranxa, ou que un kiwi... Si entras aquí, axúdache moitísimo. Moitísimo.
 343 **C:** Vale, pois xa miraremos...
 344 **D:** Vale? E verás que ademais se poden facer moita variedade de menús, que non te aburres deles.
 345 **P:** Vale
 346 **D:** Entón vente en quince días, (*nome do paciente*), porque así nos contas si puxetes a plantilla,
 347 como vas, e vamos controlando o peso.
 348 **P:** Vale.
 349 **D:** Pois mira, eu non pensaba que pesaba tanto.
 350 **RES-COL:** Bueno no es... Lo que pasa es que tiene unha contextura gruesa...
 351 **C:** Eles...Tamén seu irmán que ven aquí onda usté, eles teñen unha estrutura super ancha.
 352 Tampouco é dicir que sean unhas personas que coman aí como glotóns, pero a eles todo lles presta.
 353 Todo lle presta.
 354 **D:** No, yo no le echaría ese peso a (*nome do paciente*) pa' nada.
 355 **C:** Eu non é que como moito menos que (*nome do paciente*), porque eu aínda como, pero eu non
 356 estou así.
 357 **D:** Pero móveste máis...
 358 **C:** Si, eu consumo máis...
 359 **D:** E é outra constitución.
 360 **C:** Claro. E iso tamén me axuda.
 361 **D:** Vale, bueno...
 362 **C:** ¡Gracias, hasta luego!

Example 22: Consultation #232

Doctor (D): Dr. C, male, ca. 55 years old. Spanish-dominant speaker. Behavior: Spanish-Galician-Spanish.

Patient (P): Female, unidentified age (chronic diseases typical from an older age, polymedicated). She speaks Galician.

Consultation: Acute leg pain, request for more medication.

Length: 3 minutes and 27 seconds.

- 1 **D:** Ya está grabando...Bien, entonces, ¿para qué es? para...
- 2 **P:** Mire, (()), xa lle dixen que as pernas doíame moito, pero tuven uns cuantos días
- 3 que se me clavaban os cuchillos todos aquí. Iba ao váter, pero despois ao levantarme,
- 4 eu non podía e non podía, andaba arredor e a ver como ía levantarme, porque se me
- 5 clavaban aquí os aqueles. Ahora non teño tanto pero así e todo aquí, aquí,
- 6 teño medo que me suban os trombos pa'riba.
- 7 **D:** El problema...non se pode dar máis tratamento!
- 8 **P:** Xa o sei, por eso, xa dixo.
- 9 **D:** Está tomando los parches de...
- 10 **P:** Todo, todo.
- 11 **D:** Cendanilo
- 12 **P:** Si, si.
- 13 **D:** Os antiinflamatorios, a Lírca, o Tritizol. Non hai máis tratamento!
- 14 **P:** Non hai máis tratamento. E subírame pa'riba os trombos?
- 15 **D:** No, hombre no, a ver, estando co Sintrom, pode estar tranquila, que non...
- 16 **P:** ¡Qué dolor, Dios mío! Para levantarme do cuarto de baño, inon podía!
- 17 **D:** Claro.
- 18 **P:** Mire, e estas, non se podía cambiar? Teño a boca seca todo o día, é como se estivera así...
- 19 **D:** E dorme ben?
- 20 **P:** Durmo!, durmo, que xa sentada, que polo día, séntome na mesa e...
- 21 **D:** A que hora a toma?
- 22 **P:** Á noite.
- 23 **D:** Vamos a cambiarla.
- 24 **P:** A ver se me cambia alghunha que non me dea tanta, que durma, pero non me dea tanto *reasión*.
- 25 ¡Dios mío, ay! Teño a boca hasta escharchada, quédame encarnada, coma (RISAS). Jesús, Jesús.
- 26 **D:** A ver si esta le va un poco mejor, una al acostarse.
- 27 **P:** Ai Jasús! (*O médico teclea no ordenador, imprime un papel e firmao*)
- 28 **D:** a ver si esta le va a un poco mejor. Una al acostarse.
- 29 **P:** A ver se si, ¡ay Dios mío! ¡Ai, Jasús! Séntome e, e durmo en calquera parte. O outro día a (()) e

- 30 por pouco quedaba (()), ((vou *caere*))
- 31 **D:** Una al acostarse.
- 32 **P:** Gracias, doctor. E logho eso, non será de mala...?
- 33 **D:** No, eso es, no es, noo.
- 34 **P:** Como se fora calambre, aí metido, aí, ¡Dios mío!
- 35 **D:** No, ya, eso el, es de la patología que tiene
- 36 **P:** Estoulle dando...
- 37 **D:** Pero no tiene nada que ver con la...
- 38 **P:** Estoulle dando...
- 39 **D:** Con se le vuelve a formar otra trombosis, otra tromboflebitis.
- 40 **P:** Estoulle dando Calmatel, e máis Trombocid, non sei que (()).
- 41 **D:** Eso le ayuda, pero es mucho más fuerte lo que está tomando...y los parches.
- 42 **P:** Ah! pois eso non sei...Pero eu despois de sentada, non hai quen me levante!
- 43 **D:** Ya, pero eso es mucho de artrosis.
- 44 **P:** Uf! Dios mío, bueno, pois pode ser, doctor. Moitas *gracias*, ((non pasa nada)).
- 45 **D:** ¿Vale? Venga, ¡hasta luego!

Example 23: Consultation #169

Doctor (D): Dr. B, male, ca. 60 years old. Galician-dominant speaker. Behavior: Spanish-Galician-Spanish.

Patient (P): Female (Rumanian), unidentified age (she has young children). She speaks Spanish with a limited competence.

Consultation: Results of a blood test and an electrocardiogram. Respiratory problems.

Length: 8 minutes and 56 seconds.

- 1 **P:** Hola, buenos días.
- 2 **D:** Hola, buenos días, siéntate un momentito. ¿Cómo te encuentras?
- 3 **P:** Con tomar el café me siento así un poco mejor. Cuando tomo la café, me siento muy...
- 4 **D:** Bien. El electro es totalmente normal. Esto es normal. ¿La tos, la fatiga?
- 5 **P:** Así un poquito.
- 6 **D:** Pero te bajó mucho, ¿no?
- 7 **P:** Sí, sí.
- 8 **D:** ¿Y comes bien? ¿Desayunas bien y vas comiendo bien?, ¿sí?
- 9 **P:** No, porque ahora me dice la señora asistente de aquí, me dice para no comer mucho, no, no, no
- 10 come. Me dicen para no comer mucho que estoy gorda. Yo no como, solo una vez al día hasta la
- 11 tarde.
- 12 **D:** Pero mira, para no engordar, te conviene más hacer varias comidas al día. Por ejemplo,
- 13 desayunar...
- 14 **P:** Un poco por la mañana.
- 15 **D:** ...comer algo a media mañana porque ya te quita parte de hambre y ya la noche..., o sea, ya al
- 16 mediodía no tienes tanto apetito. Siempre que te levantes de la mesa procura dejar..., no dejar, pero
- 17 echa siempre un par de trozos menos de los que te apetecía comer, o sea, siempre levántate con la
- 18 sensación de que aún comías un poquito más. Y pa' quitar luego esa obsesión que nos entra cuando
- 19 uno tiene hambre, pues, a media tarde, por ejemplo, una fruta, le tomas un poquito de queso, algo
- 20 que metas en el estómago para que te quite. Y cenar, poco. O sea, lo ideal es hacer cinco comidas al
- 21 día. Y media mañana y media tarde, poca cantidad. O sea, nada, es meter algo, pues un..., que
- 22 decimos aquí, un bocadito pequeño, ¿no? Un bocadito pequeño. Luego, tú fíjate, cuanto más te
- 23 muevas, más ejercicio hagas, más calorías gastas. Entonces, al gastar calorías, por ejemplo, no
- 24 puede comer lo mismo una persona que está ocho o diez horas sentada, como estoy yo, por ejemplo,
- 25 a una persona que está ocho o diez horas trabajando en el monte cortando leña, porque esa persona
- 26 consume muchas más calorías que las que consumo yo. Entonces, aunque él coma a lo mejor el
- 27 doble de lo que, como yo, pues a lo mejor engordo yo más que él, comiendo la mitad. Porque él las
- 28 gasta, él las gasta, ¿entiendes? Entonces, tú, yo sé que tienes mucho trabajo en casa y fuera. Porque
- 29 tienes los niños y los tienes que... Pero a veces ese trabajo no es el que más calorías consume. El

30 que más calorías consume es cuando tú haces... Por ejemplo, de una forma cotidiana y todos los
31 días, pues, por ejemplo, andar. Andar deprisa. Y no hace falta de subir cuestas y bajar cuestas, pero,
32 por ejemplo, si tú tienes que hacer varios recados y tal y después ya puedes aprovechar.

33 **P:** Si porque como yo vivo en el cuatro y no tengo... esto, "ascelor"
34 ¿cómo se llama?, yo subió la escalera cuatro o cinco días, cuatro veces...
35 Cuatro, cinco días.

36 **D:** Cuatro veces.

37 **P:** Sí.

38 **D:** Por día.

39 **P:** Hasta la cuatro... Cuando subo a la cuatro, me dice que me muero,
40 no tengo la aire (RISAS).

41 **D:** (RISAS) Mira, hay un anuncio en la televisión...

42 **P:** Sí.

43 **D:** Que dice que no pesan los años, pesan los kilos.

44 **P:** Sí.

45 **D:** Entonces, entre los kilos e que tú andes acelerada e tal, pois...e logo os
46 problemas que tes tu cos bronquios, non sabes? Que tamén che...Mira,
47 tes o aparatíño aquel que che dixer de usar? Cando vexas que che aparece
48 a tos ou que te fatigas moito,

49 **P:** Sí, no.

50 **D:** Pois bótalolo.

51 **P:** Sí.

52 **D:** Bien, primeira noticia é boa noticia: o electrocardiograma é normal.
53 Vamos a ver ahora o resultado do análisis.

54 **P:** Sí.

55 **D:** Tomas algo de alcohol?

56 **P:** Un cerveza, sí, una vez...

57 **D:** Bien, umm, ¿tú estuviste ingresada...?

58 **P:** Sí

59 **D:** ¿Tú de dónde vienes, de Rumanía?

60 **P:** Sí, de Rumanía, mucho, ni una vez, solo cuando...

61 **D:** ¿Estuviste en el hospital en Rumanía?, alguna...

62 **P:** Tenía una vez, una vez de... dos vez cuando se nació a niños, solo sí, solo así,
63 no estoy enferma, no estoy nada.

64 **D:** Nada más, mira, la analítica lo que te da es..., prácticamente toda la analítica
65 es normal, no tienes problemas de anemia.

66 **P:** Sí.

67 **D:** No tienes problemas de sangre roja, ni blanca, ni problemas de azúcar,
68 **P:** Sí.
69 **D:** ni disfunción renal. Sí tienes las transaminasas, que son las pruebas del hígado,
70 muy poquito, pero un poquito altas. Y esto puede estar en relación con el alcohol.
71 **P:** Sí.
72 **D:** Aunque tú dices, bueno, es que yo no me emborracho, no tal, bueno, no es necesario eso, porque
73 hay personas que el hígado, con poco consumo de alcohol, le reacciona y le hace..., se inflama, como
74 si... incluso como si degenerara un poco... Y esa inflamación del hígado incluso te puede aumentar
75 más la sensación de cansancio porque el resto de la analítica es todo normal. Entonces, si te parece,
76 lo que podías hacer era durante, por ejemplo, los próximos seis meses, no tomar ni la cerveza, agua
77 y luego repetimos el análisis. Y si normalmente era por el..., aunque fuera poquito, por el alcohol,
78 eso te mejora. ¿De acuerdo?
79 **P:** Vale.
80 **D:** Agua y nada más.
81 **P:** Si, yo tomo así cerveza cuando es domingo o está una fiesta, un así. No tomo todos los días, todos
82 los días, ¿cómo se dice?
83 **D:** No, tampoco el aumento que tienes de las transaminasas... es muy pequeño, pero... Pero claro,
84 aquí yo pongo el ejemplo siempre: si yo ahora me peso y peso medio kilo de más no es mucho. Pero
85 para pesar veinte kilos de más, primero tengo que pesar medio. Entonces el aumento que tú tienes
86 de las transaminasas es muy leve, es muy pequeño aumento, muy poquito. Pero claro, si eso es
87 derivado por el alcohol, aunque sea poquito el que tomas, y eso para dentro de seis meses en vez de
88 ser ese poquito, es más, ya la cosa cambia. En vez de pesar medio kilo pesas diez de más..., ya no es
89 lo mismo. Entonces, lo que vas a hacer es dejar el alcohol, ese poquito, aunque sea poquito... Dices
90 “bueno, pues no lo voy a tomar” y no lo vas a tomar durante los próximos seis meses. Y después,
91 ahí te vuelvo a hacer otra vez un análisis. Y vemos y dices, mira, te digo yo, “mira (nombre de la
92 paciente), pues ya viste, dejaste estos seis meses y eso se normalizó”. Bueno, pues tú ya sabes que
93 eso depende del alcohol. Y dices, “bueno, pues ya que no me sienta bien, no lo tomo”.
94 **P:** Vale.
95 **D:** ¿De acuerdo?
96 **P:** Vale, gracias.
97 **D:** Venga, cuídate mucho y a ver si bajas un poquito de peso.
98 **P:** Vale, gracias.
99 **D:** Venga, hasta luego.
100 **P:** Hasta luego.
101 **D:** Mira, espera un momentito, por favor. Échame ahí una firma porque estamos grabando...
102 **P:** Sí. ¿Aquí?
103 **D:** Sí. Venga, gracias.

104 **P:** Hasta luego.

105 **D:** Adiós.

Example 25: Consultation #418

Doctor (D): Dr. E, female, ca. 55 years old. Galician-dominant speaker. Behavior: Spanish-Galician-Spanish-Galician-Spanish.

Resident (RES-COL): Female, Spanish speaker.

Patient (P): Female, 84 years old. She speaks Galician. Behavior: Galician-Spanish-Galician-Spanish.

Companion (C): Patient's daughter. She speaks Galician. Behavior: Spanish-Galician-Spanish-Galician-Spanish.

Consultation: Results of blood test.

Length: 19 minutes and 5 seconds.

- 1 **D:** Empieza ahora... Siente (*nombre*). Bueno, (*nombre acompañante*), ¿no leíste ahí..., lo de la... el
2 trabajo? ¿Nos deja tu madre que le grabemos?
3 **C:** yo creo que sí, que te dejará.
4 **D:** (*Nome*), sí, ¿verdá?
5 **P:** Eu que sei (RISAS).
6 **D:** Díganos (*nome paciente*), por que viña hoxe logo?
7 **P:** Hoxe viña a mirar a análise.
8 **D:** Ai, si.
9 **P:** Que me dixeron que tiña anemia.
10 **D:** E quen llo dixo? A filla.
11 **C:** No...
12 **P:** No, o médico.
13 **C:** Díxollo o oculista.
14 **D:** Aaah!
15 **C:** Pero da de sempre, ese pouquiño que ten.
16 **P:** Que dixo que me notaba na vista... E dixo “e logho fai moito tempo que non fai análise?”. E
17 díxenlle “eu fíxeno agora, pero aínda non fun mirar”. “Aínda non foi mirar?”, e dixen eu...
18 **D:** Mira, once con cuatro, el hematocrito... treinta y cuatro con tres. Tampouco... tiene velocidad
19 bien, plaquetas bien... Este es el volumen medio plaquetario...
20 **RES:** Plaquetario.
21 **D:** Esto no lo tenemos prácticamente en cuenta. Ay, tiene muy bien la diabetes, ¿eh?
22 **C:** ¿Sí?
23 **P:** ¿Sí?
24 **D:** Un seis con ocho de glicada, muy bien, muy bien. (*A la residente*) Mira, esto sí que es una de las
25 cosas que tienes que aprender...
26 **P:** Eu si deixa as patacas... (RISAS).
27 **D:** No, pues la tiene muy bien, ¿eh? Muy bien, muy bien. (*A la residente*) Mira, en menores de

28 ochenta años debe de estar la glicada por debajo de siete y medio. Cuantos más factores de riesgo
 29 tiene, cuantas más patologías, más comorbilidad, no hay que ser tan, tan a lo mejor... Está muy
 30 bien, mira qué colesterol, LDL sesenta y uno, de maravilla.

31 **P:** ¿De colesterol bien?

32 **C:** Todo normal, ¿sí?

33 **D:** Bueno, mujer, lo normal es ciento cincuenta y tiene ciento cincuenta y uno.

34 **P:** Ay, pues luego bien...

35 **D:** De maravilla. El LDL al ser diabética, y ella más porque ella tuvo... tiene una cardiopatía
 36 histémica, tiene que tenerlo por debajo de setenta, está a sesenta y uno... Está muy, muy bien,
 37 (*nombre*). Ahora lle miramos os outros. Leucocitos indicios...

38 **P:** Eses siempre os tiña altos. Tiña trescentos ou quinientos...

39 **D:** A ver cómo está en el anterior... Ah, pero ahora cóidase máis...

40 **P:** Si, un pouquiño máis.

41 **D:** (*A la residente*) Mira, está mejor ahora.

42 **RES:** Sí.

43 **D:** Tenía el hematocrito treinta y tres con seis, (*Nome acompañante*) y ahora tiene treinta y cuatro
 44 con tres. O sea que subeu. Es que mejoró...

45 **C:** O sea que la anemia tiene lo de siempre...

46 **D:** Nada, lo de siempre. No, incluso mejor, ¿eh?

47 **C:** ¿Sí?

48 **D:** Mira, aquí ya se le pidiera hierro, fólico, B12... Está muy bien, ¿eh?

49 **P:** ¿Sí?

50 **D:** Muy bien, (*nombre*), muy bien.

51 **P:** ¿Y eso luego que me dijo este médico?

52 **D:** Nada.

53 **P:** ¿Nada?

54 **D:** Nada, nada. (*A la residente*) Pues mira, esta señora está con el Efficib.

55 **RES:** Ya.

56 **D:** Porque ahora ya como ya te suena...

57 **RES:** Si (*risas*).

58 **D:** Que la (()) era Metformina, y a mayores tiene una Sulfonilurea que es la Gliclazida. A mí no
 59 me gusta mucho usar la Sulfonilurea a mayores por las hipoglucemias. Pero bueno, ella nunca tuvo
 60 ninguna...

61 **RES:** Sí, que no...

62 **D:** Solo toma una al día...

63 **P:** ¿De cuál?

64 **D:** Del que era antes el Diamicron. Acórdase, non?

65 C: Glica... Glicazida, no?

66 D: Glicazida.

67 C: Glicazida.

68 D: Solo toma una.

69 P: Tomo dos, una a la mañana y otra a la noche. ¿No era?

70 D: No, a outra, a outra.

71 C: Esa é a metformina.

72 D: É a que toma... A grande é a que toma dúas veces ao día.

73 C: Si, esa colorada, non?

74 P: E a pequena unha.

75 D: Unha, ya está. Con este control tan bueno...

76 P: Que era? Diamicron?

77 C: ¿Y el Sicalib no se le podrá retirar ahora?

78 P: ¿El qué?

79 D: Pero igual le suben los triglicéridos, (*nombre paciente*)

80 C: ¡Ah, vale! Yo pensé que el Sicalib iba a ser una temporada para hasta que volviese a...

81 D: Hombre, podemos hacer la prueba.

82 P: No, a ver si me está ben así (*RISAS*)

83 C: (*RISAS*)

84 P: Eu queroos quitar os medicamentos. Quen me dera non os tomar!

85 D: Claro, mira, tiene trescientos noventa y dos, eh...de triglicéridos.

86 P: Todos os médicos se extrañan de tanto medicamento, xa me din que teño bastante.

87 D: Sí, pero...

88 P: E eu (*RISAS*) si, pero todos fan falta.

89 D: Mire estos...Hombre, a lo mejor se podría sacar la Gliclacida, porque tiene

90 muy buen control diabético. La del colesterol la tiene que tomar.

91 RES: ((Ahí juegas ahí con))

92 D: El parche lo tiene que poner. El Secalib, claro, por el tema este...

93 El Ladiro lo tiene que tomar, el de la tensión también. A ver, a que lle

94 podíamos empezar a baixar un pouquiño...Mira, el Motilium, ¿lo está tomando?

95 C: No.

96 D: ¡Ah! Una ya que le sacamos de delante. Espera, una...

97 P: Cal me quere quitar?

98 C: O motilium é o do estómago, mamá, non o tomas.

99 P: Ai, no!

100 D: No, no, a que decía que podríamos ao mellor intentar sacarlla era a que toma

101 para a depresión.

102 **P:** Si, pero esta temporada no.

103 **D:** No, no.

104 **C:** No, porque estamos con (*nombre*), mi cuñada, la hija de (*nombre*).

105 **D:** ¡Ay! es que nunca me acuerdo que es tu madre.

106 **C:** Son consuegras.

107 **D:** Claro.

108 **P:** No quiero.

109 **D:** No.

110 **P:** Estoy mal, mira, hasta estoy así moviendo los dientes.

111 **D:** No, no, no, no, no, no.

112 **P:** No, no, esa ahora en este momento, no.

113 **D:** No, es que claro, (*nome paciente*), sacar non lle podemos sacar nada.

114 ¿La Lírca la está tomando?

115 **C:** Una a la noche.

116 **P:** Una a la noche.

117 **D:** ¿Y la toma siempre?

118 **P:** Siempre.

119 **D:** Es que, hija, revisando...Mira, el Tubiac también le hace falta,

120 porque tiene una incontinencia urinaria.

121 **P:** ai!, esa si que me fai falta.

122 **D:** Y le va bien.

123 **C:** Si, si.

124 **P:** Me va estupendamente.

125 **C:** De hecho, fuimos a urología, no sé si te lo había comentado. Le dijeron que

126 va a tomarla siempre, claro.

127 **D:** Que va a tener que tomarla siempre, claro.

128 **P:** Si.

129 **C:** Ella tiene la malla, tal...

130 **D:** Anda bastante, (*nome da paciente*)?

131 **P:** Nada.

132 **D:** E que mire, se anduvera un pouco, poderíamoslle sacar unha da diabetes.

133 **P:** Pero sabe o que me pasa, que me *empésame* a doer aquí deben ser as caderas ou

134 non sei o que, un dolor! *Fagho* unha cama e sufro a *faser* esa cama, e máis varrer.

135 **C:** Mamá, pero o de andar,

136 ahora levas un montón sen andar.

137 **D:** Pero é distinto andar que facer a cama.

138 **C:** Entonces...

139 **RES:** Sí, el esfuerzo es distinto que ahí está forzando la postura, pero caminar le viene bien
140 para que todos los músculos se relajen y para que...

141 **P:** Claro.

142 **RES:** Y eso le hace descansar mejor y duerme mejor de noche si tiene algo de actividad.

143 **D:** [*Habla por teléfono*]

144 **P:** No duermo mucho de noche.

145 **RES:** Por eso, si hace un poquito de actividad física está más cansada
146 y descansa mucho mejor.

147 **P:** Sí, pero yo creo que es por los *esfuersos*.

148 **RES:** Por el estrés.

149 **P:** De noche que no duermo, muchas veces.

150 **D:** Claro, pero lo que está diciendo ella.

151 **P:** Hay noches que duermo bien.

152 **D:** (*Nombre paciente*), si usted anduviese un poquito, todos los días
153 llegaba más cansada a casa y descansaría mejor. Si descansa mejor,
154 se levanta mejor, porque claro, si anda a vueltas en cama se
155 levanta una ya ((p'allá)).

156 **P:** Sí, eso es lo que tengo.

157 **C:** Y ese dolor que se le pone ahí en las caderas yo creo que es
158 cuando está tiempo, haciendo algo así, derecha.

159 **RES:** La postura.

160 **D:** Claro.

161 **P:** ¡Ah! Eso cuando, cuando estoy derecha haciendo la comida.

162 **C:** Y ella dice la ingle y se pone ahí.

163 **P:** O planchando, ahora planchar, ya plancha ella. Me viene ahí un dolor
164 en la *ingla*, ipuf!, en las dos ¿eh? Pero más en esta, en la *isquierda*,
165 ¡un dolor! Pero me tengo que sentar que me duele y más estoy cansada.

166 **D:** Claro, pero mire, no es lo mismo ir a andar.

167 **P:** Sí.

168 **D:** Sobre todo por llano que estar parada, trabajando es que eso sí.

169 **P:** Claro.

170 **D:** Que no le conviene porque lo ideal era incluso era que cuando esté
171 cocinando pues que, se mueva un poquito de vez en cuando, que no haga
172 una cosa de estar todo el tiempo parada.

173 **P:** Sí.

174 **D:** Y debiera de todos los días salir.

175 **P:** Salir.

176 **D:** Todos los días, ponerse como objetivo, como obligación salir.

177 **P:** Sí, ahora, ahora en el verano voy salir.

178 **D:** No puede empezar de no salir, pues ir a caminar mucho rato, va cada día un poquito más, hasta

179 que ya coja el ritmo.

180 **P:** Claro.

181 **D:** Es que, si ella saliera, anduviese, sí podríamos intentar sacarle una de la diabetes. Que es la

182 Gliclazida. Porque con un control tan bueno podríamos intentarlo.

183 **C:** Mhm.

184 **D:** Pero claro, se tiene que comprometer usted.

185 **P:** No, yo ahora en el verano voy a ir. Me voy levantar más temprano, y..., me levanto a las diez y ya

186 (RISAS).

187 **D:** Se levanta muy tarde.

188 **C:** Sí. Si la dejo... (RISAS).

189 **P:** (Risas) Porque a la mañana es cuando mejor estoy. Porque estoy a vueltas a vueltas...

190 **D:** Cojes cuerda.

191 **P:** ...y cojo el sueño y...

192 **D:** Pues podría intentar, ¿eh (*nombre*)?

193 **P:** Sí, no, voy a intentar. Sí. Ahora de verano voy a intentar.

194 **D:** Porque si anduviera más, empezara a coger el...

195 **C:** ...se encuentra a algún vecino...

196 **D:** Le venía estupendo, sí. Y habla, se distrae...

197 **P:** Sí, eso fue lo que me dijo esta. Que hablo y que encuentro a unos, a otros...

198 **D:** Efectivamente, y tiene toda la razón.

199 **C:** Siempre ahí con nosotros, metida en casa y solo sale cuando va con nosotros.

200 **D:** No, no puede ser.

201 **P:** Sí, si voy a un sitio o si voy a la de (*nombre*). A la de mi hijo también.

202 **D:** Pues mire, tiene que salir, pero salir a pasear. Y hablar con la gente.

203 **P:** Mhm.

204 **D:** Y entonces intentábamos bajarle la Gliclazida.

205 **C:** Yo creo que sí.

206 **D:** Que no la tomara ahora una temporada y vemos cómo va.

207 **C:** Bien.

208 **D:** ¿Vale? Tú te acuerdas, ¿no, (*nombre acompañante*)?

209 **C:** Sí, sí.

210 **D:** Te la voy a..., bueno, aún le queda alguna. ¿Sabes qué puedes hacer? No sé si así se acordará.

211 Que tomara una un día sí, un día no.

212 **C:** ¿Un día sí, un día no?

213 **D:** Claro, hasta que las termine.

214 **C:** Bien.

215 **D:** Cuando las termine, paramos. De momento. ¿Vale?

216 **C:** Mhm.

217 **D:** El resto sí lo tiene que tomar.

218 **C:** Vale, bien.

219 **D:** Que bueno, la Atorvastatina... ¿Y esto que pasó, que no me...? Así, ya está. Me parece que...

220 espera.

221 **RES:** ¿La dieta la lleva? ¿Está comiendo bien?

222 **P:** Sí.

223 **C:** Sí, no... Ella lo que se pasa un poquito es la patata, le gusta mucho la patata cocida.

224 **RES:** Pero el resto no..., grasa no...

225 **C:** No, grasa no, no.

226 **P:** Estamos tomando verdura, fruta. Estoy tomando una pechuga a la plancha. Estamos así

227 comiendo.

228 **D:** (*Á residente*) ¿Ves? Ahora hay una Atorvastatina de treinta. En vez de cuarenta. Porque a lo

229 mejor sí que le podríamos bajar. Porque ella está con cuarenta.

230 **C:** Pastillas para...

231 **D:** Para el colesterol. Es la del colesterol. Es que está con sesenta y uno de LDL. Lo tiene muy bajito,

232 o sea, muy bien. ¿Come muchas cosas fritas? ¿O guisadas? ¿O más bien cocidiñas a la plancha?

233 **P:** No, pocas. Así de un día tal cual, pero largo, no.

234 **D:** Por bajarle un poco así la dosis. Porque la verdad, con lo bien que está...

235 **C:** Pues sí, sí.

236 **P:** Ahora estamos las dos solas y para nosotras verdura con... o con huevo cocido, o con bisté a la

237 plancha... Así.

238 **D:** Pues mira, le vamos a... A ver. Tú que tome ahora la Gliclazida día sí, día no...

239 **C:** Día sí, día no.

240 **D:** Y luego la dejamos.

241 **C:** Las pastillas que tiene en casa

242 **D:** Sí, no coge más. Y la Torvastatina se la vamos a cambiar a treinta.

243 **C:** A treinta. Entonces...

244 **D:** Y vemos cómo va.

245 **C:** Ya la siguiente ya le... ya coge la de treinta.

246 **D:** Claro, cuando termine esta ya coge la de treinta. El resto tenemos que dejárselo.

247 **C:** ¿Y cuánto tiempo tenemos que probar? Para acordarme yo de la analítica... para hacer la analítica

248 ahora.

249 **D:** Pues mira, le damos un poquito menos. En vez de los seis meses, por si acaso, sobre... Pues para

250 septiembre, por ejemplo.

251 **C:** Principios de septiembre...

252 **D:** ¿Vale? (*A la residente*) Mira, ¿ves? Este ya va crónico.

253 **RES:** Sí...

254 **D:** Bueno, uno cada veinticuatro y... Ah, bueno, espera, le creamos prescripción y ahora le activamos

255 todo hasta septiembre. Ahora si le quieres activar todo, vas aquí a “Pensionista”, “Receitar en

256 bloque” ... Esto es un crónico, ¿eh? Que por eso te sale. Bueno, tiene hasta primero de junio.

257 **RES:** De julio.

258 **D:** De julio, y total este no nos deja. Mira, entonces le vamos a poner dos meses y después, (*nombre*

259 *acompañante*), no hace falta que vengas. Pides consulta telefónica.

260 **C:** Ah, y me activas.

261 **D:** A primeros de julio y te lo activamos, ¿vale?

262 **C:** Vale.

263 **D:** Es que mira, ahora resulta que el Opirén, que es Lansoprazol, este no lo dejan prescribir más

264 que... El resto le puedes dar un año. Solo tres meses.

265 **RES:** Ya.

266 **D:** Entonces tiene que andar llamando. Entonces mejor, te queda pa’ primeros de julio todo. Pides

267 cita, consulta telefónica. Te llamamos y ya nos dices: “actívale”, y ya está, ¿vale?

268 **C:** Vale. Entonces para activar llamo... Ya sabes tú, ¿no? Lo que es.

269 **D:** Sí. Ya está, tú dices así y listo.

270 **P:** Mira, ¿tengo para mucho tiempo?

271 **D:** Hasta primeros de julio.

272 **P:** ¿De junio?

273 **D:** Sí, que es lo que le estamos diciendo a (*nombre*).

274 **C:** Julio, julio.

275 **P:** ¿Julio? Ay, bueno.

276 **D:** No, junio ya está ahí a la puerta.

277 **P:** Sí. Mira una cosa.

278 **D:** Diga, (*nombre paciente*).

279 **P:** Estoy tomando para ir al baño.

280 **D:** Sí.

281 **P:** Y lo estoy tomando seguido. ¿Puedo tomarlo seguido? Pero tomo una cucharada a la mañana.

282 **D:** ¿Qué es lo que toma?

283 **C:** Duphalac.

284 **D:** Sí, puede tomarlo, ¿eh?

285 **C:** ¿Sí?

286 **D:** Es lactulosa.

287 **P:** Ya hace mucho tiempo que lo estoy tomando. Por eso le digo.

288 **D:** ¿Y toma bastante verdura?

289 **C:** ¿Sabe qué está tomando también?

290 **P:** ¿Verdura? A mí la verdura casi me...

291 **C:** Semillas de lino.

292 **D:** Te lo iba a decir. ¿Y no le va bien?

293 **C:** Lo que pasa es que ella lo toma... molidas. Claro, la semilla de lino sería mejor tomar que hiciera

294 el mucílago, ¿no?

295 **D:** Sí, lo que pasa es que a veces les cuesta trabajo.

296 **C:** Claro.

297 **D:** Porque es un poco incómodo, la verdad.

298 **P:** Es, es.

299 **D:** Aunque sea molida le vale, ¿eh?

300 **C:** También me ayudó a lo del colesterol y eso, ¿eh?

301 **D:** Pues sí. Mira, es que, si tomara eso, semillas de lino, también... puede, no sé si es capaz en

302 ayunas, tomarse un poquitito así de aceite de oliva, una tostadita con un chorrito de aceite de oliva.

303 **P:** Ah, eso lo hacemos también muchas veces.

304 **C:** Eso tomamos a la cena, sí.

305 **D:** Tomar mucha verdura, mucha fruta..., sobre todo, pues, kiwi, naranja...

306 **P:** Pero mucha fruta no puedo tomar también. Tomar dos o tres al día.

307 **D:** Hombre, tres puede tomar. Tres puede tomar, (*nombre paciente*).

308 **P:** Pero dos ya las tomo en el desayuno.

309 **C:** Bueno, despois tomas unha a media tarde, porque á mañán xa non da tempo a facer media

310 mañán.

311 **D:** Claro, no, no, a usted non lle da tempo. Realmente ten razón... (*Nome acompañante*).

312 **P:** Nada (*RISAS*).

313 **D:** Mire, non pasa nada porque tome o Duphalac. Pero bueno, si conseguira facer de vientre sin

314 nada, moito mellor.

315 **C:** Moito mellor, claro.

316 **P:** No, pois quixera eu, pero... nada.

317 **D:** ¿Vale?

318 **RES:** Venga, firma aquí...

319 **P:** ¿Cómo?

320 **RES:** Una firma ahí.

321 **P:** ¿Dónde?

322 **RES:** Acá arriba.

323 **C:** Y el próximo análisis para septiembre.

324 **D:** Sí. Llama, (*nombre acompañante*), la primera semana de julio.

- 325 C: La primera semana, sí, vale.
- 326 D: ¿Vale?
- 327 C: Y yo tengo que venir también el quince.
- 328 D: Sí.
- 329 C: Bueno, el quince termino con...
- 330 P: Uy.
- 331 D: Sí, sí.
- 332 C: Porque termino... Porque estoy retirando el (()), ¿te acuerdas?
- 333 D: Sí.
- 334 C: Para ver qué hago después, porque después me quedo con siete y medio.
- 335 D: Sí, después hay que bajar a cinco.
- 336 C: ¿Y puedo llamar, ya arreglamos, ¿no?
- 337 D: Sí, sí, sí, me llamas y ya está, mujer.
- 338 C: ¿Sí? Vale.
- 339 D: Haz igual, pides consulta telefónica y listo.
- 340 C: Así ya no tengo que andar con el coche pa arriba, pa abajo...
- 341 D: Sí, no te preocupes, sí, sí, hacemos así, sí, perfectamente.
- 342 C: Vale. Pues ya te digo luego para llamar.
- 343 D: Vale. A seguir así de bien, pero salga un poquito más.
- 344 P: ¿Que salga un poquito más?
- 345 C: Claro. Cos da túa edad, ¿eh? Non con nós. Cos da túa edad. (RISAS)
- 346 D: Eso, eso. Tiene razón (*nombre paciente*), no, no.
- 347 C: Eu ca miña edá...
- 348 D: Pois ten que falar ca xente da súa edad, que comparte cousas, sí.
- 349 C: Claro, cos veciños, que son así de súa edad... É o que lle digo, vas andando...
- 350 P: Bueno...
- 351 D: Diga, (*nome paciente*).
- 352 P: Queríalle *preguntar* o do... que me di do de (***).
- 353 D: Pues no le puedo decir nada, porque yo no lo sé con exactitud y además a quien se lo tiene que
- 354 preguntar es a ella.
- 355 C: Mamá, ¿qué quieres que che diga si xa sabemos todo?
- 356 D: Sí, si sanará ben.
- 357 C: Home, eso esperámolo todos.
- 358 D: A ver, mire, (*nome paciente*).
- 359 P: Sí.
- 360 D: Hai que pelear, hai que intentarlo.
- 361 P: Ai, eso si, claro.

- 362 D: Pois logo, hai que poñer todo o que faga falta.
- 363 P: Ai, eso si... Eu que sei.
- 364 D: Y confiar y ser optimista y sobre todo ante ella.
- 365 P: Ay, eso, ante ella sí. Sí. Ante ella estamos todos.
- 366 D: Claro. Porque ya ella...
- 367 P: Yo ya le digo que tiene que *salire...*, con las niñas, con su marido y a divertirse y todo.
- 368 D: Pues sí, sí. Sí, sí. Y echarle una mano todo lo que se pueda.
- 369 P: Ay, sí, ya. Ahora ya va a donde ella. Ayer estuvimos allá también a la tarde un poco.
- 370 D: Animarla lo más posible.
- 371 C: Sí, no...
- 372 D: No queda otra.
- 373 C: No hay más.
- 374 D: Y tener esperanza de que se va a poner bien.
- 375 P: Yo lo que tengo miedo es a la... la quimio.
- 376 C: Pero eso hay que pasarlo.
- 377 D: A ver, (*nome paciente*), mire, agradable no va a ser.
- 378 P: No. Yo lo sé.
- 379 D: Eso ya lo sabes. Pero no le queda otra.
- 380 P: Sí.
- 381 D: Entonces, como no le queda otra, hay que pelear como sea.
- 382 P: Como sea. Bueno, no esperábamos esto y...
- 383 D: No, no, ya, bueno, ¿pero que quieres? Ao que lle toca...
- 384 P: Muchas gracias.
- 385 C: Yo como tengo ya tantas amigas ya digo bueno...
- 386 D: Sí, otra más, ¿verdad?
- 387 P: Sí, bueno.
- 388 C: Sí, hoy en día...
- 389 P: Hoy en día es horrible.
- 390 D: Está a la orden del día, sí.
- 391 P: Y aquí un niño que hay también, que está el pobriño malito... de catorce anos...
- 392 D: No sé quién es.
- 393 P: Ya sabes, ¿no? Bueno. Bueno, venga.
- 394 D: Fuerza a todos. Hasta luego.
- 395 C: Hasta luego.

APPENDIX C - INTERVIEWS WITH DOCTORS (DO&HF, 2014)

Original Template (Spanish)

1. DATOS GENERALES

- Nombre y apellidos
- Formación
- Años que lleva como médico(-a)
- Años que lleva en este centro médico
- ¿Consideras que este centro de (lugar) es característico de zona rural?
- Especialidad médica, si alguna
- ¿Tiene todo tipo de pacientes o un grupo en particular (por edad, tipo de enfermedad, etc.)?
- ¿Cuánto tiempo tienes asignado para cada paciente?

2. FORMAS DE TRATAMIENTO

- ¿Tratas a los pacientes de tú o de usted?
- ¿Qué trato utilizan en su mayoría los pacientes contigo?
- ¿Ves ventajas a usar esa forma de tratamiento?
- ¿Ves inconvenientes al tipo de tratamiento?
- ¿Y ellos a ti?
- ¿Este es el tratamiento que prefieres?
- Si un paciente te trata por (la forma menos deseada), ¿lo dices algo?
- ¿Varían las formas de tratamiento según la persona?
- ¿El tuteo se desarrolla dentro de la consulta o entre consultas?
- ¿Ves ventajas al uso de estas formas de tratamiento?, ¿ves inconvenientes al tipo de tratamiento?
- ¿Para ti, el respeto que un paciente puede tener por un médico se refleja en la forma de tratamiento?
- ¿De qué otras maneras percibes que el paciente manifiesta un respeto por ti como médico?
- ¿Cuáles son esos signos?
- Si no muestra respeto, ¿cómo reaccionas?
- ¿Hay ocasiones en que percibes que no hay ese respeto? (ejemplos)
- ¿Hablas normalmente en gallego o castellano?
- ¿Te ayuda a acercarte al paciente?

3. DESARROLLO DE LA COMUNICACIÓN DURANTE LA CONSULTA

- ¿Nos puedes contar cómo se desarrolla una consulta habitual tuya (desde que el paciente entra hasta que se va)?
- Si el paciente viene con muchas explicaciones, ¿hay ocasiones en que tienes que cortar la conversación por causa del tiempo?
- ¿Qué dices en esos momentos?
- ¿Hay personas que insisten en continuar?

- ¿Cómo sabes cuándo cortar al paciente?
- Sabemos que cuentas con muy poco tiempo para cada consulta y tienes que ser muy efectivo(-a).
- ¿Tienes algún truco comunicativo para resolver esa limitación?
- Hoy el paciente tiene mucha información a través de internet ¿Qué influencia tiene luego en la consulta?
- ¿Vienen muchos pacientes con listas de preguntas u otras evidencias de una preparación para la consulta?
- En cuestionarios dados a pacientes, una pregunta habitual es si el médico involucra al paciente en la decisión del tratamiento que se va a seguir. ¿En qué circunstancias es esto importante?
- ¿Hay enfermedades en que esta opción no es conveniente?
- ¿Eres partidario de involucrar al paciente en la decisión del tratamiento que se va a seguir? ¿En qué circunstancias es esto importante?
- Llegando al momento de indicar el tratamiento (medicamento u otros tipos de tratamiento), ¿hay pacientes que cuestionan / rechazan el tratamiento que propones?
- En general, en cuanto a los medicamentos, ¿hay mayor incidencia de pedir más medicamentos o de pedir menos?
- ¿Qué dicen en ese momento?
- ¿Y cómo les respondes?
- ¿Puedes contarnos un ejemplo de cuando querían más medicamentos o tratamiento y otro de cuando rechazan los medicamentos?
- ¿Resulta práctico recetar placebos
- ¿Vives situaciones donde el paciente quiere hacer valer su opinión o actitud personal? (ejemplos)
- ¿Cómo llevas esos casos?
- ¿Cómo recibe una negativa del paciente al tratamiento que le receta?
- ¿Esperas un acuerdo por parte del paciente antes de terminar la consulta?
- (Más específicamente, ¿qué tipo de comentarios esperas tener del paciente?)
- ¿Hay un proceso de negociación entre médico y paciente para llegar a la determinación del tratamiento?
- Cuando tú tratas de poner un tratamiento y el paciente no responde positivamente a tu propuesta, ¿cuáles son tus estrategias para conseguir su aceptación o su colaboración?
- ¿Qué dices para cerrar la consulta?
- Después de la consulta, cuando escribes el historial, ¿crees importante anotar si el paciente rechazó o intentó rechazar el tratamiento que propusiste?
- ¿El rechazo acaba por tener un efecto negativo sobre tu comunicación con ese paciente?
- Se dice que la práctica de la medicina es tanto una ciencia como un arte. ¿Es ese el caso de la comunicación médico-paciente?
- Factores de comunicación: empatía, experiencia y formación. ¿Cuál valoras más?

4. PREGUNTAS ESPECÍFICAS SOBRE LOS ANTIBIÓTICOS

Nuestro proyecto parte de un proyecto de mayor escala sobre la resistencia a los antibióticos en seres humanos y en animales. Por ello, queremos plantear algunas cuestiones con este enfoque especial.

- ¿Cuál es tu actitud profesional ante la administración de antibióticos?
- En el proceso diagnóstico del paciente, ¿hay síntomas o factores que apuntan inmediatamente a la necesidad de antibióticos?
- ¿Cuáles son?

- ¿Son factores únicos e individualizados o conjuntos de síntomas?
- Cuando tienes dudas de si la receta de antibióticos va a solucionar el problema, ¿qué factores entran en tu decisión?
- ¿Hay factores que pueden condicionar tu decisión? La edad, historial médico, ¿otras cuestiones sociales...?
- Los pacientes que piden el antibiótico, ¿cómo lo hacen, o sea, qué argumentos te dan?
- ¿Hay argumentos más válidos o persuasivos que otros?
- Si como médico sabes que los antibióticos no van a solucionar el problema, ¿cómo se lo dices al paciente?

5. TEMAS GENERALES (FACTORES PSICOSOCIALES Y CULTURALES)

- En general, ¿siente que el paciente muestra respeto hacia usted como médico?
- ¿Cómo se manifiesta ese respeto? (¿puede dar ejemplos?)
- En general, ¿tiene usted la impresión de que los pacientes se fían de su médico?
- En el caso de pacientes conocidos por usted, ¿establecen él y usted lazos de cercanía y confianza? ¿Por qué? (¿puede dar ejemplos?)
- ¿Le parece positivo que así sea o prefiere guardar distancias con el paciente?
- ¿Cómo se manifiesta la confianza? (¿puede dar ejemplos?)
- ¿Eres partidario de ejercer una autoridad sobre el paciente?
- ¿Cuándo y por qué te parece necesario?
- En tu experiencia u opinión, ¿es complicada la comunicación médico-paciente? (si lo es) ¿Cuál es en su experiencia, la parte más complicada?
- ¿Trabajas con médicos residentes?
- ¿La comunicación médico-paciente es problemática para ellos?
- ¿Qué tipo de consejos les das (cosas que, basadas en tu experiencia, son para ti son fundamentales)?

Template (English Translation)

1. GENERAL INFORMATION

- Name and surname
- Education
- Years as a medical doctor
- Years at this medical center
- Do you consider this center in (location) to be characteristic of a rural area?
- Medical specialty, if any
- Do you treat all types of patients or a particular group (by age, type of illness, etc.)?
- How much time do you allocate for each patient?

2. TREATMENT FORMS

- Do you address patients informally (using "tú") or formally (using "usted")?
- What form of address do most patients use with you?
- Do you see advantages in using this form of address?
- Do you see any disadvantages to this type of treatment?
- And how about from their side?
- Is this the treatment approach you prefer?
- If a patient addresses you in the least preferred form, do you mention it?
- Do treatment approaches vary depending on the person?
- Does informal addressing develop within the consultation or outside of it?
- Do you see advantages to using these treatment approaches? Any disadvantages?
- Do you believe that a patient's respect for a doctor is reflected in the treatment approach?
- In what other ways do you perceive a patient showing respect for you as a doctor?
- What are those signs?
- If they don't show respect, how do you react?
- Are there occasions where you perceive a lack of respect? (examples)
- Do you normally speak in Galician or Spanish?
- Does it help you to connect with the patient?

3. DEVELOPMENT OF COMMUNICATION DURING THE CONSULTATION

- Can you describe how a typical consultation unfolds (from when the patient enters to when they leave)?
- If the patient comes with a lot of explanations, are there times when you have to cut the conversation short due to time constraints?
- What do you say in those moments?
- Are there people who insist on continuing?
- How do you know when to interrupt the patient?
- We know you have very little time for each consultation and need to be very efficient.
- Do you have any communication tricks to address this limitation?
- Nowadays, patients have a lot of information through the internet. What influence does this have on the consultation?
- Do many patients come with lists of questions or other evidence of preparation for the consultation?

- In patient questionnaires, a common question is whether the doctor involves the patient in the decision-making process regarding treatment. In what circumstances is this important?
- Are there diseases where this option is not advisable?
- Are you in favor of involving the patient in the decision-making process regarding treatment? In what circumstances is this important?
- When it comes to prescribing treatment (medication or other types of treatment), do patients question/reject the treatment you propose?
- Generally, regarding medications, is there a higher incidence of requesting more medications or requesting fewer?
- What do they say at that moment?
- And how do you respond?
- Can you give us an example of when they wanted more medication or treatment and another when they rejected the medication?
- Is it practical to prescribe placebos?
- Do you encounter situations where the patient wants to assert their opinion or personal attitude? (examples) How do you handle those cases?
- How do you receive a patient's refusal of the prescribed treatment?
- Do you expect an agreement from the patient before ending the consultation?
- (More specifically, what kind of comments do you expect from the patient?)
- Is there a negotiation process between doctor and patient to determine the treatment?
- When you propose a treatment and the patient does not respond positively to your proposal, what are your strategies to gain their acceptance or cooperation?
- What do you say to conclude the consultation?
- After the consultation, when you write the medical record, do you think it's important to note if the patient rejected or tried to reject the proposed treatment?
- Does rejection end up having a negative effect on your communication with that patient?
- It is said that the practice of medicine is both a science and an art. Is this the case for doctor-patient communication?
- Communication factors: empathy, experience, and education. Which do you value most?

4. SPECIFIC QUESTIONS ABOUT ANTIBIOTICS

- Our project is part of a larger-scale project on antibiotic resistance in humans and animals. Therefore, we would like to address some questions with this special focus.
- What is your professional attitude towards the administration of antibiotics?
- In the patient's diagnostic process, are there symptoms or factors that immediately point to the need for antibiotics?
- What are they?
- Are they unique and individualized factors or sets of symptoms?
- What factors influence your decision when you're unsure if prescribing antibiotics will solve the problem?
- Are there factors that could condition your decision? Age, medical history, other social issues...?
- How do patients who request antibiotics present their arguments?
- Are some arguments more valid or persuasive than others?
- If as a doctor you know that antibiotics will not solve the problem, how do you convey this to the patient?

5. GENERAL TOPICS (PSYCHOSOCIAL AND CULTURAL FACTORS)

- In general, do you feel that patients show respect towards you as a doctor?
- How is that respect manifested? (Can you give examples?)
- Overall, do you feel that patients trust their doctor?
- In the case of patients you know, do they and you establish bonds of closeness and trust? Why? (Can you give examples?)
- Do you think it's positive for this to happen, or do you prefer to maintain some distance from the patient?
- How is trust manifested? (Can you give examples?)
- Are you in favor of exerting authority over the patient?
- When and why do you think it's necessary?
- In your experience or opinion, is doctor-patient communication complicated?
- (If it is) What, in your experience, is the most complicated part?
- Do you work with resident doctors?
- Is doctor-patient communication problematic for them?
- What kind of advice do you give them (things that, based on your experience, are fundamental to you)?

Transcriptions

Interview 1: DR. A

DR. A: Interviewed doctor

E1: Interviewer 1

E2: Interviewer 2

[Inicio de la entrevista con datos personales del médico, su trayectoria personal e información sobre la clínica en la que trabajan. Se ha eliminado de la transcripción debido a la protección de datos personales.]

E1: ¿Hay algunos rasgos sociológicos de tus pacientes en cuanto a edad, educación, sexo?

DR. A: Vamos a ver, yo, lo que es el trabajo, son dos poblaciones distintas los que he tratado. La gente de la costa, digamos esto que no es costa, pero casi se puede decir interior, aunque la costa está aquí a (***) kilómetros, es completamente distinto. Cuando me refiero a la costa no me refiero a la ría, sino gente ya costada a muerte, muros, que es completamente distinta. La gente aquí en este sitio formalmente es mucho más educada, no sé si es por los hábitos de la agricultura, que igual tienden a... Pero bueno, en la costa la gente tiende a ser más tosca, descortés, maleducada, bueno, es distinto. De hecho, si quieres os comento una anécdota de una compañera que vino a trabajar, toda su formación era de (*ciudad*), que es en el interior de Galicia, y fue a trabajar a (*pueblo costero*), que era el centro de salud que estaba trabajando yo en ese momento. En aquella época el centro de salud de (*pueblo de Galicia*), que está en la costa, tenía fama de ser uno de los más conflictivos. Gente que demanda mucho, que nunca está contenta, que no tiene nada que ver con la vida, que no tiene nada que ver con la vida. No está contenta con la asistencia que le das, nunca agradece ninguna cosa, siempre es muy reivindicativo, pero en el fondo no sabéis por qué son reivindicativos, porque nunca... Y entonces, en un momento dado, estaba yo de guardia con ella, habíamos hecho el turno de la mañana, estaba yo de guardia con ella, y no sé qué le pasa, y se puso a llorar la médica. Se puso a llorar y le dije, pero (*nombre*), ¿qué es lo que te pasa y tal? No, es que esta gente, mira cómo son, no sé qué, no sé cuánto, son unos maleducados... Le dije, (*nombre de la médica*), yo soy de esta zona, yo soy... Digamos que me he reconvertido, soy un poco más educado, ¿no? Pero es que somos así aquí. Y no somos mala gente, pero es nuestra forma de ser, esta forma de... El trato, no distingues el trato de una persona a otra, todo como a las maneras, una forma, lo que se llama aquí ser pesco.

E1: Ser pesco.

DR. A: Ser pesco es eso, ¿no? Como aquí estoy yo, y con chulería, y al mismo tiempo, con cier..., que si lo notas, si es una persona de fuera, nota igual...Un cierto desprecio en el trato.

E1: Pues eso es como más frecuente en otras regiones de España, ¿no?

DR. A: En la costa aquí, sí.

E1: En Galicia, en la (()) no es lo que hay que asociarse en principio.

DR. A: Te vas a la zona de (*pueblo costero*), no soy yo, te vas a la zona de (*pueblo costero*), de hecho, la gente... Yo tengo aquí una paciente que es profesora, y al principio tuvo los de primaria. Y los primeros destinos los tuvo en la costa, y estuvo, pero con cuadros de ansiedad. Y era por el maltrato que le daban los padres.

E1: Sin embargo, eso que me estás diciendo me sorprende un poco también, porque ahora cuando acabo de hablar con (*nombre de otra médica de esa clínica*), y me decía ella que ella había estado en (*ciudad más cercana*), comparaba con (*pueblo de su centro médico*) y decía que en (*ciudad más cercana*), bueno, en sus palabras, era el felpudo del centro médico. Vamos, que exactamente un poco lo mismo que estás diciendo, que no la respetaban, que...

DR. A: Bueno, pero vamos a ver...

E1: Que qué diferencia cuando vino aquí, donde la gente es muy considerada, muy respetuosa con el médico...

DR. A: Aquí la verdad... Yo no conocía esto, yo no lo conocía, y me quedé sorprendido. Yo venía de un sitio mucho más duro.

E1: Ya, pero entonces, por ejemplo, la experiencia de (*nombre de otra médica de esa clínica*), que...

DR. A: Pues no lo sé, es que bueno, vamos a ver, el centro de salud de (***), que está en (***), una parte de (***) es una parte de viviendas de tipo social. De hecho, hubo una gran colonia, por ejemplo, de etnia gitana, que puede haber problemas, no digo que los dé, pero bueno. Y es población urbana.

E1: Ya...

DR. A: Es población urbana.

E1: Por eso digo, entonces, ¿cómo ponemos el indicador? ¿Población urbana, población rural, costa interior?

DR. A: Hay dos... Hay dos... Es que tienes, tienes, por un lado, la población urbana, y, por otro lado, la población rural. Pero la población rural la tienes que diferenciar claramente, lo que es costa...

E1: Ya, ya, ya...

DR. A: ...de lo que es interior.

E1: ¿Qué considerarías población urbana aquí en Galicia?

DR. A: Población urbana, pues, hombre, tenemos pocas ciudades, pero bueno, eh...Santiago.

E1: ¿Santiago sería...?

DR. A: Santiago, yo creo que es...

E1: Pero Santiago también es muy rural, ¿no? O sea, hay mucha gente de fuera, de...

DR. A: Sí, pero bueno, es que no tenemos mucho más.

E1: ¿Y La Coruña y Vigo?

DR. A: O sea, tenemos Santiago, tenemos Vigo, tenemos siete ciudades, que pueden pasar de ochenta mil habitantes.

E1: Pero ¿no es cierto que Vigo y Coruña son como más industriales y en ese sentido...?

DR. A: Sí, Vigo es industrial, cien por cien. O sea, tú la población de Vigo sí que es una población, eh... realmente de gente trabajadora, donde están los astilleros. Y Coruña es distinto. Que sea una ciudad que tenga el mismo tipo de población, es una población mucho más funcional.

E1: Ya.

DR. A: Quizá Vigo ahora haya cambiado porque tiene la universidad, ¿no? Pero Vigo, por ejemplo, no es capital de provincia.

E1: Ya.

DR. A: Es todo el personal de diputaciones y todo esto ahí no existe. En Coruña siempre. Aparte que Coruña es distinta por una razón. Coruña tuvo una población militar muy importante.

E1: Mmm.

DR. A: Muy importante. O sea, de hecho, la zona vieja era toda zona militar. Eso Vigo nunca lo tuvo. Y eso parece que no, pero cambia el mapa sociológico de un sitio.

E1: Pero eso, ¿los médicos lo notáis o trabajáis...? ¿Tenéis ese tipo de información, datos sociológicos de ese tipo o eso lo comentáis entre vosotros?

DR. A: Vamos a ver. La gente de Coruña es así. La gente de Coruña es así. Yo cuando fui, cuando tomé posesión de la plaza, tenía opción a varias plazas, ¿no? Entonces lo que fui es al Instituto Nacional de Estadística y me saqué los listados de población desde había. Desde que había, por ejemplo, 1870 o así. Y vi mirando, pues, para hacerme una idea de las pirámides poblacionales. Porque lo que influye en tu grupo, en tu trabajo, es la pirámide poblacional. Que tenemos datos. Si quieres, os lo enseño después de cómo es la pirámide poblacional de (*pueblo de su centro médico*), que igual os interesa.

E1: Sí, sí, vamos a pedir justamente.

DR. A: O por lo menos de mi grupo.

E1: Sí.

DR. A: Entonces, claro, sabes que si tienes una población muy envejecida, eso te reporta carga de trabajo, que es lo que realmente quieres tú saber si vas a tener... mucha carga de trabajo.

E1: Claro, claro.

DR. A: Eso, y te cambia el perfil de la gente. Sabes que es son gente mayor, que realmente, aunque quieras, ellos van a echar todas las responsabilidades hacia ti. Nunca, cuando le digas, bueno, pues hay varias opciones para este problema. Siempre, bueno, usted es el médico, usted es el que sabe.

E1: Ya.

DR. A: Sabes que ese tipo de historias pasa con determinadas pirámides poblacionales. Si es una población más joven, sabes que no.

E1: Ya, ya.

DR. A: O sea, ya el trato... Aquí lo ves, ¿no? El trato que tienes o el trato que te da la gente joven y la gente mayor, pues que es igual de... para mí es igual de aceptable y de educado. La gente joven aquí también es muy considerada. Ya es distinto.

E1: Ya.

DR. A: Ya es distinto, ¿no? Ya no es igual. Y la gente joven, pues ya te pide opciones.

E1: O sea que sí ves diferencias realmente, ¿no?

DR. A: Sí que sí ves diferencias.

E1: ¿Y en cuanto al nivel de educación...?

DR. A: ¿En cuánto a nivel de educación? ¿A qué te refieres? A...

E1: A que sí hay una diferencia entre el paciente con más formación académica y el que tiene menos formación.

DR. A: Claramente.

E1: ¿Y en qué sentido?

DR. A: Mira, primero, ya simplemente en la exploración. Hay veces que no sabes claramente qué es lo que le está pasando al paciente.

E1: Ya, ya.

DR. A: Hay pacientes a los que estás intentando saber qué es lo que le pasa, qué es lo que le duele o si es realmente, qué problema psicológico puede tener y no eres capaz de...

E1: No comunica.

DR. A: No comunica. O sea, no eres capaz de sacarle el problema, ¿no? Y entonces eso te cuesta. Eso te cuesta mucho. Y después, bueno, con mayor nivel cultural, pues hay gente que ya te viene con todo explicado. Que a veces, igual ya ellos ya lo están enfocado, ¿no?

E1: Ya

DR. A: Demasiado enfocado. Pero sí que se nota diferencia.

E1: ¿Y prefieres algún perfil?

DR. A: No.

E1: ¿Sobre otro?

DR. A: No, es mi cupo, son míos, tengo que trabajar con todos.

E1: Pero, o sea, que en cualquier caso tú dirías que si tienes que caracterizar sociológicamente tu centro de salud ¿Cómo sería el perfil de paciente aquí?

DR. A: ¿El perfil de paciente es...que viene a la consulta?

E1: Sí.

DR. A: Mayoritariamente, son mujeres. Mayoritariamente, son entre 60 y 65 años. Y vienen con varios roles. Vienen con el rol de paciente, vienen con el rol de cuidador y vienen con el rol de mensajera, a veces, ¿no? También muchas veces ves el listado y resulta que no está, no está... Realmente viene ella y no es ella. Viene, pues, a lo mejor a comentarte que su... Hoy me pasó, ¿no? Que es mi hija que está estudiando en (**), que la dosis que le diste de Omeprazol, que parece que sigue con molestias.

E1: Y ella no estaba.

DR. A: La hija está... O te viene, pues para... Bueno, pues... Que si hay que hacerle las recetas a algún paciente. Pero mayoritariamente son mujeres.

E1: ¿Y en educación? ¿En nivel de educación?

DR. A: Yo, de educación... ¿Te refieres a nivel académico?

E1: Sí.

DR. A: A nivel académico... Aquí es... Yo creo que son más bien estudios básicos y bueno... Y la gente joven sí que diferencia. Lo notas... En eso sí que podemos saber que hay dos, dos..., dos niveles distintos.

E1: ¿Y porcentaje de gente mayor, gente joven?

DR. A: Pues... ¿Que cuida la consulta? Pues yo creo que...ocho-dos, ocho mayores y dos...

E1: Bastante, sí... ¿Tienes datos de todo? O sea, que los que sean públicos sobre características...

DR. A: Espera...

E1: También encuentro... Bueno, eso sí podemos ponerlo luego si podemos continuar... Esperamos, lo digo por sí... ¿Tienes datos?

DR. A: Yo te puedo dar datos ahora mismo de... Me parece que de mi cupo. Y de lo que es la población de (*pueblo de su centro médico*)

E1: De la población, sí, sí. No es que nada... Sobre todo, la población, ¿verdad?

DR. A: Hombre, mujeres, los rangos de edad...

E1: Eso, sí, vale.

DR. A: Eso, eso lo tengo sí, lo tenemos todos, ¿eh? Yo, por ejemplo, tengo...

E1: ¿Y es público?

DR. A: No sé si es público o no, pero yo lo tengo en el ordenador porque es un dato de mi cupo, ¿entiendes?

E1: Ya

DR. A: Para hacerte una idea de que... De dónde tienes que incidir...

E1: Sí, para caracterizarlo.

DR. A: Sí, caracterizarlo. Y a lo mejor resulta que llegas y...

E1: Sí, Tienes mucha gente mayor y dices, bueno, pues igual me tengo que dedicar un poco más a... A cuidados paliativos o... o no...

E1: Claro, cambia.

DR. A: O sea, eso tienes que cambiar tú un poquito lo...tu entrenamiento.

E1: Sí, Sí.

DR. A: Y bueno, sí que... Vamos a ver El tema de... El tema de la gente joven... Yo sí que he notado aquí en (*pueblo de su centro médico*), no sé si es porque está cerca de (*ciudad más cercana*) o no si está cerca, que por ejemplo la zona que estudio yo, de que aquí la gente joven tiene tendencia a abandonar menos los estudios y a tener un nivel superior, o sea, realmente yo casi todos los... Ahora mismo están estudiando, acaban carreras.

E1: Los jóvenes que vienen.

DR. A: Sí, sí, sí, sí. En el cupo hay... Hay algún... Hay por lo menos que sepa yo tres ingenieros industriales, dos abogadas, arquitectos y después bueno, maestros y tal, o sea, sí que hay economistas, vamos, el otro día vino uno a notar... Hola, dime ¿cuánto es?

ENFERMERA: Dos diez, noventa y tres.

DR. A: Bueno, pues que siga, pero que esté acostada, ¿vale?

ENFERMERA: Sí, está acostada.

E1: Bueno, ¿cuánto tiempo tienes asignado para cada paciente?

DR. A: Pues mira, para no mentir, está todo pautado. Vamos a ver, aunque esto no está correcto, podemos ir a... Esto no está correcto, ¿no? Espera un momentito. ¿Qué vamos otro día? Yo siempre tengo una primera consulta de quince minutos. Que normalmente es una primera consulta de gente que quiero revisar yo o gente que le quiero hacer ecografía. Pero, eh... después resulta que... si te fijas entre esto y esto que hay siete minutos. Esto es el tiempo de consulta siete minutos y después hay otros tipos distintos que son cuando hay recetas, por ejemplo, entre este y este hay tres o dos minutos. O sea, que los tiempos van desde siete minutos hasta dos o tres.

E1: ¿Y lo respetas bastante? O te so...

DR. A: Vamos a ver, hoy por ejemplo me retrasé porque hubo una urgencia. Entonces tuve que ir a curar una señora que intentó matar un pollo y en vez de matar al pollo se cortó la mano y tuve que darle ocho puntos de sutura. Sí, sí, quizá sea una obsesión mía el tema del tiempo que a veces a veces igual me siento demasiado en el tiempo.

E2: Pero esa no es la hora de entrada. Es la hora de la marcada para...

DR. A: Esta es la hora que está, que está citado.

E1: Sí.

DR. A: Está citado que como es, como es de primera hora, no podemos...

E2: ¿Y se dice a las diez y ocho al paciente?

DR. A: No sé cómo se lo dicen, ellos se lo tienes que preguntar, de hecho, a veces he tenido conflictos con ellos porque deben decir una hora de redondeada igual las dicen las diez y cuarto y no son las diez y cuarto igual son las diez y ocho minutos. Aunque bueno, también hay muchos pacientes que ya piden la cita por internet.

E1: ¿Ah, eso se puede hacer?

DR. A: Sí, o sea, la cita la puedes pedir de tres formas: la más complicada es la oral. Te lo explico: tienes la cita presencial que tú vas ahí a cita previa, hablas con la persona de cita previa y te dan la cita. Tienes la opción de llamar telefónicamente, cuando hablas telefónicamente, hablas con un ordenador y requiere una serie de pasos y requiere una cosa y entonces la gente mayor se enfada mucho. Entre otras cosas porque igual si el ordenador le dices la opción de hablar gallego y entonces el ordenador pasa a gallego, pero un gallego muy normativo. Que no sesea, que no tiene gheada, que no tiene cosas que se hacen, entonces, cuesta mucho trabajo.

E1: Ya.

E2: Sí.

DR. A: ¿Entiendes? Y la otra opción es ir a la página del SERGAS y pides la cita por internet.

E1: Ya, ya, ya. ¿Y la gente que prefiere? La mayoría...

DR. A: Yo creo que la mayoría, cuando sale de aquí, ya va directamente.

E1: A la presencial.

DR. A: A la presencial. Pero ahora mismo yo creo que en las casas, en las casas, la gente se está echando a la cita por internet, porque como es mucho más largo intentar pedir cita por, mediante oral, hablando con el aparato, pues como siempre tienen alguna persona joven en la casa, pues venga, hala, le saca la cita por internet y ya está.

E1: ¿Usas gallego o castellano?

DR. A: Pues yo creo que es, salto de uno a otro.

E1: Empiezas... ¿Cuándo empiezas?

DR. A: Hay gente que ya sé que me va a hablar en gallego y también estos días. Hay gente que habitualmente me hablaba en gallego y de repente se conviene una grabadora y se pone a hablar en castellano.

E1: ¿Ah sí?

DR. A: Sí.

E1: Qué curioso, qué curioso.

E1: Eso es importante.

E2: Es muy importante.

E1: Entonces, o sea, sabiendo que normalmente es el gallego.

DR. A: Claro. Yo llevo aquí ocho años, yo me los conozco a todos. Ya sé. Y yo sé cómo van a reaccionar.

E2: Y eso es para...

E1: Y la autocorrección lingüística, pero en este caso...

E2: Porque el castellano tiene más prestigio, ¿es eso que están pensando?, porque habías dicho que eres un estudio para fuera.

DR. A: Sí, a lo mejor influyó el tema de (***), no sé. El tema, hay un tema que se llama diglosia.

E1: Diglosia, sí, que es lo que hay aquí.

DR. A: Pues es lo que hay aquí.

E1: En Galicia no lo he visto muy claro. Sí, sí, sí, muy claro. En la diglosia, sí. Yo fíjate que pensaba, hace años que había venido, pensaba que había evolucionado un bilingüismo, pero no, no, no.

DR. A: Hay un bilingüismo a nivel académico.

E1: Sí, exactamente.

DR. A: A nivel académico sí, pero después a nivel... A lo mejor... Bueno, es una situación muy rara.

E1: Sí, pero la lengua de prestigio claramente es el castellano.

DR. A: Sí, sigue siendo.

E2: Sí, pero también, no sé si no sería para distanciar un poco. Que no parece tan, tan personal.

DR. A: No lo sé. No lo sé, pero me llama la atención.

E1: Ya, pero claro.

E2: ¿Y comentaste en algún momento?

DR. A: No, no, no. Y le dije que se tenían que comportar, que yo me iba a comportar normal y que ellos también.

E1: Ya. Y tú crees que el uso del castellano o gallego afecta la comunicación, aparte de esta cuestión tan significativa.

DR. A: Sí, sí, sí, sí que afecta.

E1: Sí, cómo...

DR. A: Realmente, sobre todo gente mayor, notas que les cuesta mucho trabajo expresarse en castellano. Y entonces, bueno, y bueno, hacen una traducción literal muchas veces de las expresiones que un castellano no entendería ni de coña. Pues las típicas expresiones que hay aquí, que bueno, que eso es cosa nuestra, ¿no? O sea, nunca... Aquí si haces cualquier tipo de... En Galicia, ¿eh? Si haces cualquier tipo de escala, todo tiende a la media.

E2: Ya. Pero ha habido... médicos de otras partes de España, cuyos pacientes rechazan, no quieren mudar de médico porque ellos no me entienden, él no...

E1: Hablan castellano.

DR. A: Eh... no... No sé exactamente el tema. ¿Hablásteis con (***)? Todavía no. (***) habla castellano, ¿no? Pero no es porque... Y (**) creo que también habla castellano. Pero son... Bueno, (**) sobre todo es muy castellana.

E1: Sí, sí.

DR. A: Y esa forma de hablar... Ahora, hay gente que la entiende como que es muy imperativa.

E1: Ya, lo que he comentado con...

DR. A: Entonces, te viene y te dice... Oye, es que no... No, mira, es que es castellana. Castellana, sí. Es así, o sea, no... Es que me habla de una manera. No, no, no, es así. Eso no... Cada uno... Y no la vamos a cambiar ahora. Entonces hay gente que no es el idioma el que le trae problemas, sino el tono.

E2: Sí.

E1: Ya, ya. Sí, sí, sí.

DR. A: Es el tono. Y eso le pasa a (**) y le pasa a (**). Porque yo soy jefe de servicio. Y ha habido gente que me... Que me ha venido a... A... Digamos, quejas entre comillas. Y yo decirle, pero ¿qué le ha dicho? ¿Alguna cosa improcedente? No, no, no, no. ¿Pero cómo lo dice? Es que es de fuera.

E1: Ya.

DR. A: En fuera lo dicen así.

E1: Sí, sí, sí, sí. Sí, sí, sí. Lo que te decía. Los castellanos.

DR. A: Lo dicen así. O como te viene un vasco, pues te habla de una manera, que le vas a...

E1: Sí.

DR. A: Y te... ¿Qué le vas a...? No, pues es... No, es que claro, yo cuando me habla, me da la impresión de que me está riendo. Pero no, pero no te está riendo. No, yo simplemente... Es la forma que tienen de hablar fuera y tenemos que... Tenemos que adaptarnos a ella.

E1: Y un paciente que venga hablando gallego con un propósito, digamos, político, o sea, por una cuestión de marcar la identidad de un paciente, si era un paciente culto...

DR. A: Sí. Lo tengo.

E1: Lo hay también.

DR. A: Sí, sí.

E1: Y que dice, aquí la lengua es el gallego y hay que hablar gallego. También es así, ¿no?

DR. A: Sí. Sí, sí, sí. Y hablas y punto.

E1: Una curiosidad que va al margen. ¿(**), por qué habla (**) en gallego? Porque me cae mucha gracia que él me habla a mí en gallego, claro, y él tiene estudios...

DR. A: Porque, bueno, yo creo que (**) está todo el santo día hablando en gallego.

E1: ¿Tú crees que no se da cuenta?

DR. A: Bueno, es que le tiene pasado alguna vez de hablar gallego con un dominicano.

E1: Ah, o sea, que no se da cuenta realmente.

DR. A: Y a veces no se da cuenta.

E1: No, porque pensaba que, siendo una persona con estudios, que, a lo mejor, lo hacía...

DR. A: No, pero yo un día le dije a (***), no se está enterando lo que le está diciendo.

E1: Ya.

DR. A: Que es de Santo Domingo, o sea...

E1: Es que lo digo muy espontáneamente y digo, a lo mejor es una actitud, digamos, política como nuestro casero, que tiene la página web escrita en gallego, o sea, donde le hemos alquilado el piso. Es una página nacional y la explicación está en gallego, que se entiende perfectamente ningún problema, ¿no?

DR. A: Hombre, puede haber algo. De hecho, yo creo que los amigos todos de (***) tienen un componente culturalmente, culturalmente, que después políticamente no lo es. Yo creo que es un tema de...

E1: ¿Galleguista?

DR. A: Sí, o sea, es galleguista.

E1: Es que me preguntaba si sería una cuestión de identidad...

DR. A: Puede ser una cuestión de identidad, pero no de una identidad política. Aquí la identidad es más bien cultural.

E1: Ya.

DR. A: Nosotros tenemos muy claro que somos tan diferentes que no nos hace falta ser diferentes políticamente.

E1: Sí. Eso es estar seguro de uno mismo.

DR. A: No es como los irlandeses o los catalanes, que tienen que estar todo el día demostrando...

E1: Sí, sí, se están acomplejados.

DR. A: Tienen que estar todo el día demostrando que son catalanes o irlandeses. Nosotros no. Nos sale así, se acabó.

E1: En el cuento año se acabó. Sí, sí. Me encanta esa facilidad gallega. Es una cosa que siempre apreciamos mucho.

E2: Sí, a mí también.

E1: Muy bien. Bueno, vamos a seguir con el tema. ¿Te llaman de tú o de usted los pacientes?

DR. A: Yo creo que ahora me llaman más de tú, pero no estoy muy seguro. Al principio era más de usted. Sí. Cuando salgo en la tele, que a veces he salido, sí, llegan aquí y tal, y me lo comentan, y... Pero bueno, yo a veces... Yo creo que al principio... Me llaman más ahora de tú que antes. Que antes era más bien de usted. Yo también les llamaba... Al principio les llamaba todos de usted.

E1: Eso, eso.

DR. A: Ahora ya, ya lo he cambiado.

E1: Ajá. Y entonces, automáticamente, todos de tú les llamas.

DR. A: Casi todos, pero bueno.

E2: Este... ¿Te recuerdas del momento en que...

E1: ...que hiciste el cambio?

E2: ...que hiciste el cambio?

DR. A: Hombre, cuando empezaron a confiar en mí. Es un tema de confianza.

E1: ¿Y eso cómo lo viste?

E2: Sí. Pues, lo ves...

DR. A: Hay ciertas cosas de, por ejemplo, de que, bueno, van al hospital porque tienen que ir a un especialista, y vienen de vuelta y dicen, mira, me digo esto, ¿me lo tomo o no me lo tomo? Una segunda opinión. Cuando empiezan a darte... A pedirte segundas opiniones. Que al principio no ocurre. Pero después, con el tiempo, pues digamos que, bueno, también tienes tus fallos. Eso es lo que hay que saberlo.

E2: Entonces, ese es un ejemplo en que hay... Hay un corte. Porque no está en media conversación. Es entre conversión que ese cambio se ocurre. Pero si ocurre espontáneamente en una consulta, hay un pequeño... De reparo en... ¡pum! Hemos cambiado algo.

DR. A: Vamos a ver. Quizás cuando salí de la facultad, siquiera... Aquí está un doctor nuevo, yo no voy a comer el mundo y todo eso. Era muy intolerante también ciertas cosas que podían hacer los pacientes. Pues, por ejemplo, medicina natural o ir a algún curandero, que los hay, o esto que le llaman componedores. Yo ahora no les digo nada de eso. O sea, no me parece mal. Si ellos creen en ello, no voy a luchar contra... Porque es una creencia y eso es muy difícil de luchar. Y muchas veces llegan a eso porque tú fallaste o porque el sistema sanitario falló. No es de entrada, ¿no? Yo antes era contrario y yo daba órdenes a los pacientes. Y me iba mal.

E1: Entonces eso va asociado con el uso de tú.

DR. A: Claro. No el uso de tú, pero quizás utilizase más el usted. Bueno, si no conozco a la persona y si sé claramente que la persona es mayor que yo, pues le trato de usted.

E1: Pero con la posibilidad de cambiar.

DR. A: Sí, sí. Yo creo que las conversaciones se cambian rápidamente.

E1: Sí. Y...

E2: Oh, una pregunta. Sí. Tuve la posibilidad de ver algunas de las encuestas y, reparé que había varias personas, todas mayores, pero que decían que trataban al médico por usted y el médico...

DR. A: Por respeto.

E1: Sí. Sí.

E2: Pero el médico trataba por tú.

DR. A: Porque eso es una cosa como muy antigua, ¿no?

E1: Pero el médico de tú.

E2: Sí. Sí.

E1: Y también les parecía bien.

E2: Sí. Sí, les parecía bien.

DR. A: Sí, porque a veces si los tratan mucho de usted igual piensan que intentas poner una traba entre ellos y tú. Y a veces no han tenido más remedio que romperla. Y haciendo un trato más cercano, ¿entiendes?

E2: Sí. Yo entendí eso como dos tipos de escalas.

DR. A: A mí me gusta mucho trabajo de una persona mayor que... Don (**), o sea que... Me llama y tal y cual. Pues mira.

E1: ¿Cómo te llaman eso? ¿Qué tipo de...?

DR. A: Pues me llaman o doctor (***) o don (**).

E1: Ya.

DR. A: Que parece que soy Fraga.

E1: ¿Fraga? Sí. Don (**).

E2: ¿Fraga?

E1: Manuel Fraga, que fue presidente de la Xunta.

E2: Ah.

E1: Y era don Manuel.

DR. A: Era don Manuel.

E1: Justamente. Don (**). Con eso te quedaste. Aunque te llamen de tú luego.

DR. A: Sí, pero... Pero no de usted.

E1: O sea, nunca (**), no...

DR. A: Bueno, puede haber alguna gente que te tutee ya... pero bueno, que ya sabes que tutea todo Dios, entonces tampoco le vas a decir nada. No es una cosa que me moleste, sinceramente.

E1: Pero has mencionado respeto. ¿Tú crees que tiene alguna relación el respeto de un paciente por su médico con el uso de...?

DR. A: Vamos a ver, uno puede ser formalmente muy educado y realmente es una muy mala persona. De hecho... Tenía que ir, o sea, vamos a ver... El respeto puede ir en el tutear o no tutear, pero yo creo que también van otras cosas.

E1: ¿Eso en qué cosas?

DR. A: En escucharle. Yo creo que eso es una de las cosas fundamentales, en realmente escuchar a la persona. Si te viene a contar un problema, lo importante es que lo escuches. Ya. Después intentarás ayudar o no, pero bueno, yo creo que lo fundamental es intentar escuchar.

E2: Y ahí se bate con el problema de la duración de la consulta, ¿no?

DR. A: Sí, bueno, hay veces que realmente lo que te cuenta... Pues es un problema trivial y que bueno, le tienes que dar a entender que de alguna manera se acabó la consulta. Y otras veces no, otras veces no es un problema trivial y dices, bueno, los de aquí que estén fuera, alguno procesará después, pero bueno, me mandan el sueldo.

E1: Claro.

DR. A: Hace poco pues vino una chica que su padre, pues, se llama su padre de mi grupo y tal, y que obtuvo una muerte súbita, un señor que murió, además murió delante de la hija y tal, y la hija, pues ahora mismo tiene problemas de conciliación del sueño, crisis de ansiedad, ataques de pánico, y problemas a ver que le está limitando su vida marital, porque está, bueno, de pareja y de trabajo. Y viene aquí, vino sin cita y estuvimos más de una hora hablando...y bueno.

E1: Ya, no hay otra.

DR. A: Pues lo que tenía que hacer era hablar.

E1: Claro, claro, claro. Y en caso de que no, de que pienses que habría que... ya es suficiente, ¿tienes algún truco para comunicativo?

DR. A: Me levanto.

E1: ¿Te levantas?

DR. A: Sí.

E1: ¿Y lo entienden?

DR. A: Sí, yo creo que ahora sí lo entiendo perfectamente.

E1: Te voy a contar, ¿sabes cómo hace (***)? Que me decía, directamente les abre la puerta. Y yo digo, yo te entiendo también.

DR. A: Cojo la carpeta y levanto.

E1: Es que yo ya te voy a decir que al principio empieza, pero es que a algunos es que, aun así.

DR. A: Es que no, no, no, no, no.

E1: No le coge y abre la puerta.

DR. A: Entonces, hombre, vamos a ver, yo entiendo que igual, pero muchas veces te... Joder, a lo mejor resulta que se acabó la consulta y te empiezan a hablar de un tema, oye, y sabes que hoy tienes un mal día.

E1: Claro.

DR. A: Hoy no puedes. Hoy no puedes hablar de ese tema, ¿no? O sea, no...

E1: Ya, claro. Tus pacientes, estuvimos hablando, creo que de eso anteriormente, sobre internet y la influencia que tenía. Luego nos comentó (***) que también que “Saber Vivir” tiene mucha...

DR. A: Eso más bien a la gente mayor.

E1: A la gente mayor.

DR. A: Pero eso no es bien, eso.

E1: ¿Qué tengo?

DR. A: Los pendientes.

E1: Ah, que aquí como los médicos enseguida...

E2: Y yo también.

E1: Estamos muy influenciadas por Galicia ya. Nos tuvimos de compras y... Para que se vea de dónde venimos.

E2: Sí.

E1: Para que lleguemos a (***). Lleguemos con la tarta de Santiago.

E2: Claro.

E1: Y con los pendientes. Muy influenciadas por Galicia. No, ¿qué influencia tiene la consulta? Es eso, ¿no? Luego, ¿te cuesta luego un...? O sea, ¿es positivo que vengan así tan informados o te cuesta...?

DR. A: Vamos a ver, eso ha pasado otras veces. Hubo una serie de televisión, yo no me acuerdo, sudamericana, yo no me acuerdo cuál era, pero hubo un... Que fue horroroso aquella semana. Que descubrieron un cáncer de mama a la protagonista. Y eso era... Ah. Era un culebrón.

E1: Sí.

DR. A: Un culebrón de estos que estaban echando en España, que lo veía todo el mundo. Y esa semana todas las mujeres pensaban que tenían algo en la, en los senos. Y entonces...

E1: Sí, fíjate. Curioso. ¿Y lo sabías? ¿Lo relacionaste?

DR. A: Claro. Salió en la prensa y todo.

E1: Ya, claro. Cuando salga alguna famosa también, me imagino. Sí.

DR. A: Cuando Rubalcaba tuvo... Rubalcaba, que acaba de dimitir.

E1: Sí, sí.

DR. A: Que aquella era Vicepresidente del Gobierno con...

E1: Sí. Con Zapatero.

DR. A: Con Zapatero. Y cuando le hicieron una biopsia prostática y tuvo...

E1: Es verdad. Sí.

DR. A: Y tuvo una sepsis...

E1: Sí, sí, sí.

DR. A: La gente... Había pacientes que decían, bueno...

E1: Sí.

DR. A: Bueno, no me pa... Se lo tomaron...

E1: Sí.

DR. A: Y te voy a contar otra cosa más reciente.

E1: Sí.

DR. A: El estado lamentable en que tenemos al Rey. Ha habido gente que me ha dicho que ni siquiera no se quería poner prótesis de rodilla, ni que se quería operar las hernias lumbares hasta ver cómo evolucionaba el Rey. No, en serio, ¿eh?

E1: Claro, claro. Sí. Y es un producto mediático. Si al Rey le va mal, ¿cómo me voy a meter yo? Que tiene los mejores médicos...

DR. A: Tú lo ves y dices, eso fue lo que me dijo. Mira, yo quiero ver cómo va el Rey.

E2: Sí.

DR. A: Porque lo que tengo yo es lo que tiene él. Entonces vamos a esperar a ver cómo va. Si va bien, vendré por aquí. Es así de claro.

E1: Bueno, la influencia de los medios es increíble.

DR. A: Sí que tiene influencia, ¿eh?

E1: Sí, sí, sí. Y ahí te cuesta mucho luchar con eso.

DR. A: Bueno, igual te tienes que implicar algo más, pero bueno, también la paciente, esta que decía lo del Rey, era un caso que yo personalmente esperaba... No era tan intervencionista como el cirujano. Preferiría... Porque la calidad de vida que tenía ella, que yo la conozco. Y la veo andar por aquí, era bastante buena.

E1: Ya. Ya, claro.

DR. A: Entonces había una discordancia entre ella... Entre lo que decía ella del dolor que tenía y después verla hacer kilómetros y kilómetros andando.

E1: Ya... Claro, sí, hay que tener...

DR. A: Eso se lo cuentas al cirujano que no la ve y dice, ah, pues hay que operarla, pero me lo cuentas a mí que cada vez que salgo del coche o entro, la veo dando vueltas por aquí porque además anda muchísimo.

E1: Y sabes los riesgos.

DR. A: Y dices, bueno, la calidad de vida no se la está limitando. Entonces vamos a...

E1: Ser prudentes, ¿no?

DR. A: Yo en ese caso fui partidario de esperar...

E1: De seguir al rey, de ver qué pasa con el Rey. ¿Vienen con listas de preguntas ya preparadas?

DR. A: Muy poca gente, muy poca gente.

E1: ¿Y eso te parece que es una ayuda o cómo lo recibes?

DR. A: Bueno, muchas veces... Bueno, cada uno es como es, pero a veces te das cuenta... Te das la impresión de que como que estuvieron ya la noche anterior pensando en su, en la consulta, lo que me iban a decir y... Como a veces que querían dirigir la consulta, pero bueno, tampoco... Otras veces puede ser gente que simplemente sea despistada. No lo tomo...

E1: Se lo olvide.

DR. A: Pero es excepcional, ¿eh?

E1: Lo de traer la lista.

DR. A: Sí, y a veces sí, yo creo que a lo mejor por lo menos trae un guion, porque después resulta que lo importante, no me lo cuentan.

E1: Sí, yo les lo cuento.

DR. A: Yo por lo menos no me refiero a tener un listado...

E1: Sí.

DR. A: ...muy completo, si no, oye, ¿qué tres temas importantes quiere hablar hoy con el médico? Estos tres. No se me pase ninguno. Y yo he visto que a veces eso nos ha pasado.

E2: Y en todas las campañas de información que han salido del Ministerio, de la Junta, o de donde quiere que sea...

DR. A: Sí.

E2: Algunas hablan de cómo se prepara para una consulta médica.

DR. A: No.

E2: De concienciar.

DR. A: No. Nada.

E2: ¿Sería útil que reparasen, por ejemplo, fiebre o algunas mudanzas en la alimentación o lo que sea?

DR. A: Bueno, igual dije muy taxativamente que nunca, pero pudo haber habido alguna. Pero bueno, yo creo... Bueno, las campañas de que estamos en crisis no se hizo ninguna, ¿eh? Yo creo

que es una de las cosas que se abandonó. Lo que sí que nos costó y nos causó problemas en la consulta fue, y fue causado por la crisis, bueno, quizá las cosas estaban haciendo antes mal, fue el cambio de los medicamentos de marca a genérico.

E1: Ya.

DR. A: Eso nos costó Dios y ayuda.

E1: Sí.

DR. A: Nos costó mucho, mucho, mucho, y nos costó mucho por una razón. Había un doble discurso político. Por un lado, decir de incentivar a los médicos de que había que cambiar a genérico, pero no había ninguna política, ninguna acción gubernamental, que lo apoyase. Al final se hizo, sí, pero les costó mucho trabajo.

E1: La gente desconfiaba.

DR. A: Claro, claro, claro. Eso nos costó muchísimo trabajo, pero muchísimo, ¿eh?

E1: La gente pedía el medicamento y estaba acostumbrado.

DR. A: Claro, claro.

E1: ¿Eres partidario de involucrar al paciente en la decisión del tratamiento que va a seguir?

DR. A: Vamos a ver, depende del paciente. Bueno, vamos a ver, tiene que involucrarse. El típico paciente que si no se involucra lo va a pasar mal y yo haga lo que haga, cualquier médico haga lo que haga, no vamos a conseguir nada, es el paciente diabético. El paciente diabético su evolución depende de él. Yo le podré poner los medios. Mira, ahora te hace falta la insulina, ahora te hace falta la metformina, ahora te hace falta esto para proteger tu riñón y tal, pero como tú no tengas un estilo de vida sano, como tú. No me pierdas peso, como no controles tu comida, como no hagas deporte, todas esas cosas, eso no lo voy a hacer yo por ti. Eso lo tiene que hacer él. Y si es el paciente que realmente te das cuenta de que fracasas tú, porque no has logrado convencerle al paciente del problema que tiene, de una enfermedad que es crónica, que le va a dar problemas y que le va a dar problemas graves. Y que cuando venga con esos problemas poco hay que hacer.

E1: Pero yo me refería más que a involucrarlo en lo que sería, porque lo que tú estás hablando sería más bien del seguimiento del tratamiento. Sería más bien en la toma de decisión de cuál es el tratamiento.

DR. A: Bueno, eso se discute, sobre todo, y te vienen a pedir un consejo, sobre todo cuando sí que puede haber procesos intervencionistas. Cirugías. Cirugías. Siempre se le pregunta... Hay veces que realmente el tratamiento, a veces no vale la pena darlo. O sea, realmente con unas medidas de tipo higiénico-dietético, pues bastan, o a veces son cuadros, por ejemplo, un vértigo leve, muchas veces te compensa pasar el vértigo y punto. Y eso se lo dices, mira, esto es así, esto pasado unos días, vas a mejorar, hay un tratamiento para esto, pero igual los efectos adversos de este tratamiento son peores. Y entonces te dicen, bueno, pues sí son peores. Y entonces lo dejo. Simplemente, son unas medidas posturales y tal.

E1: Pero, por ejemplo, en plan de dar opciones, mira, tienes esta opción y esta opción, y tú eliges.

DR. A: Ya.

E1: ¿Eso lo hacéis?

DR. A: Sí, sobre todo al inicio, lo hago al inicio cuando haces un diagnóstico precoz, por ejemplo, de dislipemia o de diabetes. Que dices, mira, tienes unas opciones. Hay unas opciones que son pérdida de peso, cambiar el estilo de vida y, bueno, le damos vida sana. Y la otra opción, que no es incompatible... Intenta las dos cosas al mismo tiempo, ¿eh? Porque si te hacen caso al principio, digamos que la medicalización la retrasamos.

E1: Ya, ya.

DR. A: Pero también tengo que decir que, no sé en (***), pero aquí el paciente es muy amigo de esto.

E1: Ya, ya.

DR. A: De las pastillas.

E1: Ya.

DR. A: ¿Y sabéis por qué es muy amigo de eso?

E1: Porque es lo más fácil.

DR. A: Porque lo tengo muy claro. Cuanto menos tiempo le dedico, cuanto menos caso le hago, si encima salen de aquí sin nada, a que han venido aquí.

E1: Ya, ya. Ya. Eso fue lo que nos dijeron.

E2: Es la prueba del tratamiento.

E1: Sí, sí, sí.

DR. A: Si estáis aquí, hablo tal, puede ser que te dé un tratamiento o no.

E1: Ya.

DR. A: Lo hablemos, lo hablamos y entonces dicen, bueno, pues voy a hacer tal cosa. Voy a bajar de peso. Porque hay veces que dices, oye, mira, yo antes no tenía, pero es que ahora tengo gente con obesidad mórbida. Una cosa exagerada. Que te vienen que les duelen las rodillas. Que el único tratamiento es que bajes de peso.

E1: Ya, ya. Sí.

DR. A: Gente con un IMC de 44. Tengo un IMC de 51.

E1: Sí, sí, sí.

DR. A: Eso es una pasada.

E1: Sí, sí, sí.

DR. A: Y me viene de que le doy las rodillas y yo sólo intento decir... Pero bueno, eso ya es un tema que yo creo que deriva de patología psiquiátrica. Porque además le ha derivado a la unidad de salud de trastornos de alimentación. Porque es diabética ahora. Y tiene treinta y cinco años. Y a veces hablar no soluciona. Eso es también lo que te das cuenta aquí. Que la palabra tiene mucha importancia. Pero con ciertos pacientes parece como que se pone una capa de teflón por encima.

E1: Sí. Y se acabó.

DR. A: Una cosa que sí que sabes que... No es que me moleste, pero he intentado reeducar a los pacientes. Es que vengan con prisas a la consulta.

E1: ¿Vengan con prisas?

DR. A: Con prisas.

E1: Ah, pensaba que querían estar aquí mucho tiempo.

DR. A: Pero a veces vienen con prisas.

E1: Ajá.

DR. A: Y porque da la impresión de que lo que van a... No, vengo solamente a no a consulta, sino a que me den los resultados de una analítica. Pero a veces le digo, mira, si entras en tal, vamos a

mirarlo porque a lo mejor resulta que está todo bien. Pero a lo mejor, lo que te digo te cambia la vida. A lo mejor tienes que... Es que tengo prisas porque tengo que ir al banco o tengo que ir al notario. A lo mejor te olvidas del notario.

E1: Ya.

DR. A: Y eso te ha ocurrido. De repente le tienes que decir a una persona.

E1: Sí.

DR. A: Y tú es con prisas y a mí eso no me gusta. Es una cosa que le intento decir. Mira, nunca... O sea, prisas puedes tener fuera.

E1: Sí.

DR. A: Pero no me metas prisas dentro.

E1: Sí, sí, sí, sí. Sí. Ya estamos jugados con eso, sí. Claro, y ese sentido del medicamento es la solución rápida. Y entonces la tendencia es más bien a rechazar medicación o a pedir medicación.

DR. A: A pedir.

E1: A pedir. Y el caso del rechazo de que gente que tiene a lo mejor ya en sí mucha medicación y que...

DR. A: Sí.

E1: O gente que es anti-medicación.

DR. A: Sí. Bueno, hay gente que tiene un discurso muy ambivalente. Que, por un lado, no sigue ningún consejo y, por otro lado, tampoco dice que... Dice que quiere abandonar la medicación. Pero bueno, yo soy de la opinión de que... De que... Tratamientos crónicos lo menos posible.

E1: Sí. Y te ocurre con frecuencia que te encuentres con el paciente que rechaza...

DR. A: Mira, solo una cosa. Que incidíamos el poder de los medios de comunicación. Hace unos meses salió una noticia en los medios, sesgada, en una noticia sesgada, diciendo que Omeprazol podría producir problemas de memoria.

E1: Sí.

DR. A: Entonces me vino mucha gente que lo quería dejar de tomar.

E1: Ya.

DR. A: Es gente que lo tenía que tomar. Si es un paciente que está tomando, pues, aspirina por problemas cardíacos de manera crónica, tienes que tomar un protector porque si no vas a tener un sangrado gástrico. Pero primero, lo que se transmitió no es cierto. El consumo crónico de Omeprazol puede provocar un déficit de vitamina B12. Y un déficit de vitamina B12... puede provocar problemas de memoria.

E1: Ya, ya.

DR. A: Pero hay varios pasos por el medio.

E1: Ya.

DR. A: Los medios de comunicación, pues, de una cosa pasa a la otra.

E1: Pasa a otra, ya.

DR. A: Y eso sí que a veces nos causa problemas a nosotros.

E1: Ya, ya, ya te he tratado de explicar.

DR. A: A veces lo aprovechas para quitar el tratamiento, que realmente te estaba costando problemas y que no eras capaz de retirarlo, que siempre había rechazo, pero otra vez esa gente que lo tenía que tomar y de repente lo abandonó.

E1: Ya, ya, ya. Pero la tendencia más bien es, entonces, dices, a recibir, a recibir medicinas, ¿no?, también.

DR. A: Sí.

E1: Y cuando tratas de poner un tratamiento y el paciente no responde positivamente a la propuesta, ¿tienes estrategias para conseguir su aceptación?

DR. A: Pero es que estaba pensando en otra cosa. Es que me estaba pensando en una diapositiva que, además, la tengo en un documento ahí, sobre el consumo de IBP en el sur de Europa y en el norte de Europa. Ajá.

E1: ¿IBP qué son?

DR. A: Protectores gástricos.

E1: Ah, protectores. Y te dará algo nulo en el norte, ¿no?

DR. A: En el norte es menor.

E1: Yo creo que en la vida te dan nada de protector de estómago, ¿eh?

DR. A: Sí.

E2: Nada.

E1: Yo no sé, una buena época que estaba tomando muchos, y allá sí me lo dijeron, que bueno, que si eso, que tomara un protector, pero si no...

E2: Pero es cuando, también cuando se toma aspirina todos los días.

DR. A: Es pacientes que toman AINEs, aspirinas todos los días, que son los AINEs.

E1: ¿Antibióticos?

DR. A: Antibióticos no hace falta.

E1: No. ¿Pero están tomando muchos?

DR. A: No. No. Realmente no... No, no, pero son medicamentos que son gastrolesivos. Por ejemplo, los antiinflamatorios de manera crónica, la aspirina de manera crónica, la asociación de antiinflamatorios con corticoides, y después hay pacientes que, por su patología, pues puede ser que lo necesiten. Pero bueno.

E1: No, pensaba, si tienes estrategias para conseguir la aceptación o colaboración del paciente cuando te hacen oposición.

DR. A: Bueno, intento seducirlo, pero...

E1: Intento seducirlo.

DR. A: Es una forma.

E1: ¿Y qué le dices?

DR. A: Vamos a ver. Muy pocas veces, o sea, muy pocas veces, yo creo, o sea, muy pocas veces, un paciente... No cuesta el tema del tratamiento, cuesta el tema del diagnóstico. ¿Puedo contar una anécdota?

E1: Sí, sí, todas las que... porque son muy útiles. Y esclarecedoras.

DR. A: Fue al principio, ¿no? Entonces venía, vino un señor y venía con prisas. Y venía a ver la analítica. Y entonces, ya antes, no tengas prisas porque vamos a mirarla y tal, y resulta que la analítica era una diabetes franca. ¿Um? Y entonces, se lo comento, de que no era que estuviese mal la analítica, salía... O sea, la segunda vez se repetía, o sea, diabetes franca, ¿no? Entonces le explicas, le empiezas a explicar, le empiezas a explicar... Ehh... Mmm. Lo que es la diabetes, el estilo de vida, qué tratamientos...

E1: Cuida la vida, vaya.

DR. A: La glicada estaba muy alta, con medidas dietéticas no se iba a bajar, había que tomar ya medidas farmacológicas. Y el señor me puso muy, muy mala cara. Mmm. Y le dije, (**), o sea, ¿qué es lo que pasa? Y me contesta todo serio: usted estame jodendo o día.

E1: Uh...

E2: ¿Está qué?

DR. A: Me está fastidiando el día de una manera muy, muy, muy brusca. Ah. Entonces le contesto, yo, claro, no te esperas eso, ¿no?

E1: Sí, sí, es nada, es una relación muy agresiva.

DR. A: En el punto de reconocer, mira, esto es lo que hay, esto es lo que hay, esto es tuyo, este eres tú, y lo que te he dicho es lo que tienes que hacer. Tú sabrás. Tú sabes lo que tienes que hacer. Tú, somos dos personas mayores de edad, ¿eh? Estamos en un país libre, tú...

E1: Sí, pero bueno, como una reacción emocional, ¿no? También, ¿no?

DR. A: Sí, sí, sí, pero... bueno, después él pudo lograr reconducir la historia.

E1: Ya.

DR. A: Y te cuento otra. ¿Quieres que te cuente tu historia?

E1: Sí, sí, sí.

DR. A: Eh, yo era joven, bastante, bueno, acababa de terminar, eh, la residencia, había vuelto para aquí, y entonces resulta que me dicen, eh, como era el más joven, lo de siempre, las cosas difíciles para el joven. Mmm. Entonces, eh, me dice, mira, hay un... Hay un paciente que viene de fuera, eh, no tenemos... de aquella no había ordenador, no había nada, mmm, vas a... pásale tu consulta. Y entonces es un señor que...

ENFERMERA: Era para ver que no te fueras, porque la señora sigue exactamente igual.

DR. A: No, pero no te preocupes.

ENFERMERA: Acabo de tomar ahora...

DR. A: No te preocupes, ya, ya, ya me encargo yo.

ENFERMERA: Acabo de tomar aquí, la tengo escrita, ¿eh?

DR. A: Vale.

ENFERMERA: A ver, que yo estoy de retén.

DR. A: Vale, Vale.

ENFERMERA: Te lo digo, pero por si...

DR. A: Entonces resulta que... que... la... Mmm... La... Mmm... Paciente obeso, traía toda la medicación de... de Francia, eh, resulta que problemas de... de circulación, un montón de historias, un montón de historias. Mmm. Y la... la conversación fue bastante franca hasta que un momento, pues no sé por qué, se torció. Mmm. Se torció. Se torció la... la conversación. Y no... yo... entonces

cuando acabo... acabo la consulta, antes de que se marchase, lo dije, oye, mira, ¿qué es lo que... qué es lo que he hecho? ¿Qué he dicho? Mmm. ¿Qué he hecho? ¿Qué he dicho? Mmm. Eh... que haya hecho que todo al final haya acabado un poco mal. Entonces se me quedó mirando, se me quedó mirando y me dijo: “¿tienes tiempo?”. ¿No? Sí. ¿Qué tal? Vamos a intentar solucionar el problema. El problema era muy simple. El problema era... claro, yo no me había fijado cuando les prometí un tatuaje aquí numérico. El señor había sido un preso en Mauthausen.

E1: Uh. Uh.

DR. A: De hecho, me dedicó un libro después, eh. Uh, madre mía. Pero no había visto ella. Pero no había visto ella. Entonces yo lo que le dije de una forma muy imperativa que bajase de peso.

E1: Ya, ya, ya, ya.

DR. A: Y después me dijo, me puedes pedir cualquier cosa, pero no me pidas que baje de peso. Porque yo salí de Mauthausen con treinta kilos de peso.

E1: Uh, fue un asunto muy sensible, claro.

DR. A: Entonces...

E1: Sí, sí, sí, sí, sí, sí, bueno, son cuestiones emocionales, ¿no?

DR. A: Sí, hasta lo que veáis lo complicado que puede ser una consulta, que piense uno que es capaz de... que estás diciendo cosas como que muy normalitas y que después resulta que no. Que acabas de decir algo que la persona que está enfrente de ti, pues rememora otra cosa... Y claro, tú... Y tú no lo sabes, y no lo sabes.

E1: No, sabes, has entendido lo que era, ¿no? Un campo de concentración.

DR. A: Nazi.

E2: Oh.

E1: Había estado en un campo de concentración él. Claro, y se había quedado en los huesos, ¿no?

E2: Sí.

E1: Así que era una cosa muy sensible para él, ¿no? Claro, y en esto entonces, y en esto entonces, claro, ¿se puede decir que la medicina es tanto ciencia como arte? Y qué importancia tiene.

DR. A: ¿De arte?

E1: Sí.

DR. A: Vamos a ver, yo soy un forofo de la medicina basada en la evidencia, lo era más antes, ¿eh?

E1: Sí.

DR. A: ¿Sabes lo que es la medicina basada en la evidencia?

E1: Pues era de la inspección, ¿no?

DR. A: No, es un movimiento que aparece a partir de los años 80 en la medicina. Muchas cosas que se hacían en medicina no tenían pruebas de que fueran buenas o malas.

E1: Sí.

DR. A: Y entonces se hacen lo que son revisiones críticas, metaanálisis, estudios de epidemiología para ver si realmente cosas que hacemos los médicos realmente son efectivas o no. Y yo en ese aspecto, de hecho, mi trabajo durante una época ese, evaluar medicamentos, estas historias.

E1: Pero tú eres más de ciencia.

DR. A: Sí.

E1: Pero claro, estás hablando de muchas cuestiones comunicativas, parece, ¿no?

DR. A: Porque las hay, porque no es excluyente.

E1: Claro, y es ahí donde digo, ¿no? Lo de ciencia y arte hasta qué punto...

DR. A: Pero no son excluyentes.

E1: No son excluyentes. ¿No? son relacionadas.

DR. A: Ni de coña.

E1: Ya, o sea que no te atreverías ahí a... ni a dar una prioridad una a otra.

DR. A: Yo creo que, si me dedicase a ciencia pura y dura, fracasaría totalmente, no me haría caso.

E1: Y si te dedicaras al arte puro.

DR. A: Si me dedicase al arte puro... Al arte de comunicar... ...pues igual no tenía mucha formación médica, entonces hay que compaginar las dos cosas.

E2: Sí, cualquier día abrimos un consultorio.

E1: Sí, sí, sí, sí, sí, porque... Bueno, en pacientes que conoces mucho, ¿crees que se llegan a establecer lazos de cercanía y confianza?

DR. A: Aunque no se conozcan mucho.

E1: Se establece.

DR. A: Se establece.

E1: No hace falta conocerse mucho...

DR. A: No.

E1: ...para ser cercano y tener que sentir confianza.

DR. A: Sí.

E1: ¿Y eso te parece positivo? Eres partidario de...

DR. A: Yo soy médico de familia, mi título es médico de familia. Y el médico de familia, pues no es una visión estrictamente médica, la que tenemos de los pacientes.

E1: Ya, o sea que es una cosa, una condición necesaria.

DR. A: Sí, es necesaria.

E1: Establecerlo. ¿Y puedes dar ejemplos de cómo se manifiesta la confianza?

DR. A: Bueno, ejemplos... pues que una mujer te diga a ti de que el marido la maltrata y solamente te lo diga a ti.

E1: Ya, ya.

DR. A: Lo cual te mete en un follón, porque tienes que después decirle a ella que realmente tenemos que hacer algo.

E1: Ya, ya, ya, ya.

DR. A: Y eso ocurre con bastante frecuencia en la consulta.

E1: Ya, sí.

DR. A: Con relativa frecuencia. Quiero decir...

E1: Me lo ha contado una paciente arriba, ¿eh? Vamos, me empezó a contar ella.

DR. A: Sí.

E1: Que se lo cuenta a su médico, me dijo. Sí, sí, sí.

DR. A: ¿Entiendes? Eso ocurre, o sea, realmente verbalizan cosas que igual no se verbalizan en otro sitio.

E1: Sí, sí. A mí me ha dicho lo mismo, que se lo cuenta su médico, sí.

DR. A: Y que te las cuentas y te las cuentan a ti.

E1: Sí, sí, te las cuentan a ti y no te lo cuentan a nadie más.

DR. A: Y no lo cuenta nadie más. Yo no sé si... Ya sabes que aquí en España hubo... Se demonizó al clero. Yo soy ateo, ¿eh? Pero se demonizó al clero y entonces... Pero el clero aquí tenía una función social.

E1: El confesionario, ¿no?

DR. A: Sí, y eso desapareció. Entonces yo creo que aquí también hay cierto confesionario.

E1: Claro, claro. Sí, sí, sí. Si no, es un psicólogo, claro. Y, y en casos de exceso de confianza, donde ha llegado un momento en que se ha llegado a...

DR. A: Eso depende de cómo sea cada uno, yo tiendo a poner un límite, ¿no?

E1: Sabes ponerlo y no te pasa que el paciente...

DR. A: Yo he notado que hay mujeres que me han intentado seducir y ahí tengo que cortar, o sea...

E1: Ya.

E2: ¿En algún momento has cambiado el tratamiento de tú para usted? Para quebrar...

DR. A: O en tú o... la actitud, pero ahí hay...

E1: ¿Marcas distancia de alguna manera? ¿Qué haces para marcar distancia ante un paciente que crees que ya no... la confianza que...

DR. A: Vamos a ver, si no hay confianza, si no hay confianza, que normalmente es una cosa mutua, se le dice muy poca verdad, yo lo he dicho, de que realmente, bueno, y se lo dices, mira, parece que hay un problema de confianza. Si hay un problema de confianza, yo creo que aquí, que es una parte muy importante de todo esto, quizá nuestra razón tenemos que llegar hasta aquí. Hay más médicos en el centro, puedes elegir cualquiera de ellos. Ninguno se me ha ido, por desgracia.

E1: Te quedas ahí metido en el cupo. ¿Y fiarse de su médico? ¿Crees que en general se fían?

DR. A: Si digo que sí, a lo mejor me estoy engañando. Yo sé que realmente me engañan, ¿eh?

E1: Te engañan también, ¿o qué no te lo dicen?

DR. A: Claro, yo cuando veo... ¿Estás tomando tratamiento? Sí, miro para ahí y veo que no lo han recogido desde hace tres meses.

E1: Pero no te lo dicen, no puedo creerlo. Y los de la costa sí, ¿no? Me imagino, ¿no? Si alguien de la costa te diría claramente que no quiere tomarlo...

E2: ¿Eso quiere decir que las recetas de la farmacia entran aquí?

DR. A: Yo las veo.

E2: ¿Que no han sacado de una farmacia de (())?

DR. A: Se ve, automáticamente se ve que las han sacado.

E1: Claro, ahí tienes un control, claro. ¿La comunicación médico-paciente en general es complicada para ti?

DR. A: No. No.

E1: ¿Y si hay una parte un poco complicada?

DR. A: Yo lo que tengo que hacer en casa, a ver, yo vengo a casa los fines de semana es procurar no ver a nadie.

E1: ¿A ningún paciente?

DR. A: No, no, no, y personas. Porque yo llevo todo el santo día hablando.

E1: Y no quiero ver a nadie.

DR. A: Y no quiero ver a nadie.

E2: Muchas veces soy igual.

E1: O sea, que es una cosa personal, sí. Está bien, ¿no? ¿Y en las reuniones de médicos habláis del tema de la comunicación?

DR. A: Sí, a veces hemos tenido algún... ¿Cuál de conflicto, eh?

E1: Ha habido algún caso de conflicto, ya.

DR. A: Por ejemplo, el último que conozco yo, pues, es una pareja, que son pareja, y que tienen médicos distintos. Y cuando ella va arriba, ella va abajo, te cuentan unas historias. Entonces, los médicos, no sé, vamos a tener que hacer algo. Porque están contando lo mismo los dos, uno en contra del otro. Esto no puede seguir así. O... O... Realmente ocurre algo, realmente...

E1: Ya. Ya, entonces, en esos casos de conflictivos, ¿os apoyáis en ese sentido?

DR. A: Sí.

E1: ¿Os dais ideas de qué hacer o así, no? ¿Y los residentes, crees que la comunicación es complicada para ellos? ¿Para los residentes?

DR. A: Al principio, sí. Sí. Y depende mucho del tipo de residente. Yo, por ejemplo, no está aquí, una R1, yo creo, mi perspectiva, es demasiado accesible al paciente.

E1: Ajá. Ya, ya.

DR. A: Y yo creo que eso es lo que suele causar problemas ahí.

E1: ¿Y en qué se nota eso, que es accesible?

DR. A: Eh... Demasiado cercana.

E1: Ajá. ¿Cercana como...?

DR. A: En mucho tuteo, pero ya, si no... O sea, ya es una cosa que...como... Yo a veces me digo, (**), parece que no estás en una cafetería. No estamos en una cafetería.

E1: ¿La forma de hablar o...?

DR. A: La forma de hablar, la forma de vestirse, también.

E1: Ah, ya, ya, ya. Ya, y se puede dar un poco de...

DR. A: Eso puede dar un poquito de problemas.

E1: Ya, ya, ya, ya. ¿Y qué consejos le darías a un residente? ¿Cuál es tu mejor consejo para ellos, en cuanto a la comunicación?

DR. A: Lo primero, escuchar. El problema cuando uno es residente, es que te está hablando el paciente, y estás mentalmente transformando lo que te dice en síndromes.

E1: Ya.

DR. A: Ah, esto puede ser un síndrome de Marfan. Esto puede ser un síndrome urémico. Esto puede ser no sé qué. Y no es eso. Tienes que escucharlo y al final, pues bueno, pero, o sea, escucharle.

E1: Ya. Esa es la... ¿Tu consejo ahí, no? Sí, sí.

DR. A: Sí, sí.

E1: Y luego, de las entrevistas que hemos hecho antes, han salido tres ideas interesantes, donde parece que en la comunicación hay como tres factores. A ver qué importancia le das tú. Uno, la empatía. Dos, la experiencia. Y tres, la formación. ¿Qué te parece?

DR. A: Pues las tres son muy importantes.

E1: Las tres.

DR. A: Sí.

E1: ¿Te parece que...? Claro, la empatía a mí me cae gracia, porque digo, bueno, no todo el mundo es empático.

DR. A: No, pero bueno...

E1: La personal.

DR. A: Eh, bueno, o sea, lo que pasa que a veces, hay procesos que... Sí. Hay procesos que igual te hacen sentirte más empático. No. Eso también depende de tus vivencias.

E1: Claro. Y la experiencia, ¿ahí no?

DR. A: Y tu experiencia, ¿no?

E1: Pero en ese sentido, ¿puede la formación puede de alguna forma compensar?

DR. A: Y yo creo que sobre todo hay que tener empatía con personas que realmente el proceso... Hay veces que realmente, bueno, no tiene... Pero hay otras veces que sí, que una persona que realmente lo está pasando mal, que la situación es mala, yo creo que hay que ponerse a su lugar y... Intentar por lo menos que ella se sienta que te estás haciendo caso y que, aunque no le vayas a solucionar el problema... Eh...

E1: Escuchar.

DR. A: Escuchar.

E1: Ya. Sí.

DR. A: Aquí hay mucho de escuchar, aquí hay mucho de psicología en la consulta primaria, ¿eh?

E1: Sí, sí, ya me lo han dicho arriba también los pacientes también. Sí, sí, sí. Muy conscientes de... Bueno, y para finalizar, lo de los antibióticos. ¿Cuál es tu actitud profesional ante la administración de antibióticos?

DR. A: Yo creo que antes prescribía más que ahora. Eso... Y también había mayor reclamación de prescripción de antibióticos por parte de los pacientes. Mmm. Eh... Hoy en día realmente... Hombre, hay pacientes con EPO, que sí que tienes que dar, pero en... Pacientes con amigdalitis, si no tienen fiebre y tal, pues... O sea, más restrictivo que antes.

E1: ¿Y hay factores sociales que pueden afectar, que pueden afectar a tu decisión médica? Del tipo que vivan lejos, que se marchen de viaje, que... No sé, que tengan algún problema de tipo...

DR. A: ¿Para qué? Para... Para que... Para pres...

E2: Mismo pensando que no, probablemente no...

E1: Que tú no lo recetarías, pero claro, por sus circunstancias, pues a lo mejor...

DR. A: Hombre, te puede pasar, pero bueno, no creo que sea... Como una prescripción preventiva, ¿quieres decir tú?

E2: Sí. O... O... Preventiva o persuasiva. O calmante para un paciente.

DR. A: Sí, ya... Sí, sí. Puede ocurrir que...que...que... Yo creo que a veces es más persuasiva que preventiva. Más persuasiva que preventiva.

E1: ¿Persuasiva de qué?

E2: No... De qué... De que están a ser tratados.

DR. A: Exactamente. De que a veces, si no consigue el paciente... Es una negociación. Si no consigue el paciente la prescripción, a lo mejor resulta que no se te va la consulta o es difícil terminarla de una forma, digamos, amistosa, o por lo menos...

E1: Sí. Y es que justamente eso nos lo mencionaron el otro día en el hospital, eh..., gente de la facultad de farmacia que han hecho una investigación y contaban ese caso, que a veces es como una especie de solución final para poder...

DR. A: Sí. Es que es para terminar un momento...

E1: Sí, pero luego ellos habían hecho encuestas a los pacientes y resulta que les había salido como que el paciente en sí tampoco esperaba que le hubieran recetado antibiótico, sino que... Entonces lo que achacaban era que el médico tenía unas expectativas demasiado altas y que sobrevaloraba las expectativas del paciente.

DR. A: Eso los americanos lo han estudiado y tiene un nombre, no me acuerdo del nombre.

DR. A: Es algo familiar...

E1: Algo así, comprendes, ¿no? Que, si no le recetan antibiótico, va a seguir donde la lata.

DR. A: Sí, es una familia que está en Texas, en el porche de su casa, ¿no? Y está..., los padres... Bueno, una familia bastante grande. Los abuelos, tal, ¿no? Y entonces, por un momento dado, están ahí un poco aburridos y un momento dado alguien dice, pues nos podemos ir a Austin, a no sé qué, a tomar... ¿Qué tomáis allí? Churrasco.

E2: Oh, cerveza mejicana. Churrasco, sí.

DR. A: Y entonces resulta que... Bueno, sí, sí. Y cogen, ¡bumba! y se van hasta Austin. Y llegan a Austin y es festivo. No hay churrasco. Y vienen de vuelta, hacen n sé cuántos kilómetros, tal. Y entonces, cuando vienen de vuelta, ¡buah! Yo tampoco tenía muchas ganas de ir a Austin. ¡Ah, yo tampoco tenía! Entonces, al final, resulta que nadie tenía ganas de ir a Austin. Pero bueno que, a Austin, ¿no? Pues esto es lo mismo, ¿no? Nadie tenía ganas de prescribir nada, pero al final se prescribe.

E2: Sí.

E1: Ya.

DR. A: Porque no... Realmente no se ha sido asertivo en lo que se quería en la consulta. Si alguien de los de Texas, uno dice que no quiere ir, no va nadie y no hay conflicto.

E1: Ya, ya, ya, sí.

DR. A: Es más, le provoca... Le quitas su problema a todo el mundo.

E1: Ya, ya.

DR. A: La solución es cuando... Son soluciones, a veces, digamos, gregarias, nunca se llega a buen término.

E1: ¿Y ellos te piden cuando les dices que no? Son de los que insisten en que les des...

DR. A: Yo creo que en eso ahora sí que ha habido mucha educación sanitaria. Yo solo veo niños en urgencias y cuando tú le explicas a la madre le has hecho un test de estreptococo que luego te sale negativo y le dices mira no hay que dar antibiótico, pues no se lo doy y eso antes no ocurría.

E1: ¿Y de dónde viene también los medios han sido buenos en ese sentido los medios de comunicación o campañas?

DR. A: Pues que ahora tienes alguna prueba que te objetiva, que te apoye.

E1: O sea, porque lo dices tú que esta prueba no es lo de...Si no pensamos si a lo mejor...

DR. A: Hemos tomado esta muestra y sale...

E1: ...las campañas de publicidad...

DR. A: ...y sale negativo, no hay que dar antibiótico. Ah, pues entonces vale, muy bien, solamente tratamientos sintomáticos...

E1: O sea, que ya no lo consideran la panacea universal. Vale, bueno pues yo ya tengo todo acabado.

[El médico y las entrevistadoras brevemente sobre el proyecto, el proceso de la aprobación en el comité ético y las personas involucradas en el proyecto, aportando datos privados que pueden identificarlas.]

Interview 2: DR. B

DR. B: Interviewed doctor

E: Interviewer

[Inicio de la entrevista con datos personales del médico, su trayectoria personal e información sobre la clínica en la que trabajan. Se ha eliminado de la transcripción debido a la protección de datos personales.]

E: ¿Tú dirías que este centro es especialmente característico en cuanto a centro rural? ¿Tú crees que hay mucha diferencia con lo que se podría encontrar, por ejemplo, en Vigo en Coruña?

DR. B: Sí, yo creo que la gente de ciudad cambia respecto a la actitud hacia la gente de rural o medio rural, por ejemplo, como podían ser pueblos muy cercanos a poblaciones grandes y que ya tienen un volumen de población. La gente del rural, es mi impresión, es una gente que al principio te cuesta un cierto trabajo romper esa relación y a partir de ahí creo que son mucho más confiados, por ejemplo, en el médico, en la profesión médica. Y hay una pequeña diferencia entre la costa, porque yo trabajé en zonas de costa y en zonas de rural, del interior, vamos. La zona de la costa... Es más fácil, o sea, son mucho más bruscos en las primeras relaciones y sin embargo después, cuando le ganas la confianza, ya es entrega absoluta. En el interior siempre hay un poquito más de recelo.

E: A pesar de conocerse.

DR. B: Sí, aunque te digo que es más que en ciudad, porque en la ciudad, pues, yo creo que influye mucho más la accesibilidad a la opinión de otros profesionales y tal. Sin embargo... Sin embargo, en rural, bueno, pues si confían en ti...

E: ...confían en ti.

DR. B: De hecho, pues, no es infrecuente que haya gente que va al especialista, que lo derivas tú y va al especialista y viene, y viene con el tratamiento y hasta que tú le dices si él puede tomar o no, no lo empieza a tomar.

E: Sí. ¿Y tratas a tus pacientes por tú, usted?

DR. B: Yo generalmente intento usar el tuteo, excepto que la persona sea muy mayor, porque si es muy mayor, bueno, muy mayor, ya respecto a mí, me refiero que ya... Porque me da la impresión de que genero más confianza con la persona. O sea, siempre después de un previo conocimiento, ¿no? Al principio una persona que llega nueva a la consulta, la trato de usted. Si luego, por ejemplo, hay una segunda consulta y vas generando una empatía y tal, pues el tuteo me parece más...

E: ¿Y tienes la idea que ese... ese cambio para el tuteo? ¿Ocurre durante una consulta o bien entre consultas? Que empiezas...

DR. B: No, yo creo que es como un poco como cuando conoces a una persona y te vas familiarizando con ella. Y llega un momento que la forma de dirigirte a ella no la piensas, no lo haces, te sale de forma, pues, inconsciente o de una forma inmediata. O sea, por ejemplo, ahora... Estamos hablando nosotros aquí, a lo mejor, pues, si fuera la primera vez, pues nos tratábamos de usted. Pero luego, si ya tienes una segunda impresión y esa persona, pues, te resulta con una cierta cercanía o proximidad y tal, pues es algo que sale innato. No lo tengo programado solo con la gente mayor porque sí es una... Bueno, a lo mejor es un tema ya de tradición de los mayores aquí del... Yo, por ejemplo... Por ejemplo, pues, incluso a nivel familiar con mis suegros, pues los trato de usted. Aunque luego... Usted va a hacer esto y tal, y luego la siguiente frase a lo mejor es, pues, justo tráeme esto o te voy a hacer esto o tal. O sea, no es una cosa que la tenga pensada.

E: ¿Lo asocia con el respeto, el uso de usted?

DR. B: El uso de usted lo asocio más con mantener una cierta... No sé, no es... A lo mejor no es la palabra lejanía, sino... Aún no sé con quién estoy hablando.

E: ¿De reserva, quizás?

DR. B: De reserva, sí.

E: Y, por ejemplo, en el caso del respeto, ¿hay algunas señales que te parezca que indican, por ejemplo, un respeto del paciente por su médico?

DR. B: Yo el respeto lo valoro siempre en una actitud. O sea, la persona que llega, creo que la educación es la clave. Si viene una persona... Si viene una persona educada y es una... Por ejemplo, un chico o una chica joven y me trata de usted, de tú, a mí no me parece una falta de respeto siempre que sea de una forma educada. Sin embargo, si es una persona que no manifiesta señales de educación, me da igual cómo me trate porque no... (RISAS)

E: ¿Y esos signos cómo los percibes? ¿Dónde... los de dónde ves tú?

DR. B: Yo... Tengo una cosa. En toda mi experiencia profesional... Mi primera actitud siempre es de respeto a... Bueno, no quiero hacer una alabanza en mí. Yo la persona que me entra por la puerta me merece mucho respeto porque en principio creo que viene a buscar un... Que tiene un problema de salud. Entonces yo, mi actitud siempre es conciliadora. Incluso a veces en situaciones que a lo mejor gane un poco de estrés, pues... Y si la respuesta de él es normal, pues yo eso es lo que valoro. O sea, valoro una postura de educación. O sea, que la gente llegue, que tenga un respeto, que te salude, que se siente, que haga las preguntas normales. No me importa que sea más redundante o menos, sino que se mantenga dentro de una postura educada.

E: Y si no lo hace... Por ejemplo, alguien entra y usa un tú sin respeto. ¿Cómo reaccionas? ¿Qué dices?

DR. B: Mira, no se dieron muchos casos de... Cuando una persona entre y entre con una postura maleducada, yo lo que intento es intentar serenarnos. Y luego le pido, por favor, que las cosas de una forma educada y de una forma correcta van mucho mejor que de una forma violenta. Y en todo caso, cuando hay alguno que hay que hacérselo ver un poco más, le digo que es imprescindible que, si viene a preguntar por un tema de salud, que haya un respeto hacia el profesional, porque es que si no confía o no viene de unas buenas maneras hacia una persona que va a valorar su salud, mal empezamos. Generalmente con eso llega.

E: ¿Y ejemplos de falta de respeto? ¿Dónde tú identificas que me está faltando al respeto?

DR. B: Yo no tuve muchas sensaciones... A lo mejor es por mi presencia. Ya ves que parezco más un papá Noel. (RISAS) No tengo muchas sensaciones de que me está faltando al respeto. Por ejemplo, hay anécdotas a lo largo de... Pues bueno, yo me acuerdo una anécdota, seguro que pasaron muchas más, pero si una que tengo más presente fue el típico hombretón destes que viene y quiere buscar un parte de confirmación que es renovar una baja. Y que llega, o sea, debía venir con prisa o tal, y llega y te tira la tarjeta encima de la mesa y me dice: “veño buscar o parte de confirmación”. E dixer: “bueno”. A contestación miña foi: “mire, píddolle por favor que se sente. Mire, algunha vez trateino eu con falta de respeto?” Bueno, yo de todas formas un poco nervioso porque era... Y dice, no. E bueno, “voulle pedir un favor, mire, séntese. Se fai o favor, sale pola porta, está fóra, vou esperar por usted, toca a porta e pregunta se se pode pasar, chega, séntase, que non lle vamos meter prisa, pon a tarjeta encima da mesa e, a partir de aí, vamos empezar”. Se quedó mirando pa’ mí y dice... “pois vouno facer”. A partir de ahí nunca hubo más problemas. Situaciones de estas de... Porque me tocaba de entrar a las doce y media y a veces, pues aquí, no cabe duda que a lo mejor te saltas un... Yo salgo siempre a llamar a la puerta, nunca le digo que pase. Voy a la puerta y llamo. Pero a veces vas con el papel, con la lista y te salta. Y te tengo que... Y dice, pero mire, es que yo hablé con... Pues mire, perdone, pues sí, es verdad. Si no le importa, ahora atiando el que tengo dentro y luego lo vuelvo a atender. Bueno, yo intento no crear ningún tipo de conflictividad. Intentar llevarme lo mejor que pueda con los pacientes. Y esa es la actitud de ese hombre.

E: Y en ese sentido, por ejemplo, crear lazos de cercanía y confianza. ¿Es algo que haces o que le ves algo... ¿Lo haces o te parece positivo hacerlo?

DR. B: Mire, yo valoro la medicina primaria, la atención primaria como un acercamiento al paciente. O sea, lo que intento es conseguir que el paciente confíe en mí, aparte de como los conocimientos médicos que yo pueda tener, como que me considere una persona fiable y asequible. Y a partir de ahí, el resto... hago lo que puedo. Digo a nivel de tratamiento médico y tal. Yo lo que sí tengo en la máxima es que primaria tiene unos topes, esos no los paso. Ante la menor duda, intento que el paciente tenerlo muy cercano para ver la evolución. Y cuando hay algo que me parece que no funciona bien, lo derivó a especializada, que es eso la verdad.

E: Pero mantienes una distancia profesional con los pacientes o eso, tratas de acercarte personalmente a ellos...

DR. B: Sí. Yo intento mantener una relación de médico-paciente lo más próxima posible. Incluso, pues a veces tengo conseguido... Bueno, surgen espontáneamente de pacientes que a lo mejor te dicen, le voy a contar cosas que no le conté ni a mis hijos, ni a mi familia, ni a nadie. Eso para mí es muy positivo porque sé que esa persona confía en mí. Ya digo, no al 100% médico. Porque intento también que sea así para hacerle ver que cuando yo no llegue que hay otras vías de derivación. Y valoro mucho esa... no sé, lo que me parece a mí que es una entrega. Yo considero que primaria tienes que tener más que nada la confianza del paciente. Que el paciente pueda llegar junto a ti confiado, que te pueda explicar lo que le dé la gana y ser asequible. O sea, no ponerle trabas de decir, hoy no puedo, mañana no puedo. O yo aunque sea un minuto. Pues ahí a lo mejor estás muy sobrecargado. Dices, ay no vengas, ven mañana o ven pasado mañana. Pero sin alguna contestación no lo dejo marchar.

E: Y cuando indicas un tratamiento, ¿te pasa con frecuencia que lo rechacen?

DR. B: No, a ver, cada vez el paciente solicita más. O sea, en principio el paciente valora su salud en función del tratamiento. Muchas veces, o sea, muchas veces. Un montón de veces no hay tratamiento para todo. Porque hay patología psicosomática, hay situaciones familiares, profesionales, económicas y tal que no las podemos resolver nosotros aquí. En ese aspecto intento un poco compartir su situación. O sea, decirle, pues lo entiendo, esto y tal, yo haría así, no haría así. Que a veces no es tema estrictamente médico. Luego, en el tema de la prescripción. Bueno, muchas veces, pues intentas cuando, por ejemplo, a nivel de dolor. Que te dicen, pues tengo mucho dolor y tal. Y dices tú, pues no me parece que con esto llegue, le voy dar más. Entonces, siempre intentas avisarlo de los efectos secundarios. De que lo ideal es el mínimo tratamiento eficaz. Y el tratamiento a veces no lo resuelve todo. Bueno, hay sí efectos secundarios, que porque cada vez usamos más fármacos y aparecen más efectos secundarios. Yo les aviso que cuando lo tengan. Siempre les digo lo mismo. Además, tengo una frase. Yo soy muy de pueblo. Porque siempre trabajé...(RISAS) Digo, mira, si lleváis un tratamiento y no os sienta bien. Le pongo el ejemplo, dices, como el que va a una zapatería. Deja los zapatos viejos y se lleva los nuevos. Pero a los quinientos metros los zapatos le lastiman. Y dice, bueno, o los saca o antes de sacarlos vuelve a la zapatería. Le dice, mira, dame los viejos y se los dejo estos. Pero descalzos no andar. Con eso que les quiero transmitir, si un tratamiento les siente mal, que no sigan tomándolo, pero que vengán a buscar otra alternativa. Yo intento hablarles mucho en el lenguaje mío que es de pueblo.

E: Y en general, ¿hay una tendencia a pedir medicamentos o a rechazarlos?

DR. B: Yo, el rechazo del medicamento generalmente viene dado más. Porque, por incompatibilidades. Porque no les sienten, por efectos adversos. Luego, generalmente, pues el paciente que está polimedicado. Muchas veces escuchas la frase esa, dice, “pero, aún da teño que tomar más?” Ahora tienes una infección añadida, te salió una lesión de piel o tal. Y tienes que, “pois xa teño bastante”. Y, bueno, a veces el añadir tratamiento, sobre todo en personas ya muy medicadas. Les causa un... Un estrés suplementario. Pero claro, siempre que se lo das es porque tú valoras que necesitan algo más en ese momento.

E: Y si alguien pide un medicamento que crees que no deberían tener. Puede ser un antibiótico, puede ser cualquier otra cosa. ¿Es práctica recetar placebos? Para que sientan que...

DR. B: No. Yo... No me gusta... O sea... No me sale en... En... Practicar ningún tipo de engaño con un paciente. O sea, yo le puedo decir, mira, tú no necesitas un antibiótico. O con el tratamiento que

estás llegando debe ser suficiente. Lo que, por ejemplo, alguna madre que viene con... Es que, si me das el antibiótico dentro de dos días, pues va a tener tal... Ya verás cómo tengo que venir. Pues que no te importe. Vienes, que no hay ningún problema. Me llamas por teléfono. O tal, porque es preferible. Y siempre le vendes un poco la moto. En el sentido de decirle, mira, es que cuanto más... Por en el caso de los antibióticos. Cuanto más antibiótico le des, más resistencia vas a generar. Te estás jugando... Te estás jugando la salud del niño o de la niña en el futuro. Esto tal... Bueno, pues que se han pasado más veces. Bueno, porque más te da. Aunque el pase, por lo mejor de esta vez no pasa. Yo no le doy un tratamiento con la conciencia de que es un placebo. Sí que les tengo dicho muchas veces a mucha gente. Dicen, mira, lo que estás tomando es como, pues, por ejemplo, no sé, ansiolíticos a dosis muy bajas. Sí que los tomas... Eso prácticamente es lo mismo que si no tomaras nada. E intenta dejarlo, pues esto... Bien, siempre que doy un tratamiento procuro consensuarlo con el paciente.

E: Sí, en ese sentido también a veces consensuarlo. Pero también lo tratas de involucrarlo en lo que es en la toma de decisión o la decisión es tuya.

DR. B: No. Yo, por ejemplo, cuando es un tema, un problema de infección, un tema puntual que es así, se da por hecho que, bueno, lo que le estás diciendo, pues mira, tienes una otitis, tienes una bronquitis, tienes que tomar un antibiótico, que eres alérgico, no eres alérgico, bien, llevas este antibiótico. Bien, en primaria muchas veces los tratamientos los iniciamos de forma empírica y a veces, pues, le comunicas, mira, este antibiótico lo tienes que tomar 10 días, pero generalmente los cinco días debías notar mejoría o los cuatro días o los 7. A veces el antibiótico que te estoy dando, aunque vale, pues, por ejemplo, para infecciones respiratorias, no, el germen que tú tienes no te vale, pero en esos 3, cuatro días si no vuelves y cuando es una patología crónica, yo lo que hago, lo que hago es ver, pues, por ejemplo, una diabetes. Yo le digo, mira, usted tiene una diabetes. Esta diabetes es evolutiva.

E: Es sí. Es evolutiva. Ah, es evolutiva.

DR. B: Es una enfermedad que tiene unas consecuencias terribles. Usted tiene que hacerse cargo de lo que tiene o tú tienes que hacerte cargo de lo que tiene. Yo te voy a poner los medios que yo conozco a tu disposición y las veces que tú quieras venir aquí a tu disposición hacemos los controles que sea, pero yo no voy a estar contigo las 24 horas. O sea, que tú tienes que hacerte cargo de tu patología. Tienes que hacerlo. Bueno, la típica balanza que le pones, dice, mira, por aquí está el ejercicio, la dieta, el tratamiento y aquí está la enfermedad. Entonces tú tienes que balancear esto y cuanto más te pases una cosa, más. Intento involucrar siempre al paciente y si no es el paciente porque es mayor y tal, al cuidador o a la cuidadora del paciente.

E: También. Entonces, claro, en todo este proceso de comunicación, ¿dirías que la medicina tiene una parte de ciencia, una parte de arte y en qué proporción?

DR. B: Yo creo que la medicina primaria está más en, más es, no sé si es un arte, pero es un método de tú intentar ganarte la confianza del paciente y luego infecciones, tal. Pero, sobre todo en patología crónica, que es lo que más nosotros vemos que son hipertensión, diabetes e tal. Ahí, desde que te ganas la confianza del paciente, que le haces ver la gravedad o las posibles consecuencias... Luego el tratamiento es muy importante, pero es más importante hacerle ver al paciente lo que tiene y llegar a un consenso con él. O sea, pues lo típico. Mira, bueno, yo por ejemplo, “non me volvas por aquí” y hay que entender ese “non me volvas por aquí”. Si pa’ dentro de los dos meses que quedamos no me adelgazas un kilo o no me vienes con. Es un poco un compromiso que tú generas con el paciente para hacerle ver que tú estás preocupado por tal y que él tiene que responder a eso, ¿no? No sé si...

E: Y tú ahí le hablas con el caso de no me vengas por aquí, suena como muy llano, ¿no?

DR. B: Ya, pero eso de no me vengas por aquí no es que no vuelva, sino...

E: Sí, sí, en los sentidos, sí.

DR. B: Si tú no vienes con esto vas a tener problemas, problemas conmigo entre comillas.

E: Sí, como una lengua muy llana, muy cercana, ¿no?

DR. B: Yo te digo, yo me gusta hablarles a ellos como yo lo entiendo.

E: Sí, sí.

DR. B: Como yo lo entiendo, como me gusta.

E: Y así te funciona bien, digamos, este tipo de hablarle en términos médicos, esto es lo que hay, el problema...

DR. B: A mí no funciona bien. Yo, mira, incluso dentro de una consulta, y lo veréis en las grabaciones, porque no corté a nada todo lo... Sí. Bueno, pues incluso se suelta algún “coño” dentro de... Sí, sí. Tal, pues ahí veréis, bueno, pues incluso... Y no lo hice adrede, pero, por ejemplo, pues yo tengo algún paciente que no tiene en estos momentos medios económicos para comprar los medicamentos, le busco alguna vía de que lo pueda hacer... Sí. Alguno a base de poca cosa, pero tal... En fin, yo trato al paciente como si fuera de mi familia.

E: Y en las entrevistas que hemos hecho anteriores han salido como tres factores importantes en la comunicación. Uno es la empatía, otro es la experiencia y otro es la formación. Dentro de esos tres valores, ¿cuál dirías tú que para ti es más importante?

DR. B: Mira, la formación cada uno tiene la que tiene. Y luego en primaria, pues tienes áreas de la medicina que tú estás más formado que en otras, porque es imposible.

E: Pero pensaba en la comunicación, en la especie de comunicación.

DR. B: Para mí lo más importante, ya te digo, primero es la empatía porque tanto el paciente como yo vamos a tener una reciprocidad para saber si la cosa va bien o no va bien. Y si no va bien, pues tener la confianza suficiente para intentar buscar otra alternativa para que vaya bien. Luego, la experiencia es muy importante porque te permite... A veces este tipo de situaciones es un poco más complicadas, pues resolverlas ya por hechos previos que te dan esa experiencia...

E: Sí.

DR. B: Y la formación, pues ya te digo, nosotros intentamos hacer una formación constante de estar siempre un poco puestos al día. Pero es que yo, mi experiencia es que en los últimos años esto se está desbordando. Porque es que ahora en la atención primaria están haciendo un saco sin fondo ahí porque todo especializada, todo deriva primaria. Vas al médico de cabecera que te derive para lo otro, un especialista. Yo viví experiencias, por ejemplo, donde un paciente tú lo derivabas y tenía, por poner un ejemplo, una cardiopatía, pero generada a lo mejor por una diabetes y tenía una insuficiencia venosa periférica. O sea, tenía una polipatología. Bien. Tenía un cuadro agudo, pues que era una descompensación, por ejemplo, de su insuficiencia cardíaca. Pero llegaba, lo ingresaban en cardiología, lo remontaban, hacían una interconsulta con el servicio de endocrino. A lo mejor pasaba el vascular por allí. Y venía el paciente, como decíamos nosotros, nos veían el paciente remontado para tirar. O sea, para... Ahora si va a cardiología, la alta, si puede ser en tres días, no es en cuatro. Si tiene que ir a insuficiencia venosa, que venga el médico de cabecera y que lo mande. Pero con todas las complicaciones que tiene volver a derivarlo...

E: Sí.

DR. B: ...porque ahora hay que hacerlo a través de o consulta o teleconsulta, etcétera, etcétera. Bien. Si luego ese paciente tiene que ir a un problema de vascular, tiene que ir por otro día. Entonces, hay pacientes que después de un ingreso de 20 días, vienen y a la semana siguiente tienen que volver al hospital. No urgente, pero a otra especialidad. Por un problema que a veces se generó dentro del hospital.

E: Sí, sí, sí.

DR. B: Entonces, aquí intenta que hagamos cirugía menor, que hagamos ecografía, por ejemplo. Yo no... Hay gente que tiene mucha formación y que hace bien las ecografías. Pero luego entra otro tema que es lo de la responsabilidad médica, por ejemplo. Yo como médico de primaria, pues, por ejemplo, puedo hacer una abstracción de un lipómato, un quiste graso. Pero si hay cualquier complicación. Y no fue el caso, porque de verdad, gracias a Dios, déjame tocar madera. Pero hay una complicación y me llevan al juzgado. El juez va a decir, sí, usted es licenciado en medicina y cirugía. Pero usted, ¿qué experiencia tiene, por ejemplo, sacando lipomas, uñas encarnadas?

Patología que en principio... O sea, cirugía que es cirugía menor, que la puede hacer él. Pero dentro de un contexto de cuarenta pacientes que sales para allí y estás un poco apurado, bueno, se infecta cualquier cosa y el juez lo primero que te va a decir es, y usted tiene un especialista, ¿por qué no lo mandó el especialista? Entonces, yo creo que en los últimos años se pasó una fase en la medicina que es primaria intentar abarcar todo. Y es imposible.

E: Ya, sí, sí, sí.

DR. B: Es imposible. Los especialistas están para algo. Tenemos que respetarlos mucho.

E: Sí, ahí tienes que decidirlo. Claro. Si tú te vas a tomar otra decisión. Bueno, yo solamente tenía una última pregunta. Hablas normalmente gallego con tus pacientes.

DR. B: Sí.

E: ¿Es algo que tomas tú la iniciativa, ellos o...?

DR. B: Mira, yo, por ejemplo, ahora estoy hablando contigo y ves que a veces se me va el gallego.

E: Sí.

DR. B: También es un poco según me hable la otra persona. Si la otra persona me habla en castellano, yo automáticamente... O sea, y... Inconscientemente no tengo problema en contestarle en castellano. No tengo yo el gallego oficializado aquí. Me sale y conforme viene una persona que te... Pues es lo de todos los días. O sea, no... como en casa.

E: Pero ¿te ayuda de alguna manera también en ese proceso de cercanía de...?

DR. B: A mí me ayuda mucho sobre todo a nivel de las zonas donde estuve porque yo me cría en una zona rural, pues mis abuelos eran labradores. Y bueno, pues... Aquí no tanto, pero en otras zonas, pues incluso dentro de la consulta, pues hablas de las vacas. Veréis que yo en alguna grabación, pues a lo mejor estoy atendiendo a la mujer y estamos hablando más del marido, porque la mujer no viene por una consulta a lo mejor que es simplemente una consulta de rutina y, sin embargo, el marido sí que tiene una... “Bueno, pois que tal está (***)”, melloroulle aquilo e tal”. Y mezclo un poco porque... Si conoces un poco lo que le está pasando a esa familia, pues intentas hacer un todo, no... O sea, no es ahora tú vienes aquí y no me hables de esto. No, no, si ella saca la conversación o él de qué le está pasando con el hijo o con esto, pues la consulta está para eso. O sea, para... Bueno, vamos, dentro de lo que yo entiendo la atención primaria.

E2: Y una cosa. Ayer (***) nos dijo que tenía algo que algunos de los pacientes, sabiendo que... Sabiendo que estaban a ser grabadas, en vez de hablar en gallego, hablaron en castellano.

E: Pacientes que normalmente hablan en gallego con él cambiaron a castellano.

DR. B: Mira, yo aquí les dije... Bueno, de estos latiguillos o recursos que tú sacas para tal... Cuando, ven, dicen: “mira, estamos facendo unha... Estamos gravando a consulta porque hai unhas profesoras de, dunha universidade, tal...E, como esto é un estudio serio, pois para que se, se garantice que a persoa que está gravada, pois pedímosvos unha firma. Fai un garabato e todo eso. E, a partir de aí, esto pasa pa’ aquí e olvidouse o...o tema.

E2: Sí, sí.

E: Y la gente se preocupa por...

E2: Pero no tenías la...

DR. B: Con naturalidad.

E: Con naturalidad. Ni cambio de idioma ni nada.

DR. B: Ni cambio de idioma ni nada. E...algunha (RISAS), que ao final intentan facer esa loa, porque sempre hay los pelotas y tal.

E: Bueno, pero es sincero.

DR. B: Y dicen, no, no, no. Dicen, no, no, no. “Non fales máis, que xa está apagada”. Ay, no lo sabía tal. No, xa está apagada. Vamos a ver, aquí yo entiendo que lo que vosotros buscáis es lo que pasa en una consulta.

E: Sí, sí, lo más (()).

DR. B: Y yo no escondí nada. Sí. Yo dentro de la consulta no escondí nada. Si yo hago de una forma, de una forma. Si hablen y tal. Y, además le dije, podéis hablar, o sea, a lo mejor en alguna sala. Hablar totalmente natural porque ni va a aparecer vuestro nombre ni va a aparecer el mío, ya les dije. O sea, que no hay ningún tipo de problema lo que hay.

E: Sí, transcribimos. Y nada más. La llevo y así, pero bueno, pero muy bien que hayan mantenido también porque indican si están a gusto aquí. Sí, sí. No sienten ni... Aunque haya esto por medio.

DR. B: No, ya te digo. Esto... Yo creo que no hubo tal... A lo mejor en las encuestas que no dicen porque yo estos días, aún ayer fui al... domicilio ese de marras y me quedó el cuño ahí. No sé cómo voy a arreglar hasta que me lo traigan. Pero bueno, salvo en las encuestas que supongo que ahí... A ver, el... No quiero ser yo chauvinista, pero... El gallo generalmente es agradecido y tal. Y entonces incluso a veces un poco de agradecimiento de más y si tal pues dice, bueno, pues me intento dejar lo mejor posible. Supongo que, aunque no hay nombre en la encuesta y tal, que en la encuesta pues serán un poco... Intentarán dejarte un poco mejor.

E: Sí, sí. La gente ha sido muy... Sí.

DR. B: Pero aquí en el día a día eso es tal cual, ¿eh?

E: Sí.

DR. B: No hay otra. No hay otra.

E: Bueno, muchas gracias por tu tiempo. Ha sido un gusto también escucharte.

DR. B: Sí. Pues fue un placer teneros ahora aquí. O sea, ahora y estos días.

E: Muchas gracias.

(Las entrevistadoras y el médico hablan sobre aspectos organizativos de las grabaciones, omitido en la transcripción por protección de datos)

Interview 3: DR. C

DR. C: Interviewed doctor

E: Interviewer

[Inicio de la entrevista con datos personales del médico, su trayectoria personal e información sobre la clínica en la que trabajan. Se ha eliminado de la transcripción debido a la protección de datos personales.]

E: Y en varios estudios con el tratado de Bolonia han cortado el número de años. Han hecho lo mismo en el área de medicina. O sea...

DR. C: ¿Han cortado?

E: Sí, han reducido. No sé, no, no, aquí no. Aquí empezó siendo... Yo cuando acabé se podía trabajar con el título de medicina general. Yo creo que ya se empezaba a ver la especialidad, pero no era obligatorio. Yo trabajaba como médico general, en médico de atención primaria. Entonces ahora sí que es obligatorio, hay que hacer. Y antes creo que eran tres años y ahora creo que son cuatro de especialidad. Nosotros, como ya estabas trabajando, incluso alguno ya tenía plaza en el Servicio Nacional de Salud, pues nos permitieron el acceso al título de... hicieron otra vía. Porque cuando acabé a mí nadie... Ya me dejaron trabajar, nadie me dijo que tenía que hacer médico de familia. Entonces hicimos acceso por otra vía. Entonces alguno a través de cursillos, exámenes, alguno hizo alguna otra... Alguna otra... alguna otra vía, no recuerdo. Pero ahora sí que hay que hacerlo. Porque ahora una situación un poco... Yo puedo trabajar, puedo ser médico. De hecho, ya llevaba siendo médico de atención primaria. Me habías contratado tú y tú ahora me dices que se necesita, que yo no valgo. Que tengo que hacer... no sabes, era un poquito la diatriba esa. Pero ahora sí, ahora ya todo el mundo... Ahora hacen la carrera de medicina, son seis años de estudios. Y tienes que hacer la especialidad de medicina de familia, que son otros cuatro años. El resto de las especialidades son hospitalarias, medicina de familia, también se hacen en el hospital, pero hacen prácticas también... Aquí hay algún alumno que viene a hacer prácticas aquí.

E: Entonces son diez años antes de ser residente.

DR. C: No, no, no, no, no. Eres residente mientras estás haciendo la especialidad, eres residente. En esos últimos cuatro años eres residente. Ahí estás, claro, estás cobrando. Cobras, no mucho, pero cobras. Acabas la residencia y no tienes trabajo. Te buscas la vida. Tienes que buscarte una plaza o trabajar por tu cuenta.

E: Y no hay espacio, por ejemplo, en este centro de salud para incorporar a algún residente.

DR. C: Algún residente viene a hacer prácticas. Lo que pasa es que aquí no hay plazas para más médicos.

E: ¿Quién determina? ¿La Junta?

DR. C: Las autoridades, sí.

E: ¿Y cuántos años llevas en este centro?

DR. C: Yo en este centro llevo ocho.

E: Eres uno de los más ancianos aquí.

DR. C: No, creo que el más... El más antiguo creo que es (***), que llevaba más tiempo aquí. Después... Bueno, está la pediatra. La pediatra también tiene mucha antigüedad aquí, sí, de toda la vida.

E: Ah, bueno.

DR. C: Después el resto de médicos, creo que estamos (**) y yo y (**), debemos llevar ocho años. Y (**) y (**). (**) es el que menos tiempo lleva aquí. Y (**) lleva un poquito más que (**).

E: Y tienes todo tipo de pacientes o un grupo en particular.

DR. C: No, no. Todo tipo de pacientes. Lo que no vemos es, de forma habitual, los médicos de familia, al tener pediatra, no vemos niños de menos de quince años, no vienen a consulta. Salvo un día que esté de vacaciones o haya faltado la pediatra, entonces sí que nos reparten... Si yo tengo un paciente y acude el hijo de ese paciente y no está (*nombre de la pediatra*), me lo ponen a mí.

E: Ah, bueno.

DR. C: Me lo ponen al médico, que es médico, digamos, de sus padres. O de la madre del padre.

E: Ah.

DR. C: Sí. Es la forma de distribuirlo, porque no...

E: Sí, hace sentido. Claro. Nunca había pensado. Y, ¿cuánto tiempo tienes asignado para cada paciente normalmente?

DR. C: Pues, te digo, aquí por ejemplo hoy... aquí lo ves...

E: Varía.

DR. C: Hoy tenía 23. Pues tenía... empecé a las 8:45, a las 9 otro, a las 9:02. Depende. Ponen, por ejemplo, si es para la renovación de recetas o para un acto administrativo, ponen poquito tiempo, dos, tres minutos. Si es para consulta, por ejemplo, consulta, ponen de 9:32 a... siete minutos.

E: Sí. ¿Eh?

DR. C: De 9:39 a siete minutos. Pero bueno, varía. No... a veces tienes anotado para consulta y no es para consulta. Y otras veces tienes anotado para recetas y a lo mejor es para recetas, pero... dices, bueno, ya que estoy aquí, mire, míreme porque me duele...

E: Sí ¿Y aceptas?

DR. C: Sí. Yo acepto todo. Yo llegué a la conclusión de que el paciente es como si viene sin cita. Yo lo veo igual. Si no lo veo...

E: Si no es hoy, es mañana...

DR. C: Si no lo veo hoy, tengo que verlo mañana. Entonces, mire, ya no discuto. Ni él conmigo, ni yo con él. Bueno, pues lo veo hoy.

E: Y marcan consultas ¿hasta qué horas? ¿Hasta la una?

DR. C: Pues yo empiezo a las menos cuarto, ocho cuarenta y cinco. Y marcan consultas hasta la una y diez o una y cuarto, creo. Sí. Una y cuarto.

E: Y entonces como...

DR. C: Son cuatro horas y media.

E: Sí. Pero entonces... Pero claro, si están extendiendo, no sales a horas, supongo.

DR. C: Bueno, a ver, aquí tengo la ventaja, yo tuve más pacientes aquí, ahora no tengo tantos.

E: Sí, pero en este horario, basta cada persona que entra para una consulta pedir más una cosa y el horario está...

DR. C: Ya, habitualmente vamos un poco retrasados, pero bueno, mira, aquí, por ejemplo, el horario es 12:50 y la siguiente es hasta que hay hueco. Aquí no está completa.

E: Ah, sí, sí, da tiempo para...

DR. C: Claro, porque no tengo todos los huecos cubiertos.

E: Sí, sí, está bien, está bien.

DR. C: Cuando empecé, sí, porque cuando empecé, cuando empecé, éramos un médico menos. Aquí, hace ocho años, digamos, cuando yo vine para aquí, éramos un médico menos. Y entonces nos quitaron algo de gente, algunos, para ese médico, entonces por eso tenemos menos.

E: Bueno, ese no había, pensaba, la primera vez que vi las hojas, pensaba que eso quería decir que sería una consulta mayor.

DR. C: No, no, las consultas las tenemos distribuidas... el tiempo por consulta, el consensuado, creo que cada uno puso el suyo, pero se consensuan cinco o siete minutos. El tiempo por acto administrativo, pues es uno o dos minutos.

E: Y aquí es cuando empiezas a hablar con ellos.

DR. C: Aquí es cuando acabé, cuando ya cerré y cuando acabé.

E: Ah.

DR. C: ¿Me entiendes?

E: Sí.

DR. C: Yo creo que es cuando da.

E: Y no cuando abres el...

DR. C: Espérate, a ver, creo, no lo sé. Déjame ver aquí... (*nombre de paciente*) En seguimiento... Déjame ver aquí...13:05:58, sí. Entonces, aquí debe ser cuando empecé. Sí. Cuando abrí el... Que hay veces que empiezas antes...

E: Sí.

DR. C: Y no abres la... Empiezas a hablar y no abres. No, solamente cuando abres el... Claro, el programa. Y, ¡epa!, me salí yo fuera. Cerré, cerré, tengo que abrir. Me salí fuera de... Pero creo que estaba... doce cincuenta y seis... No, es cuando abres...

E: Sí.

DR. C: Porque eran las trece y ocho.

E: Sí

DR. C: Aquí es cuando empiezas ... cuando abres el... cuando cierras lo ponen en el recuadro, en el registro, cuando haces la nota SOI, que se llama, se llama nota SOI porque es lo que te cuenta, lo que miras, la impresión que tienes de seguir tratamiento. Entonces en la nota pone el final.
[Llamada telefónica]

E: ¿Y tratas a los pacientes de tú o de usted?

DR. C: Depende.

E: ¿Depende de qué?

DR. C: Depende, no sé. No es necesario, no siempre los trato, solo los trato de usted ocasionalmente, cuando, o por algún motivo, o cuando no me da mucha confianza, pero no.

E: Sí. Sí. ¿Y qué ventajas puede tener el uso del tú?

DR. C: Hombre, más cercanía, más... A ver, el hecho... Tenemos muchos pacientes y a veces no... O sea, los conocemos, pero no nos recordamos de todo, de todo. El paciente tiende a pensar que sí, que tú eres, que él es único, según tú eres su único médico, o casi su único médico y él piensa que él es tu único paciente. Entonces el hecho de que lo trates con más cercanía le da más seguridad de que lo estás... Quiere decir que tienes más cuidado de él, estás más pendiente de él, sabes más del proceso de él.

E: Sí.

DR. C: Que a veces no ocurre, no es así. Es decir, tenemos, creo que estamos 1.300, 1.400 pacientes cada uno. Claro. Claro, no...

E: Y ya algunos que no ves con mucha frecuencia.

DR. C: Claro, no. Tenemos la ventaja de que los que vemos habitualmente son los que frecuentan mucho, que son doscientos. Doscientos, doscientos y poco, que son los que vienen.... El resto viene, es muy esporádicamente. Pero bueno, incluso de esos doscientos, depende de cómo tengas el día, porque a veces te acuerdas, a veces no te acuerdas. Y ahora menos mal que tenemos la máquina y anotamos. Pero bueno, antes... Antes, con los registros en papel, yo incluso trabajé sin registros. Yo estuve en pueblo y no había registros.

E: ¿Y cómo manejabas?

DR. C: Pues, teniendo memoria, pero bueno, malamente, malamente. Ahora visto pa' atrás, malamente. Malamente.

E: Sí, ¡qué difícil! ¿Y tus pacientes cómo te tratan a ti?

DR. C: Pues habitualmente de usted, sí.

E: ¿Y cómo te...?

DR. C: La gente joven menos. La gente joven no. La gente joven ahora ya más en tú.

E: Y la gente vieja, usted, doctor, ¿cómo te llaman cuando...?

DR. C: Me llaman más de Don (nombre del médico) o Don (nombre compuesto del médico).

E: Cosa rural, ¿no?

DR. C: Sí, sí. Con el nombre.

E1: Sí. Sí.

E2: Y para ti, al *respecto* de un paciente, por su medio, ¿cómo te llamas? ¿Cómo es que se refleja en él? ¿Se asocia el respeto con el uso de tú o usted? ¿O se encarga las cosas de forma diferente?

DR. C: Si yo, yo me dirijo a él o yo lo...

E: No, bueno, de un paciente para su médico.

DR. C: Si yo creo que él me tiene más respeto, ¿cómo me trata usted? Pero no necesariamente, pero sí, pero en general sí, en general sí. En general sí. Yo creo que también es más por motivos culturales. Ahora la gente joven ya lo utiliza menos. Yo lo comento a veces con mis compañeros. Y dije, yo cuando era pequeño, pues los padres te inculcaban una serie de cosas, ¿no? Entonces, si ibas fuera, ibas a algún otro lado, estate quieto tú, habla solamente si te preguntan. ¿No? A veces viene el padre con el niño y tal, y el niño empieza a revolver por ahí y es otra cosa. Es otra cosa. Tienen otra cultura,

se les enseña de otra manera. A lo mejor estábamos muy reprimidos antes nosotros, teníamos padres muy autoritarios.

E: ¿Y eres de dónde?

DR. C: ¿Cómo?

E: ¿De dónde eres?

DR. C: Yo de aquí, soy gallego.

E: No, no, pero han hablado de diferencias entre ciudad y el campo, entre costa y interior.

DR. C: No, yo era de un pueblo pequeño. Es un pueblo pequeño en el interior.

E: Okey. okey. Y más allá del uso de usted, ¿hay otras cosas que un paciente puede hacer o decir para que muestre el respeto que siente por ti? ¿Cómo se manifiesta?

DR. C: No lo sé, es que no sabría decirte. No sabría decirte. A veces tampoco es...

E: De vez en cuando es más fácil saber cuándo, lo que no, cómo es que manifiesta la falta.

DR. C: Por ejemplo, por ejemplo, yo comenté el otro día comentando con un compañero de la investigación, dije mira, esto vale, sí que vale por una cosa. Tenía alguna gente que pensaba que confiaba en mí. Y que me negó, me dijo no, no, no lo hacemos, no lo hacemos. Después intentaba justificar. Bueno, si a usted lo perjudica, como diciendo, que quiera quedar bien conmigo, si está, yo firmo, ¿no? Pero en principio, no desconfianza de mí, sino gente que pensé que era, que no era tan desconfiada.

E: Sí. Sí.

DR. C: Y yo pensaba, pues no es tan... Y sí. No me quiso firmar. No, no, no. Y entonces el papel no era suficientemente convincente, tampoco. No, porque no lo leen, ¿eh? Yo se lo doy y dije mira, te explico bien ahí, si quieres leer, lo lees y tal, alguno me paré. Pero habitualmente no lo leen, entonces firman. Y alguno dijo, a ver, aparte, yo en eso sí que le recalqué también. Dice mira, si no quieres, si no quieres que te grabe, me dices que no y ya está. No hay... Entonces alguno me dijo, pero después pensando dije yo...

E: Pero el mayor problema era en firmar o era en ser grabado o para ellos era el mismo.

DR. C: Eh... Pues no lo sé, no lo sé, no lo sé. Había el... Casi más lo de firmar. Yo tenía que explicar, dice mira, pero es que lo de la firma es una defensa tuya. Quiere decir que... Que... Porque yo podía decir que tú me autorizas, pero si no me firmas y te grabo igual. Pero, mira, para que no quieras, si tú me dices que no, ya nada, ya... Pero la firma sí que es la gente más desconfiada. Bueno, en resumen, que no te sabía decir, no te sabía explicar, así ahora no me sale... No me sale. Tampoco, a veces, tampoco el resp... Son cosas distintas. A veces te... Parece que te respetan mucho. Y después... Y después a la hora de que tú cuando le mandes un tratamiento, cuando le digas de hacer una cosa, pues no lo hace, no lo cumplen. Y parece que te respetan mucho y que debía ser al revés. Sí. Y pues, bueno, y parece que, si me tiene mucho respeto, debe tener más confianza en lo que yo digo y tal. Y después ves y, bueno, pues parece que sí, pero después hace lo que le da la gana. No...

E: Y cuando viene una situación de esas, ¿rechazan el tratamiento o solamente no cumplen aparte?

DR. C: No cumplen.

E: Y pero no dicen nada en el...

DR. C: Hay mucha gente incumplida. Bueno, pues miles de disculpas o... Eso no sé qué...

E: No, pero en el momento dicen algo como, bueno, no quiero tomar eso...

DR. C: No, en el momento no lo dicen. Eso tú lo ves después y dices, es que yo te di tratamiento y no lo has cogido. Que ahora sí que lo vemos. Que no lo has retirado de la farmacia.

E: Sí. Eso es un poco asustador.

DR. C: Claro. No, no. Lo puede retirar... Sí. Puede ser más. Tú lo puedes retirar y no lo has tomado también. Sí. Que eso yo no lo sé. Eso ya no lo sé. Sí. Pero... Pues digo, sí, pues va.

E: Y entonces hablas directamente con el paciente.

DR. C: Sí.

E: En el caso de antibióticos, ¿algunos no cumplen o tienen mayor tendencia de comprar?

DR. C: Yo... mucha gente te lo dice. Lo que sí sé, lo que sí sé es que te viene gente y dice, no, yo ya tomé una amoxicilina, porque ya me lo había dado la otra vez. Y ya me dije, coño, pues es que no te puedes tomar el antibiótico. Primero tienes que mirar a ver si lo necesitas. Y que tampoco con uno solo, a ver. Lo que haces es estropear el... eso sí que lo hacen. Lo del otro de que no lo acaban de cumplir, como suele ser un tiempo limitado y demás... Eh... yo no lo veo, no lo veo mucho. Quiero decir, no lo veo en el sentido de que sí que lo cogen. Lo que no sé después, si yo te mando a tomar diez días... ... o si han tomado cinco o cuatro, eso yo ya no...

E: Y intentas hacer un control, o sea, preguntas después si han tomado o...

DR. C: Lo que intento es hacerlo... dice, mira, tienes que tomarlo, tienes... cuando...

E: Hasta acabar la caja.

DR. C: Yo, por ejemplo, aquí en la prescripción, por ejemplo, te explico, que no sale aquí ahora con el... Con la hoja de prescripción que le damos. Aquí, por ejemplo, Omeprazol. En Omeprazol te sale la prescripción... este no, en este, de la tensión. Es un comprimido cada veinticuatro horas. En el antibiótico te sale uno, por ejemplo, cada 8 horas. Pero yo cuando es... que cada ocho horas... lo que hago ahora, ya hace tiempo que lo hago, digo, ¿a qué hora te acuestas habitualmente? A las once, a las doce. Bueno, pues a las doce, pues mira, te la tomas. Espérate hasta las cuatro de la tarde. Y a las cuatro de la tarde te la tomas. Y tomas cuatro, doce de la noche y ocho de la mañana. Dice, no, pero es que... Hazme caso, tómame así, porque si lo tomas ahora, te va a coincidir a las cuatro de la madrugada. Sí. Y hoy lo vas a tomar. Y mañana también. Pero al tercer día ya no lo vas a hacer bien. Entonces es preferible que esperes a las cuatro de la tarde. Sí. Y tomas cuatro de la tarde, doce de la noche, ocho de la mañana. Si me hacen caso, pues no tengo muchas posibilidades de verlo después, porque tampoco... Dice, a lo mejor viene por la amigdalitis o por la bronquitis, le duele el antibiótico. Y a lo mejor, salvo que no le vaya bien y que vuelva, yo cuando vuelva otra vez por otro motivo, no me acuerdo. Eso sí que no le pregunto. No le comento nada.

E: No, pero eso es útil.

DR. C: Pero yo eso lo hago ahora.

E: No solamente decir qué es necesario, pero cómo pueden adaptar. No, muy útil. Bueno...

DR. C: Porque el problema que veo yo, muchas veces, después de ser... Nosotros comentamos, cuando viene algún niño, alguna madre, dice, deme el antibiótico ese de una sola vez, porque le da problemas a la madre. Yo como padre pues también, ¿no? Utilizas la Amoxiciclavulánico, pues claro, te levantas a las dos de la madrugada a darle al niño, hoy, y mañana también, pero al tercer día ya no... Y si es para ti mucho menos. Si ya vas mejor, no lo haces. Por eso, a raíz de ahí... Ya hace tiempo que voy haciendo eso...

E: ¿Cuáles son los trucos para ir avanzando? Imagino, el paciente que viene, (*entrevistadora*) estaba hablando, tenía una entrevista corta con un paciente el otro día en la sala de consulta, y pasó una hora con la persona que empezó hablando. Primero no quería hablar, pero una vez hablando, continuaba.

E: ¿Cómo encaminas?

DR. C: Bueno, pues siempre hay... Haces movimientos de que... Yo creo que en general, se autorregula con la demanda. Yo tengo probado. La gente cuando viene, le entra, y no hay nadie dentro, tarda más tiempo. Si ve que hay gente fuera, ya sale antes.

E: O sea, tu tiempo no cuenta.

DR. C: No, no, no. Yo trabajaba, cuando estaba en el pueblo, había dos consultorios, y no había... Había una señora allí que daba números, pero números del tres, o el cuatro. Entonces tú esperabas y... y tal. Entonces, la gente se acumulaba allí, no había hora para entrar. Es como el supermercado, cuando te toca, tal. Entonces, cuando había mucha gente, la misma gente agilizaba más, no se enrollaba tanto, no... No estaba tanto tiempo dentro, porque había mucha gente. Y aquí hacen un poco de lo mismo. Aquí es menos, porque al estar con... Te citan por hora, a veces no coinciden, o coinciden poquitos. Pero sí, cuando viene y está sola, y tal, además te lo dicen aquí, bueno, mire: “xa que tal, pois, a ver se me pode mirar esto, porque non ten a ninguén aí”. No tiene a nadie ahí. Sí. Entonces, claro, si ven que hay varios, pues, no hay nadie ahí. Sí. Si ven que hay varios, pues, a lo mejor se restringen un poco más.

E: Y la clínica recibe dinero conforme el número de visitas.

DR. C: No.

E: Nada. El orzamiento, el presupuesto...

DR. C: Ni yo tampoco. No, no, no hay nada. No, quiero decir que no... El otro día, en una diferencia de pareceres, me hizo gracia. Porque me decían, sí, claro, “pa’ ter menos traballo”. Y yo decía, mira, a mí me da igual, me pagan igual. Yo tengo que estar. Y si veo cien, me pagan igual. Desgraciadamente es lo mis... Tanto para lo bueno como para lo malo.

E: ¿Y cómo es que contabilizan las horas? Las treinta y siete o lo que sea por semana.

DR. C: Pues por el horario.

E: No, pero si tienes cuatro horas, cuatro o cinco horas...

DR. C: No, es que hay un horario de consulta. Que creo que son... No sé si empezaron siendo cuatro, hoy son cuatro y media, cuatro y media de consulta diaria. El resto del día... El resto del horario es para prepararte tú, para hacer papeleo, para si tienes que salir a algún domicilio, si tienes que ir a alguna urgencia o algo. Está así ya tal... De todas maneras, lo que dices tú, el horario es muy elástico. Porque el horario, automáticamente... Si falta aquí un compañero mío, que está de vacaciones o tiene una baja, que no lo cubren. Automáticamente nos distribuyen al resto de... Y te la meten forzada. Es decir, automáticamente tú, yo en lugar de empezar a las ocho cuarenta y cinco, me ponen pacientes ya desde las ocho y cuarto. Y si tengo ya completa el listado, a lo mejor tengo un paciente y a los siete minutos otro, me meten uno en el medio.

E: Difícil. Y cómo contemplan que un médico tiene tiempo también para publicar. Y cuál es la importancia para el Estado.

DR. C: Eso es un poco utópico. Médico de familia, para publicar, para investigar, para tal. Hay algunos que lo hacen. De hecho, hay compañeros muy comprometidos y que lo hacen, sacan tiempo de todo. Pero vamos. Yo no sé cómo lo hacen.

E: Sí, tengo el mismo problema en la universidad.

DR. C: Realmente muy poco.

E: Son mis vacaciones, mis tardes.

DR. C: Hay gente que está metido en muchos... Yo es que no sé cómo lo hacen.

E: Pero no llevas un castigo por no hacer.

DR. C: Yo creo que lo hacen quitando tiempo de la familia, si no, no...

E: Médico de las otras familias.

DR. C: Claro, es que no lo sé. Ahora tengo, desde que hicieron el... Tengo relativamente pocos pacientes, que ya son muchos. Porque si me paro solamente, tendría que parar un cuarto de hora

con cada uno mínimo, creo. Son 20, 25 pacientes, 30 pacientes. Ya no dan las horas. Pero es que antes tenía 40, 50 pacientes en toda la mañana. Es que es imposible. Sales con la cabeza como un bombo.

E: No hay... Sí.

DR. C: No tienes posibilidad de hacer ninguna otra cosa. No. No lo sé.

E: Sí. ¿Eres partidario de involucrar al paciente en la decisión del tratamiento que se va a seguir?

DR. C: Sí. Sí. Sí. Lo que pasa es que muchas veces el paciente declina... Le crea una responsabilidad hacer eso... Lo que usted diga, lo que usted diga. Usted sabe y lo que usted diga. Y a veces...

E: Tú sabes a veces que el paciente llega a casa después de un...

DR. C: No lo sé. A veces... A veces me lo preguntan muchas veces. A veces... Yo soy partidario de explicarle mucho las cosas. Decirle mucho las cosas. Y a veces creo... Me crea problemas. Me digo yo... Coño, ¿por qué le explicaría tanto? Si le creo más problemas... A veces es mejor tomar yo la decisión por él. A veces seguir lo del modelo paternalista. Hacer lo que yo creo que es mejor para él. Porque es que le creo problemas y después no sabe muy bien qué... Y al final tengo que tomar la decisión yo igual.

E: Y eso será más para los viejos.

DR. C: A veces... Posiblemente sí. A veces tienes que seleccionar al paciente y dices... Mira, a este tienes que tomar esto porque te lo digo yo porque es lo mejor para ti. Que ya he mirado todas las cosas y tienes que tomar. Y a otra gente joven, pues mira, le explicas de otra manera y consensuas más las opiniones.

E: Y entra gente... Bueno, alguien nos dijo el termo paciente leído. El que ha leído en el internet...

DR. C: Ah, sí, sí, sí. En general, no podemos ver. Nos cae fatal. Sí, ¿por qué? Porque viene del listillo. Viene de...

E: Pero, ¿por qué? Porque la información que ha sacado no ayuda.

DR. C: No es por la información. El que viene así habitualmente te demanda una determinada cosa. Una determinada cosa.

E: Ah, que ya sabe lo que es...

DR. C: Claro, claro. Entonces, mira a veces no sabemos... Mira, en medicina se sabe muy poquito, muy poquito. Los que más sabemos somos los médicos. Sabemos muy poquito, pero los que más sabemos son los médicos. Me vienes tú, ahí, por mirar... Pero bueno hay para todo. Esa fue una de las cosas por lo que yo estoy aquí y no estoy en otro lado

E: Ah, bueno, que hay menos atención

DR. C: Claro, es una...

E: Pero traer una lista de preguntas ¿Podría ayudar o también es?

DR. C: No, a veces también es... A ver, a veces también te crea más problemas, claro. A veces tú tienes... tus propios conocimientos tienen una limitación. Y si te viene gente que, pues también te crea más problemas. A veces también es por eso

E: Yo estaba pensando que de vez en cuando soy una paciente leída. No podría dejar de ser. Pero tengo la sensación que, de vez en cuando, cuando leo alguna cosa sobre... muchas veces son síntomas que normalmente yo no haría una conexión y así empiezo pensando que quizás el médico no me va a preguntar sobre todos los aspectos que podrían resolver un problema.

DR. C: Puede ser, pero en Medicina los síntomas son... los síntomas y signos son contados... son pocos. Y con eso da para muchas enfermedades. Aquí nos basamos por frecuencias. Yo pienso

siempre en lo más frecuente de acuerdo con los síntomas y con lo que yo te veo... lo más frecuente Claro, si tú miras en internet y tal Y te dicen lo que puede ser

E: Lo más raro...

DR. C: Te acabas comiendo. Y claro, te viene... te viene un chico joven leído y tal... ¿y no tendré eso? Y claro, tienes que decirle, mira, pudiera ser que tuvieras esto, pudiera ser que tuvieras esto. Pero lo más frecuente es esto. Y el protocolo, hay que hacer eso. Lo que no puedo es yo ponerme a estudiar la posibilidad de que tú tengas esta enfermedad rara, porque hay otras muchas más frecuentes delante. Tengo que empezar descartando. Claro, ya te crea problemas. Y depende de con quién hables. Porque claro, lo típico... y no tendré una enfermedad mala. Claro, si yo descargo responsabilidad y te digo, mira, nada no vas a tener una enfermedad mala. Pero, claro, si viene alguien que es leído, que es estudiado, que tiene un nivel cultural alto... Mira, te puedo decir, pues no le puedo decir no la tienes. Mira, razonablemente ahora no hay... No hay... No hay justificación para pensar en eso, pero pudiera ser. Claro, los síntomas...

E: Se podría llevar a eso...

DR. C: ...Son para todos. Claro, claro, claro. Ya te crea más, ya te crea más, más problemas.

E: Ya no me he contado porque de veces se ve un dolor en alguna parte y pueden ser 106 cosas.

DR. C: Claro, claro. El hecho de ser médico conlleva que yo tengo que moverme en incertidumbres, porque la certeza absoluta del diagnóstico... Si dice, hágame un análisis a ver qué tengo... Ojalá fuera así. Pero quiero decir, que no ocurre. Eso ocurre muy poquitas veces. Que tienes un signo o un síntoma patognomónico. Tienes esto y tienes tal enfermedad. Pero no, tienes una serie de cosas que pueden corresponder a esa enfermedad. Tengo que moverme en incertidumbres. Nunca, casi nunca, llego a la certeza absoluta ¿Me entiendes?

E: Sí

DR. C: Entonces, claro a veces el problema viene de ahí. Entonces una persona mayor o una persona que no es muy leída, pero puedes decir, mira, nada, para que esté tranquila para no generar la ansiedad. Claro, al que es culto y demás tampoco se lo puedo decir al cien por cien porque tampoco yo lo sé al cien por cien. Entonces sí que te crea más problemas.

E: Sí, estoy entendiendo. Bueno, bueno, déjame ver. En cuanto a medicamentos ¿Hay mayor tendencia para pedir más o para pedir menos?

DR. C: ¿Del paciente?

E: Sí

DR. C: Pues hay pacientes para todo, para las dos cosas. Hay pacientes que vienen y te dicen y te explican y te demandan y dicen... pero no quiero medicamentos. Y dices, mira, es que yo aquí... ¿te puedo imponer las manos? ¿te puedo imponer las manos? Pero evidentemente lo que hacemos es consejos y medicamentos. No damos, no damos más cosas, no hay... Eso es un ejemplo, ¿no? Pero hay gente que no, que quiere más y esto no me va bien y prueba más y prueba lo otro. Hay un poco de todo...

E: ¿Y hay algún tipo de argumento o algún... bueno, algún tipo de argumento que...? Imagino la situación en la que tu no ves razón ninguna para dar un determinado medicamento, ni antibiótico, ni nada, y el paciente está insistiendo ¿Habría algún argumento o alguna situación en que imaginas la posibilidad darle alguna cosa?

DR. C: Sí, lo hacemos habitualmente. Damos cosas como placebos. Sí, sí. Aparte que yo siempre digo, si el paciente es pesado y directa o indirectamente quiere algo, al cabo de... al final somos humanos... y es lo que dicen, a mí me pagan igual. Soy médico y tengo mi vocación y a ver... Pero si no me vienes una vez, me vienes dos, me vienes tres, me vienes, y al final dije, pues, mira, ¿quieres hacer la radiografía? Pues haz la radiografía, hombre, irradiante, pero y acabas... A veces demoras, porque, uno, porque gastas más, dos, porque fastidias al compañero que le tiene que hacer la radiografía, tres, porque sabes que a veces no hay razón justificable que tenga que hacerla. Pero, claro, si te viene y lo analizas a posterior, claro, es que no debía haberse hecho. Pues, que es un

pesado ya me vino 18 veces... A lo mejor no te lo piden de forma directa, pero de forma indirecta. Acabas claudicando. Está claro. Yo lo tengo claro que sí.

E: En termos de un antibiótico, si recetarías un antibiótico en ese caso o un placebo.

DR. C: Yo empezaría en principio de placebo. Lo que pasa que también, por lo menos es la sensación que tengo yo, de que son medicamentos muy seguros, en general, todo tipo de antibióticos y pues alguna vez habrá que lo tengo dado con poca... no pensando que no debe utilizarlo, pero con poca certidumbre de que debía utilizarlo y posiblemente sí lo tengo utilizado más de una vez, seguramente, seguramente. Pensando, bueno, tienen pocas posibilidades de necesitar antibiótico, parece una cosa más vírica que otra cosa, pero, te viene una vez, te viene otra, pues llévate el antibiótico. Pero tómalo bien, lo que sí digo que lo tome bien.

E: Sí, sí. Y cuando recetas un placebo el paciente leído si va al internet va a ver...

DR. C: A veces, sí... A veces, sí. Pero, también seleccionas...

E: Sí, a quién...

DR. C: Pero nos suele dar más problemas el medicamento que das bien y que sí que leyeron y que le achacan un síntoma que dolor de cabeza te puede dar por todos los medicamentos, pero alguno que se paró a leer y tal, y claro, después de que lee tal, tiene todo lo que viene allí, claro. No suele ser con el que tú das como placebo sino con el tratamiento que sí que necesita tal y que tienes que cambiarlo porque se empeña y tú eres consciente, a veces, le cambias le cambias por otro con un distinto nombre que lleva el mismo tal y no tiene no tiene secundarismo y es la misma sustancia.

E: Sí ¿Te ocurre con frecuencia que te encuentras con un paciente que trata de hacer valer su opinión o actitud personal?

DR. C: No, con frecuencia no, pero alguna vez sí, eh, alguna vez sí suele ser, suele ser la gente que quiere ver al especialista a toda costa.

E: Sí, sí. Y cuando tú tratas de poner un tratamiento y el paciente no responde positivamente ¿Cuáles son tus estrategias para conseguir su aceptación?

DR. C: ¿La aceptación del tratamiento?

E: Sí.

DR. C: ¿Es decir, que no responde al tratamiento que yo le di?

E: Sí, que da la impresión de que no es un tratamiento muy conveniente. ¿Intentas convencerle o dices, bueno, esta es mi propuesta, sigues o no?

DR. C: No, yo intento consensuar. De hecho, hay...

E: ¿Y qué tipo de cosas dices? En ese momento.

DR. C: Pues no sé exactamente a qué...

E: Es que sale naturalmente.

DR. C: Yo, por ejemplo, me ocurre muchas veces. No, bueno, por este problema no sé qué tal. Y él... Lo tengo comprobado muchas veces. Mira, te vas a tomar, y entonces me dice, y con una crema, ¿eso no iría...? Y yo ya le doy la crema. Ya no discuto con él. Sí, pues te doy la crema. A veces lo capto antes ya de tener que darle. Dice que me viene a pedir la crema antes de tomar las pastillas. ¿Por qué? Por un motivo... Porque si lo doy las pastillas, la va a tomar mal o no la va a tomar. La experiencia que tengo es esa. Entonces, pues si él quiere la crema, que sé positivamente que no le va a hacer gran cosa, pero le doy la crema. Ahora es menos porque las cremas las han retirado del... No las financian, entonces ya no las demandan tanto.

E: Ah, bueno.

DR. C: No las demandan tanto.

E: O sea, están... Existen, pero el paciente tiene que pagar.

DR. C: Tiene que pagar el completo.

E: Sí. ¿Pero qué tipo de medicamento aparece tanto en píldora como en crema?

DR. C: Un antiinflamatorio, por ejemplo.

E: Ah, ok. Bueno, se dice que la práctica de la medicina es tanto una ciencia como un arte.

DR. C: Sí, cada vez menos. Ahora ya lo de arte, cada vez menos.

E: Que está saliendo el arte.

DR. C: Ahora cada somos más técnicos. Los artistas eran técnicos. Los únicos artistas ahora son los arquitectos. Es un mundo al revés. Los que antes eran técnicos, que eran los arquitectos, ahora son artistas. Sí. Los que éramos... Teníamos algo de... No, arte.

E: Bueno, hay la parte práctica de...

DR. C: Cada vez somos más técnicos. Nos guiamos por protocolos, vamos protocolizados.

E: Y en términos de la comunicación entre médico y paciente.

DR. C: No podemos, por ejemplo, no podemos... Salirnos... Salirnos de una indicación si no viene ficha técnica del producto. No puedes dar... No te permiten... En determinados productos. Aquí en la farmacéutica... Esto está fuera de ficha técnica. No puede ser. Van productos que es por problema de financiación. Pero bueno.

E: Sí, sí. Pero en términos de la comunicación médico-paciente todavía... Hay un arte. ¿Cómo se...? ¿Cómo ves eso? ¿Tienes una idea de cuánto...? ¿Qué porcentaje son, *grosso modo*?

DR. C: Es difícil, es difícil. Pero...

E: ¿Cuál sería el balance?

DR. C: Pero, a ver. Hay mucho... Hay mucho de lo que es el médico como tratamiento. Del médico en sí como tratamiento. Uno, por el efecto placebo que tienes. Dos, porque te van a hacer caso para lo que... Si tú eres convincente, simpatizas con el paciente. Entonces, hay... Yo me planteo... Muchos compañeros. Pues no parece muy preparado. Pero, sin embargo, es un gran médico. Porque sabe llevar muy bien al paciente, lo trata muy bien, empatiza muy bien con él. El paciente lo quiere, le obedece, en el sentido de que cumple lo que le dice. ¿Entiendes? Pues debe ser eso el arte médico, ¿no? Dice que no... Y ves gente, dice, pues tiene muchísimos conocimientos, sabe el último tratamiento, sabe el tal, sabe el porcentaje de tal.

E: Pero...

DR. C: Pero... Pues claro, es un poco más todo. Entre la empatía, los conocimientos... Había una tercera...

E: Bueno... ¿Qué son las cualidades más importantes de un médico?

DR. C: Pues... No lo sé. No lo sé. Por ejemplo, mira... Médico de familia. Yo, aquí donde trabajo es un poquito más urbano que... Aunque es semi-rural, es un poquito más urbano que donde trabajaba. Trabajaba en la costa, en (*pueblo de Galicia*). Y en (*pueblo de Galicia*) pasaba muchas... No muchas horas, pero pasaba algún rato en el bar. Y el bar era... Son limitados. O sea, eran un poco. Allí es un ayuntamiento de tres, cuatro mil vecinos. Pero... El tiempo ese que estabas... Sabías mucho de... O sea, sacabas mucho conocimiento de todos tus pacientes. Y tenía un compañero... Tenía un compañero que era muy... Que era un buen médico, ¿ves? Era un buen médico. Y conocía las relaciones... Se sabían las relaciones de todos los pacientes con todos los pacientes. Y eso lo echas aquí muchas veces en falta. A veces tengo que preguntar a... A alguno de los chicos que están en el

mostrador que vive aquí. Porque yo no vivo aquí. Yo vivo en (*cidade galega*). Le pregunto. Mira, tú conoces a Menganito. Y me dice... Y sacas información al respecto de... Sobre todo, con relaciones... Familiares, interpersonales, de pareja o de... O... O... O... Gente que... Porque claro, aquí al fin es limitado. Tienes muy poquito tiempo. No hay... No hay posibilidad de mucho más. Y eso, pues mira... Dices tú, pues mira... Allí... Que pensabas... Dices, bueno, estás en el bar que no trabajas, ¿no? Pues... Pues sí. Pues sí.

E: Muy interesante. En el...

DR. C: De eso ya no existe. No hay... No hay mucho. Porque ahora... Eh... Antes... Antes había lo que es el médico de pueblo. El médico que vivía en el pueblo. Que atendía a los pacientes. Tenía su hora de consulta. Pero estaba de guardia las veinticuatro. O sea, estaba disponible a las veinticuatro horas para lo que surgiera. Entonces, claro, ya es otra cosa. Tienes un conocimiento de la gente de... Conoces... Es que yo ya conocía a tu padre. Tu padre padeció de esto. Sabía que tenía esto. Tú... Claro, es otra cosa. Aquí... Cada vez se va... Se va tecnificando más. Sí, pero... Pero pierde... Pierde cosas. Pierde cosas.

E: Valoras la cercanía y confianza.

DR. C: Sí, sí.

E: ¿Cómo es que un paciente puede manifestar la confianza?

DR. C: No lo sé. Es que no... Claro, es como haces preguntas que a veces es instintivo lo que ves. A veces te acuerdas de consultas previas.

E: ¿Trabajas con médicos residentes?

DR. C: No, yo no. Tengo... He tenido algunas alumnas de medicina, pero no residentes.

E: ¿Por alguna razón?

DR. C: Los residentes solo están con (***) y con...

E: Sí, ¿por alguna razón?

DR. C: No, por ninguna razón.

E: Okey, okey. ¿Y cuál es tu actitud profesional ante la administración de antibióticos en general?

DR. C: ¿Cómo? Es muy tímida la pregunta.

E: Sí. ¿Cómo ves el uso, cómo ves la prescripción?

DR. C: Bueno, pues hay mucha... Ya desde hace tiempo, no sé si es cierto o no, que aquí en España prescribimos muchísimos antibióticos. Pues... Pues no lo sé. Yo es que dudaría de... Dudo de que sea... Por lo menos en mi caso, de que sea tan cierto. Pero bueno, es posible. No lo sé. Si lo hago, no tengo conocimiento de... Dices que lo puedes dar ocasionalmente alguna... No como placebo, sino... Nunca tienes la certeza absoluta. Te viene con fiebre, dolor de garganta. Tampoco sabes hasta qué punto es vírico. No, digo, ¿lo tuvo alguien más en tu familia? Pues sí, estuvieron... Bueno, pues más orienta más a una cosa vírica. Pero a veces tampoco tienes la certeza absoluta. A veces lo das el... No muchas veces. Bueno, por si acaso. Ya, señora mayor y tal. Por si acaso, ¿no?

E: Tienes... ¿Qué es preferible? ¿Recitar alguna cosa en la primera...? ¿O llamar para que vuelven? ¿O darle una cosa diciendo que si es que empeora?

DR. C: Yo lo hago, ¿eh? Yo, si, mira, te das el ibuprofeno, esto es sintomático, a ver cómo va. Si no vas bien, vuelves. Pero a veces, cuando es una persona mayor, ya de mucha edad, a veces, casi, a veces, a lo mejor lo doy y no tenía que darlo, pero si espero más días, después va a ser peor, o incluso no... Y trabajamos con gente de mucha edad.

E: ¿Cuál es la relación entre ibuprofeno y...?

DR. C: Ibuprofeno es un...

E: Es un antiinflamatorio.

DR. C: Es un antiinflamatorio, analgésico y antiinflamatorio, que se da para los síntomas de la fiebre, hasta el general o para el dolor. Que hacen las infecciones...

E: Ah, la fiebre también.

DR. C: Que hacen las infecciones víricas, Sí. Lo que tú sospechas que son víricas. No hay antibiótico. Entonces, lo que das es para los síntomas. Das... Si tienes fiebre, pues el ibuprofeno. Tienes dolor, el ibuprofeno. Uno cada ocho horas. Y...

E: Y eso no funciona...

DR. C: Exactamente. Si puedes dar un fluidificante, si tienes flemas o otra cosa, pero no das antibiótico. Y ya le explicas, mira, esto es para los síntomas, pero al ser un... Parece una cosa vírica, tienen que curarlo tus propias defensas. No obstante, no obstante, pues mira, a veces empiezas siendo vírico y después hay una infección bacteriana, o a lo mejor es una infección bacteriana. Y, pues si no es una infección bacteriana, no vas a estar bien en dos, tres días. Vas a ir a peor, o te va a continuar la fiebre o... Entonces vuelves.

E: Sí. Ah... ¿Existe algún tipo de inform... o... ¿Se hace información... información al paciente, para... tentar reducir el número de visitas al médico? O sea, no vengas al médico a no ser que tengas... este tipo de cosa, ¿o la idea, la tradición cuando se siente mal, se va al médico?

DR. C: Eh... ¿Tú dices en general, o por la gente que viene habitualmente?

E: La gente que... Bueno...

DR. C: ¿Por el hiperfrecuentador?

E: Bueno, tanto no, lo otro.

DR. C: Yo es que creo que el hiperfrecuentador, no lo conseguimos sacar de...

E: Pero no hay nada que...

DR. C: Vamos a ver, hay, por ejemplo, hay dos personas que yo conozco aquí en el centro. Una que fue paciente mía, que la cambiaron y ahora ya no es mía. Que viene a poner la insulina... Todos los días. Incluido el sábado y el domingo, y hace años.

E: ¿Es porque no tiene ningún, nadie en casa, o quiere la compañía, o...?

DR. C: Eh... Yo llegué a la conclusión de que sí que quieren venir aquí al centro. Mmm... Son personas que son mayores. Pero bueno, en varios años, después de pincharte, pero todo el mundo la aprende. Pero ellos no quieren, pero prefieren venir aquí al centro. Es decir, es un ejemplo. Hay gente que, pues por el motivo que sea, pues quiere venir. Porque habla con el vecino, porque en casa se aburre. Eso... La gente que viene así, ya puedes discutir con ella, ya puedes hacerlo, que la vas a tener a la puerta siempre. Eso es imposible de sacar. Eso no lo das, no lo das sacado. Entonces, la única posibilidad sería que le cobreras la... la consulta. Pero eso es inviable. Eso políticamente es...

E: Imposible.

DR. C: Que yo creo que sí que lo debían hacer. Eso es... Lo del mal uso de los servicios públicos. Pero si no las restringes, es inviable.

E: Es difícil encontrar un punto medio, porque los Estados Unidos...

DR. C: Claro, pues...

E: Tienen...Teníamos el problema contrario.

DR. C: Hace poco un presidente de un colegio médico dijo algo parecido así. Dijo, no, el que va... El que va a urgencias al hospital, sabiendo que no tiene que ir a urgencias al hospital, a ese se le debía cobrar. Con estas palabras.

E: Sí. ¡Buf!

DR. C: Sí, imagínate. Es que no sé qué... Es que no...

E: ¿Y cómo se puede probar?

DR. C: No, no. Claro.

E: ¿Cómo se puede probar que una persona...

DR. C: No, no. Es muy difícil. Yo sé que es muy difícil. Pero hay gente que te lo dice. No, mira, es que voy rápido, no... Yo quiero que me haga una placa.

(Una enfermera entra en la sala y habla con el médico sobre una paciente)

E: Ok. Bueno, gracias. Ya. Acabé mi (()). **[Corte abrupto de la grabación]**

Interview 4: DR. D

DR. C: Interviewed doctor

E: Interviewer

[Inicio de la entrevista con datos personales del médico, su trayectoria personal e información sobre la clínica en la que trabajan. Se ha eliminado de la transcripción debido a la protección de datos personales.]

E: ¿Cuánto tiempo tienes asignado para cada paciente?

DR. D: Unos siete minutos si es consulta y dos si es recetas.

E: ¿Usas gallego o castellano?

DR. D: Yo castellano, porque soy castellana, o sea que me expreso mejor creo que en castellano. Aunque los pacientes usan indistintamente gallego o castellano, lo que les sale.

E: Así que puede ser la comunicación de ellos hablando en gallego y tú respondiendo en castellano y te entienden bien también.

DR. D: Sí, no hay problema.

E: En cuanto al uso de tú o de usted, ¿los tratas de tú o de usted a tus pacientes?

DR. D: En general de usted, salvo que sean jóvenes, a los jóvenes de tú, la verdad es esa. Yo a los jóvenes los trato de tú, pero ya si son de mi edad y así más bien a lo mejor de usted.

E: ¿Y qué ventajas le ves a usar usted?

DR. D: No lo sé, porque me sale así, la verdad es que no es por ninguna ventaja. Es decir, si son personas mayores le suelo llamar de usted. Vaya para aquí, tal, venga para aquí. Si es joven le digo, ven, ven para aquí, no sé por qué me sale así, ¿sabes? Porque a las personas mayores parece como que me pide más respeto en este sentido hablarle de usted. Pero a los jóvenes no.

E: ¿Y ellos a ti cómo te tratan los pacientes?

DR. D: Y ellos a mí me suelen tratar yo creo que más bien de usted.

E: ¿Y cuándo te nombran? ¿Y te nombran cuando se dirigen a ti? ¿Cómo te llaman?

DR. D: Pues me dicen doctora, generalmente doctora o doctora (***), generalmente me suelen llamar así.

E: Ya, y has mencionado el respeto, ¿te parece que el respeto de un paciente por su médico se refleja en el uso de tú o usted?

DR. D: No, creo que no, la verdad es que no.

E: No.

DR. D: No, lo que pasa es que es una cosa yo creo que más bien mía. De que a las personas mayores les llamo de usted. Porque yo llamaba de usted a mis abuelos, a mis padres, entonces es una cosa más bien personal.

E: Pero si por ejemplo...

DR. D: No lo hago por...

E: No, pensaba en el paciente, si el paciente te tutea, ¿lo consideras falta de respeto?

DR. D: No, no lo considero falta de respeto, es que esto también en España está habiendo como un cambio, ¿verdad?

E: Sí.

DR. D: Antiguamente, se hablaba mucho de usted, incluso yo a mi padre le llamaba de usted. Y a mis abuelos. Y ahora se habla más de tú, ¿me entiendes? Este, desde que yo he nacido, se ha producido este cambio, de manera que todavía conviven un poco las dos cosas. Ya. A veces si ves que es una persona de otra generación ya le hablas de usted y si es así de esta generación le hablas de tú, ¿me entiendes?

E: Sí, sí.

DR. D: Es un poco esto lo que yo noto, pero no tiene que ver con el respeto, yo creo, ¿eh?

E: No, y entonces otras formas, por ejemplo, de ver el respeto de un paciente por ti, ¿cómo lo ves? ¿Cómo lo percibes?

DR. D: Normalmente suelen tener bastante respeto hacia el médico, la verdad es esa. Y si no lo tienen, a veces le paras un poco, o sea hay una cosa que dice, o sea, no sé, es que no sé, te sale espontáneamente.

E: Pero entonces...

DR. D: Cuando ves que se está pasando también se lo dices claramente, ¿me entiendes? Le dices, bueno, te estás pasando, no es así y tal, y si no estás tal, ta ca ta, vamos, no sé, le pegas un corte, ¿entiendes?

E: ¿Y cuál es, ¿cómo lo ves? ¿Cuál es esa falta de respeto que tú ves? Que claramente es una falta de respeto.

DR. D: Pues no sé, cuando... Porque a mí usted, no sé, es cuando te habla mal, te está... Está desahogando contigo una agresividad que tiene él. Ah, a mí usted no me mira, no sé qué. Entonces, eh, cuidado, yo te he mirado aquí, aquí, y estoy ahora aquí en esto. O sea, le pones un poquito en donde estamos. Porque, ¿qué pasa? Que la gente viene a veces con sus problemas de casa. Y entonces se pone agresivo contigo. Que tú no tienes nada, tú estás aquí tranquilamente. Y de repente, dices, eh, bueno. Entonces le tienes que decir, cuidado, tal. Estamos aquí y esto, ¿no?

E: ¿Y, por el contrario, un paciente que donde tú claramente le dices, mira, me respeta, ¿no?

DR. D: O sea...

E: ¿Cómo lo manifiesta el paciente ese respeto?

DR. D: Sobre todo lo manifiesta, para mí, como con mucha confianza en ti. Que confía en ti, ¿entiendes? Plenamente.

E: Ya.

DR. D: En eso lo... O sea, confía en ti que esto... Esto te ayuda también mucho a trabajar cuando confía de verdad en ti, ¿sabes? Porque... Eso. Luego yo saber lo que me pasa a mí. Que yo ya llevo 20 años. Y bueno, yo soy una persona muy así, muy directa y muy... De manera que ahora mismo con los pacientes ya somos un poco casi de la familia. Dentro de... Que cada uno hacemos nuestro trabajo, pero somos muy de familia. Notarás en las grabaciones que... ¿Qué hay (***)? ¿Qué tal? Vamos, que ya sea casi a lo que... Que viene, lo que le va a doler. O sea, un poco ya los conoces mucho. Eso también facilita mucho el trabajo. No quita para que los tengas que mirar siempre, pero... Que ya nos conocemos mucho. Entonces también a lo mejor no hay tanto respeto un poco por eso. O sea, o tanto saludo en este sentido y tal, ¿no? ¿Sabes? Es mucho... Hay más confianza ya de muchos años, porque... Aquí como vienen, cuando les da la gana y estas cosas, es decir, que no...

Realmente es un poco... Está bien, por un lado, está muy bien, ¿eh? Porque... Porque eso, porque... Porque yo creo que siempre que tienen un problema muchas veces vienen a veces incluso sin ser un problema médico, ¿sabes? Por problemas de casa, ¿qué tal? Y tienen que desahogar y entonces vienen un poco a hablar.

E: Y ya los conoces y...

DR. D: Sí.

E: ¿Y te parece que los propios, por el hecho de ser un..., (*pueblo del centro médico*), un núcleo rural pequeño?, un núcleo urbano se llama, ¿no? Creo que es urbano, se considera. Un núcleo urbano pequeño o... O... Es decir, la cuestión esa...

DR. D: También tiene mucho que ver el que yo llevo, por ejemplo, mucho tiempo con ellos. Yo creo que esto pasaría en cualquier sitio, incluso en (*cidade galega*), ¿sabes? Si tú ya llevas mucho tiempo con ellos, te acabas conociendo.

E: Ya...

DR. D: Ya tienes confianza, tal.

E: Ya...

DR. D: Hemos hecho muchas cosas juntas, ¿sabes?

E: Ya...

DR. D: De tal. Ya... Yo ya ahora veo a lo mejor hijos que ya se hacen mayores. Que a su madre se ha muerto a lo mejor de una cardiopatía. Y veo que él empieza a tener... Empieza a engordar y que ya le está pasando lo mismo. Entonces le digo, cuidado, que mira lo que le pasó a tu madre, tal. O sea, te quiero decir que ahora ya un poco también eso es lo que hace, en lo que se refiere al respeto en mi caso, ¿no?

E: ¿Y eso te parece que es positivo para el desempeño de la medicina?

DR. D: Para mí sí, a mí me parece que sí.

E: Sí, sí, sí.

DR. D: Siempre que tú tengas ganas, ¿no? Y que... Eso, que no te canse, porque también a veces es cansado, ¿no? Porque hay mucha gente que viene... Muchas veces, muchas veces. Entonces eso también...

E: Que ahí te gusta ir a tener un trato a lo mejor un poquito más distante.

DR. D: Sí, sí, ahí a veces hay que... Sí, es que eso es un poco... Es curioso, porque eso es una habilidad que nadie te enseña. Yo por lo menos. Pero tú mismo ya dices, bueno, aquí hay que frenar un poco. Porque esto... Se pasan un poco, ¿no? Entonces a veces tienes que... Así, pero no sé, no sé cómo se hace eso. O sea, lo haces, pero no sabes explicarlo.

E: Un poco intuitivo, ¿no?

DR. D: Sí, sí, sí. Es la intuición.

E: La experiencia.

DR. D: Es verdad. Sí.

E: Tenéis poco tiempo para cada consulta. Tenéis que ser muy efectivos ¿Tienes algún truco comunicativo para resolver esa limitación?

DR. D: Sí. Es decir, que a veces yo ya entro, que me dice ¡Ay, que me fatigo! Yo ya me levanto y ya le saco la ropa casi, ¿sabes? O sea que... Que para que la cosa vaya más rápida, pues me levanto, ya venga pa' aquí, tras, tras. ¿Entiendes?

E: Sí.

DR. D: Eso, y otras veces cuando se enrolla mucho, me levanto y abro la puerta. Es decir...

E: Directamente.

DR. D: Directamente le digo...

E: ¿Lo haces con una sonrisa o...?

DR. D: Sí, le digo Bueno, venga, (***) , que tengo mucha gente ¡Hala! Vamos, o sea, bien, se lo digo yo lo mejor que puedo, pero más o menos le digo ¡Hala, (***)! Que tengo muchísima gente ahí fuera. Si se ha enrollado mucho rato hablando y tal, ya seguimos otro día y tal y cuál. Va así. Yo intento dejarlo en buen...

E: Lo aceptan bien.

DR. D: Lo aceptan bien. Pero bueno, ya.

E: Bueno, ya me entiendo su dosis de charla.

DR. D: Es verdad.

E: También hay pacientes hoy que vienen con mucha información a través de internet o también nos comentabas o nos lo dijo, me cayó mucha gracia, nos lo dijo (***) Saber Vivir. Mucho que no saber vivir. ¿Te parece que tiene una influencia luego en la consulta?

DR. D: Sí, sí, me imagino. Sí, ¿eh? Sí, por ejemplo. Se notan muchos los sitios a lo mejor más perdidos. Y los sitios que sí, que ya vienen preguntando ¿Y cómo tengo el colesterol LDL? ¿O cómo tal? O sea que... Ya dices muy bien o sea que sí que es... Sí, eso sí que se enteran por la televisión. Y vienen a consultar a veces. Pues se nota que a veces los mismos laboratorios a veces hacen campañas de obesidad o de la disfunción eréctil en la tele. Y entonces ahí viene más gente, ¿no? Que dice, ay pues... Tal, como que se atreven más a consultar eso. Sí que afecta.

E: Pero internet no tanto, entonces Internet.

DR. D: Internet es en otro tipo de gente más a lo mejor en... En ya... Profesores... Gente más joven. Eso sí, la gente más joven mira más internet. La gente mayor no.

E: ¿No sé si tienes una estadística o una aproximación de cuánto, por edad? Si tienes una población mayor. Muy... Un espectro muy amplio de gente mayor.

DR. D: Sí.

E: O está equilibrada o cómo es aquí en este caso.

DR. D: Yo diría, así a ojo. Diría que... De casi el setenta por ciento son más bien mayores. Sí, sesenta y cinco y setenta por ciento son mayores. Son personas mayores. Sí, la población aquí es bastante envejecida. Y luego un 30% de personas menos mayores. En general.

E: Sí. Y eso tú dirías que se debe... Que la persona mayor necesita más ir al médico O... Y que el joven... O que el joven no quiere ir.

DR. D: Porque la persona mayor tiene más patología.

E: Sí.

DR. D: Verdaderamente tiene más patología. Más cosas. Que hay que controlarles. Y los jóvenes menos. Los jóvenes vienen más para cosas así aguda, de que tienen... Cosas agudas que pasan. Pero vamos, vienen menos a consulta. La verdad es eso. Y luego las mujeres son mucho más... Más frecuentadoras que los hombres en general. Hay más mujeres. En las consultas.

E: ¿Y también lo achacas a una cuestión médica o es más bien social?

DR. D: Las mujeres no sé por qué son más preocupadas por tal, por mirarse aquí, mirarse allá. Tienen más tiempo o lo que sea, pero las mujeres vienen más a la consulta. Hay más mujeres que hombres, eso sin duda.

E: Sí. ¿Eres partidaria de involucrar al paciente en la decisión del tratamiento que va a seguir?

DR. D: Bueno, no sé hombre, yo sí que le explico, le explico el tratamiento, porque sabiéndolo lo que es y para lo que es, pues lo va a cumplir mejor ¿No? Si se lo explicas bien, en este sentido es en lo que se le involucra, explicándole tiene esto y tal y lo tiene que hacer. Porque esto sí que le involucro

E: Pero la decisión es tuya.

DR. D: Pero la decisión es mía, sí.

E: Es decir, que es más bien en cómo...

DR. D: O sea, yo le digo que lo tiene que tomar. Y luego él decidirá. Claro, y luego yo a veces veo que viene y no lo ha tomado. Porque lo veo que no lo ha llevado de la farmacia y entonces le digo que no lo ha tomado. ¿Por qué? Pues porque tal, yo estoy bien. Bueno, pues entonces le explico más. Míre, es que esto usted no nota tal. Yo le explico. Pero luego ellos hacen lo que quieren, claro. Cada uno hace lo que quiere. Lo único que puedo hacer es explicarle para qué es y convencerle en ese sentido y luego él hace lo que quiere.

E: ¿Y te pasa con frecuencia que el paciente rechaza el tratamiento?

DR. D: No, en principio por lo menos delante de mí, no.

E: No te lo, claro... Únicamente lo ves en el ordenador.

DR. D: Luego a veces lo ves en el ordenador que no ha llevado todas las pastillas de la tensión. Entonces es que no las ha tomado. Le dices, ¿las ha tomado? Dice, sí. Digo, pues no todas, porque aquí faltan. Bueno.

E: Pero directamente no te lo dicen que no las va a tomar, ¿no?

DR. D: No, no te lo dicen, eso no. También a veces te dicen, a mí no me den pastillas, tengo mucho dolor, pero no me den pastillas. Entonces, pues, le dices otras cosas. Pues eso, que vaya a la piscina, que tal, que haga ejercicio, que haga tal tipo de ejercicio. Otras cosas, porque no quiere pastillas, pues vale. A mí me parece muy bien.

E: ¿Y en cuanto a los medicamentos, entonces, hay mayor incidencia a pedir más medicamentos o a pedir menos?

DR. D: O sea, si el paciente pide más o menos. Tienen bastante medicación en general, los pacientes mayores, la verdad. Porque entre que, para la diabetes, obesos, la tensión... Luego que si no duermen... Tienen bastante medicación. Yo soy, yo soy partidario de que cuanto menos, mejor. Y ellos, en general, por lo menos la sensación que yo tengo, es que tampoco, tampoco quieren tanta medicación. Solo lo que sea necesario, pero a lo mejor es cosa mía, sinceramente. Porque yo tengo en eso mucho interés en limpiar siempre, quitar lo máximo posible. Que no tomen mucha medicación. Yo, pero el paciente, que es lo que tú me estás preguntando, el paciente, yo creo también que, que no quiere tomar mucha medicación. Pero a veces no hay más remedio, claro. Se lo da el especialista, se lo da, no sé qué. Entonces no tiene más remedio que...

E: O sea, que el caso contrario de que tú digas no, no necesita nada. Váyase a casa o se vaya a la piscina

DR. D: Encantados

E: Ah, encantados. No te dicen, ay, no me va a mandar algo.

DR. D: Incluso a veces, yo en mi caso sí, eh. Será que también se lo explico bien. Pero muchas veces no les doy nada. Muchas veces. O les digo tome manzanilla, haga tacatá. Así cosas naturales: miel, tal, sí. Eso bueno, vale, pues, muy bien. Les parece bien. A mí me parece que les parece bien.

E: Ya. Y ocasiones en que el paciente trata de hacer... trata de imponer su opinión personal.

DR. D: Ah sí.

E: De esos que saben lo que mejor les sienta, o...

DR. D: Sí, eso también.

E: Eso sí lo tienes.

DR. D: Ellos también te tratan de decir: Ay, no, a mí me dé este. Por ejemplo, ahora que ahora con esto de que los gene... En España damos los genéricos...

E: Los genéricos.

DR. D: Y tal, porque hay que ahorrar. Pues no, no. Yo quiero que me de este, porque me va bien y tal. Y además se lo trata de imponer con fuerza, eh. Y como que, si no le das la marca, como que no le va a ir bien.

E: ¿Pero te lo argumenta? ¿Te da razones para...?

DR. D: Pues te da razones, porque, yo no sé si son verdaderas o no son verdaderas. A veces uno no sabe. Porque en teoría sería la misma cosa, pero...

E: Ajá

DR. D: Pero argumenta y argumenta. Sí, sí que lo argumenta y a veces no tienes más remedio que negociar un poco. Y decir bueno, le voy a dejar un par de meses más la marca, pero después vamos a probar con tal y tal. Tienes a veces que negociar un poco un poco porque no hay manera, eh. Sí, es verdad.

E: ¿Y aparte de eso de la negociación, tienes algunas otras estrategias para conseguir, cuando tienes bien claro lo que necesita el paciente y ves que está reacio, tienes otras estrategias para conseguir su aceptación?

DR. D: La estrategia es explicárselo.

E: La explicación.

DR. D: O sea, es explicarle, mire, este medicamento, aunque usted es más barato, tiene muchos más estudios que este otro y, sin embargo, eso, y está claro que es igual de bueno o mejor, tal. Estas cosas ¿no? Explicárselo a lo mejor, todavía no se van muy convencidos, entonces vamos a seguir todavía con este, pero tal y a la siguiente vez ya, ras, le vuelves a explicar, es más barato, tiene más estudios y encima tal y vamos a tomar este porque no tiene ningún sentido gastar cuarenta euros para nada, tal y cuál.

E: Para nada.

DR. D: Entonces al final dicen bueno, a ver...

E: Y van entrando, ¿no?

DR. D: Y van entrando, sabes.

E: Entonces se dice realmente lo que estás tú diciendo un poco, la medicina es tanto una ciencia como un arte.

DR. D: Por supuesto.

E: Y ahí, si ahí..., ¿si tuvieras que poner un balance, ¿dónde dirías que va la verdad, la balanza entre ciencia y arte?

DR. D: Digamos que además más en atención primaria, ¿sabes? Otra cosa a lo mejor es, yo qué sé, en un especialista, que ya vas claramente al grano, es decir, hay piedras en la vesícula, hay cólicos, hay que cortar la vesícula. Vamos, ya es una ciencia que ya está muy estudiado eso, que hay que hacer eso. En nuestro caso, como es muy variado y hay de todo, aquí viene de todo, porque nosotros, desde un pie con un callo hasta, hasta mira, hoy hemos visto un síndrome de Marfan, que hemos encontrado una cosa preciosa ahí en la ecografía.

E: ¿Qué es un síndrome de Marfan?

DR. D: Bueno de Marfan, así una dilatación de los vasos que fue un hallazgo, así una cosa muy bonita, pero bueno es así como muy variado todo, ¿sabes? Entonces hay cosas que es así ciencia y otras cosas que es más arte, ¿sabes? Y que va mucho también con la personalidad del médico y del paciente.

E: O sea, ¿te atreverías a dar una estadística de cuanto por ciento de arte y cuando de ciencia en una...?

DR. D: En una consulta de atención primaria.

E: Qué porcentaje, sí. ¿Mitad y mitad, o...?

DR. D: Yo creo que mitad y mitad, sí. Fíjate tú. En una consulta de atención primaria. Fíjate.

E: Sí, sí, sí. Interesante, sí. En el caso de pacientes que son conocidos por ti, como nos comentabas antes, o como me comentabas, ¿establecéis lazos de cercanía y confianza? ¿Dirías que se establecen lazos de cercanía y confianza?

DR. D: Sí que se establecen lazos de cercanía y confianza. Es decir, tampoco tú te puedes involucrar muchísimo en todas las cosas, porque tampoco puedes con ello, pero sí que se establecen, sí lazos de, lazos de, de que verdaderamente, les quieres casi, les aprecias y es verdad, porque, sobre todo, pues personas mayores que les has tratado mucho y todo eso.

E: Sí. ¿Y eso cómo se manifiesta en la consulta?

DR. D: ¿Cómo se manifiesta?

E: Sí, por tu parte o por parte de ellos. Para decir, mira aquí hay una, esto es un ejemplo de una relación de cercanía y confianza con el paciente.

DR. D: Joba, pues no sé, porque yo los veo doctora, que no sé qué venimos, porque ya otra vez le ha pasado esto ya saben que yo ya sé lo que es.

E: Sí, sí.

DR. D: Ellos tienen totalmente confianza y sobre todo es eso ellos tienen confianza tú tienes confianza en que ellos vienen y lo hacen y eso es lo que está haciendo, y eso es lo que nos hace muy bien y eso es lo que te hace muy bien y eso es lo que nos hace muy bien, pero después ya lo hemos hecho muchas veces y lo hemos arreglado muchas veces bien las cosas y entonces, además, pues por su forma de ser también son personas que te parecen buenas. Es que no sé cómo explicártelo, es decir que, que les coges aprecio, les coges a precio y ellos a ti también. La verdad es esa. No sé cómo dices, qué quieres decirte cómo se manifiesta.

E: Sí, si tuvieras que explicarle a alguien, imagínate, pues eso viene del extranjero sí viene del extranjero, como en nuestro caso con eso de aquí entiendo lo que quieres decir, pero que habría de alguna manera que lo verbalizaras a ver, cómo sientes tú esa relación de confianza, que a lo mejor en otros países no se espera así. (***)

DR. D: A lo mejor no llevas tanto tiempo o a lo mejor marcan más la distancia. Esto también, o esto lo mejor hay que hacerlo y yo lo hago mal, ¿eh? Yo no lo digo que no lo haga mal, lo hago como me sale del cuerpo. ¿Entiendes? A mí nadie me ha dicho cómo lo tengo que hacer.

E: Pero en tu caso funciona, ¿no? Te va bien.

DR. D: En general me funciona, yo estoy, estoy muy contenta con mi trabajo. La gente, yo creo que también. Vamos, contenta, yo a veces también me canso. Pero, bueno, en general...Claro, te funciona ser como eres, un poco como eres, ¿no?

E: Siendo natural...

DR. D: Siendo natural, yo, mi consulta no es muy de médico, la verdad es esa. Yo es que no soy muy médico como persona, tampoco es la verdad, entonces...

E: ¿Y qué es ser muy médico para ti?

DR. D: Sí, los, en general..., no sé como más serios y como más..., no sé, a veces el médico se cree un poquito, un poquito como..., no sé y yo no, no es mi caso, la verdad.

E: Más jerárquico, quieres decir.

DR. D: Sí, sí.

E: ¿Superior?

DR. D: Un poquito así, se creen un poco así y a lo mejor con respecto al paciente también un poco porque el paciente siempre con nosotros viene como pidiendo ayuda y como él es más respetuoso a lo mejor que con otros profesionales, a lo mejor va al banquero y no le trata tan así como aquí entonces eso al médico también le hace sentirse como un poquito diosito, ¿sabes?

E: Ya, sí, sí, sí, sí.

DR. D: Es verdad, lo que pasa es que... y entonces eso, pues, no sé, bueno.

E: Pero también, ¿crees que puede tener que ver con el hecho de ser es una comunidad rural? A lo mejor en ciudad... no tendría que ver...

(La médica atiende una llamada telefónica)

DR. D: Pues es que llamó una paciente, que es Sintromica, que está echando las heces negras, está sangrando. Bueno...Pero yo ya sé quién es, sé dónde vive, sé su casa, ¿entiendes? Es que estas cosas, también he ido a su casa muchas veces. Estas cosas pues también hacen que...tardas menos, porque ya me sé todo, ¿sabes?

E: Claro.

DR. D: Nada más decirme: llama la hija de (nombre de paciente)...

E: El historial, vaya. Claro, es una ventaja también. Bueno, estoy terminando ya.

DR. D: Bien.

E: ¿Es complicada la comunicación médico-paciente? ¿Te parece, en general, para ti?

DR. D: No. Para mí no.

E: No lo es. ¿En las reuniones de médicos es un tema de conversación entre vosotros, la comunicación con el paciente?

DR. D: No.

E: ¿No soléis hablar de este tema?

DR. D: No, de este tema no.

E: ¿Y trabajas con médicos residentes?

DR. D: No.

E: ¿Anteriormente?

DR. D: No, bueno, he trabajado alguna vez, alguna vez sí en los veredictos en los veranos, sí que cojo, pero no son residentes, son estudiantes, es verdad.

E: O estudiantes buenos, pero también conoces por ejemplo a los médicos que hay ahora por aquí

DR. D: Sí, hemos estado allí con esto, ya las hemos llamado para que vinieran.

E: ¿Y te parece que la comunicación para ellas o para ellos es complicada? ¿O vienen preparados de la facultad?

DR. D: Yo creo que esto no es una asignatura que se dé en las facultades aquí, por lo menos de manera que cada uno lo aborda como le parece mejor, ¿sabes?

E: Ya. ¿Entonces te parece que para ellos es complicado, claro, el hecho de que no tengan experiencia, la experiencia que tú tienes?

DR. D: Pues no creo, no creo que sea complicada, la relación no es complicada, la relación entre el médico y el paciente viene muy favorecida por la, por la circunstancia, o sea que el paciente se te pone en tus manos un poco, entonces es verdad ¿entiendes? Viene con un problema, con una preocupación y te viene a pedir un poco ayuda entonces digamos que, que la relación no es complicada.

E: Entonces, por ejemplo, en tres factores un poco que hemos estado comentando..., formación, por ejemplo, que te formen en la universidad o que hagas cursos...

DR. D: En este sentido, de lo que sería la relación o comunicación.

E: Comunicación con el paciente. Experiencia, que es lo que tú has mencionado también. Empatía, parece que no lo has mencionado explícitamente, pero de alguna manera.

DR. D: La empatía es fundamental.

E: Es fundamental, ¿no?

DR. D: Para mí, fundamental. Yo la empatía creo que es lo que más tengo en este sentido, es decir, tú te metes en su cuerpo y cuando él te viene con un problema tú dices, jo, ¿cómo le está preocupando? O sea, estás pensando verdaderamente, le preocupa esto y verdaderamente incluso tal y como te lo está diciendo, tú estás viviendo un poco, vamos, eso, la empatía para mí es fundamental. Yo utilizo esto, es decir, me meto en él, veo mucho eso, muchísimo, claro.

E: Pero ¿qué pasa con... porque es una cosa personal, no? ¿Qué pasa con la empatía? O puedes, no puedes, ¿qué pasa con una persona que no sea empática? Nunca, siempre va a ser un problema, entonces quiero decir, la comunicación con el paciente, ¿cómo lo puedo ir?

DR. D: No sé, yo creo que cada persona utiliza lo que...

E: Busca sus recursos.

DR. D: Busca sus recursos, yo, sinceramente, nunca me han explicado...

E: Qué hacer.

DR. D: ...qué hacer en la relación médico-paciente, claro, la experiencia es la que te va diciendo bueno, aquí hay que frenar porque tal, o qué, que no sé qué ya no sé, es así un poco.

E: Pero si tuvieras que dar un consejo a los jóvenes que empiezan sobre este tema, ¿cuál sería tu mejor consejo?

DR. D: Pues mi mejor consejo, o sea, hay que ser serio verdaderamente, sí que es verdad empatizar con el paciente, preocuparte verdaderamente por el problema que tiene el paciente y...intentar

solucionárselo. Eso, con una seriedad y, y al mismo tiempo, pues que él tenga la confianza, tiene que tener la confianza para volver a venir si hace falta mañana otra vez y que no pase nada, ¿entiendes? Eso lo tiene que tener claro que no hay que haber tanta distancia que él, si mañana nota otra cosa, no se atreva, aunque sea un poco pesao, él tiene que saber que puede venir, que no pasa nada. Voy a ir otra vez porque me está pasando esto, vale.

E: Sí. Vale. Estamos terminando...

DR. D: No sé, yo es que no sé...

E: Son preguntas que a lo mejor uno no ha pensado. Es una cosa con la que uno trabaja a diario, pero claro, no te pones a pensar...

DR. D: Claro, además no te estoy contestando, no te estoy contestando...

E: Linealmente.

DR. D: Es decir, pues tan seriedad *tacatá* y *tacatá*, si no que te estoy contestando como yo lo vivo completamente, ¿sabes? Y luego tú saques...

E: Sí, creo que se puede sacar mucho realmente de lo que estás diciendo, ¿no? Bueno, la última pregunta sobre el tema de los antibióticos, ¿cuál es tu actitud profesional sobre la administración de antibióticos?

DR. D: Antibióticos administramos un poco más de lo que deberíamos administrar, esa es la verdad, porque a veces no haría falta, aunque nosotros en atención primaria tenemos esta ventaja, ¿sabes? Que, si hay un señor con gripe incluso con una bronquitis, pero te parece que este señor no tiene otras complicaciones y tal, y no necesitaría un antibiótico siempre le puedes decir, hala, tómate un mucolítico, una aspirina y tal y si no te va bien, en cuatro o cinco días vienes otra vez y entonces ya si la cosa se ve que se está, digamos, aumentando, pues ya le darías el antibiótico o sea que realmente este recurso yo es lo que uso muchas veces. Aunque otras veces, pues ya doy un antibiótico, ¿sabes? Es verdad, porque ya veo que va más bien prolongándose. Estoy hablándote por ejemplo de un catarro, ¿no? Un catarro normalmente el cuerpo lo resuelve a lo mejor en ocho o diez días lo va resolviendo, pero a veces los catarros bajan como hacia bronquios y se empiezan a ver ya sibilancias y tal y como que se... y ahí a veces das un antibiótico y ahí podría ser que a veces se solucione sin el antibiótico ¿sabes? Por ejemplo este caso es un caso, luego yo, si no, procuro no dar, pero sí que nos pasamos porque yo ya veo por los compañeros que vienen de urgencias por tal que a veces damos antibióticos sin tener que dar, pero porque viene con mucha fiebre, influye también a veces el paciente, mucha fiebre, pero la garganta es más bien... y porque lo haces empíricamente, es decir, tú ves una garganta muy roja y dices esto es vírico, pero a veces dices, joba, tiene treinta y nueve de fiebre, ayer también tenía treinta y nueve de fiebre, parece que tal, un poco le voy a dar...

E: Por prevención.

DR. D: Un antibiótico porque esto parece que claro es muy empírico y un poco influye lo que es esto que decíamos del arte también muchas veces puedes decirle no te voy a dar antibiótico porque me parece que es vírico, aunque tienes fiebre, vente dentro de tres días, si no te pasa en tres días ven, entonces tal, nosotros lo podemos hacer mejor incluso que en el hospital y estas cosas, ¿sabes?

E: Pero y, por ejemplo, ¿puede pasar que el paciente insista entonces?

DR. D: Sí, sí, muchas veces el paciente demanda con esta fiebre, yo me quiero poner bien, que quiero ir a trabajar, a mí me dé un antibiótico, esto pasa.

E: Y hay argumentos más válidos que te hagan a ti reconsiderar la cuestión argumentos que te den ellos cuando tú dices no, no hace falta y él te dice si por esto que está usted diciendo...

DR. D: No es que en ese caso yo le digo esto que le digo siempre, venga dentro de dos días o tres, si no pasan tres días venga. Y entonces cuando viene a los tres días a lo mejor tampoco haría falta... por qué ya va algo mejor, pero todavía y a veces... Claro ahí...

E: Cómo defienden ellos, ¿no? ¿Cómo defienden, sí, sí, quiero uno? ¿Cuáles son las razones que te dan?

DR. D: Sí, sí, porque a veces se quieren curar rápido... Porque tienen que ir a trabajar... Porque a ver, no puede faltar al trabajo... Cosas de estas, ¿sabes?

E: Ya, ya... Claro.

DR. D: ¿Entiendes? Muchas veces son cosas de estas. Que tampoco es que se vayan a curar más rápido, ¿entiendes? Porque se tomen un antibiótico. La verdad, si es vírico no les hace nada el antibiótico.

E: Ya. No, no, no.

DR. D: Pues eso. En realidad, ¿qué pasa? Que sabemos que muchas veces no habría que dar. Pero a veces... Bueno, también hay muchas veces pacientes crónicos, de estos que les das antibiótico. Porque yo creo que casi sí que hay que dárselo, ¿sabes? Porque si no, no se les cura y se te complica todo.

E: Pero aparte de las razones médicas, ¿puede haber una razón de tipo social, por ejemplo? Me estoy imaginando a alguien que vive muy lejos, que tiene dificultad para volver aquí al centro de salud. No sé, alguna cuestión de tipo social, ¿no? Que pudiera afectar...

DR. D: A veces sí. Hay cuestiones de tipo social...

E: La edad...

DR. D: O que va a salir en el camión y yo tengo esta fiebre y tal. Y dime algo más fuerte porque yo no tal. Sí, puede haber razones en las que le das un antibiótico que posiblemente no haría falta. Esa es la realidad.

E: Ya, ya.

DR. D: Esa es la realidad. Y luego, pues... Sí, yo creo que nos pasamos un poco con el uso de antibiótico.

E: Y tú ahí para cuando tienes que...

DR. D: Porque, ¿qué pasa? Que así, es como que así no falla la cosa, ¿sabes? Es decir, por si acaso, *tacatá*. Entonces, de esa manera ya se cura seguro y no viene, ¿sabes?

E: Ya, ya.

DR. D: Pero la realidad es que yo creo que también está mucho más concienciada la gente ahora, ¿eh? En este sentido de que ya ven claro que no es de antibiótico. Si le dices, esto es un virus. Y al virus no le hacen nada del antibiótico. Y ahora no es de antibiótico. Aunque tiene fiebre, hay que darle tres días. Y luego vienes. Esto es la frase que yo digo siempre, casi. En el invierno con las gripes y todo esto es tal. Pero bueno, con todo y eso a veces te viene... Ha venido a urgencias. Ha venido también por la mañana. Han ido a (*cidade galega*) y vienen otra vez. Siguen con la misma fiebre. Piensas que es vírico y ya. Como es la cuarta vez que viene ya le das un antibiótico. Que se vaya a su casa. ¿Ves? Esto a lo mejor está mal hecho. Pero esto lo hacemos. Te digo la verdad. Porque a veces la gente está en pesa. Eso, fiebre. ¡Ah! Urgencias. En urgencias le dan una aspirina, digamos. Vuelven a ir a (*cidade galega*), urgencias. Vienen, una aspirina. Y vienen otra vez mañana. Bueno, ya dices, bueno. Entonces a veces ahí ya dices, bueno, pues...

E: Sí. Esto que estás tú comentando lo dijimos ayer en la Consellería, estuvimos hablando, no, en el hospital. Estuvimos hablando con un profesor de la Facultad de Farmacia. Habían hecho una investigación. Y parece ser que le salía como que efectivamente que el médico en algunos casos receta. Un poco, ya porque se harta un poco, ¿no? Ya para un poco zanjar el asunto. Y también porque decían sobreestima las expectativas del paciente. En el sentido de que parece que luego habían entrevistado a los pacientes, y en realidad los pacientes como que no esperaban nada realmente. Entonces el médico se piensa que, es lo que yo decía, ¿no? Se puede pensar que a lo mejor el paciente está esperando algo. Y que si no le das algo no te lo vas a quitar de encima.

DR. D: Pues posiblemente que haya algo de eso. Aunque yo creo que eso está cambiando. Ahora los pacientes ya no demandan tanto esto. Es decir, entienden que es una gripe y que no hay que dar antibióticos. Yo creo que en eso ha venido bien la educación en los medios de comunicación. Y eso que se lo han dicho, han ayudado. Porque ahora lo entienden más, ¿sabes? Que no es de antibiótico. Esto no es de antibiótico. Hay que meterse en la cama. Así. O sea, es verdad que...

E: Volver a las recetas tradicionales.

DR. D: Ha cambiado. Sí.

E: Sí.

DR. D: Ha cambiado esto.

E: Pues muy bien. Pues muchas gracias.

DR. D: Bueno, muy bien.

E: Ha sido muy interesante. Bueno. Y bueno, te voy a contar una última cosa. Yo ya es curiosidad. Como yo soy de (*ciudad de Castilla y León*) y tú eres de (*otra ciudad de Castilla y León*).

DR. D: Yo de (*corrección de otra ciudad de Castilla y León*).

E: De (*ciudad de Castilla y León*), es verdad. No, que, si habías notado, llevas muchísimo tiempo aquí. No has trabajado nunca en Castilla, claro.

DR. D: En Castilla, poco. Al principio cuando acabé hicimos sustituciones. A lo mejor en seis o siete pueblos y eso. Pero conozco bien Castilla, porque mis padres son de un pueblo. Yo he nacido... Vamos, he vivido...

E: Sí, por allí.

DR. D: Sí, uhum.

E: ¿Y notas mucha diferencia en ese sentido? ¿Todavía te sorprenden los gallegos o crees que realmente en todas partes es igual?

DR. D: En el fondo, en el fondo, en todas partes, es igual. Pero sí que son distintos. El gallego es más así de dar vueltas, ¿sabes? Así, "ah, teño, quería, porque tal..." O sea, no te dice claramente. Pues es que quiero solicitar una pensión y vengo a que me haga usted un papel. Pues yo tengo tal, tal. A ver, pero entonces... Yo ya...

E: Un plan castellano.

DR. D: Yo ya que veo. Entonces me sube la carta y entonces le digo... A ver, entonces, ¿qué es lo que usted quiere solicitar? Pues tal. Ah, bueno, pues ya se lo veo. O sea, pero son así más.

E: Más indirectos, ¿no?

DR. D: Es como más... Galicia es más variada. Los castellanos son más iguales, ¿sabes? Es verdad que los pueblos son así más iguales, todo el mundo compra como lo mismo, las casas. Aquí, como viven más así, dispersos, hay personajes más curiosos. ¿Sabes?

E: ¿Más individualismo?

DR. D: Que viven más aislados. Entonces son más así, a su libre... De verdad, es más variado los personajes de las personas.

E: Quizás esto es porque han emigrado mucho. Me sorprende hablando con la gente. Digo, oye, es que en Castilla no conozco a nadie que haya emigrado.

DR. D: Es verdad. Sí, al mismo tiempo te sorprendes que en la aldea más remota el señor ha estado viviendo en Suiza y ha estado en Nueva York. Y es el paisano porque ha ido y ha venido.

E: Sí, sí, sí.

DR. D: En ese sentido, sí. Y luego eso, el carácter un poquito más así, como que da más vueltas y que no es tan directo. Eso clarísimamente. Yo a veces, a veces parezco un poco brusca.

E: Ya, ya.

DR. D: Sí, cuando no me conocen parezco así, uy, es muy recta y es muy tal. Como si yo fuese muy, porque digo así muy claro. Y tiene que tal. Y no haga...

E: A mí me pasa igual, ¿eh?

DR. D: Es verdad. Sí.

E: Yo soy muy igual en eso. Sí, sí, lo vemos, lo vemos, lo han dicho.

DR. D: Y a veces, incluso con los compañeros. Y eso me pasa que, como digo las cosas muy claras, a veces, o sea muy tal, pues no vengas, o tal.

E: Sí, sí, que parece que estás enfadada...

DR. D: Luego, como ya te van conociendo, pues ya dicen, bueno, esto es así.

E: Es verdad, parece que...

DR. D: Pero sí, en ese sentido, es distinta la geografía de Galicia, como es así como más barroca y como más diversa. Pues la gente es más variada.... Es más variada.

E: Tuviste que acostumbrarte, entonces un poquito, ¿no? Me imagino.

DR. D: Sí.

E: Tienes que acostumbrarte a la manera de tratarlos también o entender lo que ellos dicen.

DR. D: Luego, es más, es muy educada y es muy, es muy respetuosa y en ese sentido también. Pero bueno, luego los de las rías son muy bravos, ¿eh? O sea que también hay mucha variedad de personajes.

E: Sí, sí, sí.

DR. D: Luego es más variado, es mucho más variado. Los marineros, o sea, los paisanos de... Es más variado que en Castilla. Castilla es como más todo igual, más fácil. Es más fácil.

E: Sí, sí, es más fácil, más directo.

DR. D: Manera de ver.

E: Sí, más suaves en el trato aquí también, me da la impresión, ¿no?

DR. D: Sí.

E: Tienen como una cortesía natural, así, una hospitalidad.

DR. D: Sí, sí.

E: Que en Castilla podemos ser un poco... Aunque te digo, a mí casi me echan a patadas aquí de (*nombre pueblo*), porque no te veo, nadie se fiaba de mí.

DR. D: Sí, sí.

E: Es una cosa muy sencilla, ¿no?

DR. D: Sí, un poco más desconfiados, posiblemente.

E: Pero además también me extrañé un poco porque había gente joven. Sí, sí. Que me ha dicho que no. Yo pensaba que éramos a lo mejor la gente mayor, que nos inspiraba o...

DR. D: También a lo mejor están acostumbradas a estas encuestas de la calle. Sí, la gente se harta. Que te cansan y que dicen, no, no quiero saber nada.

E: Y encima, sí, no, lo que te decía, que uno viene al médico cuando está mal y...

DR. D: Es verdad.

E: A hacer una encuesta...

DR. D: Es verdad.

E: Bueno, pues muchas gracias, (*nombre*), ya.

DR. D: Bueno, pues muy bien.

E: Me llevo mi aparato y vamos a ver si luego...

Interview 5: DR. E

DR. E: Interviewed doctor

E: Interviewer

[Inicio de la entrevista con datos personales de la médica, su trayectoria personal e información sobre la clínica en la que trabajan. Se ha eliminado de la transcripción debido a la protección de datos personales.]

E: ¿Tienes algún tipo de pacientes en especial? Por ejemplo, en cuestión de edad, ¿te atreverías a decir cuánto de gente ya mayor o gente joven en proporciones, hombres y mujeres? ¿Hay algún rasgo sociológico que los defina?

DR. E: La mayoría de la gente que tengo es mayor. Bueno, espera, muy mayor tampoco. O sea, hay gente mayor, claro, son los más frequentadores en la consulta, pero quizás lo que menos hay es gente joven.

E: Lo que menos

DR. E: Lo que más hay es sobre todo mujeres, consultan más a las mujeres que los hombres y quizás a partir de los cincuenta es lo que más haya, de cincuenta en adelante, lo que menos gente joven.

E: ¿De alguna clase social en especial o hay todo tipo de...?

DR. E: Todo tipo, a mí no me llama la atención que haya...

E: ¿Desde gente con más educación, menos o menos cualificados? No, pensaba por el hecho de ser un tipo...

DR. E: Pues mira, igual los que son más cualificados son más demandantes que los que tienen menos preparación.

E: Eso sí, tampoco me extraña. Es una cosa que te iba a preguntar, sí.

DR. E: Sí.

E: Sí, pero vamos, quiero decir que entonces trabajas con diferentes tipos.

DR. E: Sí, de todo tipo.

E: De todo tipo, ¿no?

DR. E: Yo creo que aquí más en general es más medio bajo que alto. Hay poca gente, pues a lo mejor con estudios universitarios, por ejemplo, poca gente. Muy pocos.

E: Ya, vale. ¿Cuánto tiempo tienes asignado para cada paciente?

DR. E: Asignado es, no sé si te explicaron, hay lo de recetas.

E: Sí, que puede variar, ¿no? Pero también nos dijeron que varía un poco por médico, ¿no?

DR. E: Claro.

E: Hay gente que tiene que...

DR. E: Yo tener, tengo siete minutos.

E: Estirarse más tiempo.

DR. E: O sea, nunca lo respetamos.

E: No lo respetas, ya. También eres de las que te pasas también, ¿no? ¿Usas gallego o castellano cuando hablas con los pacientes?

DR. E: Casi siempre gallego, pero dependiendo de lo que hablen ellos.

E: ¿Tú te diriges a ellos en principio en gallego?

DR. E: Sí, porque la gran mayoría aquí hablan en gallego. Entonces me dirijo en gallego y luego según cómo me hablen, pues les contesto en castellano o en gallego. Y a veces también mezclo.

E: Ya. ¿Y le ves alguna ventaja a hablar en gallego o en castellano para ti? ¿Qué es más cómodo?

DR. E: A mí con la gente del campo me resulta más cómodo hablar gallego, porque ellos también lo hablan.

E: Ya.

DR. E: Y notas que en el momento que tú les hablas en castellano, no hablan igual. Como si les costara o como si no los vieras naturales hablando.

E: Ya, ya. Lo pensaba también como tienes residentes, si ellas no hablan...

DR. E: El gallego.

E: Gallego...

DR. E: Es que mira, por ejemplo, la residente nueva acaba de llegar.

E: Sí.

DR. E: Y lleva doce años en Galicia.

E: Sí. Sí.

DR. E: Ella dice que el gallego lo entiende.

E: Lo entiende, sí.

DR. E: Y hay gente que le tienes que hablar en gallego.

E: Ya, ya. Sí, sí, sí. ¿Cómo tratas a los pacientes? ¿De tú o de usted?

DR. E: Si es gente mayor, de usted. Si es gente joven, pues lo suelo tratar de tú.

E: ¿Y qué ventajas le ves a usar una forma u otra?

DR. E: Hablarles de usted a gente mayor me parece de respeto. Yo fui educada así, no soy capaz de salir de ahí. Hay gente que te dice que no le hables de usted porque “usté podía ser a miña neta o a miña filla”. Pero no me siento cómoda. A mí me parece que da igual que te hablen de usted que de tú siempre que te respeten. A veces te tratan de usted y no te respetan. Y te pueden tratar de tú y te respetan igual. Y a veces utilizo el usted si veo que a alguna gente le noto que falta el respeto. Entonces le trato de usted porque me parece que es un poco poner distancia.

E: Pero en general los que vienen contigo tienen tendencia a llamarte de tú, entonces...

DR. E: La gente mayor no. La gente joven sí. Los jóvenes sí. Te tutean más que los mayores. Sí.

E: Y has mencionado el tema del respeto. ¿Tú ves otras formas de manifestar el respeto de un paciente por su médico, aparte de este tratamiento de usted?

DR. E: En la actitud que tiene. No sé, yo se lo noto así, en la actitud, cómo hablan. Porque a veces el tono que utilizan, el tono de voz, a veces eso es despectivo. Te hablan como... Bueno, tienes obligación de hacer eso.

E: Ya

DR. E: Tienes obligación de hacer eso. Aunque me está tratando de usted, me parece que me está faltando el respeto. Sí, sobre todo en la actitud de ellos, en el tono de voz que utilizan, a veces en lo que dicen, en las expresiones.

E: Que usan expresiones...

DR. E: Sí, bueno, a veces que... En general, de todas maneras, aquí, en general, la gente es muy respetuosa, en general.

E: Sí, sí, sí.

DR. E: Por ejemplo, la gente mayor es muy respetuosa. Le notas... O que usted diga, no, como usted quiera. Bueno, que usan aún aquí, sigue usando, usted lo pase bien y... Cosas de ese tipo.

E: Sí, sí, está muy bien, sí, también. Y claro, y... Bueno, esto se me ha respondido en realidad. Sí, la falta de respeto en estos casos que dices que se nota. Sí. Bueno, tenéis poco tiempo para consulta, tenéis que ser muy efectivos. ¿Cómo lo resuelves? ¿Tienes algún truco de tipo comunicativo? Para resolver esa...

DR. E: A ver...

E: ...¿esa necesidad?

DR. E: Yo si necesito estar más tiempo, lo utilizo. Si me hace falta media hora, generalmente la consulta que te requiere más tiempo es alguna emergencia. Es cuando hay algún problema tipo psíquico, psicológico, cuando percibes que hay algo más debajo. Si me hace falta media hora, yo la utilizo.

E: La usas.

DR. E: Si ando apurada ese día, pero veo que necesita más tiempo, pues entonces... Paso la consulta para otro día.

E: Ajá.

DR. E: Pues le digo, mira, hoy vamos a resolver la situación más aguda, pero mañana, pues la cito para un momento que sé que tengo más tiempo, y entonces que podemos hablar con calma. Es lo que suelo utilizar.

E: Y si ves que realmente podría acabar ya la consulta y no necesita volver, no necesita más tiempo, ¿tienes algún otro truco, así algo para...?

DR. E: Para... ¿Cómo? Para un poco acabar la consulta.

E: Sí, para volverse a ajustarte al tiempo.

DR. E: Claro, pues bueno, pues a veces no me queda más remedio que mirar el reloj y decirle, porque la gente a veces no entiende que tiene que salir, mire, hoy tenemos que terminar la consulta porque, bueno, no nos queda otra opción. A veces me tengo que levantar, no me queda más remedio porque no doy cortado en la consulta.

E: Y aún te levantas, ya es cuando lo entienden.

DR. E: Bueno, aún a veces cuesta. Son pocos casos, ¿eh?

E: (***) es más directa, dice que a veces incluso abre la puerta.

DR. E: Sí, bueno, a ver, eso lo usas, muy último recurso, pero hay alguna vez que no te queda más remedio que... Bueno, por favor, mire, por hoy ya está, porque... Bueno.

E: Sí, hay de todo, ¿no? Sí. Hoy en día hay muchos pacientes que vienen con información de internet, y nos decía también (***) que los suyos vienen con *Saber vivir*. ¿Eso lo notas en la consulta?

DR. E: Sí, pero yo no lo noto mucho. ¿Sabes a lo mejor por qué? No, yo también... Yo trabajé en (cidade galega), y allí en (cidade galega), pues la gente consultaba mucho internet, y aquí poca gente. Muy poca gente.

E: Pues los programas de televisión...

DR. E: Sí, no te crees que me comentan mucho, eh.

E: ¿No?

DR. E: No, yo no lo percibí así...

E: O sea que no es un problema para ti...

DR. E: No, a mí para nada.

E: El que vengan con mucha información que han sacado.

DR. E: No, no, no veo que... No.

E: No ves eso.

DR. E: No, yo no lo veo como problema.

E: No. ¿Y con listas de preguntas? ¿Vienen preparados de alguna forma?

DR. E: ¡Ay, a veces sí! Son casos muy concretos, muy poquita gente, pero a veces sí vienen con lista de preguntas.

E: ¿Y eso ayuda a la consulta? ¿A que sea más ágil, o...?

DR. E: Yo creo que no.

E: ¿No?

DR. E: A mí, me... No me gusta, no me gusta. No porque realmente te hacen muchas preguntas, que no te parece realmente importante, ¿sabes? Y parece que vienen a la compra, con la lista de la compra.

E: Tiene que responder a todo.

DR. E: Claro.

E: Sí. ¿Y eres partidaria de involucrar al paciente en el tratamiento que se va a seguir?

DR. E: Sí, claro, tiene que involucrarse. A la fuerza.

E: Pero claro, ¿involucrarlo, o sea de alguna manera un poco... obligarle a que se involucre, o de alguna manera negociar... o...?

DR. E: Sí, yo trato de negociar con ellos.

E: Comentar...

DR. E: Trato de negociar con ellos y hacerles entender, sobre todo en patologías crónicas, porque bueno... Pues en otras a lo mejor no es tan importante, pero si es diabético, trato de que él entienda la enfermedad, en que consiste, qué repercusiones puede tener... Y trato de que él se haga partícipe de su enfermedad.

E: ¿Pero no hay ocasiones en las que piensas que a lo mejor él tiene algo que decir en ese sentido y que no se trata solo de que tú vayas con un...?

DR. E: Sí, sí, sí. Él claro que tiene mucho que decir.

E: O que incluso te haga cambiar de opinión, en un momento dado.

DR. E: Sí.

E: Que tú pensabas esto, y a lo mejor algo que dice...

DR. E: Sí, sí, sí, a veces te das cuenta, de que a lo mejor hablaste mucho y dices, ah espera, él te hace un comentario y realmente dices, pues tiene razón... Si por ejemplo a ver... En las dietas. Pues si le preguntas, en qué trabaja... ¿Puede hacer la dieta?

E: Claro.

DR. E: Porque claro... A veces empiezas, y mira, es que yo soy camionero. Ah.

E: Claro, ya, ya.

DR. E: Entonces tienes que... sí, sí. Trata siempre de preguntar.

E: Claro. ¿Y te pasa con frecuencia que un paciente rechace el tratamiento que le propones?

DR. E: No. Con frecuencia no.

E: No. O también no te ocurre de un paciente, de estos que saben exactamente lo que necesita, que se conoce muy bien a sí mismo y trata de alguna forma de...

DR. E: Sí, hay gente que trata de... A ver, que... Eso, pues a mí me va bien esto y me va bien esto. Bueno, tienes que negociar y a veces acabas cediendo...

E: Ya, en ocasiones, sí, son muy persistentes.

DR. E: Pero pocas veces, son los menos.

E: Sí. En general, en cuanto a medicamentos, ¿hay una tendencia mayor a rechazar medicamentos o más bien a que le mandes a casa con algo?

DR. E: Más bien a que le mandes a casa con algo.

E: ¿No viene el paciente que te dice que en lo posible quiere no tomar medicina?

DR. E: A ver, viene. Pero si me preguntas qué es lo más frecuente. Lo más frecuente es que...

E: Es lo otro.

DR. E: Quieran salir con un medicamento. Hay alguno que de entrada te dice, deme pocos medicamentos, y alguno que no los quiere tomar. Que cuando ve que te... Ay, es mucho medicamento. Pero en general quieren salir con un medicamento de la consulta.

E: Y si, por ejemplo, tú tienes decidido un tratamiento, pero ves que no está muy por la labor, por eso, porque quiere más, quiere menos, o lo que sea, quiere otra cosa. ¿Tienes estrategias comunicativas para conseguir su aceptación?

DR. E: Hombre, intento eso, negociar, con él. Y explicarle cuál es el motivo de que tiene que tomarlo.

E: Sí. Claro, y en ese sentido se dice que la medicina es tanto una ciencia como un arte. En tu caso, ¿cómo lo ves eso? ¿Con qué valor le das a cada parte? ¿Cuánto tiene de ciencia y cuánto de arte?

DR. E: Sí, de arte, creo que tiene mucho. Mucho. No sé, bueno, no te puedo decir porque no puede ser un sesenta por ciento de arte, pero igual mitad a mitad.

E: Sí, sí. ¿Es un caso específico de los médicos de cabecera o crees que en otras áreas a lo mejor...?

DR. E: Pienso que debería de ser de todos.

E: De todos.

DR. E: Pienso que debería de ser de todos, pero quizás donde más interviene el arte es en los médicos de cabecera. Lo ves porque, a ver, y además nos pasa que la gente va al hospital, te mandas especializada y generalmente, puede haber casos que no, pero generalmente vienen y te preguntan, mire, fui al especialista y me dio este tratamiento, ¿usted qué opina?

E: Sí, sí, sí.

DR. E: Entonces, allí es como la ciencia y nosotros, pues bueno.

E: Se fían más en general entonces de vosotros que de los especialistas en sí, ¿no? Ese es el caso. ¿Y con los que conoces bien, dirías que se llegan a establecer lazos de cercanía y confianza?

DR. E: Sí.

E: ¿Y eso lo ves como algo positivo, inevitable, no tan positivo?

DR. E: A ver, lo veo como algo positivo. Yo creo que es muy positivo eso. A veces te implicas tanto que tú lo pasas mal, pero bueno, yo no sé trabajar de otra manera. A ver, yo aprendí a poner más distancia de la que ponía antes, porque antes me implicaba mucho más con el paciente.

E: ¿Implicación qué quiere decir?

DR. E: Implicación emocional. Entonces, bueno, no te puedes implicar tanto emocionalmente porque acabas muy... acabas tú mal.

E: Claro, claro.

DR. E: Y si te pilla muy mala época, pues peor. Pero yo creo que, a ver, tiene que haber... Es muy positivo el que haya un buen acercamiento. Porque se fían más de ti. Y porque además a ellos también les gusta que vean que tú te alegras. Pues un diabético está bien controlado. Caramba, qué bien, pues mire cómo mejoró esto. Entonces... Ayuda muchísimo a que sigan el tratamiento, que sigan todo.

E: ¿Puedes dar algún ejemplo más de cómo se podría ver esa cercanía, esa confianza? Como ejemplos de pacientes con los que sientes que tienes cercanía y confianza, que funciona bien y...

DR. E: Pues, a ver, cuando hay algún problema familiar, sobre todo, que sin a veces hablar mucho, simplemente preguntando, ¿qué? ¿Cómo van las cosas?

E: Ya.

DR. E: Ya es suficiente. Muy poquito que te digan, ya entiendes de sobra lo que pasa, no es necesario hablar mucho más.

E: Sí.

DR. E: Y ves que, bueno, que además te cuentan cosas, te comentan, pues que no comentaría a otra gente.

E: A otra gente, sí. ¿Y excesos de confianza? ¿Esto que la gente se toma demasiadas confianzas también te ha ocurrido?

DR. E: Alguna vez sí. Alguna vez sí.

E: ¿Qué haces en esas situaciones?

DR. E: Pues la verdad que intento... Intento frenarlos. Intento, si a lo mejor veo que, bueno, pues yo traté de darles confianza y que iba bien la cosa, entonces sí que empiezo a cortar un poquito, a ser un poco más seca en el comportamiento, pues ya sí. Sobre todo a ser más seca. Pregunto menos y me mantengo un poquito a distancia. Marco un poco las distancias, que normalmente no las marco porque me da un poco de miedo. Pero ahí sí.

E: Ahí las marcas, sí. ¿Y la comunicación médico-paciente en general te parece complicada, entonces?

DR. E: A mí no.

E: No lo es.

DR. E: A mí no me lo parece.

No. ¿Y si una parte un poco más complicada, cuál podría ser?

DR. E: A ver, no me parece si nosotros ponemos de nuestra parte. Si nos ponemos en un plan, pues como era antes, yo soy el médico y tengo la autoridad total, pues me parece que no. No va a haber comunicación ninguna. Porque tú le dices y él o no se entera y seguirá el tratamiento o no, porque no se comunica bien contigo. Entonces, ahí ahora me perdí, no sé lo que iba a decir.

E: Sí, si era complicada la comunicación y me decías que no. Te preguntaba si había algo más complicado, a lo mejor.

DR. E: Más complicado...

E: Para ti, si hay algún aspecto en el que ahí te cuesta un poco más.

DR. E: Cuando ellos ponen una barrera.

E: Ya.

DR. E: Porque son ellos generalmente que tratas de... Hay gente que intentas hablarle, preguntarle y ves que no quieren. Y ahí me cuesta mucho entrar.

E: Ya, claro. Sí, sí. Cuando os reunís los médicos, ¿el tema de la comunicación con el paciente es un tema del que habláis?

DR. E: No.

E: ¿No es prioridad tampoco?

DR. E: No. Siempre se hablan temas, pues bueno, más científicos. Patologías de comunicación, no.

E: No. Y para los residentes que trabajan contigo, ¿tú crees que la comunicación con el paciente es complicada para ellos? ¿Difícil? Ellos que tienen menos experiencia y...

DR. E: No. Yo les veo que bien. Se comunican bien.

E: Y si les tuvieras que dar un consejo ahora mismo a tus médicos residentes, ¿cuál sería tu mejor consejo en este término? En término de la comunicación con el paciente.

DR. E: Pues que traten de establecer una buena relación siempre con el paciente, de ganarse la confianza de ellos. Porque, bueno, va a ser la manera de que puedas realmente que te cuenten las cosas y de que puedan seguir un poco lo que se les indica.

E: Sí, sí, sí. Bueno, esta es una cosa que me ha ocurrido de lo que he escuchado hasta ahora. Porque me da la impresión de que entonces en estas cuestiones de la comunicación médico-paciente hay como tres aspectos y algunos les dan más importancia a unos que a otros. Por una parte, estaría la

experiencia. Por otra parte, la empatía. Y, por otra parte, la formación. ¿Tú ahí cuál dirías que es el... donde se puede conseguir más?

DR. E: Yo creo que tienes que tener empatía.

E: Claro, pero hay gente que no es empática. Es una cosa personal, eso. ¿Y cómo lo resuelven?

DR. E: Pues es complicado. Tiene que formarse.

E: Tiene que formarse.

DR. E: Tiene que formarse. Porque eso se aprende también.

E: Se puede educar. Sí, sí, sí. Ya las últimas preguntas que tienen que ver con los antibióticos, con la administración de antibióticos. ¿Cuál es tu postura profesional ante esto? Ante la administración de antibióticos.

DR. E: Que creo que se están prescribiendo de más. Creo. Y muchas veces forzados por ellos.

E: Es lo que te iba a preguntar. ¿Cómo es eso? ¿Te lo piden? ¿Presionan?

DR. E: Es que es lo que te decía antes. Hay gente que no se va de la consulta si no le das un medicamento. Entonces intentas... pues lo típico. El catarro más típico... El ejemplo más típico es el catarro. Pues le das... le dices que... pues las medidas caseras. A los dos o tres días vuelves, insistes y al tercer día es que acabas dándole el antibiótico. Porque no lo vas a sacar de delante.

E: Ya, ya. Sí, sí.

DR. E: Entonces quizás prescribamos... bueno, veo eso y veo que a veces, aunque ahora eso se cortó un poco, en las farmacias también les dan los antibióticos.

E: Ya, ya. Lo toman por su cuenta. Ya, sí, sí. Y entonces cuando... aparte de la insistencia, ¿no?, de regresar a la consulta, ¿hay algo que te digan, que argumenten para tratar de convencerte de que se lo des?

DR. E: Pues que lleva muchos días y que no se curan. Y que no se curan y entonces que no pueden estar así y que tienes que darle algo.

E: Sí, sí.

DR. E: Y que le voy a dar, pues, un mucolítico. No, eso ya no me fai nada. Ya ellos saben que no.

E: ¿Y eso te pasa con mucha frecuencia? ¿De qué? Contra tu criterio...

DR. E: Hombre, mucha frecuencia no. Pero bueno, sí, a lo mejor más de lo que quisiera.

E: No, es que justamente el otro día que estuvimos en el hospital también nos comentaron unos profesores de farmacia, una investigación que habían hecho y decían que efectivamente lo que tú estás contando, que, en muchos casos, pues es una manera ya de zanjar las consultas.

DR. E: Sí.

E: Pero ahí comentaban también ellos que luego habían entrevistado a los pacientes y resulta que los pacientes no tenían expectativa en sí de que les mandaran antibióticos. Sí. O sea, como que el médico se creaba un... sobrevaloraba las expectativas del paciente. ¿Tú crees que puede haber algo de eso también? O sea, a mí me sorprendió un poco el resultado de lo que ellos habían encontrado.

DR. E: A mí me parece que no. Que nosotros cuando... a ver, hay gente que ya viene en la cabeza con la cosa, la idea fija de que le tienes que dar un antibiótico. Porque lo que te pregunta... ¿Y luego no me da un antibiótico? Mire, no, es que no le hace falta. Pero vuelve. Y acabamos dándolo por cansancio.

E: Ya, ya. Sí, sí, un poco la misma idea. Y factores sociales que puedan intervenir en eso, por ejemplo, una persona que vive lejos o que tiene un tipo de trabajo...

DR. E: Bueno, ¿sabes cuándo te lo solicitan? Gente que trabaja fuera, que vive en el pueblo, pero que tiene que... por ejemplo, un camionero.

E: Que se tiene que ir, sí.

DR. E: Pues me dice, mire, es que yo voy a estar cinco días fuera. Y ahí sí... claro, te ves un poco forzado y dices, bueno, pues tiene razón. Porque ¿qué va a hacer? Gente que va a hacer un viaje, pues quiere cortar la cosa rápida. Es en los casos que... Si van a estar aquí...

E: Sí. No, intentas que... ya. Bueno, pues eso es todo.

DR. E: Ah, muy bien.

E: Muy interesante. Muchas gracias.

DR. E: A ti, mira...

E: Nos hemos ceñido bastante al tiempo.

DR. E: Que me estoy fijando una cosa. Tú le pusiste esto...

E: No, este es un micrófono que es para... realmente no sé si hace mucho, porque tiene micrófono el aparatito.

DR. E: Ah, vale, vale. Sí. Me fijé y dije, como nosotros no lo tenemos...

E: Es que no teníamos para todos.

DR. E: Ya, vale.

E: La verdad es que yo... se oyen perfectamente. O sea que no sé cuánto hace. Esto es que está dirigido a ti y a mí, pero...

DR. E: Vale, bueno, pero se supone que...

E: Pero tiene micrófono.

DR. E: Lo otro lo grabamos, ¿no?

E: Sí, sí, sí.

DR. E: Vale, vale. Muy bien.

E: No nos dieron más que uno y...

Interview 6: DR. F

DR. E: Interviewed doctor

E: Interviewer

[Inicio de la entrevista con datos personales de la médica, su trayectoria personal e información sobre la clínica en la que trabajan. Se ha eliminado de la transcripción debido a la protección de datos personales.]

E: ¿Cuánto tiempo tienes asignado para cada paciente?

DR. F: Siete minutos. De reloj. Es que no lo hacemos ni caso.

E: Sí.

DR. F: Porque para cada paciente... Espera que saco la lista.

E: (***)

DR. F: Sí, la hoja misma. Después, de todas formas, el último día sacamos todas. Cada siete minutos una consulta. Y normalmente son, claro, cambia. Normalmente son dos horas, dos minutos cada receta. Pero es lo normal, siete minutos consulta y dos minutos receta. Pero bueno, muchas veces queda por el medio.

E: ¿Lo cumples o no?

DR. F: No.

E: ¿Normalmente como cuánto te puedes pasar?

DR. F: Depende, hay pacientes que tienen siete minutos de consulta y son tres minutos porque es para cualquier cosa muy puntual y hay veces que media hora.

E: Ya.

DR. F: Porque no vienen por una enfermedad solo. Vienen porque ya que estoy aquí, pues tengo aquí esto aquí, luego este grano. Es raro que vengan por una cosa sola.

E: Claro, no, claro, normal.

DR. F: Y más los jóvenes. Los jóvenes son peor. Perdón, ¿eh? [TELÉFONO] Sí. Sí. Vale, ahora no. Ahora estoy ocupada. Que te deje el teléfono que la llamo dentro de un rato. Que, claro, normalmente la gente joven pide el día en el trabajo y aprovechan vienen en un día y ya comentan varias cositas que tienen. Entonces, eso es lo que... Lo que hay. Pues sí, normalmente así, ¿no ves? Es que no... Después estas hojas las sacamos. Por ejemplo, este. Este que estaba para las ocho y cuarenta y cinco, fue a las ocho y cincuenta porque algo debió pasar por ahí. Depende, nueve cuarenta y tres. Aquí llevamos quince minutos. Depende. Depende. Vale. Depende, no siempre.

E: ¿Y cuál era la persona que no...?

DR. F: Ah, (*nombre*). Esta, (*nombre completo*). Esta chica no la grabamos por...

E: Por esa cuestión.

DR. F: Por sí, por sí.

E: Sí, razones legales. ¿Normalmente hablas en castellano o en gallego?

DR. F: En castellano. Yo soy de (*cidade galega*) y en mi familia todo el mundo habla castellano. Y puedo decir algo en gallego, pero normalmente yo soy castellano... Ellos me entienden perfectamente, o sea, quiero decir que no...

E: ¿Y si ellos hablan en gallego?

DR. F: Aquí habla mucha gente en gallego, pero yo aún así no hablo en gallego porque no me transmito bien en gallego. Me entienden perfectamente. No hay ningún problema de comunicación. Ninguno, no, ninguno. Porque yo entiendo perfectamente el gallego. Lo que pasa es que no lo hablo. Y ellos entienden perfectamente el castellano porque es gente que está al lado de (*cidade galega*). Pero bueno, y en (*pueblo de Galicia*) también. Los gallegos somos como mejor en Cataluña, que habla mucho catalán. En gallego, aunque se hable gallego en los pueblos, se entiende perfectamente el castellano.

E: Sí, es nuestra impresión.

DR. F: Aquí no tenemos problema ninguno, vamos, ni con el gallego ni con el castellano. Es una facilidad increíble. No, no, aquí ninguno de los dos idiomas. No pasa como otras autonomías. En Cataluña es mucho de hablar catalán. No, no, no. Aquí no. No, se pasa uno a otro. No, no. Y aquí menos, así. Porque yo, por ejemplo, en (*pueblo de Galicia*), alguno me decía, y si le hablo en gallego me entiende. Perfectamente, fale o que quera. O sea, sí. Pero aquí no, aquí ya todo el mundo habla, te entiende perfectamente.

E: ¿A los pacientes los tratas de tú o de usted?

DR. F: Normalmente procuro tratarlos de usted, depende de la edad. Si son mayores, normalmente de usted. Y si son de tú y de usted, si no lo conozco mucho y es joven, también. Si ya tengo el trato, el típico paciente joven que viene por las bajas laborales, porque hay gente que viene todas las semanas, si están de baja. Entonces no, los trato más de tú por la confianza. A los mayores más de usted. Porque bueno, ya por la educación, por tal. Pero a los jóvenes más de tú.

E: ¿Y qué ventajas le ves a usar usted, por ejemplo, con los mayores?

DR. F: Porque están más acostumbrados. Incluso aquí, incluso los hijos muchas veces tratan a los padres de usted. En los pueblos, en las aldeas de Galicia, muchos hijos le tratan de usted a los padres. Es una forma de hablar, aunque no haya confianza, de educación por la edad. Incluso los hijos, la familia, le trata a los padres de usted. Entonces, pues bueno, normalmente sí, tratamos más por la edad.

E: Por la edad. Sí, está bien. Bueno, normalmente no tengo la posibilidad de estar con una paciente y un médico al mismo tiempo. Pero la señora que está esperando aquí, me dijo que también, que también usan el tú, que es variable.

DR. F: Claro, también ella lo usa mucho. Depende de la señora. (*Nombre de una paciente*) usa mucho el tú. Conmigo usa mucho el tú. Depende mucho el paciente. Usa el tú, entonces yo tampoco le voy a decir, ¿por qué usted? Entonces, si ellos te tratan de tú.

E: Sí, en este caso fue ella quien empezó.

DR. F: Claro, ella te trata de tú, tú la tratas de tú. Sí. Porque eso es lo que quiere más confianza contigo. Y esto es, nosotros aquí tenemos, somos médicos de cabecera, casi mucha empatía con el paciente. Porque... Entonces, si ella... Te trata mucho de tú, (*nombre de una paciente*), entonces yo la trato de tú normalmente. Depende mucho del paciente. También, por ejemplo, hay chicos jóvenes que tienen algún problema de drogadicción, que yo los trato de usted. Porque mantienes un poco...

E: La distancia.

DR. F: La distancia, porque una persona, dependiendo de por lo que venga, tú le puedes dar confianza o no se la puedes dar. Yo una persona que sé que viene a pedirme medicación abusiva, que no debe, yo ya le corto y le trato de usted. Pero usted, ¿para qué? Para que ya sabe que aquí yo soy el médico y él es el paciente. No somos amigos. Somos... Yo estoy aquí para curar, pero no soy

para... no estoy para hacer amigos. Estoy para tratar, pero no para ser amigos. Pero ella depende del paciente. Ella, por ejemplo, viene así muy charlatana y tú, tú, pues tú. Y no me importa.

E: Y ella me dijo que le gusta porque así puede decir cualquier cosa, puede preguntar cualquier cosa.

DR. F: Sí, ella es así. Cada uno es distinto. Sí. Y depende.

E: Pero en general, con las otras personas de su edad...

DR. F: No. Para nosotros esto es joven. Nosotros, ustedes son personas mayores, de 70, 80 años. Yo. Aquí tenemos muchos pacientes de ochenta años y de noventa. Gente muy mayor. En Galicia la gente es muy mayor. Bueno, un montón de gente mayor tenemos. Son gente muy mayor. Ella, para nosotros, ella no es mayor aquí en Galicia.

E: Ah, bueno.

DR. F: Es una edad mediana.

E: Sí.

DR. F: Es una edad de que no hay que tratarla de usted. Es de tú si ella quiere, porque te está ofreciendo su confianza.

E: Y entonces ella de usted empieza a partir de qué.

DR. F: Setenta, setenta y pico.

E: Ah, bueno.

DR. F: Porque para nosotros... hay mucha gente de 80 años para arriba aquí. Muchísimo. La gente en Galicia es muy mayor, muy envejecida.

E: Ya.

DR. F: Entonces ya son así en plan... Porque ya en casa también los tratan muchos de sus hijos de usted.

E: Claro, otra generación.

DR. F: Claro, de usted.

E: Sí, sí. Y a ti normalmente entonces, ¿qué es lo normal? ¿Cómo te tratan? Aparte del caso de esta paciente.

DR. F: Depende del paciente. A mí me trata mucho que, como le decía el otro día el doctor, aquí me llaman muchos doctora (*nombre de la médica*), que normalmente no estoy acostumbrada a eso. Normalmente usamos los apellidos para tratarnos. Pero aquí o Doña (*nombre de la médica*) o Doctora (*nombre de la médica*), alguno (*nombre de la médica*). Pero sí, normalmente utilizan mi nombre, que no es normal. Nunca jamás en ningún otro pueblo de los que trabajé me llamaron (*nombre de la médica*). Siempre o (*apellido*), o Doctora (*apellido*), o (*apellido*) a secas, sin poner Doctora, pero por el apellido. Pero aquí todo el mundo me llama o (*nombre*), o Doctora (*nombre*), o Doña (*nombre*). Usan mucho Doña, en vez del Doctora.

E: En este pueblo, en concreto.

DR. F: Sí, sí, normalmente a mí nunca, nunca jamás me pusieron el nombre en ningún pueblo.

E: A ti cuánto varía, ¿no? Sí. Sí.

DR. F: A mí nunca. A mí (*apellido*), o Doctora (*apellido*), sí.

E: Pero ¿cómo le suena ser llamada (*apellido*)?

DR. F: (*Apellido*), bien. Sí, no. Acostumbrada. Aquí, en cambio, ahora no. Aquí, Doña (*nombre*). Aquí mucho, mucho utilizan el Doña (*nombre*). Yo no, pero aquí, a mí nunca me llamaron Doña. O Doctora, o (*apellido*). Pero aquí es Doña (*nombre*). O Don (*nombre*). Pero yo te decía, no.

E: ¿Puede tener que ver con la lengua que habla el paciente? O sea, en castellano se usa más que en gallego, quizás, y quizás ellos...

DR. F: Quizás. Es que no lo sé. Es raro. A mí nunca me llamaron así, Doña (*nombre*). Y aquí es mucho Doña (*nombre*).

E: Pero en cualquier caso de tú, de usted, ¿qué es más frecuente en tu caso?

DR. F: Es que depende. Yo creo que aquí media, media. Hay gente que me llama Doña y normalmente me llaman Doña más los mayores. Doña (*nombre*), la gente mayor. Y de tú, más la gente joven. Esta señora. Porque es así muy... dicharachera. Y porque tampoco es mayor. Pero normalmente los jóvenes más de tú. Incluso alguno te dice, mira, ¿no te importa que te trate de tú? Porque es más fácil hablar. Y yo digo, no hombre, no, trátame como quieras. O sea, te piden permiso muchos. ¿No te importa que te trate de tú?

E: Sí.

DR. F: Para tener más... No, yo no. Porque aquí como vienen a contarte problemas de su vida, pues no, a mí no me importa. Con tal de que me respete luego, que me hagan caso.

E: Sí, te iba a preguntar por la cuestión del respeto. ¿Tú crees que de alguna manera el respeto de un paciente por su médico se refleja en la forma de tratarte de tú a usted? O llamarte Doña o...

DR. F: No, hombre, yo no creo. Yo de todas formas creo que el paciente... No es solo paciente, es persona. Y eso depende de la persona como sea. Si no me respetan a mí, tampoco van a respetar al de la tienda, ni al farmacéutico, ni al de... Que tienen que respetar a todo el mundo.

E: Pero a ti como médico, ¿puedes decir alguna forma en que notes que te respetan como médico?

DR. F: Que no sea necesariamente el uso de usted. Hombre, sí. No, yo creo que no influye en el usted. Porque ya te digo, yo también...

E: No, otras formas, pensaba, que no fuera el uso de usted. Formas en que tú notas que el paciente te respeta. Cómo manifiesta, o sea, el respeto.

DR. F: Hombre, sí, yo lo noto perfectamente. Si me respetan cuando hacen caso a lo que les digo. Si siguen mis instrucciones y que me hacen caso. Yo llevo tres años aquí y al principio fatal. Porque había una doctora aquí que ellos estaban muy contentos con ella. Muy contentos y tal. Y antes de marcharse ella habían hecho unos escritos los pacientes que entregaron por las farmacias y por los sitios firmando para que no se fuera esa doctora. Pero esa doctora no tenía derecho a esta plaza porque no tenía oposición. Yo fui y pedí un traslado para aquí. Entonces el paciente fue muy enemigo mío. Pero muchísimo, fatal, ¿eh? Pero muy enemigo mío porque estaban encantados con ella. Y se fueron y me echaron a mí la culpa de que se había ido ella. Claro, ellos no saben, no entienden más. Y la culpa era mía de que por mi culpa se había ido esa doctora que estaban muy contentos con ella. Normal. Cambiar algo que no conoces por algo que te gusta no lo aceptan. Al principio fatal. Ahora ya estarán acostumbrados. Pero al principio fatal.

E: ¿Y cómo andabas? ¿Qué te decían?

DR. F: Mal, mal, muy mal. Se van los buenos y vienen los malos. Por la enfermera esa se van los buenos.

E: Pero directamente en su cara.

DR. F: Sí. Y algún día me dejaron un insulto por ahí. Y fue fatal, ¿eh? Al principio fatal. Y luego me equivocan que teníamos que cambiar la medicación a genéricos. Yo no quiero esto porque la doctora me da, la doctora me hace. Bueno, todos eran, ya sabes, como los que se mueren, que son buenísimos todos. Y entonces todo era sí, sí, a la cara porque ellos no querían que esa doctora se fuera. Ellos estaban muy contentos con ella. Entonces fue fatal. Muchos se cambiaron para Don

(nombre de otro médico). Otros se quedaron. Pero bueno, sí, porque además lo que te digo. A lo mejor aquí callaban, pero criticaban fuera. Había unos alborotos ahí fuera. Terribles. Que yo tenía que salir afuera. O se callan o tal. Fatal, muchas quejas, muchas, muchas. Porque estaban muy contentos con ella. Yo lo veo normal.

E: En esa, bueno, mismo antes de oír esta historia, quería, estaba pensando. Si en el primer momento cuando tienes un paciente nuevo. Si trata siempre por usted. Independientemente de la edad.

DR. F: Sí, sí, lo normal es que sí. Normalmente al principio. Ahora los pacientes nuevos que tengo, normalmente, son pacientes que vienen de otros médicos. Y los míos que van a otros médicos. Entonces pues, si un paciente cambia de médico, es por algo. Porque aquí todos somos, como les digo yo. Todos somos, todos son buenísimos. Yo les digo yo, si quiere cambiar todos son buenísimos. Mejores que yo. Si uno cambia de otro médico, es porque hay algún problemilla creado. Y si cambian de mí después de tres años también. Entonces al principio sí que cortas un poco. Ponlos un parada. Porque no vaya a ser. Pues que se enfadó con un médico. Viene a mí pensando que de mí va a conseguir algo. Que no consiguió del otro. Algún tratamiento que el otro no le da por su bien. Siempre es por su bien. Entonces vienen así. Yo ya les explico. Escribimos todo. Yo voy a seguir haciendo lo mismo: cuidándolos. No hago lo que ustedes quieren, sino lo que es bueno para ustedes. Y todos los tratos de usted. Al principio. Después ya cuando va a estar.

E: Bueno, nos has dicho que tenéis muy poco tiempo para cada consulta. Tienes que ser muy efectivos. ¿Tienes algún truco comunicativo para que esto fluya bien? La comunicación.

DR. F: Uy, es muy difícil. Yo suelo ir. Hoy no. Pero suelo terminar muy tarde. Terminar muy tarde porque es gente muy mayor.

E: Pero si ves que te andas muy pillada de tiempo. ¿Tienes alguna manera, algún truco como para decir, bueno, esto tengo que liquidarlo?

DR. F: No, si es una cosa que no me urge mucho. Y veo por ejemplo hoy que es mucha cosa y a lo que viene no es muy urgente. Pues lo que hago, es decir, bueno, pues mire, vamos a hacer esto hasta el lunes. Voy a dar un tratamiento hasta el lunes. Pero el lunes quiero que vuelva otra vez por aquí. A ver cómo le fue. Pues una chica hoy por ejemplo que fue al dentista. Bajó, tenía un problema. Entre él y yo organizamos. Bueno, pues tú le das esto. Yo le doy esto. Pero el lunes la vuelvo a ver. Entonces el lunes. [INTERRUPCIÓN] Doctor, una eco cuando usted pueda. Y me avisas que quede de llamarlo. Pero es que estaba esperando por una radiografía urgente que no llegaron los resultados. El dolor que te dije en fosilíaca derecha del chico.

E: ¿Tienes que cortar en algún momento?

DR. F: No, porque estamos esperando. Una prueba. Una prueba que le mandé a hacer a (*ciudad galega*). Y que la que tiene que informar la doctora que la informa. No la informé. No la informé. No, no la informé. Es que la doctora que le mandó. ¿Qué pasa? Esta es de las buenas. No protesta. No protesta. Bueno, tú decides. Tú manejas el tiempo también. No, no protesta. A ver déjenme. Si llegó hoy, si llegó ya. Ah, ya llegó. Vamos a ver lo que llegó. Se caen hace una semana y vienen hoy. Un segundito se lo doy que además ya le tengo hecha las recetas ya la paso porque la pobre ya vino a las diez, viene ahora, ahora. Tenemos otra sala ahí o sea que no hay problema, un segundito para que disfrutéis de mis flores. Mira que bonitas son difíciles voy a ir para que lo vean los pacientes muchos no me ven a mí a mí me ven a las flores se cierran enseguida las flores no es para hoy lo que pasa es que hay un espolón.

[PAUSA]

E: Bueno, pero te preguntaba por ejemplo si es el caso de que se alargan mucho ellos o qué haces. ¿En esos casos les dejas que se explayan o...? En el caso de que estén hablando de las situaciones que se han causado y no... O lo que tú contabas de esta otra paciente que empieza a hablar de problemas que no tienen que ver con la salud.

DR. F: No, normalmente lo que digo es, bueno, vamos a ver, hay que dar tiempo, vamos a esperar. Yo intento cortarlas un poco, vamos a esperar a esta chica por ejemplo que habla de sus problemas laborales. Bueno, pues hay que darle tiempo, a ver si te ve el psicólogo, a ver qué opina. Bueno, no

pienses en eso, sal, intenta divertirte. Bueno, pues nada, nos vemos para la semana. Como es gente que cuando es así la veo cada semana porque vienen a charlar de sus problemas, claro. Porque esto no somos... somos médicos y psicólogos, quiero decir, estamos a todo un poco. Entonces, pues, y cuando es una señora así mayor, la miro, la exploro, le doy el tratamiento. Y aunque siga hablando ya le digo, a ver (*nombre*), mire, que tome esto. Se va a tomar esta pastillita cada ocho horas y esto cada seis. Y si ve que no le pasa, entonces viene y le hacemos una placa. Vale, aquí lleva todo el tratamiento y tal. Bueno, bueno, y al hablarle ya del tratamiento, como le sacas la hoja, le das el tratamiento, le escribes y le apuntas. Al darle el tratamiento ya está la consulta terminada. Aunque ella hable, tú le das la hoja con el tratamiento, tú la escuchas, pero ya le estás dando el tratamiento. Y ella ya da por finalizado.

E: Dos cosas al mismo tiempo.

DR. F: Uy, sí, claro. Y no te queda más remedio. Porque ella, aunque siga con su... porque claro, con los años las personas mayores hablan y hablan y hablan.

E: Y en algún momento dices a un paciente, no necesito verte hasta algo.

DR. F: No, no, no.

E: No cortas.

DR. F: Yo tengo un método especial. O sea, por ejemplo, viene una persona con bronquítico, le pongo para respirar. Y normalmente lo que hago es darle yo la cita. Dentro de diez días, le entrego este papelito, diez días. Le vuelvo a ver, a ver cómo va. Pero si en algún momento respira mal o ve que no mejora o lo que sea, se viene sin cita. Esto es un papel donde le pongo las pruebas que entregamos en la ventanilla. Y le doy cita para cuando yo crea. Por ejemplo, le doy un tratamiento de diuréticos y quiero ir rebajándoselos después. Le veo a los diez días y ya le voy yo quitando el tratamiento. Siempre hay que decirle eso. Si ve que no mejora, se viene sin cita porque son gente que respira mal. Y hay algunos... que no vienen. Cuando vienen ya, de ingresar. Porque yo no voy por no molestar. Hay algunos que vienen por cualquier cosa. Pero hay otros, sobre todo la gente mayor, no viene por no molestar, eso lo dicen. Pero no vienen porque tienen miedo de que los mandemos al hospital y de que ingresen. Y no quieren ingresar.

E: Ya, son...

DR. F: Claro, entonces hay que avisarlos siempre. Si viene pronto, lo tratamos aquí, no tiene que ir a ningún lado. Si viene pronto, no tiene que ir a ningún lado. Pero si tarda...

E: Sí. Sí. ¿Qué pasa con los pacientes que vienen con información de internet? ¿Afecta la consulta?

DR. F: Yo no... Aquí vienen pocos. Pero cuando... Es que leí en internet. Yo le digo, bueno, pues mire, cuando necesite algo, viene y me lo dice a mí. Porque en internet hay algunas cosas bien, pero que no están preparadas para los pacientes. Y no, las explicaciones, no las... A veces no las entienden bien. Es raro, eh. Es raro. A mí con internet, desde que estoy aquí, vendrían dos o tres veces. Es más, con *Saber vivir*, un programa que hay en la televisión.

E: Ah, el programa *Saber vivir*, sí. Sí, sí, sí.

DR. F: Y esta (paciente) es mucho de *Saber vivir*.

E: Ya, ya, lo notas.

DR. F: Es que yo vi en *Saber vivir* que tal cosa. Y le digo yo, bueno, va, pero es que no todo el mundo es igual y puede saber que está escuchando información y no sea la adecuada para su problema.

E: Sí, sí, sí.

DR. F: Pero no creas que son mucho de venir con internet, no.

E: Sí ¿Y listas de preguntas traen así para acordarse?

DR. F: Alguna vez, pocas, pero alguna vez te vienen... De listas de preguntas, no. Listas de todo lo que le pasa.

E: Ajá. Bueno, pero eso es bueno o lo, te parece que lo dices, me parece que no te gusta mucho.

DR. F: Para el paciente es bueno. Sí, sí, para el paciente es bueno, porque sí que es bueno para el paciente. Porque así no se olvida de nada. Porque si luego llega a casa y se olvidó de algo, va a estar maquinando. Entonces casi, el que lo trae apuntado, es bueno que lo traiga apuntado.

E: ¿Y para ti?

DR. F: A mí me da igual. Es pocas cosas, ¿eh? Pocas veces lo traen apuntado. Pocas veces.

E: Pero hay momentos en que hablando de cosas que parecen ser distintas te da una idea diferente del problema.

DR. F: ¿Si vienen por varias cosas distintas?

E: No, sí, estoy imaginando un caso en que entran, algún paciente que entra y como piensa que el problema está en el corazón. No habla de otras cosas. Pero un otro que entra y dice, bueno, tengo el corazón, pero tengo esto y esto y eso. Y con esa información podría completar.

DR. F: Sí, eso lo hace mucho, eh. Aquí el paciente viene. Y viene muchas veces, yo apunto, primera consulta, segunda consulta, tercera. Y siempre le digo, ¿y necesita algo más? ¿Viene por algo más? Porque es muy típico que te diga una cosa, le cubras ya las medicinas, saques la hoja de que, ay, que también venía por tal cosa. También tengo aquí esto. Entonces yo ahora ya me acostumbré a preguntarle, mire, ¿necesita algo más? Porque está sacando dos o tres folios de medicación distinta. Y después, por ejemplo, el otro día, hace dos días, otro día vino una señora que venía por tres cosas. Y al final me dice, es que me fatigo mucho, yo creo que es de ir al campo, me fatigo mucho. Y bueno, y la ausculté. Pero ella llevaba aquí dentro veinte minutos. Y bueno, la ausculté y tenía el corazón mal, le hicimos un electro. Y tal, al final acabó en urgencias. Lo más importante, lo dijo al final porque ella lo achacaba a que era de ir a la *leira*. O sea, entonces hay que escuchar todo lo que diga. Porque un día metes la pata. O sea, un día lo importante no te lo dicen. Hay que estar escuchando y muchas veces no puedes andar, aunque andes con mucho trabajo, tienes que estar escuchando lo que dicen. O sea, pendiente de lo que dicen. Porque ellos mismos, claro, ellos mismos lo achacan a que, pues esta de ir a la *leira* no tenía una arritmia cardíaca, que era lo importante de todo lo que había dicho.

E: De todo lo que había dicho, sí. ¿Eres partidaria de involucrar al paciente en la decisión del tratamiento que se va a seguir?

DR. F: Hay que informarlo siempre.

E: Sí, pero involucrarlos de alguna manera, hacerlos activos en lo que es.

DR. F: O sea, en cualquier tratamiento sí. O sea, en los tratamientos que damos nosotros, pues, por ejemplo, cuando les explico lo del colesterol, muchos me dicen, y le tengo que dar un tratamiento porque ya no hacen la dieta, aquí la dieta la hace mal o porque lo tienen que tomar igual. Ellos muchos me dicen, es que yo prefería no tomarla. Yo digo, bueno, yo le explico los riesgos que tiene el tener el colesterol alto y lo que hago, es decir, bueno, le vamos a dar otra oportunidad, otra vez. Hacemos análisis durante cuatro o seis meses, dieta, ejercicio. Y si le baja, no se la damos, porque si se la damos es para toda la vida. Pero tiene que hacer la dieta, entonces claro, sí que involucras al paciente, su vida y su cuerpo y sus medicinas.

E: ¿Pero te pasa con frecuencia que rechazan tratamientos?

DR. F: Al principio sí, ahora ya no, ¿eh? No, no, al principio sí, que no muchísimos.

E: Al principio quieres decir cuando no te conocían.

DR. F: Claro, exactamente. Yo les daba para el colesterol, aquí miras y ves si la cogen o no a la farmacia. Yo normalmente doy un tratamiento, pues, por ejemplo, para el colesterol y ya le doy el mismo día el análisis para que lo entreguen para dentro de cuatro meses. Ver si la pastilla le fue

bien al hígado, si le fue mal y si le bajó el colesterol. El análisis lo hacían, pero no habían tomado la pastilla. Y entonces yo les decía, mira, es que yo ya sé que lo tiene el colesterol. Sigue con el colesterol mal, claro. Entonces yo, hicimos un gasto inútil al SERGAS, porque hicimos un análisis cuando no venía a cuento, porque no hacía falta y no tomó el tratamiento. Entonces como yo los tengo ahí fichados, esas personas ya lo que hago es, lleva la medicina, si quiere tomarla, toma. Y si no, no haga el análisis. Venga dentro de un año y hacemos un análisis normal. Pero no un análisis de control por un tratamiento que no tomó.

E: Claro. Pero ¿te lo dicen?

DR. F: No. No te dicen nada. Lo ves tú ahí.

E: Entonces, ¿no tienes casos así de rechazo directo?

DR. F: No, no, no.

E: Que te digan, no, yo no lo tomo.

DR. F: Bueno, tuve un señor, tengo uno, que no toma para la tensión, que no quiere tomar nada. Le digo yo, bueno, pero le explicamos lo que le pasa, debe tomarlo, la tensión alta. Pero además no le toma a mí, lo mandamos a (*cidade galega*). Yo cuando es así, no le dejo sin tomar nada. Le digo yo, bueno, pues ya que no quiere tomar el tratamiento, va a Medicina Interna, que le van a poner un aparatito para controlar. A este señor le dice. Y rechaza el nuestro y rechaza el de ellos. Rechaza el de todos. No entiende que tiene que tomar la pastilla para la tensión, para que no le dé una trombosis o lo que sea. Pero pocos, ¿eh? Pocos rechazan los tratamientos. Yo creo que pocos.

E: Y en cuanto a los medicamentos, ¿la tendencia es más a pedirte que les recetes o a rechazar?

DR. F: Rechazan mucho los medicamentos para el dolor. Las personas que tienen artrosis, cuando le digo yo, bueno, pues esto es un tratamiento es que esto no tiene solución, porque no le podemos poner una prótesis en una vértebra ni en una costilla. Si es una cadera o una rodilla, sí. Entonces tiene que tomar estos calmantes. Siempre que le duela los tiene en casa y cuando le duela los toma. Ay, es que prefiero no tomar nada. Pero bueno, pues usted los tiene y vuelve al día, vuelve a la semana siguiente o al mes. Es que tengo dolor, es que tengo dolor. Es que tiene artrosis. Ya le hicimos las placas, ya lo vio tal persona. Y tiene artrosis. Es que no quiero tomar nada por el dolor. Bueno, pues se está quejando de dolor cuando la única solución es tomar algo para el dolor. La gente que tiene artrosis no acepta mucho tener que tomar una pastilla si le duele. Es que no aceptan que le duela.

E: Pero son más entonces de rechazar que de pedir.

DR. F: Es decir, salvo los pacientes que son para el dolor, los demás tampoco piden.

E: Tampoco piden.

DR. F: O sea, pedir, no. Bueno, es que hay los dos extremos en el dolor.

E: Imagínate que no les quieres recetar nada porque no tienes nada que recetar. Y entonces ellos aún así se aceptan.

DR. F: No, no, no, aceptan, aceptan bien. A veces damos fármacos. A veces damos fármacos. O me dicen, quiero algo para los nervios. Pues no, tome infusiones. Solo eso, sí, eso ya le llega. Infurrelax o algo así. O Tiralpina. Y sí, sí, aceptan bien, ¿eh? Normalmente aceptan lo que le decimos. Yo creo que sí. Cuando tienen confianza. Yo te digo ahora, ¿eh? Esta consulta se mejoró mucho, pero el trabajo que me costó.

E: Sí, pero ¿qué hiciste? ¿Cómo contornaste la situación?

DR. F: Se fueron ellos haciendo a mí, yo creo. Y se fueron olvidando de la otra doctora. Se adaptaron, hombre. Se fueron adaptando. Los cambios no le gustan aquí a la gente. E incluso cuando estamos de vacaciones y nuestros pacientes van a otros médicos, luego me vuelven a mí y a los otros. Me ve el análisis de nuevo, la placa de nuevo. Tienen confianza en su médico. Aunque cualquiera de los otros lo vea, normalmente te vuelven a ti. Eso es lo normal.

E: Sí, en cualquier caso, entonces cuando no responden positivamente a tu propuesta, ¿tienes algunas estrategias, algunos trucos de cómo conseguir su aceptación o su colaboración?

DR. F: El que no acepta, normalmente aceptan, pero el que no acepta, como ese señor de la tensión, que además le explicamos, (*nombre*) y yo, le explicamos que no es bueno, que tiene la tensión alta, que le puede pasar. Bueno, ya me bajará, bueno, tal. No lo aceptan, pero bueno, es un caso, tampoco son...

E: ¿Y ahí qué haces?

DR. F: Pues nada, seguir controlándole, volver a insistirle, cada vez que viene insistirle, pero si no lo acepta, es su forma de ser y no hay nada más que hacer.

E: Claro. Por eso, pensamos un poco que la medicina es tanto una ciencia como un arte, ¿no?

DR. F: Sí.

E: ¿Qué crees tú que la comunicación médico-paciente...?

DR. F: Es muy importante, claro, es que si el paciente...

E: ¿Es más una ciencia que un arte, un arte que una ciencia?

DR. F: Yo creo que es más bien un arte, más que una ciencia, ¿eh? Más bien un arte, porque a lo mejor yo le digo lo mismo a un paciente del doctor (*nombre*) y a mí ni caso y a él sí. Es mucho más empatía entre el paciente y el médico. Aquí, en la consulta de primaria, otra cosa son los especialistas. Nada, nada. Otra cosa son los especialistas. Con nosotros lo que tienen que tener es confianza y que haya empatía. Si no, no te harán nunca caso. Ni harán... Si no hay empatía o hay confianza con el médico, ya ellos mismos pueden cambiar. Tienen la facilidad para cambiar. Pero si no hay confianza en ti, tampoco vienen.

E: Pero hay médicos que no son muy empáticos también.

DR. F: Pero tiene mucha confianza en él, el paciente. Porque si va a ese médico, lo normal, si es un paciente normal, es que tenga confianza en los tratamientos que le da. Porque si no, cambiaría. Porque puede cambiar. Qué no pasa como un especialista. Dicen, quiero ir a fulanito de tal. No, no puede ser. Que le toque. Porque todos quieren ir al mismo. Sí. No puede ser que un especialista tenga a cien y otro no tenga a nadie.

E: Y con los pacientes que conoces ya bastante, ¿tratas de establecer una relación cercana?

DR. F: Depende cómo sea el paciente. Aquí, por ejemplo, hay mucho paciente que son exdrogadictos. Hay bastantes. Entonces, con ellos no podemos tener mucha confianza. Depende. Todo lo bien de cómo sea el paciente. Cada paciente es distinto. Porque aparte de ser paciente, son personas. Al venir a la consulta los vas conociendo. Vas conociendo cómo son. Entonces, depende. Yo no trato a todos igual. Pero ni de broma. Pues esta chica, (*nombre de una paciente*), no la puedo tratar como a (*nombre de la paciente anterior*). Pero a los que conoces, a los que ya conoces bien y... Claro. Conozco a casi todos. Ya los conozco bien. A todos, ya. Porque vienen y... Vienen los que vengan a menudo, pero los acabas conociendo. Los trato distinto. Confianza. Por ejemplo, le doy mucha más confianza a (*nombre de la paciente anterior*) que a (*nombre de otra paciente*). Porque (*nombre de otra paciente*) tiene un problema que me cuenta. Un problema con su jefe. Que no quiero... No es que no tenga ningún problema conmigo. Quiero que tenga confianza en mí, pero tampoco quiero que piense que yo quiero hacerle nada malo. Cada paciente es un mundo y vienen por cosas distintas.

E: Ya. Claro.

DR. F: (*Nombre de la paciente anterior*) fue porque se cayó. Yo la exploro. Le hago una placa. Entonces es distinto. Pero si viene con un problema psicológico o de adicciones o de lo que sea, yo no lo puedo tratar igual. No le puedo dar la misma confianza. Por el bien de él.

E: Imaginando que tienes una relación de tú con un paciente que llega a desenvolver un problema de drogas o de temperamento o algo emocional, mudas... Cambias. Cambias. Perdón. El trato con él.

DR. F: Sí. Sí.

E: Y empiezas...

DR. F: Pero no me pasó nunca. Como cuando yo llegué aquí, ya ves todo en el ordenador, todas las patologías que tiene. Yo todo lo que adopté, como llevo solo tres años, ya adopté todo. Alguno cambió.

E: No, pero estoy diciendo, entras, ya tienes una relación con los pacientes.

DR. F: Sí.

E: Pero si futuramente, imaginando que van desenvolviendo...

DR. F: A que sí es normal y luego se comienza a pasar...

E: Sí, sí, sí.

DR. F: Sí, sí. Sí.

E: ¿Cómo lo haces?

DR. F: Pues muy fácil. Había un chico que vino hace poco, (nombre del paciente). Estaba muy bien, era una persona que bebía, dejara de beber. Los análisis... Y yo ya había un trato muy bueno, porque la analítica era perfecta, ya había dejado de beber. Bueno, venía... Y cuando vino con la familia, la familia me comentó que volvía a beber. Vino y eran solos. Y cuando vino él, yo eché a la familia fuera, hablé con él solo. Y él que no, que no, que no... Y mentira. Porque yo lo estaba viendo y no me estaba mintiendo. Entonces ya desde ese momento, ahora de vez en cuando lo cito. Hoy, por ejemplo, no vino. Lo cito porque luego se volvió diabético, hipertenso, joven de cuarenta y pico años, pero empezó a coger otras enfermedades por culpa de lo que tiene, aparte de mandarlo a desintoxicación. Entonces ahí ya se acabó. O sea, yo ya la confianza que tenía en él, porque estaba bien, porque se había cuidado, volvió a empeorar porque tiene problemas laborales, volvió a empeorar. Entonces ahí ya volvemos a lo mismo, ya volvemos hacia atrás. Entonces yo ahora ya lo cito con la enfermera, ya cada vez que vengo le controlo. Ya le dije, pasó esto, yo sé que... Yo soy tu médico, me tienes que decir la verdad, que no soy tu madre.

E: Ya, y cambiaste la actitud, claro.

DR. F: Entonces ya somos mucho más cortantes, porque volvió a empeorar. Estaba bien.

E: Sí, pero en el momento de... Pero empiezas a tratarle por usted.

DR. F: No sé si le trato por usted, que yo creo que no, pero sí que le riño. O sea, sí que le digo, sí que le digo que no... Sí, pero... Sí que le digo que no me puede engañar a mí, porque me engañó, que dijo que no me bebía y yo soy su médico. Que a mí no me puede engañar, que yo estoy para ayudarlo. Y le vuelvo a explicar todo, que el hígado lo tenía mal, que tal, y ahora volvemos a empezar desde cero. Entonces sí que le riño, sería, y que lo vamos a controlar y que él verá que su cuerpo, su salud, su hígado, y que solo tenemos un hígado. Y le explico todo, pero ya... pero sería, no... yo le explico muy seria, no enfadada, pero muy seria, que así no puede ser. Y que la siguiente vez, que a mí no me mienta que lo hacemos por él, él me mentía porque la madre y el padre estaban muy encima de él, claro, pero por el bien de él, pero claro. Y yo le explicaba que yo ya sabía que lo que él tenía era una enfermedad, que siempre iba a ser exalcohólico, exfumador, siempre es ex, pero que si no lo dejaba iba a acabar muy mal. Entonces le riño para que no lo vuelva a hacer, pero claro, es una enfermedad, tampoco tiene culpa él, es una enfermedad, beber.

E: Sí, sí.

DR. F: Él no bebe porque quiera. Bebe porque está enfermo.

E: Y volviendo a lo de la confianza, con esos pacientes, como por ejemplo el caso de (*nombre de paciente anterior*), con los que tienes confianza, ¿en qué, ¿cómo se ve eso?, ¿cómo se manifiesta esa confianza?

DR. F: Normalmente ella cuando yo le doy un tratamiento, por ejemplo, ahora pues tenía en la radiografía un problema, le expliqué que tenía un espolón, y dónde, le expliqué dónde era el espolón, que tenía que ir a comprarse una plantilla, que no la cubría el seguro, con ese... le di la hojita donde estaba el informe para que fuera... y entonces, ah bueno, pues nada. Ves que acepta muy bien lo que dices, se va a encargar de ti, y ya está. Se van contentos, bueno, ahora hasta luego, se van contentos, te dan las gracias, o sea, aceptan lo que tú dices, porque creen que acertaste en el diagnóstico, y ves que van bien.

E: Sí, sí, sí. Sí. Y en general se fían de los médicos, ¿te parece?

DR. F: Sí. Yo creo que cada paciente se fía de los suyos. Sí, de los suyos. Cada paciente se fía de sus médicos.

E: Sí, de ahí que no quieran cambiar.

DR. F: Claro. Cada paciente se fía de los suyos. El que se cambia normalmente, bueno, a mí al principio se me fueron varios, ¿eh?, porque a yo no les gustaba nada. Ahora, el que se va de otros médicos normalmente es porque tiene algún problema con ese médico, pues un enfado, pues yo qué sé, pues un enfado porque, pues yo tengo uno que otro médico pues no le daba la medicación bien dada porque no necesitaba tomar tanto para dormir. Y el paciente no lo acepta. Llegó a mí, y yo ya le expliqué, cuando llegan ya le digo, yo no le voy a dar porque tiene toda la razón el médico, porque es malo para su hígado. La pastilla le va a hacer el mismo efecto una que cuatro, pero cuatro intoxican y una no. Y va a dormir igual con una que con cuatro. Entonces se lo explica, si ya a veces muchos de los que se van es que les dan, se enfadan por algo que el médico no le da o por su bien o lo que sea.

E: Sí. Y en general es complicada entonces la comunicación, ¿te parece?

DR. F: No. No. Yo ahora no, al principio sí. Uf, aquí fatal, yo al principio fatal, fatal. Ellos ya llevan todos, los que llevamos menos tiempo somos (*nombre de un médico*) y yo, (*apellido del médico*) y yo. Los demás ya llevan muchos años, entonces ya sus pacientes, ya tal. Nosotros llevamos tres años hizo ahora. Entonces al principio yo fatal, al principio aquí fatal, ¿eh? Yo al año me quería marchar ya.

E: Ya. Sí.

DR. F: Ahora ya... me adapté.

E: Este tema de comunicarse con los pacientes es algo que habláis en las reuniones entre vosotros, las reuniones médicas, es uno de los temas que surgen.

DR. F: No, normalmente no hablamos porque yo creo que hay buena comunicación con los pacientes.

E: No, vamos, sí, pero me refiero a que si contáis vuestras experiencias o como...

DR. F: No, únicamente algún paciente que cambia de cupo.

E: ¿No?

DR. F: Si algún paciente cambia de cupo, normalmente nos informamos por lo que cambió.

E: ¿Qué es cupo?

DR. F: De médico. Si se va de mí a otro médico. Entonces sí mira, pasó esto, el paciente va a decir tal cosa, pero no es por tal cosa. Y yo, bueno, entonces viene el paciente de nuevo, nosotros le miramos por lo que cambió de médico y a veces son, pues eso, pues que quieren, que falta de confianza en el médico, conmigo, con otro. Algo que le dijiste que a lo mejor no le gustó. O algo que,

algún tratamiento, pues que yo qué sé, que no le, que no le gustó y cambian. Normalmente es así. En esos casos puntuales normalmente nos lo comentamos.

E: Y los médicos residentes que vienen a trabajar contigo, ¿crees que es complicado para ellos?

DR. F: Solo vienen con (*apellido de un médico*) y con..., no vienen con todos.

E: Ah, contigo no traes.

DR. F: No.

E: Pero tienes experiencia de trabajar con residentes.

DR. F: Sí, sí, en (*pueblo de Galicia*) trabajaba con residentes. Vienen a aprender, son muy buenos.

E: ¿Y la comunicación es algo que manejan bien?

DR. F: Bien, muy bien. O sea, yo cuando lo veo, cuando voy a junto de (*nombre de un médico*) y veo, las veo a ellas, (*nombre de residente*) y (*nombre de otra residente*), muy bien, y luego hacen guardias, muy bien.

E: ¿Y les das algún consejo?

DR. F: Normalmente, mira, son, además las que vienen aquí, yo me imagino que todas, son muy trabajadoras. Hacemos muchas ecografías, ecografías las hacemos juntas y luego (*nombre de una residente*) hizo algún trabajo con nosotros de una paciente mía, por ejemplo, que tenía un, bueno, un adenoma benigno, que hizo un trabajo y los puso y los sacó ella. Consejos, como conmigo no están, me imagino que más consejos le dará a (*apellido del médico de las residentes*) y...

E: Sobre la comunicación pensaba...

DR. F: Sí, pero yo las veo que se... el trato con el paciente cuando lo... yo las veo bien, perfectamente bien. Además, son las... hacen en el hospital guardias, hacen guardias aquí, luego están de día, son muy trabajadoras, sí. Los estudiantes son todos muy trabajadores, sí, todos.

E: Y ya para terminar, las últimas preguntas tienen que ver con la administración de antibióticos. ¿Cuál es tu postura sobre el uso de antibióticos?

DR. F: Hombre, vamos a ver, aquí si vemos que una bacteria, sí. Si hay algo de garganta pedimos un (()) y da positivo, pues lo hacemos. Si no, hombre, hay que mirarlos. Depende de cómo estén. Aquí utilizamos mucho... Yo, por ejemplo, utilizo antibióticos sobre todo porque tengo muchos EPOC que se reagudizan. Enfermedades de estos pulmonares bronquíticos crónicos. Fumadores que enferman muy a menudo, se reagudizan. Entonces, precisan usar antibióticos.

E: Claro, entonces hay factores fuera de los clínicos propiamente que pueden influenciar en que tú...

DR. F: No, los clínicos.

E: Pero pensaba, por ejemplo, la edad, el historial, no sé.

DR. F: No. Si tienen fiebre, si tienen disnea, moco... No, clínicos.

E: Pero, por ejemplo, decís que son fumadores por el hecho de ser fumador.

DR. F: No, es que ser... El hecho de ser fumador, no. Los fumadores aquí mayores son gente que muchas veces tienen que usar esprays para respirar. Padecen mucho de bronquios. Se reagudizan, lo que le llamamos. Pero ya tienen que tener fiebre, moco verde o amarillo, expectoración purulenta, dificultad respiratoria. Son clínicos, factores clínicos. Son clínicos porque igual sociales son virus y no tienen nada que llevar un antibiótico. Son factores clínicos.

E: ¿Y ellos te los piden?

DR. F: No.

E: No te piden antibióticos.

DR. F: No, no, para nada. No. No me los piden, no, no. No, no. Además...

E: Tampoco los rechazan.

DR. F: Claro, claro, hubo unos anuncios en la televisión donde hablaban de los antibióticos y decían eso. No tome antibióticos por su cuenta, consulte con su médico, su farmacéutico. Entonces, nunca... O sea, a mí no me llegó nunca diciendo uno que se tomara... Me tomé penicilina. No. No. No toman por su cuenta porque hubo unos anuncios. Y yo creo que desde aquella se concienciaron mejor de que no debían tomar antibióticos por su cuenta. Y no lo toman normalmente. ¿Los aceptan? Sí, aceptan los antibióticos siempre que tengan... Siempre que los demos. Pues eso, pues las típicas... Cuando los tenemos que dar. Sí, los aceptan.

E: Algunos médicos nos han dicho que sí, que muchos les piden, les insisten.

DR. F: No, a mí no.

E: ¿Y por qué no me manda un antibiótico? Si la última vez me lo mandó o a fulanito le fue muy bien.

DR. F: No, pues a mí no. A mí no. Bueno, porque normalmente te digo, yo los bronquíticos cuando me vienen, me vienen bastante atacados. Sí, normalmente tengo que dar el antibiótico, que a lo mejor sería el que no le doy y me lo pide, pero eso se lo pido porque muchas veces los ponemos para respirar. Yo tengo mucho, mucha gente con bronquitis, pero normalmente no, a mí no me lo piden.

E: Bueno, pues ya que confían en ti ya.

DR. F: No, no me lo piden, solo se lo doy al que realmente... A lo mejor a alguno no se lo doy y me vuelve a los tres días. Pues que no tiene... Pues tiene la garganta, le doy ibuprofeno porque no tiene ningún germen. Y a los tres días pues tuvo mala suerte y tengo que darle un antibiótico porque hizo un estreptococo o lo que fuera. Pues no pasa nada. Yo también siempre le digo, si ves que después mañana te encuentras peor o ves que te duele más la garganta, pues vienes y la volvemos a mirar. Y si ellos le dan antibióticos, te los doy. Y depende. Depende. Yo creo que no, porque a mí, o no sé qué, los de ya los bronquíticos, le doy eso. Cuando no lo doy, le doy siempre la opción. Si ve que no mejora, tendrá que volver. Y todos le damos la opción. Lo que pasa que, a lo mejor, como yo se lo digo, pues a lo... Y a veces a alguno te viene que no le das antibiótico y te viene a los tres días. Mire el moco que antes tenía blanco, ahora tengo fiebre y tengo el moco verde o amarillo. Bueno, pues nada, se complicó. Vamos a auscultarlo. Antes era un virus y ahora se le complicó con una bacteria. Entonces hay que tomar un antibiótico. Porque si vienen con estornudos, no le das nada, no le vas a dar un antibiótico. A veces se complica después, pero vamos, tampoco es nada.

E: Vale. Pues yo creo que hemos terminado. Muy bien. Qué placer. Muchas gracias.

DR. F: Muchas de nada. Muchas de nada. Bueno, ¿qué tal ahí? Los pacientes, muy bien, aquí dentro, la verdad es que muy bien.

E: Sí, no, la verdad es que preguntando a la gente y demás se les nota gusto, te digo. Muy bien. Y el hecho mismo.

DR. F: Yo te digo ahora, a mí me veis hace tres años y esta consulta que visteis allá llena de gente, la tendríais que ver con un alboroto, la gente enfadada.

E: ¿Y esa gente sigue o se renovó?

DR. F: Algunos se fueron y otros quedaron y se acostumbraron. Se acostumbraron y ahora mejor hay una relación. Se acostumbraron a mí, claro, se acostumbraron. Pero sí. Sí, sí, al principio, uf, hace tres años. Fue terrible, pero porque estaban muy contentos con la otra doctora. Normal, ¿eh?

E: Claro, claro.

DR. F: Era una persona, pues no se parece. Estabas contento con alguien, ¿para qué vas a quitar?

E: Sí, claro. Claro.

DR. F: Pero ella no tenía plaza aquí, entonces ella ahora le tocó una plaza, (*pueblo de Galicia*), claro, es normal, estaban contentos. Fue la misma situación con (*nombre de otro médico*). Pero el médico de (*nombre de otro médico*) no tenía, o sea, sí que estaban contentos los pacientes con él, pero no tan contentos como con este. Y no firmaran cartas. Aquí es que firmaron unas hojas, firmaban los pacientes para que se quedara.

E: Para que se quedara.

DR. F: Claro. Entonces no fue tanto boom mediático. Y por encima, claro, yo tengo un carácter más, no más fuerte, pero quiero decir, soy más, (*nombre de un médico*) es más, como decimos, Papa Noel, que es más así. Entonces, claro, te protestaban y todo eso. Entonces, bueno, ahora se fueron adaptando. Eso que hubo ayer tanta gente ahí puesta. Si llega a a ser hace dos años, madre mía, ya estaría esto revolucionado. Se enfadaban conmigo porque, claro, a lo mejor te pedían una cosa y tú le decías, no, no se la puedo dar. O no le podemos dar un médico privado porque es ilegal. No nos dejan darle de médicos privados, porque no te dejan. Y entonces, claro, se cambió mucho la forma de trabajar de la otra doctora. Yo era más de que lo ilegal no lo hago. O sea, no sé cómo hacía ella, que yo lo que hacía ella no me meto. Pero claro, se acostumbraron a oír más el no. El no de ciertas cosas. Y no les gustaba. Ahora se adaptaron.

E: ¿Cuánto tiempo llevó para que se sentís?

DR. F: Pues llevó, no sé, llevó, llevó. No sé lo que llevó, pero llevó bastante.

E: ¿Un año?

DR. F: Sí, un año, un año por lo menos, para adaptarte. La gente estaba muy acostumbrada y muy contenta con ella. Yo lo entiendo. Fue un cambio para ellos. Estaban muy contentos con, con, (*nombre de la médica*) se llamaba. Sí. Muy contentos.

E: Eso lo vemos también en la universidad cuando un profesor se va. Es terrible ese miedo.

DR. F: Sí, sí, aquí fue terrible. Se enfadaban conmigo. Sí, sí. Uf, horrible, horrible.

E: Y el otro...

DR. F: Sí, sí. Recoger firmas y todos los lados.

E: Sí, sí, sí.

DR. F: Además que ellos pensaban que yo era la culpable. Y cualquiera le explica, mira, no, yo vengo de una oposición. Si lo sé, no vengo, también les decías. Si lo sé, no vengo, me quedo en (*pueblo de Galicia*). No pensé yo esto. Si llego a saber que me reciben así, no hubiera cambiado. No, no hubiera cambiado, me hubiera quedado en (*pueblo de Galicia*), que ya estaba bien. Vine para aquí porque estaba más cerca de (*cidade galega*). Y yo soy de (*cidade galega*). Y queda más cerca. Pero si lo llevo a saber esto, que iba a pasar así estos años de amargura.

E: Sí, sí.

DR. F: Ah, fue horrible, eh.

Interview 7: RES-GAL

RE-GAL: Interviewed resident doctor

E: Interviewer

[Inicio de la entrevista con datos personales de la médica, su trayectoria personal e información sobre la clínica en la que trabajan. Se ha eliminado de la transcripción debido a la protección de datos personales.]

E: ¿Cuánto tiempo tenéis asignado para cada paciente en consulta?

RES-GAL: En principio, según el tipo de demanda. En lo que es para recetas son un par de minutos y para demanda creo que son siete minutos o algo así. Obviamente, son unos tiempos tan limitados que nunca los respetamos. Tienen que ser luego, tenemos que ampliarlos.

E: ¿Tienes alguna manera distribuida con tu directora el tiempo o la función de cada una o cómo lo hacéis?

RES-GAL: Nos organizamos espontáneamente según cómo va surgiendo. En algunas ocasiones una registra en el ordenador la historia del paciente y otra explora. En otras ocasiones las dos exploramos y luego registramos, según, es fluido.

E: ¿Cómo reaccionan los pacientes cuando ven que no estás un médico habitual y estás tú?

RES-GAL: En mi caso normalmente siempre dicen, ah, vas a sustituirla o no queremos que... que se vaya ella y tal, pero no hay ningún problema porque estemos las dos trabajando juntas. Pero siempre es una respuesta buena.

E: O sea que no hay casos, por ejemplo, a uno que se niegue, a que seas tú quien te cuestione esa parte, ¿no?

RES-GAL: No, nunca.

E: ¿A los pacientes los tratas de tú o de usted?

RES-GAL: En principio se intenta tratar de usted. Luego a veces por la familiaridad que al final acaban siendo nuestros pacientes. Nosotros los conocemos a ellos, conocemos a su familia, conocemos su casa, conocemos todo al final con el tiempo. Acabas algunos tuteándolos. Algunos ya no te dejan tutearlos. O sea, ya no te dejan tratarlos de usted, desde el principio ya te obligan a tutearlos.

E: ¿Y ellos a ti?

RES-GAL: Según. Según a veces por la juventud te intentan... Ya te tratan de tú y algunos te tratan de usted. Y señora o usted, según el paciente. En Galicia no estamos muy acostumbrados a usted.

E: ¿Y le ves ventajas a ese tipo de trato?

RES-GAL: Sí. Creo que a veces... Sí que es necesario. Nosotros de hecho...

E: O sea, al usted te refieres.

RES-GAL: Sí. De hecho, nosotros cuando trabajamos en urgencias intentamos siempre, aunque sea un paciente joven, tratarlo de usted. Porque muchas veces ayuda a mantener una distancia, ¿vale? Que a veces es necesaria.

E: ¿Por qué? ¿Por qué es necesaria?

RES-GAL: Porque a veces es necesario que el paciente sepa hasta dónde tiene que llegar, no nos conoce, nos ve jóvenes, no sabe... Intenta demandar pruebas innecesarias o que no están... Entonces es como una separación. Y decirle... Yo soy aquí el que le voy a dirigir, el que le voy a asesorar, el que le voy a... Pero siempre con un poco de distancia. Aquí es más difícil, ya nos conocemos y al final es...

E: Claro, entonces en urgencias se podía justificar, digamos. Pero aquí entonces según lo que has dicho...

RES-GAL: Sí que se puede justificar, pero al final es difícil. Y ellos intentan, como ya te conocen, ya no te dejan tampoco que les trates de usted.

E: Pero vamos a ver, en el caso de urgencias, entonces es útil realmente, ¿no? ¿Funciona?

RES-GAL: Yo creo que a veces es útil.

E: Eh... Funciona, vamos.

RES-GAL: Sí, sobre todo en el uso con el paciente...

E: No cambia... ¿Tú notas que cambia el tratamiento, la forma de...?

RES-GAL: Sí, porque muchas veces... A ver, quizás nosotros estamos, nuestra generación, estamos educados mucho en el tuteo. Sí. Y a veces es un problema porque el paciente no sabe, se extralimita. Chica, la doctora guapa o la doctora simpática o a mí me está tratando una rubia o me está tratando... Y eso no se debe de hacer. Entonces, en el momento en el que se establece un cierto... Una cierta distancia ayuda un poco para mantener el trato. Sobre todo si es una asistencia puntual como es la que hacemos en urgencias.

E: De eso te iba a preguntar, justamente lo acabas de mencionar, esa manera de llamarte. ¿Te ocurre que no...? ¿Cómo te llaman realmente?

RES-GAL: Sí, yo cuando llega el paciente yo me presento. En consulta de primaria es más difícil, pero en urgencias yo siempre me presento. Soy la doctora (***), le voy a llevar. Si necesita algo, yo estoy en el control tal o en la consulta (**) o en la consulta (***). Si necesita alguna cosa, pregunte por mí y demás. Pero siempre hay alguno, sobre todo pasa con los jóvenes, que aquí es toda una fiesta, van a urgencias por cualquier tontería y también se extralimitan en sus... O sea, no guardan el respeto que le deberían traer.

E: ¿Te ha pasado que te llamen...?

RES-GAL: Sí, chica o mira... Es que tampoco se me ocurren ahora ejemplos, pero sí que a veces trato de excesivamente coloquial.

E: Zagala, nos han dicho otros, también es una expresión habitual. En algunos casos nos han dicho de todas maneras que no lo entienden como falta de respeto, que lo ven como...

RES-GAL: No, algunos te dicen, pues no sé qué, y además tía, joder, está esto fatal y llevamos aquí esperando no sé cuántas horas, tía, y no sé qué. Y te hablan así y dices, oye, mire, estamos tal o... Bueno, les intentas situar un poco porque el problema es que luego ayuda para el resto de la relación. No es una cosa de jerarquía, es una cosa de ayudar un poco al trato. Y ayudar un poco al trato a la distancia.

E: Sí, en un sentido, la lengua también sirve para marcar las relaciones, ¿verdad?

RES-GAL: Sí, claro que sirve.

E: Es lo que pensamos también. De todas maneras, aparte de esa cuestión, por ejemplo, el trato, la forma de trato de usted, ¿hay algunas otras formas comunicativas que tú observes que te respetan como médico?

RES-GAL: A ver, muchas veces, la forma... ¿comunicativas verbales?

E: O no verbales.

RES-GAL: No verbales. No verbales, sí que es habitual que a veces algunos, pues, a nivel de trato, pues, pues, dar la mano y demás, o el gesto que tiene, o de agradecimiento al final, pero también es cierto que algunos en algún momento te pueden, pues eso, tocar o cosas que no harías con una persona que la... Entonces eso siempre es, yo creo que es importante para nosotros y tenemos que tener, pues eso, ir adecuándonos a cada paciente y guiándonos. Para que ellos sepan hasta dónde pueden y hasta dónde no pueden.

E: Sí, sí, sí. Y entonces, bueno, los casos de falta de respeto, aparte de eso que comentabas de esa forma de manera de dirigirse a ti, ¿en qué otras actitudes puedes notar que te están faltando al respeto?

RES-GAL: Yo creo que sobre todo, pues eso, en la forma que tienen de escuchar, de dirigirse, de tratarte, eso.

E: Lo mismo, ¿no?

RES-GAL: Sí.

E: Bueno, tenéis muy poco tiempo para consulta, como nos has dicho, tenéis que ser muy efectivos. ¿Tienes algún truco comunicativo para poder resolver esa cuestión?

RES-GAL: Mira... Es difícil. Cada paciente es un mundo, la gente mayor a veces es complicado asegurarse de que están haciendo bien el tratamiento y demás. Muchas veces lo que apoyamos es, aparte de la comunicación oral que les damos, hacerles, pues un esquema de tratamiento a nivel escrito, para que ellos cuando lleguen a casa hagan eso así. Aun así, a veces, nos damos cuenta de que no están haciendo las cosas bien. Entonces, a veces revisamos tratamientos o no sé, intentamos, pues eso. En la siguiente consulta cerciorarnos cómo están haciendo las cosas y demás. Porque es complicado. Gente de noventa años que viene sola a consulta. Entonces, claro.

E: Claro.

RES-GAL: Cómo saber si esa persona ha entendido lo que le has dicho.

E: Ya.

RES-GAL: Es complicado. Entonces, pues eso. Intentando...

E: Un poco de instrucciones por escrito...

RES-GAL: Instrucciones por escrito y asegurándonos con una reevaluación, preguntándole, ¿y qué tal? ¿Cómo lleva yo el tratamiento? ¿Estás haciendo bien el tratamiento? ¿Y cómo falla? A ver, pues que nos enseñe, pues por ejemplo, si es de un dispositivo inhalador, pues cómo hace el... evaluándolos a ellos también.

E: Sí. Voy a cerrar un segundito, que viene un airecito. Ahora que comentabas que estabas hablando en gallego, ¿cómo es la comunicación que usas habitualmente? ¿Qué lengua usas para...?

RES-GAL: Depende del paciente. Lo dejas a él que elija o... Yo me siento más cómoda con el castellano, pero es más... Es decir, con ciertos pacientes, si ellos empiezan en gallego, yo les hablo gallego.

E: Ajá. Y si no eres tú la que eliges...

RES-GAL: Sí.

E: ¿Y optas por el...?

RES-GAL: Muchas veces el saludo es en castellano y luego ellos según... Y si ya los conoces, ya los conoces. Pero intento adecuarme al nivel, al idioma que ellos encuentran más cómodo.

E: ¿Y por qué para ti es más cómodo usar el castellano?

RES-GAL: Porque estoy criada con... en mi colegio se hablaba castellano. Entonces...

E: ¿Y en casa?

RES-GAL: Mis padres entre ellos hablan gallego.

E: ¿Y tú con ellos?

RES-GAL: Castellano. Castellano. Porque nosotros estudiamos en un colegio de monjas y las monjas no querían que habláramos gallego.

E: Ah, vale. Sí. Ya, ya. Pensaba que ya estaba bastante... por tu edad...

RES-GAL: No, no, no. Extrañaba, vamos. No, eso antes sí que era... Que... Aún era... Aún era común que sí que... De hecho, yo tenía una compañera que le era muy complicado hablar en... y se le castigaba por eso.

E: Ya.

RES-GAL: Porque no hablaba nada bien castellano y... Y le exigían mucho.

E: Ya, ya, ya. ¿Y tú crees que el hecho de hablar una lengua u otra afecta la comunicación, la relación?

RES-GAL: Yo creo que es más fácil siempre si puedes hablar el mismo idioma que el otro.

E: Ya.

RES-GAL: Porque, bueno, sobre todo con cierta... pues con ciertas personas se puede encontrar más cómodo si le hablas el mismo idioma.

E: Sí.

RES-GAL: Pero que hay cosas que se pueden... bueno, que no sería... no me parece un requisito indispensable. Y si una persona que no habla gallego tuviese que trabajar aquí, no me parece un requisito indispensable. Creo que se puede solucionar. Sobre todo nosotros somos muy bilingües, casi todos.

E: Sí, sí, sí.

RES-GAL: Y el que no habla castellano lo entiende perfectamente. No creo que haya problema. Lo impresionante también que tenemos los de fuera, la verdad es que sí.

E: Eh... A la hora de... De decidir un... un... tratamiento para el paciente... ¿Eres partidaria de involucrarlo?

RES-GAL: Sí, siempre. Si es una... Si es un tratamiento que se puede, digamos, elegir porque es fácil, o sea, hay diferentes opciones y todas resultan buenas, es mejor preguntarlo. Simplemente, si es un tratamiento y la diferente forma de presentación, pues por ejemplo que sean comprimidos en... o en sobres, eso también creo que se debe de preguntar.

E: Pero claro, eso tiene más que ver con un factor menor, ¿no? Se puede decir. Pero no el tratamiento en sí, ¿no?

RES-GAL: O sea, si es en sobre o es en pastilla... Bueno, pero si es un tratamiento, por ejemplo, si estamos hablando de un diabético y podemos elegir entre una pastilla, un pinchazo, demás, creo que es importante saber las preferencias del paciente.

E: Sí, sí, sí.

RES-GAL: Que no es lo mismo, pues, si el paciente me dice que no se quiere pinchar, pues voy a intentar ponerle un tratamiento oral o asociarle otro tratamiento oral... al que tiene, antes de intentar otra... Entonces, creo que a veces ayuda al cumplimiento terapéutico.

E: Sí, sí, sí. Hoy, bueno, muchos pacientes vienen informados por Internet. Eso ha sido...

RES-GAL: Es muy malo. Es muy malo para nosotros.

E: Bueno, pero vienen muy documentados ya. (RISAS)

RES-GAL: Vienen mal documentados casi siempre. Vienen asustados, excesiva documentación, creo yo, porque es información que no siempre saben manejar. Y además, aparte de los... si buscan un síntoma que ellos tienen, les puede aparecer desde la enfermedad más banal a la más mortal. Pues claro, es un problema. Entonces, muchas consultas que tenemos de esas, sobre todo en gente joven, es gente que le ha pasado, pues eso, cualquier cosa que posiblemente casi nunca es nada y que se han asustado. Entonces, vienen preguntando y demás. E incluso detectamos que hay una... un aumento de hipocondríacos que...

E: Ah, sí. Ah, sí. Pensaba que habéis comentado entre vosotros o hay estudios...

RES-GAL: No, no sé si hay estudios y evidencia científica. Pero sí que es cierto. A mí me pasa mucho. De hecho, hay una viñeta muy simpática por ahí que circula, que es cómo diagnosticarse con Google. Y al final acabas... Es un algoritmo. Y al final, según las respuestas que vas encontrando en Google, apareces o muerto o... ¿sabes? Entonces, refleja un poco la realidad.

E: Siempre hacia la tremenda, ¿no? Más bien. Sí, sí. Y los pacientes, si no... ¿Vienen con listas de preguntas o preparados de alguna manera a consulta?

RES-GAL: Algunos sí. Pero la mayoría de ellos, si la traen, se la estudian antes y no se la vemos. Pero sí que es cierto que a veces te comentan: Y además yo sabía que tenía otra pregunta más para hacerle y tal. Ellos tienen su tiempo y quieren acordarse de preguntar todo.

E: Quieren hacerlo todo. Y en los casos en que un paciente rechaza el tratamiento, ¿qué te dice?

RES-GAL: Generalmente... A ver, depende un poco la confianza que tengas con él, pero es difícil que rechace un tratamiento.

E: ¿No te ocurre mucho?

RES-GAL: No. Si ellos confían en ti, generalmente vienen al médico para aceptar un tratamiento. ¿No? Otra cosa es que sí que es cierto que algunos te dicen que sí y luego a lo mejor no lo hacen. O empiezan a hacerlo, no les funciona y en vez de comentártelo, pues al cabo de los meses te has enterado de que no lo ha realizado y que no te lo ha comentado o algo así.

E: Ya, ya, claro, sí. Y en cuanto a los medicamentos, ¿hay mayor tendencia a pedir medicamentos o más bien a rechazarlos?

RES-GAL: A pedirlos.

E: A pedirlos.

RES-GAL: Sí, a pedir medicamentos. Sí. Increíblemente a pedirlos.

E: ¿De cualquier estrato social, edad, género, todo?

RES-GAL: Yo creo...

E: ¿Hay diferencia entre pacientes o...?

RES-GAL: Yo creo que un poco. A ver, sí que es cierto que quizás entre la gente joven, quizás por la intuición, o sea intuitivamente, quizás cuanto más joven menos quieren tomar. Quizás.

E: O sea, que se rechazan, por ejemplo.

RES-GAL: Sí, quizás sí. Cuanto más mayores hay algunos que no rechazan, pero sí que a lo mejor si puedes no darle nada, nada. Sin embargo, con los antibióticos sí que es todo lo contrario. En los jóvenes vienen muchos demandando, quiero que me des un antibiótico porque me duele la garganta. Entonces tú, pues los exploras y muchas veces no tiene criterios para administrar un antibiótico y les explicas. Entonces ellos asocian tomarse un antibiótico con curación inmediata, sin saber la etiología de su proceso. Entonces en ese sentido sí que a veces sí que te encuentras casos así un poco sorprendentes.

E: ¿Y qué te dicen en esos momentos? O sea, ¿qué argumentan para pedirte algo?

RES-GAL: Que se encuentra muy mal, que tiene mucho dolor y entonces que creen que los necesitan porque otra vez se lo dieron y le fue muy bien. Esos son los argumentos fundamentales.

E: Ya. Y tú, ¿qué dices?

RES-GAL: Que otra vez me fue muy bien y a mi hermana se lo dieron y le fue muy bien. Entonces, nosotros lo que tenemos que hacer es explicarles, bueno según la exploración, si tiene criterios para dárselos se le da, pero si no lo tienes, pues hay que explicarle, pues es una situación en la que se encuentra actualmente y los problemas que tienen el uso de los antibióticos si no son bien utilizados y... intentar, pues llevarlos a tu terreno.

E: Hacia lo que, eso, ¿no? Y también te ocurre con frecuencia que encuentras un paciente que sabe qué es lo mejor para él, que conoce muy bien su cuerpo, ¿ese caso existe?

RES-GAL: El caso más reciente que tengo es un señor de noventa y dos años, que él a pesar de la pauta de Sintrom que tenía diaria, pues un día medio pastillita, otro día tres cuartos y demás, él se ajustaba él solo porque él sabía cómo corría la sangre por sus venas y entonces según cómo él se notaba la sangre, se tomaba lo que él quería, entonces obviamente eso es un caso de yo conozco mi cuerpo y yo sé lo que necesito.

E: Pero, ¿puede ser por la edad del hombre?

RES-GAL: No sé. No sé, pero no sé. El señor estaba muy bien para los noventa y dos años que tenía.

E: Sí, eso sí que te avisa, ¿no? A lo mejor sí que tiene razón de que...

RES-GAL: Sí, sí, a lo mejor era del pato. Increíblemente, el Sintrom no lo tenía tan descontrolado, el INR, pero...

E: Tenía buena intuición, ¿no? También...

RES-GAL: Él notaba hormigueos, decías, cuando le hacía falta, entonces él se subía un cuartito, un cuartito, sí.

E: Ah, muy interesante. No tiene ninguna evidencia científica, ¿no?

RES-GAL: No, no, no, ninguna, ninguna. Pero... Nos tenía... De hecho se le cambió el ánimo. A ver, sí, con otra cosa.

E: Si tú tratas de poner un tratamiento y el paciente no responde positivamente, ¿tienes estrategias para conseguir su aceptación o colaboración?

RES-GAL: Bueno, yo creo que sí, ¿no? Que un buen médico debe tenerlas.

E: Sí, ¿no? ¿Y cuáles serían tus trucos digamos?

RES-GAL: A ver, me he puesto mucho a nivel abstracto, pero yo creo que siempre dándoles una buena información de lo que está pasando y por qué hay que cambiarlas y demás, que al final, yo creo que por lo menos explicándoles las cosas tienes una parte del trabajo hecho para ganártelos. Y llevarlos a tu terreno. Si aun así no... Cuando no, eso no funciona, pues ellos van a posiblemente... Acaban consultando en otro médico.

E: En otro médico, es lo que les dicen.

RES-GAL: Sí. Van a urgencias o van a un privado o van...

E: A comparar, sí. Y esto me lleva un poco a pensar, que es una cosa que hemos observado, que parece como que la práctica de la medicina es tanto una ciencia como un arte.

RES-GAL: Yo creo que tiene mucho de arte.

E: Tiene mucho... Eso te iba a preguntar, que ¿cuál es el balance, no?

RES-GAL: Sí, de hecho. Yo creo que la comunicación es una parte muy importante. Porque es según cómo llegues a ellos, según cómo te expliques. O sea, si explicas bien el tratamiento y consigues llegar a ellos, pues explicándoles bien cómo tienen que hacerlo y demás. O por ejemplo, un diagnóstico, una patología. A menudo llegan y nos dicen, vengo del especialista y no sé lo que tengo. Me ha dicho que tengo esto. ¿Eso es mortal? ¿Eso es muy grave? Y a lo mejor es una tontería. Pero con un nombre... muy difícil de entender. Entonces, les explicas, les haces tus dibujitos, con tus palabras, con un nivel que ellos entiendan. Entonces, pues, creo que eso tienes la mitad del paciente, pues por lo menos tranquilizado y que muchas veces es el éxito de que un tratamiento funcione o de que el paciente entienda lo que tiene.

E: Sí, lo que sea, ¿no? Y en proporción, entonces, ¿te atreverías a dar una proporción de cuánto de una cosa o de otra?

RES-GAL: Sí, no lo sé. Pero sí que es cierto que es, a mí me parece fundamental. O sea, tú puedes ser muy buen médico y si no sabes transmitirle al paciente qué es lo que tiene que hacer, cómo lo tiene que hacer y demás, no va a saber hacerlo.

E: ¿En la facultad teníais clases de comunicación?

RES-GAL: Tenemos una asignatura que nos ayuda un poco, pero que hacíamos incluso, pues, lo que es entrevista médico-paciente, hacíamos algún *roleplay* y demás, pero es insuficiente totalmente. En la residencia, cuando llegamos, también hacemos un curso de entrevista clínica, de relación médico-paciente. Pero son cosas muy escasas. Luego, el tiempo que tenemos, muchas veces en la consulta, nos dará, tenemos la tendencia a andar más estresados, más apurados y a veces, pues, explicamos las cosas a correr sin darnos cuenta de que ese paciente, si no lo ha entendido, va a venir mañana o va a venir por la tarde a urgencias, a ver que le repitan el tratamiento. Entonces, eso también, pues, afecta. Afecta. Afecta la relación, sí.

E: Y en casos de la relación, cuando ya conoces bastante al paciente, ¿se llega a establecer entre tú y ellos una relación de cercanía y de confianza?

RES-GAL: En medicina de familia es muy frecuente que se produzca esa relación. Y hay un vínculo que a veces, pues, eso, hay que saber muy bien hasta dónde, pero que al final, pues, conoces a toda la familia, sabes lo que le pasa, no solamente sabes su patología, sino que sabes otros problemas

que tienen a nivel relacional, emocional y demás. Entonces, a veces es difícil no crear un vínculo, ¿no?

E: Sí, sí. ¿Y es positivo, te parece, o prefieres un poco mantener distancia?

RES-GAL: Para mí es positivo. Es positivo. Porque, emocionalmente, muchas veces te implicas más y que es más, bueno, más agotador, vamos, para ejercer la... como al día a día, al final, pues, eso, te llevas cosas para casa que a lo mejor no deberías de llevarte,

E: Ya, y entrarían las emociones. ¿Cómo se puede ver esa confianza? ¿Cómo lo podrías tú describir? ¿Cómo se manifiesta? La relación de confianza, así, de cercanía.

RES-GAL: ¿Cómo qué? ¿Cómo se manifiesta?

E: Ejemplos de cómo... Dices, mira, este es un caso de una relación de... De acercamiento, de confianza.

RES-GAL: Simplemente con que te llamen el día que tienen un problema, a deshoras, sin cita, o que te llamen a tu teléfono personal, que en ocasiones lo tienen, o...

E: Pero eso es negativo, supongo, ¿no?

RES-GAL: No, no, bueno...

E: Ah, tú lo ves bueno.

RES-GAL: Yo lo veo como algo bueno.

E: Ah, lo bueno, que te llamen a tu teléfono privado y todo.

RES-GAL: Sí, sí.

E: Lo ves como parte de...

RES-GAL: Si el personal lo tiene por algo tal, no me importa.

E: No te importa. Vale, vale.

RES-GAL: Es que si te ve gente que no... O que alguien anda por la puerta y que... A ver, es más agotador, pero eso que es que la persona confía en ti y que eres su solución.

E: Ya, pero, ¿y dónde pones los límites, entonces?

RES-GAL: Hay que saberlos poner.

E: Claro, es la cuestión.

RES-GAL: Entonces, tendrás que saber con quién sí y con quién no. Hay pacientes que sabes que nunca le puedes dar...

E: Ah, eliges según el paciente. O sea, que hay pacientes a los que...

RES-GAL: No todos los pacientes pueden tener tu número personal. Hay pacientes que a lo mejor lo necesitan por su situación personal, porque están pasando por un momento muy malo, y tú eres su salvación en ese momento y les ayudas mucho más que dándoles una cita todos los días.

E: Sí, sí, sí, sí.

RES-GAL: Simplemente con que te puedan llamar en un momento. Y hay otros que son hiperdemandantes, normalmente las consultas que tienen no son..., y tienes que saber cómo... Es que el trato con cada paciente es que es que (()).

E: Pero, ¿no te pasa que un paciente al que tú consideras que sí que le puedes dar tu teléfono tal, que abuse de alguna manera de esa confianza?

RES-GAL: Las personas somos así, hay que tener mucho cuidado porque nos damos un dedo y nos cogen el brazo.

E: Exactamente.

RES-GAL: Pero bueno, eso todo mano izquierda e ir sabiendo llevar la situación.

E: Ya, pero en cualquier caso lo ves como positivo...

RES-GAL: Pero creo que sí que hay veces que tenemos que hacer de algo más que nuestro trabajo aquí.

E: ¿Y, en general, crees que se fían de su médico, los pacientes?

RES-GAL: Yo, por ejemplo, en la consulta de la en la que estoy, sí, o sea, los pacientes de mi tutora están contentísimos con ella y ellos están encantados con ella. Y... siempre yo creo que cuanto más información hay, peor es. Porque el problema es que tú, por ejemplo, lo que me comentabas antes de internet, ¿no?, llegas a consulta y él viene con unas ideas de las pruebas que le van a hacer, del diagnóstico que le van a dar o demás. Entonces, si simplemente explicas eso y no...el paciente no te explica nada más, sus dudas, por qué piensa que tiene otra cosa o demás, a lo mejor no llega suficientemente a él. Entonces esa persona a lo mejor no acaba convencida del todo. O se busca una segunda opinión. Pero, en principio, en realidad sería que un paciente confiase en mí. Depende mucho también de la zona. Nos encontramos con pacientes más... (...) Por ejemplo, hay en una rotación rural que he tenido, en otra zona, que los pacientes tienen absolutamente... O sea, ellos no quieren ir al hospital. Ellos quieren que su médico de cabecera les haga todo. Hasta desde que le curen la neumonía en su casa, hasta que le pongan los cuidados paliativos en su domicilio, sin tener que ir al hospital. Entonces, aquí, por ejemplo, en este centro tenemos un poco más diferencia de pacientes. Y hay algunos, pues eso, que ellos son más entendidos y ellos lo único que quieren es que los derives a otro especialista, porque consideran que el médico de primaria no es competente.

E: Sí, pero eso que dices tú lo he oído de algún paciente que me lo ha dicho esta mañana, que más se fía de su médico de cabecera. Claro, los del hospital no quieren ni verlos, ¿no?

RES-GAL: Sí, pero depende un poco de eso, según como la experiencia previa que tenga y los conocimientos que tenga.

E: Entonces, en conjunto, ¿te parece que la comunicación médico-paciente es complicada?

RES-GAL: Es muy complicada, hay que entrenarla. Creo que es una cosa que sí, efectivamente, aunque no seas buen comunicador, creo que se puede aprender a hacer. Creo que deberíamos de tener más formación en ella.

E: ¿La práctica no es suficiente?

RES-GAL: No, porque nos encontramos con pacientes muy diferentes. A veces puedes tener una buena orientación e ir tú mismo moldeándote, pero a veces no es suficiente. Creo que sí que sería ideal tener talleres, pues eso, que nos ayudase un poquito a mejorar.

E: A mejorar eso, ¿no? El mejor consejo que te ha dado tu directora de... ¿Aquí, tu tutora?

RES-GAL: Yo creo que en el fondo ser humilde y hacer el trabajo lo mejor posible.

E: Bien, la forma de tratarlo, ¿está aconsejado a la hora de...?

RES-GAL: Empatía, siempre.

E: ¿Te habla de la empatía?

RES-GAL: Sí.

E: ¿Pero te lo dice ella misma que es empática?

RES-GAL: Sí, ella lo es. Ella lo es, claro...

E: Hay gente que nace, pero te quiero decir, claro...

RES-GAL: Ella lo es y eso, sí, yo creo que al final es como mejor se llega.

E: Claro, ¿y qué pasa con un médico que no es empático?

RES-GAL: Pues se puede entrenar.

E: Se puede entrenar. Ahí es donde tú opinas que un...

RES-GAL: Yo creo que sí, yo creo que es algo que tienes una patología...

E: Sí, sí, sí, sí.

RES-GAL: ...que no te lo permitas, se puede entrenar.

E: Sí, sí, sí, sí.

RES-GAL: Y se puede mejorar, por eso creo que es muy importante trabajar en ese aspecto. No solo son conocimientos teóricos, sino, pues, es un poquito... Puede ser muy bueno y no saber comunicarlo, lo que estamos hablando, o no saber ganarte la confianza del paciente. O no saber entender lo que te está pidiendo. Entonces, si no sabes nada de eso, no te lo vas a solucionar el problema.

E: Y has tenido experiencias así de ver qué médicos que les cuesta...

RES-GAL: Sí, incluso el mejor especialista del hospital te encuentra... Sí, sí.

E: ...y lo solucionan en esos casos, ¿no? ¿O no lo solucionan?

RES-GAL: No solucionan.

E: A lo mejor ponen más de ciencia, justamente, lo que decíamos, ¿no?

RES-GAL: Ponen más de ciencia, pero al final el que lo soluciona..., si él ha puesto un buen tratamiento, un buen informe, y ese tratamiento está genial puesto, ese tratamiento lo va a explicar el médico primario, lo va a explicar el médico otro especialista que le coincide que... Pero por él no va a ser, porque el paciente no ha entendido lo que tiene que hacer. Entonces, a veces nos encontramos con eso. Nos encontramos con eso, o nos encontramos pacientes, pues eso que te vienen diciendo, pues... Que les ha tocado el especialista, que les ha echado de la consulta, o que no les ha dejado sentar en la silla porque les quitaba tiempo, pues es así. Y eso es muy duro oírlo, ¿no?

E: Muy duro, ¿no? Sí, sí. O sea, que es muy extremo oírlo.

RES-GAL: Una persona que está enferma o que tiene un problema no es la forma de tratarlo.

E: Sí, porque esta mañana me ocurrió una cosa curiosa. Pensaba yo, claro, ese factor a lo mejor también teníamos que tenerlo en cuenta. Intenté entrevistar a una señora y primero la dejé como muy desconfiada y, bueno, no sé qué. Digo, no, son preguntas muy sencillas, mire. Y, vamos, no va a atorar nada de tal. Y, bueno, bueno, sobre qué, sobre qué. Bueno, yo no creo que no puedo decir nada. No sé si voy a poder decir algo. Bueno, lo que usted pueda. Pero parecía que sí. Y yo le digo, ¿le importa que lo grabe? Ah, no, no, no, ya por ahí. Yo bastantes cosas tengo encima. Y entonces me quedé pensando. Claro, le dije, bueno, no se preocupe, nada, lo dejamos y ya está. Pero quedé

pensando, claro, la gente que viene aquí no es tampoco en muchos casos gente que está boyante por ahí, feliz.

RES-GAL: No, no.

E: Es gente que tiene, arrastra su...

RES-GAL: Claro que sí.

E: ...preocupación.

RES-GAL: Tiene muchos problemas o preocupaciones.

E: A lo mejor problemas sociales también, ¿no?

RES-GAL: También, puede ser.

E: Y, claro, ellos juntáis con... Claro, son problemas muy...

RES-GAL: O sea, nosotros la atención que tenemos al paciente es integral. Por eso te digo que no solamente es una atención de su cuadro gripal o de su cistitis, ¿sabes? Es un problema de que, por encima, con el poco tiempo que tenemos, ellos vienen a recetas, de paso te cuentan lo que le ha pasado a su padre, el problema que han tenido el sábado que le ha dado un pinchacito en el corazón y pensó que se moría. Y todo eso en dos minutos. Por eso que muchas veces si tuviéramos más tiempo podríamos solucionar más y...

E: Y problemas personales también os cuentan. Y problemas con la familia o con...

RES-GAL: Sí, sí, sí, por supuesto.

E: También, también lo introducís. En esos casos, ¿qué hacéis?

RES-GAL: Eso es fundamental. Si esa parte no la tienen solucionada, no van a estar sanos. O sea, la salud es una cosa más compleja que simplemente el bienestar físico. Entonces, esa parte, además, a ellos les ayuda contarla.

E: Y, entonces, ¿cuál es tu papel ahí? ¿Simplemente escuchar o animar o qué?

RES-GAL: Nosotros tenemos una parte que es un poco de... Terapia psicológica que hacemos a nuestra mínima escala porque no tenemos tampoco tiempo y normalmente...

E: ¿Y os preparan para eso?

RES-GAL: No. Tampoco. Tenemos unos cursos que también nos ayudan un poquito, pero no. No. Y tampoco tenemos el tiempo para hacerlo. Y a veces es todo a costa de horas para acabar la consulta...

E: Pero no despacháis el paciente del tipo de, bueno, no me cuentes su historia, señora, que...

RES-GAL: Ay, no te puedo analizar en nuestra consulta, no.

E: No lo hacéis, claro.

RES-GAL: Pero he oído casos de... Eso no se lo voy a poder cambiar, no me lo cuente. Ni hoy ni nunca. Lo he oído. Entonces...

E: Y eso luego... O sea, creo que no ayuda.

RES-GAL: Creo que no ayuda. Una relación de un paciente que va a ser para siempre tu paciente, creo que no ayuda.

E: No ayuda. Claro, también por eso. Bueno, una de las últimas cuestiones que tiene que ver con los antibióticos que comentaste antes, ¿no? Justamente. Porque si sabes, además, que el proyecto nuestro está enmarcado en uno general donde está la Facultad de Medicina también, que son las resistencias a antibióticos. Y nosotros hemos entrado, de hecho, aquí porque una de las cuestiones es si a lo mejor la comunicación... médico-paciente de alguna manera está influyendo para que se recetaran supuestamente más antibióticos.

RES-GAL: Pues posiblemente sí.

E: Y por eso haya más resistencia. Bueno, es un todo un poco un... que no tenemos tampoco manera de demostrarlo nosotras.

RES-GAL: Claro...

E: Pero al menos este tipo de... lo de la comunicación nos da una pauta, ¿no?

RES-GAL: Posiblemente, se receten más medicamentos, más antibióticos, de los que se deberían de recetar. A veces simplemente porque como no eres capaz de llegar al paciente...

E: Sí.

RES-GAL: ...y él no entiende lo que le estás diciendo...

E: Sí.

RES-GAL: Pues él, pues para que no volverlo a ver, hay mucha gente que le da un antibiótico.

E: Como una solución así...

RES-GAL: Como una solución en plan... vengo a que me dé un antibiótico para esto. No, mire, no tiene criterios para darle un antibiótico porque de momento tal... Bueno, lo que sea. Y... pero el paciente no lo quiere entender y hay médicos que pasan por el aro y le dan el antibiótico. Para que mañana no venga o por la tarde no vaya otro médico. Entonces así quizás se receten muchos más antibióticos de los que...

E: Un factor.

RES-GAL: Sí.

E: Y puede haber otros factores de tipo social que para que tú, por ejemplo, que tú como médico piensas que tú ahí no darías un antibiótico, te inclines por darlo.

RES-GAL: Que el paciente... por ejemplo, o sea, el tipo social a nivel de que el paciente...

E: Su edad, dónde vive, su historial, no sé.

RES-GAL: A ver, puede haber algún caso. Si lo ves... sí, pero bueno, si es un caso dudoso y el paciente vive muy lejos o no tiene posibilidades económicas de volver a consulta... No sé, es que no lo sé. Eso está en el caso. A ver, no tengo ningún ejemplo así, pero bueno, supongo que habrá que ajustar en cada caso, pero en principio sí tengo claro que no tengo que dar un antibiótico, no lo doy.

E: No lo das, es esta actitud, ¿no?

RES-GAL: Sí. Yo de momento no lo doy. El día de mañana no sé lo que haré. De momento tengo que verlo claro.

E: Es que eso es... Precisamente eso básicamente es lo que nos han dicho, nos dijeron también en (***) que estuvimos en enero también. Sin embargo, parece que hay como otras vías. Sí. Parece que hay como otras vías de conseguir antibióticos, como puede ser la farmacia. Sí, nos han dicho.

RES-GAL: Estás en la farmacia y oyes al lado de ti un cliente de la farmacia que llega y dice, a ver, tengo moco, tal, tos desde hace, no sé cuántos días. ¿Y el moco de qué color es? Sí, así un poco amarillo. Bueno, pues ya le doy aquí yo un antibiótico. Levofloxacino quinientos.

E: Pero necesitan una receta, ¿no?

RES-GAL: Pero los administran igual.

E: ¿Los administran sin receta?

RES-GAL: Y los administran y los... o sea, diagnostican al paciente y le suministran la medicación sin receta.

E: ¿Y cómo justifican luego la venta? Porque...

RES-GAL: No lo sé, no lo sé.

E: Ya, porque está bastante controlado, ¿no?

RES-GAL: No, pero es muy abundante. O sea, es muy frecuente.

E: No, sí, nos lo han contado también, que hay gente que lo consigue.

RES-GAL: Para las cistitis, infecciones de tracto urinario y demás, superhabitual. Ya van ellos directamente. Y ya no solamente eso. Conoces casos de que no solamente para ellos, sino que consiguen antibióticos. Para mandar fuera. A otros sitios.

E: Ya, ya, ya. O sea, que la gente se busca un poco ahí la vida, ¿no?

RES-GAL: Sí.

E: Y también, por ejemplo, el hecho de no terminar un tratamiento antibiótico puede crear resistencia.

RES-GAL: Sí

E: Puede también ser un factor, ¿no?

RES-GAL: Sí.

E: Claro, y mucha gente... Yo lo hemos oído, que mucha gente no se les termina los tratamientos.

RES-GAL: No termina los tratamientos y también que muchas veces, si les sobran o no los... Empiezan en cualquier momento.

E: Los toman para cualquier otro momento...

RES-GAL: En cualquier momento que venga algún síntoma que empiece. Ya empiezan a tomarlo... Como no era cuestión de antibiótico, que era mejor vírico, ya se curan sin acabar el antibiótico y ya lo dejan otra vez. Entonces, una mala educación del paciente, pues también...

E: Es que eso es un poco la impresión, porque partíamos un poco de la hipótesis, un poco de lo que se decía en (**), porque (**) tiene una... Hasta ahora tenía una resistencia bastante aceptable. Pero parece que está subiendo. Y eso es lo que les preocupaba. Y ellos tienen un poco la idea de que en el sur de Europa, donde las cifras son más altas, que tiene que ver con que el médico receta mucho. Y yo ahora, como española, mi experiencia no era precisamente esa.

RES-GAL: A ver, quizás algunas veces se receta de más. Porque no te vuelva mañana y porque el paciente no vaya a tal y porque...

E: O en urgencias nos comentaban también que es más frecuente.

RES-GAL: Por eso, claro, el problema es que al final es el ciclo vicioso. Parece que el paciente va a urgencias para que le den el antibiótico. Y si no le dan el antibiótico, parece que no le han tratado bien.

E: Que no le han tratado.

RES-GAL: Que no le han hecho bien el tratamiento. Parece que nos hacemos... O sea, que... Que nos demandan eso. Pero yo creo que hay que ser consecuentes con nuestra ciencia y si no hay que darlo, no hay que darlo. Y aunque te lleve un tiempo explicarlo porque no lo das, no dárselo. El problema es que la gente, a veces, por la presión de... O no discutir con el paciente o no llevarlo a su terreno...

E: Pero eso es frecuente también.

RES-GAL: No hay tiempo. Andamos estresados. Entonces, a veces, al final, pues te da menos trabajo darlo que no darlo. ¿Qué pasa? Que hay que intentar no darlo.

E: Ya, ya, claro.

RES-GAL: Bueno, intentar no darlo si no lo necesitas.

E: Sí, en caso de que no lo necesites.

RES-GAL: Claro, claro, claro.

E: Bueno, pues muchas gracias. Ha sido muy interesante. Sí, la verdad, muy completo y... Tienes mucha experiencia.

RES-GAL: Sí, sí, sí. Gracias.

E: Gracias. Gracias.

Interview 8: RES-COL

RE-COL: Interviewed resident doctor

E: Interviewer

[Inicio de la entrevista con datos personales de la médica, su trayectoria personal e información sobre la clínica en la que trabajan. Se ha eliminado de la transcripción debido a la protección de datos personales.]

E: ¿Cómo tratas a tus pacientes? ¿De tú o de usted?

RES-COL: De usted.

E: Eh, porque como tenéis esas formas de tratamiento, ¿verdad?

RES-COL: Claro, lo estábamos comentando ahora, es un trato de respeto hacia el paciente. Nosotros, es la manera cuando no hay una cercanía familiar, el trato es de usted para nosotros.

E: ¿Necesariamente?

RES-COL: O lo mismo, sí, cuando hay jerarquía, me refiero que una persona que tiene más preparación que tú o es mayor en edad, también utilizas el trato de usted, pero por respeto, ¿no?

E: Pero tú sabes que en España...

RES-COL: Se utiliza el tú, sí.

E: Hay mucho más tú.

RES-COL: Y hay que adaptarse a eso.

E: ¿Cómo lo ves eso? ¿Te parece que puede haber una señal de falta de respeto si se usa el tú o...?

RES-COL: No, todo lo contrario. Aquí yo he tenido pacientes que les parece muy distante que les trate de usted, ¿no? Entonces tengo que cambiar de hecho la forma en que me refiero a ellos y empezar a tratarlos de tú.

E: Ya.

RES-COL: Porque genera más cercanía con el paciente.

E: Pero en lo posible prefieres mantener el... tu usted original.

RES-COL: No es que lo prefiera, pero tiendo al usted. Es ya automático, ¿no? Porque es la manera como... la forma como me han educado para dirigirme a las personas. Pero tengo que hacer un poco de esfuerzo a tratarlos de tú. Pero bueno, varía también, no todo el mundo. Hay gente... o de pronto la gente mayor está más acostumbrada a que también le traten de usted y no les genera tanto problema.

E: Y luego, en el caso de ellos hacia ti, ¿cómo te tratan?

RES-COL: Hay muchos que me tratan de tú. Realmente... Realmente, o sea, el trato es de tú. Y yo creo que es porque genero cercanía también. La población con la que trabajo habitualmente también es una población joven, ¿no? Y más joven que yo. Entonces el trato suele ser de tú desde el comienzo. A mí eso tampoco me genera ningún problema.

E: No te molesta.

RES-COL: No, para nada.

E: Ni les pides su cambio, ¿no?

RES-COL: No.

E: Esa cuestión del respeto del que hablabas antes, ¿se puede percibir de otras maneras? ¿Tú percibes de otras formas que tiene el paciente de manifestar su respeto por ti como médico?

RES-COL: No lo relaciono directamente con el lenguaje tampoco, ¿no? O sea, no me siento ni más respetada ni menos respetada porque me traten de tú o de usted, ¿no?

E: Por eso digo, si hay otras formas en que sí que puedes sentir que te están respetando.

RES-COL: Yo creo que cuando se interacciona con el paciente y ves que el paciente también sigue las recomendaciones o está más atento a lo que tú expresas y lo asume, para mí es un signo de respeto, ¿no? De que me está respetando como profesional. Entonces lo identifico de esa manera.

E: Muy bien. Y en casos, por ejemplo, que tú sientes que no te han manifestado respeto.

RES-COL: Igual es el trato más duro, más distante, ¿no? A veces es la comunicación no verbal. Te das cuenta cuando estás entrevistando a un paciente de pronto que no presta atención a lo que dices o que él mismo está negando la posibilidad de colaborar. En un proceso terapéutico o te lo manifiesta abiertamente. No, es que no me interesa hacer esto. Lo notas.

E: Y lo sientes como falta de respeto, ¿no?

RES-COL: Hombre, en cierta forma sí, ¿no? Porque si tú vas a un profesional y generas una conducta y después no quieres seguir las recomendaciones, pues, no sé, ¿no? Sí, sí, puede parecer.

E: Sabemos que tenéis poco tiempo por consulta y que tenéis que ser muy efectivos. ¿Tienes algún truco de tipo comunicativo para resolver este problema?

RES-COL: Realmente a veces lo que tiene uno que hacer es cortar la comunicación. O sea, pasar a otra, sin ser brusco en el trato, pero pasar a otro tipo de información, ¿no? O sea, a veces la gente quiere explayarse en lo que tiene que decir y tú tienes que cortar la comunicación para seguir a otra cosa que te interesa sacar más datos. Hacer una entrevista muy corta, entonces tienes que cortar y pasar a otro tema para poder sacar información que sea más útil para ti en ese momento.

E: ¿Y cómo lo haces eso?

RES-COL: No sé, ya. Es que yo creo que es instintivo en el momento, ¿no? O sea, cortas y dices, bueno, pero coménteme tal otra cosa, ¿no? Paso a otra, como, ah, bien, perfecto, pero tal. Y reintroduzco una pregunta cuando él está, es difícil. O sea, es, pero bueno, tampoco noto que la gente lo note, lo note mucho, ¿no?

E: Que le importe tanto.

RES-COL: Yo creo que sí, si generas cierta empatía y estás en un tono distendido, la gente tampoco asume que estás cortando. Sí, bueno, está bien.

E: Sí, bueno, está bien. Y a la hora, por ejemplo, de decidir el tratamiento, ¿te gusta involucrar al paciente en la decisión o eres partidaria de tomar tú la decisión sola?

RES-COL: Me gusta explicarle, pero no sé si la palabra sería involucrar, porque tampoco le pido la opinión, no pregunto, ¿quiere esto, quiere lo otro? Si no le doy mi pauta y luego veo la reacción que él toma, ¿no? No es que le pregunte a él, yo le explico que esto es lo que yo consideraría y espero a ver si después la respuesta es, pues, quiero o no quiero. Si no, le daría otra alternativa, pero en principio soy yo la que da la pauta inicial, ¿no?

E: Los pacientes hoy en día, muchos vienen muy influenciados por internet, ¿no? Miran en internet.

RES-COL: Sí.

E: ¿Te parece que eso ha ayudado a la comunicación médico-paciente o ha sido, ¿cómo lo valoras ese acceso que hay?

RES-COL: A ver, yo estoy muy de acuerdo que el paciente tiene que estar informado, pero yo creo que tiene que tener la información necesaria y adecuada y debería partir la información de nosotros, del personal sanitario, o por lo menos poder matizar y explicar.

E: Pero claro, si no hay tiempo, también.

RES-COL: Claro, pero de pronto, si la persona viene con inquietudes porque ya lo ha consultado, yo intento aclarar o matizar la información que me trae para que le quede más claro, ¿no? Por si tiene vacíos o la información que él ha recibido de internet no es la correcta. Entonces, intentar explicar. Pero bueno, hay mucha gente. Este es un medio bastante rural, tampoco no hay mucha gente que... No tenemos eso como de pronto en otras ciudades que la gente está... mucho más informada. Aquí no llega tanta persona que haya consultado previamente. Pero, a ver, me parece normal que la gente busque la información. Yo creo que es deficitario del sistema que está indicando que no les estamos dando la información necesaria y la gente tiene que ir a buscarla a otro sitio. Entonces, me parece que nos está demostrando precisamente que la gente está buscando lo que no debería ser así.

E: Que no debería ser necesario.

RES-COL: Sí.

E: ¿También los pacientes vienen ya con una lista de preguntas preparadas o de alguna manera notas que vienen preparados para la consulta?

RES-COL: Sí, algunos sí. Algunos sí, pero no... Ya te digo, aquí la mayoría no, pero algunos sí. Algunos ya... O algunos ya han ido a muchos especialistas o han valorado porque son temas crónicos, es más fácil que se adiestren. Y ahí sí, algunos sí, consultan cosas muy específicas de lo que... de la información que han recibido.

E: Ajá. ¿Y te pasa que, por ejemplo, un paciente rechace el tratamiento?

RES-COL: Sí.

E: Sí. ¿Y qué te dice en ese caso?

RES-COL: Que no quiere tomar tantos días de tratamiento o no quiere esa forma de tratamiento porque ya lo ha visto que en su familia no le ha resultado o porque tiene una persona que le ha comunicado que eso no funciona o por lo que sea, sí.

E: ¿Y qué haces en esos casos?

RES-COL: A ver, le explico que el criterio es que debería ser ese, que yo pienso que es lo mejor para él y pues que la decisión definitiva está en sus manos. Evidentemente. Pero que está en mis manos también darle todas las recomendaciones que considero para que el proceso mejore, ¿no? Pero le dejo claro que la decisión final está en eso. También en ese caso y dependiendo lo que manifiesten a veces sí que trato de buscar alguna alternativa, ¿no? Hay cuestiones muy válidas, es como si una persona no se quiere inyectar porque le tiene fobia a una aguja, pues si tengo la manera de darle un tratamiento por vía oral, pues también se lo proporciono.

E: Eso sí, eso es más negociable, digamos.

RES-COL: Es un negociable, claro.

E: Sí, muy bien. Y en cuanto a los medicamentos, ¿crees que hay mayor incidencia a pedir medicamentos o más bien menos medicamentos?

RES-COL: Yo creo que a pedir menos. La gente no quiere tratamiento en largo, la gente no quiere tomar medicación. De hecho, a veces cuesta mucho que una persona se adhiera a un tratamiento que es crónico, ¿no? De patologías crónicas. No, la gente no quiere tomar realmente medicamento.

E: ¿Y no te ocurre de que venga alguien y tú pienses que no tienes nada que recetar y te digan, oiga, pero yo quiero que me recetes? No. ¿O sea que te pides algo? O sea, que se quieren ir a casa con una receta o algo.

RES-COL: Bueno, no. No, en el ámbito mío, no. Es que tampoco tengo ese tipo de pacientes, ¿no? Hay alguno que otro, ¿no? Pero no es lo más habitual tampoco.

E: ¿Por qué dices en el ámbito mío que la sacas?

RES-COL: Como trabajo más en medicina laboral y realmente lo que hago es mucha prevención. O sea, mi campo de acción es preventivo.

E: Ya.

RES-COL: Entonces, mis recomendaciones tienden a ser recomendaciones sobre hábitos de vida, sobre bienes saludables, sobre dieta, sobre otras cosas. Entonces, no es tanto en la etapa en la que estoy trabajando ahora.

E: Ya.

RES-COL: De dar tratamiento médico con medicamentos, ¿no?

E: Claro.

RES-COL: Entonces, es por eso en concreto.

E: Ya, ya. Por eso fue factor, claro, de la... Claro. También.

RES-COL: Sí. El tipo de atención.

E: Y, ¿te ocurre con frecuencia también, bueno, has mencionado algo con esto del tratamiento, de que un paciente trate de hacer valer su opinión personal porque cree que es el que mejor sabe lo que le conviene?

RES-COL: Sí, sí. Suele pasar.

E: Eso ocurre. Sí.

RES-COL: Sobre todo con pruebas diagnósticas o si quieren algo en concreto específico porque le interesa o porque considera que eso es lo que hay que hacer.

E: Sí.

RES-COL: La gente muchas veces valora que, si no se hacen pruebas diagnósticas o si no se hace una cantidad de cosas, la valoración inicial del médico no es suficiente. Entonces, que tiene que haber algo más de trasfondo y eso sí lo suelen pedir. Y siempre te hacen ver que es que no me piden pruebas, es que no me están atendiendo adecuadamente. No es un proceso diagnóstico adecuado para ellos. Aunque de pronto en principio se puede diagnosticar clínicamente una cosa y dar tratamiento sin necesidad de otras pruebas complementarias, ¿no? No todo requiere pruebas.

E: Ese paciente un poco autosuficiente, ¿responde a algún perfil social, hombre, mujer, edad, educación?

RES-COL: Difícil relacionarlo. Difícil.

E: ¿Cómo es general?

RES-COL: No, no, no, no es tampoco... A ver, lo vemos mucho más claro en personas de pronto que sí tienen problemas de ansiedad o problemas con temas... Sí. Síndromes adaptativos o ansiosos que tienden a requerir mucha más atención, ¿no? Y obviamente que hay gente, obviamente con

perfil hipocondríaco, que también, o sea, está buscando porque siente que nunca recibe la atención requerida y que tiene algo no diagnosticado, ¿no? Entonces, realmente puede haber un trastorno mental en algunos casos, ¿no? De este tipo ansioso o ansioso depresivo. Son demandantes de atención en general, ¿no? Entonces, en ese... De pronto puede ser ese... el perfil de ese paciente.

E: Y cuando tratas de poner un tratamiento y el paciente no responde positivamente, ¿tienes algunas estrategias para conseguir su aceptación o su colaboración? ¿Algún truco así comunicativo?

RES-COL: A veces eso me pongo en plan sarcástico, ¿no? Ajá. O sea, sí, cambio, bueno, haga lo que quiera, no se preocupe que si... que, si se nos muere la gente, pues mejor, que menos... O sea, trato de introducir humor o trato de buscarle otra... buscar la empatía del paciente de otra manera, ¿no? O también preguntar el trasfondo de lo que hay detrás de eso, ¿no? A veces es por miedo, a veces es por unas características familiares en concreto que hacen que las personas tengan una forma de enfrentarse al proceso de salud o enfermedad diferente, ¿no? Entonces, eso depende de cada persona. O sea, tampoco es que haya una estrategia... también depende de la relación que tengas. Si es un paciente que veo ya de tiempo, que lo conozco y tal, me permito de pronto a través del humor o a través de otra estrategia, o hablemos de otra manera, o algo, llegar a acercarse. Es mucho más fácil en entrevistas posteriores que en una sola entrevista, ¿no? Sí. Si tengo la posibilidad o no. Pero bueno, yo intento tener una comunicación muy directa y muy honesta con el paciente, que se dé cuenta de que quiero ayudarle, ¿no? Manifestarle de alguna manera que es lo que considero mejor para él.

E: Sí.

RES-COL: Para que se sienta un poco confiado. Que es difícil en una primera entrevista en alguien que te llega por primera vez y no te conoce de nada, ¿no?

E: Ya se va creando un poco...

RES-COL: Sí.

E: El trato, ¿verdad? Sí. Y... No sé, hay gente que habla de que la medicina es tanto una ciencia como un arte. ¿Tú crees que ese es el caso de la comunicación médico-paciente?

RES-COL: Sí, yo creo que se desarrolla con la experiencia y con los años, evidentemente.

E: Sí. Y ¿qué importancia le das a cada lado, a la parte más científica o la cuestión del arte de...?

RES-COL: A ver, es que yo creo que lo científico es inherente al trabajo. Me refiero que es algo que tienes que desarrollar por fuerza. Porque tienes que estar preparado para lo que tienes que hacer en el día a día. Lo de la comunicación es una habilidad que es necesario desarrollar después. Que te das cuenta de que de nada te sirve una cantidad de conocimientos y después no puedes transmitirle al paciente.

E: Claro.

RES-COL: ¿De qué me sirve a mí una cantidad de información técnica o médica si después el paciente no hace lo que yo digo y va a empeorar su estado de salud?

E: Sí.

RES-COL: Y lo vemos muy a menudo. O sea, vemos que los tratamientos no se siguen porque el paciente no entiende, porque no hemos sabido explicarle bien a un paciente lo que tiene que hacer. O porque no siente que le estamos colaborando realmente. O porque sus expectativas son muy diferentes a lo que nosotros tenemos que explicarle que deseamos.

E: Entonces, ¿si hubiese que poner una balanza...?

RES-COL: Es superimportante.

E: ¿Pondrías...?

RES-COL: Y yo diría que a veces incluso puede llegar a un 70% la comunicación realmente.

E: Más incluso que nada.

RES-COL: Más incluso. Y, es más, a veces haces mucho más por un paciente no dando ninguna medicación y solo con comunicación y con cambios de hábito de vida, que es un tema de hablar. Que con una intervención terapéutica en concreto.

E: Ya, ya, ya.

RES-COL: Para muchos casos. Sobre todo, cuando quieres hacer prevención y evitar, digamos, problemas más serios y más crónicos.

E: Claro, sí, sí, sí.

RES-COL: Superimportante.

E: Y en el caso de pacientes que ya son conocidos por ti, ¿estableces con ellos lazos de cercanía y de confianza?

RES-COL: Yo creo que sí, pero si nadie... Tampoco es porque lo busque, ¿no? No es que vayamos a quedar a tomar café, pero me refiero que en el trato diario ya genera más confianza.

E: ¿Dispositivo sí?

RES-COL: Sí. Sí, yo pienso que sí.

E: ¿La comunicación?

RES-COL: Sí.

E: ¿Y cómo se puede percibir esa confianza si no es ir a tomar un café?

RES-COL: No, no sé. Es en el trato, en la relación, en la consulta, ¿no? Te das cuenta si la gente está más distendida, si hablas de otros temas. Me refiero que yo te puedo estar valorando un problema de salud y estamos hablando de la política o de la economía en ese momento. Me refiero que empezamos a interactuar de otra manera que no es solamente el proceso de salud o enfermedad.

E: ¿Y eso en qué medida favorece luego la cuestión ya del profesional? ¿En qué medida favorece?

RES-COL: Yo creo que bastante. Incluso cuando puedes ahí sí pactar incluso pruebas, tratamientos, mira, hagamos esto, no hagamos esto, ahí yo creo que fluye mucho más, ¿no? Y hay más adherencia y es gente que se siente más confiada y te empiezan a consultar también otras cosas. O sea, que se vuelve, yo creo que una interacción positiva, la verdad lo veo bastante positivo.

E: Sí. ¿Y tú crees, tienes la impresión general de que los pacientes se fían de su médico?

RES-COL: No.

E: No, tienes la impresión de que no se fían.

RES-COL: Sí, yo creo que hay bastante desconfianza.

E: Ajá.

RES-COL: Yo creo que se hace una y tiende a haber medicina defensiva aquí en este entorno en concreto.

E: ¿Medicina defensiva?

RES-COL: Sí, que el médico termina haciendo pruebas para que, o sea, es que no se llega, bueno, volvemos a lo mismo. Esto que te estoy diciendo es de pronto en algunas esferas, pero en otras hay bastante distancia entre lo que, no hay un único médico inter consultor. Un paciente tiene que ir a muchos médicos. Por distintas patologías. Entonces nunca se llega a desarrollar de pronto mucha confianza médico-paciente. Y hay desconfianza. Y es lo que te digo es la percepción. De pronto una persona va a un especialista y espera que le hagan pruebas diagnósticas y no se le están haciendo,

entonces piensa que es que no me lo quieren hacer porque no quieren gastar dinero, o porque el sistema hay recortes y entonces no me lo piden porque no quieren, no porque no sea necesario. Y bueno, Galicia también es un entorno de desconfianza, no sé, pero yo creo que es idiosincrático de las personas, tal vez por el clima o lo que sea, la gente tampoco lo espera bien.

E: ¿Llevas mucho tiempo aquí en Galicia?

RES-COL: Llevo doce años.

E: ¿Doce?

RES-COL: Sí.

E: Entonces ya conoces bastante...

RES-COL: Sí, entonces sí me doy cuenta de que la percepción de las personas es un poco desconfiada de por sí. Puede que después, con el tiempo, cuando logras entrar, sea muy abierta, pero al principio creo que sí. Y bueno, yo creo que todo el tema económico influye mucho ahora en la sanidad. La gente piensa que si no se hace una prueba o no se hace algo es porque se le quiere evitar el gasto sanitario, digamos. Entonces eso genera mucha desconfianza.

E: Ya, ya, ya, claro, sí, ahí está. Pero en general, en tu opinión, ¿crees que es complicada la comunicación médico paciente?

RES-COL: Yo creo que lo hace cada, depende de cada profesional.

E: ¿Para ti?

RES-COL: Sí, yo creo que sí.

E: ¿Para ti es complicado?

RES-COL: No, yo nunca me he sentido muy distante de los pacientes. Bueno, es que también es mi forma de ser un poco así, no sé, más abierta, o sea, yo no...

E: ¿Qué facilita?

RES-COL: Exacto, entonces yo nunca he tenido así, a ver, siempre hay obviamente el paciente conflictivo, el paciente más difícil, lo que sea, pero yo creo que uno también puede generar una relación diferente con el paciente.

E: Entonces la parte más complicada sería dar con alguno de esos pacientes.

RES-COL: Sí, exacto. Pero yo creo que en general, si tú eres honesto en lo que haces, explicas, das información y eso, la relación se hace fácil, ¿no?

E: En el tiempo que llevas, aquí supongo que no has tenido tiempo todavía de conocer a los médicos, pero bueno, donde has trabajado anteriormente, ¿has tenido consejos por parte de médicos ya más veteranos sobre la comunicación con el paciente? ¿Cuál ha sido el mejor consejo que te han dado? ¿Qué más recuerdas? Si te lo has dado, a lo mejor no tan aconsejado.

RES-COL: No, en concreto de la comunicación, no. A ver, siempre se hacen cursos, ¿no? Más que todo en plan formación. Ahí sí que igual trato con el paciente o eso. A nivel formativo, sí. Ahora a nivel cercano me dirán, mira, ¿tratas a un paciente o así? No, no he recibido esa formación. O sea, en el día a día no, consejos específicos, no. De pronto, cuando llegué, obviamente por ser extranjera y estar trabajando en la universidad, me explicaban, mira, di esta palabra en vez de esta, porque utilizamos el lenguaje en sí, tienes que moldearlo a tal. Yo tengo una forma de decir algo y aquí se dice de otra manera y ahí sí que recibí consejos, ¿no? Utiliza esta palabra en vez de esta porque no te van a entender esta. Pero era lo básico del lenguaje, pero no en la interacción en sí.

E: Pero, por otra parte, ¿observas algún tipo de extrañeza por el hecho de no ser española o por el hecho de ser mujer? Algo que hayas notado, vaya, esto me pasa por no ser de aquí o por ser mujer.

RES-COL: Pero que haya cortes de comunicación.

E: Por ejemplo, en cuanto a ser mujer, por ejemplo, la manera en que te llaman. ¿Te llaman doctora, te llaman...?

RES-COL: No, me llaman chica, me llaman niña, me llaman sí, ahí sí que lo noto que no.

E: Ahí lo notas, ¿no?

RES-COL: Sí, pero ya te digo, casos puntuales, ¿no? Tienes pacientes en concreto que sí, que hay notas que...

E: ¿Y lo ves como falta de respeto eso?

RES-COL: En algunos casos sí, en algunos casos sí.

E: ¿Pero hiciste algo?

RES-COL: No, la verdad no. No. No, no genero enfrentamiento porque a mí no me impone... O sea, a ver... Sí, sé que no, de pronto no es el trato más respetuoso, pero a ver, no todo el mundo tiene el mismo nivel educativo, no todo el mundo piensa en la misma manera.

E: ¿Es un tipo de perfil de paciente el que usa esas denominaciones?

RES-COL: Hombre, de pronto, una persona que no tiene un nivel educativo muy alto, evidentemente. O sea, niveles educativos más bajos, pues el trato termina siendo un poco... sí, de pronto.

E: Entonces, con tu formación de (país sudamericano), llegar aquí, ejercer como médico, ¿cuál fue, si quieres, la parte de comunicación que más te costó, más te chocó? ¿Más te sorprendió? ¿Más diferente era lo que tú conocías?

RES-COL: Bueno, allá hay mucho respeto en el trato médico, ¿no? Allá, por ejemplo, a todo el mundo le dicen doctor, no sé, un paciente que llega, doctor, buenos días, doctor, buenas tardes, no sé qué. Aquí es más fácil que te llamen por el nombre directamente. A mí me llamaban por el nombre, aunque sepan que soy la médico. Lo otro es que no identifican siempre que por ser... Tú puedes estar en la consulta, pero eres mujer y de pronto piensan que eres la enfermera, o sea, otro tipo de profesional sanitario, no necesariamente... Y eso lo noto. Y en el trato de eso, de pronto, no, es que la chica aquella, a mí me pasaba una cosa muy curiosa, que el enfermero con el que yo trabajaba era hombre, y yo, que era la médico, era la mujer. Entonces, la gente asumía que él era el doctor, y yo era o la enfermera o la chica administrativa para ellos, aunque pusiera despacho médico en mi puerta. Entonces, el trato era, no, es que la chica, le decían al enfermero, no, es que la chica esa me dijo que pasara aquí, no, la chica esa es la médico, o sea, y él era el doctor. Y ellos pasaban después conmigo y, no, es que el doctor me acaba de decir. Eso sí, me chocó mucho, decía, pero, o sea, y me chocó mucho más por estar en Europa.

E: Ya, porque en (país sudamericano) no lo veías.

RES-COL: En (país sudamericano) jamás, o sea, en (País sudamericano) la gente no se lo ocurre, o sea, bueno, puede ser médico y es médico, o sea, es mujer, pero es médico, ¿no? O sea, no, pero me chocó mucho eso.

E: Hay más extrañeza, entonces.

RES-COL: Hay más extrañeza aquí, al parecer, en eso, cosa que no, pues, me parecía un poco rara. Además, que curiosamente aquí hay muchísimas mujeres médicos, o sea, el porcentaje es mucho mayor al de hombres. Entonces la gente debería estar más habituada, ¿no? Pero parece que los roles de mujer a hombre están distintos, ¿no? Y la mujer tiene que tener un rol más bajo porque sí. Pero bueno, también, no sé, este es un ambiente más rural, lo que digo, y también se favorece seguramente por eso.

E: Porque tú en (País sudamericano) trabajabas en (ciudad capital).

RES-COL: En (ciudad capital). En (ciudad capital). Entonces, claro, a nivel ciudad, pues nada, pero ese trato nunca lo tuve allá. O sea, ni nunca me dijo, es que esa chica, o la chica va, o la chica, la chica, o sea, no. Pues la doctora me dijo tal cosa, voy donde la doctora, la doctora asume tal cosa, lo mismo. O gracias, son cosas que acá no se ven, ¿no?

E: Sí. Cambian. Pero bueno, te acostumbras.

RES-COL: No, a mí no, me causa curiosidad y risa, digámoslo así, pero no me siento ofendida por ello, ¿no? O sea, no.

E: Muy bien. Y bueno, nos decimos últimas preguntas, ¿qué tiene que ver sobre el uso de antibióticos? Quería preguntar cuál es tu actitud profesional ante la administración de antibióticos.

RES-COL: Cuando están indicados los doy. No sé. No sé concretamente a qué te refieres.

E: Bueno, pensaba si, por ejemplo, si hay factores que pueden, claro, o sea, entiendo el factor clínico, pero si hay otros factores de tipo social que pueden condicionar tu decisión, por ejemplo, la edad del paciente, su historial...

RES-COL: No, realmente lo hago clínicamente, o sea, sí, es un factor clínico.

E: ¿No te afecta cuestiones eso, si vive en un pueblito por ahí muy lejano?

RES-COL: No, la verdad, no.

E: O a la hora de recetar un antibiótico, que no tiene acceso, por ejemplo, si tiene que volver, o ese tipo de cuestiones, ¿no?

RES-COL: Bueno, ahora también hay receta electrónica, ¿no? O sea, que el paciente va a la farmacia y recoge su tratamiento, no le implica... Lo que sí, bueno, tanto antibióticos como cualquier medicación, trato de que le quede muy claro al paciente que tiene que tomar el tratamiento y cumplir el tratamiento, ¿no? Ya. Preocúpate a falta de cumplimiento de tratamiento. La gente tiende a, si en dos días estoy mejor, suspendo, ¿no? Sí. O ya no me hace falta más. Entonces, que les quede claro que no, que tienen que cumplir el tratamiento. Pero el criterio por el que le hice un antibiótico es criterio clínico.

E: Puramente, puramente clínico. Nos han contado de todas maneras que hay pacientes que piden antibióticos. Piden antibióticos a los médicos, ¿no?

RES-COL: Sí.

E: ¿Cómo lo hacen? ¿Qué argumentos te dan para...?

RES-COL: No, es que la gente interpreta, por ejemplo, que si tiene fiebre hay que dar antibióticos. Si se encuentra muy mal hay que dar antibióticos. Y yo le explico, no, mire, esto es seguramente un proceso viral o lo que sea, no lo requiere, ¿no? Que le entiendan que no es... y que es perjudicial. Trato de explicarles eso, ¿no? Que dar un medicamento que no está indicado es bastante más perjudicial que no dar nada, ¿no? O sea, que, si no lo requiere, no lo requiere. O sea, pero bueno, ahí tampoco...

E: ¿Y cómo lo reciben ellos cuando les dices...?

RES-COL: A ver, a quien lo... puede que le guste más o menos, pero yo tampoco no voy a cambiar, no voy a formular un antibiótico si no está indicado porque el paciente se disguste. Ahí sí, no, le explico que no, que no es indicación. Está en derecho de consultar a otro profesional si quiere o lo que sea para resolver sus dudas. Pero trato de que le quede claro el por qué, ¿no?

E: En cualquier caso, no te pasa lo contrario, o sea, de pacientes que te piden, que te enseñen a tomar un antibiótico que tú crees que hay que recetar.

RES-COL: No, hay... Yo tampoco lo noto que se niegue. Lo que pasa es que, a ver, el paciente, ahí no lo vemos tanto porque el paciente se va con la receta o lo que sea y puede que no se lo tome.

E: Ya.

RES-COL: Y yo no me entero. Me refiero a que, bueno, sí, ahora parece que informáticamente lo podemos detectar si van a la farmacia y piden. Ahí puedo saber si lo pidieron en farmacia o no.

E: Ya.

RES-COL: Pero me refiero a que, claro, seguramente muchos tomarán mitad de tratamiento o igual no se lo toman. Ya. Suele pasar mucho incluso con los antiinflamatorios, no es solo el tema del antibiótico. Y la gente sí que lo manifiesta. No, es que me dieron 10 días, ¿yo qué me voy a tomar eso?

E: Ajá.

RES-COL: Y no lo toman.

E: Y lo dejan de tomar.

RES-COL: Y lo dejan de tomar.

E: En algún momento, ¿no?

RES-COL: Claro. Ajá. No cumplen el tratamiento, pero ahí no tienen manera de enterarse. O sea, el hecho de que se lleven la receta tampoco... Ah. Lo sabes por si vuelven después que ha empeorado su situación por suspender el tratamiento, te enteras, ¿no?

E: Ya.

RES-COL: Pero, bueno, hay mucha gente que...

E: ¿Y ocurre?

RES-COL: Sí, sí, sí.

E: Sí, ocurre mucho lo de suspender el...

RES-COL: Sí, lo suspenden.

E: Bueno, pues esto es todo lo que te quería preguntar. Esta última pregunta tiene que ver con nuestro proyecto porque es que, de hecho, bueno, esto es lo que te comentaba, queremos trabajar con la comunicación médico-paciente, pero estamos dentro de un proyecto mayor donde está también la Facultad de Medicina en Copenhague que están investigando sobre la resistencia a antibióticos.

RES-COL: Sí, que está grave ahora.

E: Exactamente.

RES-COL: Está aumentando mucho.

E: Entonces, esa es la cuestión que se está viendo si puede haber factores comunicativos también que de alguna manera influyen en eso, ¿no? En que se tomen más antibióticos y que eso haya creado una resistencia. Y por eso introducimos este tipo de preguntas, ¿no? También.

RES-COL: Lo que pasa es que aquí, bueno, varía mucho a... Hay mucha gente también que toma antibióticos sola, sin ir al médico. Me refiero que toman la decisión porque lo tienen en casa, porque lo tomó Fulanito o mi primo lo tomó, o mi abuela, o lo que sea.

E: O el sobro de la otra vez.

RES-COL: Y entonces me lo tomo porque como era lo mismo. Ella también era un catarro y yo tenía catarro, entonces lo toma. Y toman decisiones ahí de si tomarlo porque sí, ¿no?

E: Sí, esa es la impresión que tenemos también. Y que mucho también viene por las farmacias que te lo dispensan sin...

RES-COL: Bueno, aquí ya es más raro.

E: Es más difícil, ¿no?

RES-COL: Incluso yo siendo médico aquí he ido a farmacias para pedir tratamientos para mí, ¿no?

E: Y no te los dan.

RES-COL: O sea, tengo que justificar muchísimo. Y me digo, mire, es que es para mí. Soy médico, tal. Le pongo mi receta. O sea, es un tema personal para tratamiento. Y es difícil. Es difícil aquí encontrar una farmacia.

E: Sí, yo también lo creo. Yo también, vamos, de hecho, yo también he hecho experiencia personal de...

RES-COL: Muy difícil.

E: Que también tuve una infección y me costó horrores conseguir los medicamentos. Pero luego, sin embargo, otra gente te cuenta, que si conoces al farmacéutico, que si no sé qué, que hay gente que consigue antibióticos.

RES-COL: Lo que pasa es que antes también, no, lo que sucedía, y yo creo que era por la dispensación antigua, que daban una caja, dos cajas, y entonces la gente quedaba con...

E: Eso sí.

RES-COL: Con tratamientos de años. Y entonces era muy fácil acceder porque en casa lo tenía.

E: Lo tenía, sí.

RES-COL: No era porque... Ahora ya, yo creo que dos o tres años para acá, eso es mucho más difícil. Ahora se dan tratamientos más ajustados, los días de tratamiento no te sobran.

E: Sí, sí, sí, sí. Y todo va por...

RES-COL: La cuestión sea por también incumplimiento terapéutico. Si te van quedando cinco pastillas del anterior porque no te lo tomaste, pues vas acordando y te toman lo que quieras cuando quieras.

E: Sí, claro.

RES-COL: Eso puede ser así.

E: Ahí está la cuestión también, sí.

RES-COL: Y lo otro que, bueno, que de pronto sí que pasa, a ver, de pronto en procesos virales que no es claro el diagnóstico porque la gente va, entonces de pronto sí que el médico a veces puede dar antibiótico por si evoluciona la enfermedad y no voy a volver al paciente, pues tal, ¿no? Entonces sí se terminan dando. Y lo que yo creo, bueno, no sé qué tanto está influyendo, pero es que yo creo que hemos dado unas pautas de tratamiento siempre demasiado tiempo. O sea, demasiado tiempo el mismo antibiótico para el mismo paciente. Me refiero que volvemos y... Como que solo recorrimos a dos o tres porque son los de... Y generalmente es porque son pautas cortas, porque tal. Entonces hemos recorrido durante muchos años el mismo tratamiento. Ya se hace resistencia porque es que ya el organismo ya está más que habituado. Hay que rotar mucho más los antibióticos.

E: Claro, claro, ya veo, sí.

RES-COL: Cuando yo trabajaba en la residencia pasaba eso, que de pronto una persona tiene una infección urinaria tres o cuatro veces al año, en pacientes geriátricos es muy frecuente, y siempre les daban el mismo antibiótico. Entonces el organismo... es que la bacteria ya está más que

habituada, ya tiene resistencia. Hay que ir rotando el antibiótico. No puedo dar la misma pauta. ¿Y por qué se dan las mismas pautas? Porque es el que era seguro. O sea, sabemos que ese antibiótico es bueno y funciona, pero es que el problema es que tres o cuatro veces ya no va a funcionar.

E: Claro, claro.

RES-COL: Y parece que a veces se nos olvida eso, ¿no?

E: Claro, sí.

RES-COL: Y terminamos lo mismo, o porque es lo que hay más disponible a nivel hospitalario de antibiótico, lo que sea. Entonces recurrimos siempre al mismo antibiótico y termina habiendo resistencia.

E: Sí.

RES-COL: ¿Y esa actitud tú crees que es...? ¿Existe también en (País sudamericano) con los antibióticos? ¿Es como aquí o en otras diferencias? También por parte de la población y por parte de los médicos.

RES-COL: Yo... Es que ahora... Bueno, es que llevo bastante tiempo sin trabajar en clínica en (país sudamericano). No sé, en los últimos años, al principio tendíamos a rotarlo. Yo creo que sí rotábamos más el antibiótico que aquí.

E: Y en cuanto a la aceptación, me refiero del paciente, de tomar antibiótico...

RES-COL: Más que aquí.

E: Más aceptación.

RES-COL: La gente allá no es tan demandante como aquí en temas de salud. Y yo creo que hay más confianza con el médico. Entonces, si el médico me dice esto, yo le hago caso al médico.

E: Ah, pero entonces no lo piden, vaya.

RES-COL: No es que lo pidan, no. No.

E: Sí. ¿Y sabes cómo está la resistencia allí?

RES-COL: No, ahora no. Ya llevo tiempo que no. Sé que ha aumentado, sí, o sea, los estudios y todo está aumentando la resistencia, evidentemente.

E: Sí, sí, sí.

RES-COL: Pero bueno, pero es verdad que si tú no lo formulas, la gente no te protege. O sea, no sé. Entonces tiene más relación más cercana con el médico, no desconfía tanto del médico.

E: Ya, y acepta mejor.

RES-COL: Y yo creo que también allá nos hemos enredado mucho siempre, pero ya por formación nuestra, de explicarle a los pacientes. A mí, mira, una cosa que se me ha olvidado, pero aquí sí que he notado que el médico explica poco al paciente. Y allá nosotros, o sea, es que yo, a mí sería impensable hablar con un paciente y no decirle cuál es su diagnóstico y cuál es su tratamiento. Sí. Aquí se limita muchas veces a hacer una receta y váyase.

E: Sí, sí.

RES-COL: Pero yo, pero y la gente tampoco. Curiosamente mucha gente no pregunta. O sea, se va y después no se toma el tratamiento. O sea, si no le convence, se va y no se lo toma.

E: No se lo toma, ya.

RES-COL: Pero allá le dices, mire, tiene esto y tiene que tomar esto. Y la gente va y hace lo que dice. Es una, no sé. No sé.

E: Es curioso que estás diciendo, es que tengo un amigo que trabaja en (ciudad capital), que es dermatólogo.

RES-COL: Sí, sí.

E: En un hospital, no sé en cuál, pero dermatólogo allí.

RES-COL: Sí.

E: Y también tengo esa impresión de alguna vez que he hablado hablando con él y eso, de que, efectivamente, dedicas más tiempo a explicar, ¿no?

RES-COL: Bueno, allá también, es que allá tú tienes quince minutos por consulta, mínimo. O sea, la atención sanitaria son quince minutos. En la seguridad social. Entonces ya da pie.

E: Te da pie, sí, sí, sí.

RES-COL: O sea, no es una consulta de cinco minutos.

E: Ya.

RES-COL: O sea, entonces por lo menos, y es que es eso. Es que es básico. Yo como no le voy a decir a una persona qué es lo que le he encontrado, qué es lo que tiene y qué es lo que tenemos que hacer.

E: Sí, sí, sí, sí. Es que si no le explicas eso ya es que no le estás diciendo nada.

E: Sí.

RES-COL: No sé, no. Pero aquí, sin embargo, no hay una discusión tampoco. Bueno, los médicos yo creo que a nadie le gusta, ¿no? A la gente le gusta tener más tiempo, pero, ¿no? Por lo que nos dicen y así, pero...

RES-COL: No, que no. Sí, no sé. Yo aquí tampoco lo que te digo, no tengo experiencia en consultas y tan... Aquí no la tengo. Y bueno, yo actúo como aprendí también, es cierto.

E: ¿Con quién vas a trabajar aquí? ¿Con quién vas a estar en...?

RES-COL: Aquí con la doctora (**).

E: Ajá.

RES-COL: Aquí en concreto con ella. Pero me refiero que, claro, mi actitud será, en ese sentido, será la misma. O sea, yo tengo que explicarle al paciente. Mire, tiene esto y vamos a hacer esto. Y su tratamiento es esto y es necesario que cumpla este tratamiento. Es que es lo mínimo. Yo no consigo la forma de hacer consulta de otra forma, ¿no? Claro. Como lo aprendí así, pues lo tendré que hacer así. Y me quiero quedar con lo que pienso que es bueno, ¿no?

E: Claro, sí, sí.

RES-COL: Aprenderé lo bueno, pero...

E: Claro, por supuesto.

RES-COL: Pasar a lo que no, pues no. Y yo he tenido aquí médicos de familia. O sea, médicos que me han atendido a mí de eso. De que he ido a consultar alguna cosa y... Toma, es esto y adiós. Y adiós. Sin saber que yo sea médico o no, personal sanitario, no. O sea, y ese trato me parece... Digo, porque yo, bueno, yo porque sé.

E: Ya.

RES-COL: Pero si está en mí, pues alguien que no tiene ni idea y que... Y yo a veces, a ver, en el área en la que yo trabajaba, yo le decía, porque... Yo veía pacientes y yo decía, ¿qué le dijo el médico? ¿Qué tenía, no? No, no me dijo nada. Y, pero, ¿por qué no pregunta? Pregunte, usted está en el

derecho de preguntar. Dígame qué tengo y qué tengo que hacer. O sea, yo intento decirle a la gente que tiene que ser más proactiva con su estado de salud. Es que es mi cuerpo y es mi salud, ¿no?

E: Claro, claro, claro, claro. Sí, pero... Pero la gente lo olvida, no sé.

RES-COL: Pero, no sé, pero yo creo que también es distancia, ¿no?

E: Sí, distancia.

RES-COL: Es que da miedo a veces preguntar, o si le molesta y me contesta mal, o no sé, ¿no?

E: Sí.

RES-COL: Sí, es un trato distante.

E: Sí, también muy interesante eso, sí.

RES-COL: Sí, es que, y si pregunto y no le gusta, que también pasa a veces, ¿no? O que no hay tiempo, lo que sea, mire, tómese y después hablamos, o yo qué sé, no sé. Pero digo que, bueno, ahí influyen muchas cosas.

E: Pues muy bien, pues ha sido muy interesante escuchar tus experiencias.

APPENDIX D - QUESTIONNAIRES (2021)

Template (Galician)

Enquisa: Como se fala na súa vila?

SECCIÓN 1: Para coñecelo/a un pouco mellor

1. É home ou muller?
2. Cantos anos ten?
3. Que estudos ten acabados?
4. Vive nunha zona urbana ou rural?
5. A que se dedica (actualmente ou antes da xubilación/desemprego)?

SECCIÓN 2: Lingua de aprendizaxe e de uso

6. En que lingua aprendeu a falar?
7. En que lingua aprendeu a ler e a escribir?
8. En que lingua fala habitualmente?
9. En que lingua falan/falaban habitualmente seus pais?

SECCIÓN 3: As linguas no seu día a día

10. Actualmente, en que lingua se desenvolve mellor para: falar, ler e escribir?
11. En que lingua fala coa familia: avós, pais, irmáns, parella, fillos, netos?
12. En que lingua fala coas seguintes persoas: amigos, compañeiros de traballo/clase, xefe/a, persoal ao seu cargo no traballo, clientes?
13. En que lingua realiza as seguintes actividades: ler, ver televisión, internet ou redes sociais e escribir correos, cartas ou outros documentos?

SECCIÓN 4: Actitudes lingüísticas

14. Escala de 1 (nada de acordo) a 5 (totalmente de acordo): O galego é un ben cultural de Galicia, o galego é útil na vida privada, o galego é útil na vida profesional.
15. Onde cre que se podería usar máis galego: nos medios de comunicación, na escola, no médico, na igrexa, na administración pública, nas empresas, outro?
16. Escala de 1 (nada de acordo) a 5 (totalmente de acordo): O castelán é un ben cultural de Galicia, o castelán é útil na vida privada, o castelán é útil na vida profesional.

SECCIÓN 5: Cambio de lingua

17. Se falo cunha persoa que sabe falar castelán e galego: contéstolle sempre na miña lingua habitual; contéstolle na lingua na que me fala, sexa a miña ou non; outro.
18. Se ás veces cambia de lingua en Galicia, en que ocasións o fai (ademais de para falar con alguén que non entende galego): para comprar en tendas locais; para comprar en tendas na cidade; para falar co médico; para facer un trámite administrativo; en reunións na escola dos fillos, na comunidade de veciños, etc.; para falar cun avogado, persoal de banca, etc.

SECCIÓN 6: Falar co médico de cabeceira

19. En que lingua falan na consulta do médico de cabeceira?
20. Con que frecuencia vai ao médico de cabeceira?
21. Dende cando ten o seu médico de cabeceira actual?
22. Coincide co seu médico de cabeceira fóra da consulta?
23. Considera que pode falar con confianza co seu médico na consulta?
24. Se o médico fala en castelán, hai problemas de comunicación?
25. Se o médico cambia á lingua na que vostede fala ao inicio da consulta, sentiríase máis cómodo/a?
26. Se o médico non fala a súa lingua habitual, cambia de lingua nalgún momento da consulta?
27. Se respondeu que si á anterior pregunta, cando cambia de lingua? Opcións: para explicar algo importante; para preguntar sobre as pautas do meu tratamento; para falarlle de algo persoal; para facer unha broma; para facer énfase a miña opinión sobre algo.

SECCIÓN 7: Falar co médico no hospital

28. Cando vai á consulta dun médico especialista no hospital, en que lingua fala?
29. Se vostede fala normalmente en galego e o médico no hospital comeza a falarlle en castelán. Que fai?

Template (English)

Survey: How do you speak in your town?

SECTION 1: To get to know you a little better

1. Are you a man or a woman?
2. How old are you?
3. What studies have you completed?
4. Do you live in an urban or rural area?
5. What is your occupation (currently or before retirement/unemployment)?

SECTION 2: Language of learning and use

6. In which language did you learn to speak?
7. In which language did you learn to read and write?
8. In which language do you usually speak?
9. In which language do/did your parents usually speak?

SECTION 3: Languages in your daily life

10. Currently, in which language do you perform better in speaking, reading, and writing?
11. In which language do you speak with your family: grandparents, parents, siblings, partner, children, grandchildren?
12. In which language do you speak with the following people: friends, classmates/co-workers, boss, staff at your workplace, and clients?
13. In which language do you engage in the following activities: reading, watching television, internet or social media, and writing emails, letters, or other documents?

SECTION 4: Linguistic attitudes

14. Scale from 1 (completely disagree) to 5 (completely agree): Galician is a cultural asset of Galicia, Galician is useful in private life, Galician is useful in professional life.
15. Where do you think Galician could be used more: in the media, in school, in healthcare, in church, in public administration, in businesses, and others?
16. Scale from 1 (completely disagree) to 5 (completely agree): a) Spanish is a cultural asset of Galicia, b) Spanish is useful in private life, and c) Spanish is useful in professional life.

SECTION 5: Code-switching

17. If I speak with someone who knows how to speak both Spanish and Galician: I always answer in my habitual language; I answer in the language they speak to me, whether it's mine or not; others.
18. If you sometimes switch languages in Galicia, on what occasions do you do so (besides speaking with someone who doesn't understand Galician): for shopping at local stores; for shopping in city stores; for talking to the doctor; for administrative procedures; in meetings at your children's school, in the neighbourhood community, etc.; for speaking with a lawyer, banking personnel, etc.

SECTION 6: Talking to the family doctor

19. In which language do they speak at the family doctor's consultation?
20. How often do you go to the family doctor?
21. Since when have you had your current family doctor?
22. Do you meet your family doctor outside of consultation?
23. Do you feel you can speak confidently with your doctor during the consultations?
24. If the doctor speaks in Spanish, are there communication problems?
25. If the doctor switches to the language you speak at the beginning of the consultation, would you feel more comfortable?
26. If the doctor does not speak your habitual language, do you switch languages at any point during the consultation?
27. If you answered yes to the previous question, when do you switch languages? Options: to explain something important; to ask about the guidelines for my treatment; to talk about something personal; to make a joke; to emphasize my opinion about something.

SECTION 7: Talking to the doctor at the hospital

28. When you go to a consultation with a specialist doctor at the hospital, in which language do you speak?
29. If you usually speak in Galician and the hospital doctor starts speaking to you in Spanish, what do you do?

Data Annotation

208 Questionnaires

ID	gender	age	education_level	population	profession	learn_talk	learn_readwrite	everyday_lang	everydaylang_parents
1	W	38	H	Urban	Cultural Animator	SPA	SPA	SPA	MORESPA
2	M	40	H	Urban	Civil Servant	GAL	SPA	GAL	GAL
3	W	32	H	Rural	Administrative	BOTH	BOTH	GAL	GAL
4	W	44	H	Rural	Teacher	GAL	SPA	GAL	GAL
5	M	60	H	Rural	Professor	GAL	SPA	GAL	GAL
6	M	25	H	Rural	Industrial Design Technician	GAL	BOTH	GAL	GAL
7	W	24	H	Rural	Student	BOTH	BOTH	GAL	GAL
8	W	25	H	Rural	Kindergarten teacher	BOTH	SPA	GAL	GAL
9	W	34	M	Urban	Delivery Person	BOTH	BOTH	MOREGAL	MOREGAL
10	W	23	H	Rural	Musician	BOTH	BOTH	GAL	GAL
11	M	37	L	Rural	Self-employed	SPA	SPA	GAL	GAL
12	W	44	H	Rural	Housewife	GAL	GAL	GAL	GAL
13	W	21	M	Rural	Student	SPA	BOTH	SPA	SPA
14	W	44	H	Rural	Customer Service	BOTH	BOTH	MOREGAL	GAL
15	M	54	M	Urban	Postman	BOTH	BOTH	MORESPA	MORESPA
16	W	42	M	Rural	Administrative Assistant	GAL	BOTH	MOREGAL	GAL
17	W	43	H	Rural	Administration	BOTH	BOTH	MOREGAL	GAL
18	W	28	M	Rural	Flight Attendant	GAL	SPA	MOREGAL	GAL
19	W	41	H	Rural	Spanish Language Teacher	GAL	GAL	GAL	GAL
20	W	55	L	Rural	Cleaner	GAL	BOTH	GAL	GAL
21	W	35	H	Urban	Educator	GAL	GAL	GAL	GAL
22	W	35	H	Rural	Audiology	SPA	BOTH	MORESPA	SPA
23	M	24	M	Urban	Student	BOTH	BOTH	SPA	MORESPA

24	M	30	H	Rural	Businessman	SPA	SPA	SPA	MOREGAL
25	W	34	H	Rural	Language teacher	OTHERS	OTHERS	SPA	OTHERS
26	W	38	H	Rural	Active in public administration	GAL	BOTH	GAL	GAL
27	W	39	H	Rural	Administrative assistant	GAL	GAL	GAL	GAL
28	W	52	M	Rural	Unspecified worker	GAL	SPA	GAL	GAL
29	W	57	H	Rural	Civil servant	GAL	SPA	GAL	GAL

ID	best_talk	best_read	best_write	talkwith_grandparents	talkwith_parents	talkwith_siblings	talkwith_couple	talkwith_ownkids	talkwith_grandkids
1	SPA	BOTHSAME	BOTHSAME	SPA	SPA	SPA	SPA	SPA	
2	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL
3	GAL	SPA	SPA	GAL	GAL	GAL	GAL	GAL	GAL
4	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
5	GAL	GAL	GAL			GAL	GAL	GAL	
6	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL
7	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL		
8	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL		
9	BOTHSAME	SPA	SPA	MOREGAL	MOREGAL	MOREGAL	MOREGAL	MOREGAL	
10	GAL	BOTHSAME	BOTHSAME	GAL	GAL		GAL		
11	GAL	SPA	SPA		GAL	GAL	MOREGAL		
12	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	ID
13	SPA	BOTHSAME	SPA	SPA	SPA	SPA	SPA		
14	BOTHSAME	BOTHSAME	BOTHSAME		MOREGAL	MORESPA	MOREGAL	MOREGAL	
15	BOTHSAME	BOTHSAME	BOTHSAME	MOREGAL	MOREGAL	MOREGAL	MOREGAL	MOREGAL	MOREGAL
16	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
17	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL		MOREGAL	GAL	
18	GAL	SPA	SPA	GAL	GAL	GAL	MORESPA		
19	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
20	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
21	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	
22	SPA	SPA	SPA	SPA	SPA	SPA	SPA	SPA	SPA
23	SPA	BOTHSAME	BOTHSAME	SPA	SPA	SPA	SPA	SPA	SPA
24	SPA	SPA	SPA	MOREGAL	MOREGAL	SPA	SPA		
25	SPA	SPA	SPA				SPA		
26	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL		
27	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
28	GAL	BOTHSAME	BOTHSAME	GAL	GAL		GAL	GAL	
29	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	GAL

ID	talkwith_friends	talkwith_mates	talkwith_boss	talkwith_employees	talkwith_costumers	lang_read	lang_watchtv	lang_internet	lang_writing
1	SPA	SPA	SPA	SPA	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
2	GAL	GAL	GAL	GAL	GAL	MOREGAL	SPA	SPA	MOREGAL
3	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MORESPA
4	GAL	GAL				MORESPA	SPA	SPA	GAL
5	GAL	GAL	GAL	GAL		MOREGAL	MORESPA	MORESPA	MOREGAL
6	GAL	GAL	GAL	GAL	MORESPA	MOREGAL	MOREGAL	MORESPA	GAL
7	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	GAL
8	GAL	GAL	GAL	GAL	GAL	MORESPA	GAL	GAL	GAL
9	MORESPA	MOREGAL	MORESPA		MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
10	GAL	GAL	GAL			MOREGAL	MORESPA	MORESPA	MOREGAL
11	GAL	SPA	SPA	SPA	MORESPA	GAL	MORESPA	MORESPA	MORESPA
12	GAL	GAL	GAL	GAL	GAL	MORESPA	GAL	MORESPA	GAL
13	MORESPA	SPA				MORESPA	MORESPA	MORESPA	MORESPA
14	MOREGAL	MOREGAL	MOREGAL	MOREGAL	MORESPA	MORESPA	MORESPA	SPA	MOREGAL
15	MOREGAL	MORESPA	MOREGAL	MORESPA	MOREGAL	SPA	MORESPA	MORESPA	MOREGAL
16	MOREGAL	MORESPA	MOREGAL		MOREGAL	SPA	MORESPA	MORESPA	MORESPA
17	GAL	GAL	GAL	GAL	MOREGAL	GAL	MORESPA	MORESPA	MOREGAL
18	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	SPA	SPA	SPA	SPA
19	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MORESPA	MOREGAL
20	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MORESPA
21	GAL	GAL	GAL	GAL	GAL	MOREGAL	MORESPA	MOREGAL	MOREGAL
22	MORESPA	SPA			MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
23	SPA	SPA	SPA	SPA	MORESPA	MORESPA	MORESPA	MORESPA	SPA
24	SPA	SPA	SPA	MORESPA	SPA	SPA	SPA	MORESPA	SPA
25	SPA					SPA	MORESPA	MORESPA	SPA
26	GAL	GAL	GAL	GAL	GAL	MORESPA	SPA	MORESPA	MOREGAL
27	GAL	GAL	GAL	GAL	GAL	MOREGAL	MOREGAL	MORESPA	MOREGAL
28	MOREGAL	GAL	GAL	GAL	MOREGAL	MORESPA	MORESPA	MORESPA	MOREGAL
29	GAL	MOREGAL	MOREGAL	MOREGAL	MOREGAL	MOREGAL	MORESPA	MOREGAL	MOREGAL

ID	gal_culture	gal_private	gal_professional	spa_culture	spa_private	spa_professional	needmore_gal	needmoregal_doctor
1	5	3	3	3	3	3	MEDIA, SCHOOL	no
2	5	5	5	2	2	2	SCHOOL, DOCTOR, CHURCH, BUSINESS	yes
3	5	4	4	4	4	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
4	5	5	5	1	2	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
5	5	5	5	1	1	1	MEDIA, SCHOOL, DOCTOR, CHURCH, BUSINESS	yes
6	4	5	5	2	4	5	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
7	5	5	5	4	4	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
8	5	5	5	2	3	3	DOCTOR, CHURCH	yes
9	5	5	3	5	5	4	BUSINESS	no
10	5	5	5	2	3	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS, OTHERS	yes
11	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
12	5	5	5	5	5	5	MEDIA, DOCTOR	yes
13	5	5	5	5	5	5	MEDIA, SCHOOL, ADMINISTRATION	no
14	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
15	4	4	4	4	4	4	ADMINISTRATION	no
16	5	5	5	3	3	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
17	5	5	5	1	3	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS, OTHERS	yes
18	5	5	5	5	5	5		no
19	5	5	5	2	1	5	SCHOOL, DOCTOR, ADMINISTRATION	yes
20	5	5	5	5	4	5	MEDIA, DOCTOR, CHURCH, BUSINESS	yes
21	5	5	5	3	3	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
22	5	5	5	3	5	5	DOCTOR	yes
23	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
24	2	2	1	5	5	5		no
25	5	3	5	5	5	5	MEDIA, BUSINESS	no
26	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
27	5	5	5	3	3	3	SCHOOL, ADMINISTRATION, BUSINESS	no
28	5	5	5	2	3	4	MEDIA	yes
29	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, BUSINESS	yes

ID	accommodation	general_switching	gs_healthcare	gs_meeting	frequency_doctor	relation_doctor	doctor_community	trust_doctor
1	MATCH L INTERLOCUTOR	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	depends_topic
2	KEEP OWN L 1	Getting angry	no	no	1 to 5 VISITS/YEAR	>5 YEARS	Y	Y
3	KEEP OWN L 1	Administrative paperwork	no	no	(ALMOST) NEVER	>5 YEARS	N	depends_topic
4	KEEP OWN L 1		no	no	(ALMOST) NEVER	>5 YEARS	N	Y
5	KEEP OWN L 1	Explicit never	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	Y	Y
6	KEEP OWN L 1		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
7	KEEP OWN L 1	Non-galician receptor	no	no	1 to 5 VISITS/YEAR	<1 YEAR	N	Y
8	KEEP OWN L 1		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
9	KEEP OWN L 1	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	depends_topic
10	KEEP OWN L 1		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	N
11	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	<1 YEAR	N	depends_topic
12	KEEP OWN L 1	Bank, lawyer or similar	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
13	KEEP OWN L 1	WITH DOCTOR, Administrative paperwork	yes	no	(ALMOST) NEVER	1 to 5 YEARS	N	N
14	MATCH L INTERLOCUTOR		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	depends_topic
15	MATCH L INTERLOCUTOR		no	no	1 to 5 VISITS/YEAR	>5 YEARS	NEVER SEEN NEIGHBOR	Y
16	MATCH L INTERLOCUTOR	Meetings at school, neighborhood or similar, Bank, lawyer or similar	no	yes	(ALMOST) NEVER	>5 YEARS	N	depends_topic
17	KEEP OWN L 1	Non-galician receptor	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
18	KEEP OWN L 1	Local shops	no	no	(ALMOST) NEVER	>5 YEARS	N	Y
19	KEEP OWN L 1	Non-galician receptor	no	no	1 to 5 VISITS/YEAR		N	Y
20	KEEP OWN L 1	WITH DOCTOR, Bank, lawyer or similar	yes	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
21	KEEP OWN L 1	Administrative paperwork	no	no	(ALMOST) NEVER	<1 YEAR	N	depends_topic
22	MATCH L INTERLOCUTOR		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
23	KEEP OWN L 1		no	no	(ALMOST) NEVER	<1 YEAR	N	depends_topic
24	MATCH L INTERLOCUTOR	Local shops	no	no	1 to 5 VISITS/YEAR	>5 YEARS	NEVER SEEN NEIGHBOR	depends_topic
25	KEEP OWN L 1	Local shops	no	no	(ALMOST) NEVER	<1 YEAR	N	depends_topic
26	KEEP OWN L 1	Non-galician receptor	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
27	KEEP OWN L 1	Non-galician receptor	no	no	1 to 5 VISITS/YEAR	>5 YEARS	NEVER SEEN NEIGHBOR	Y
28	KEEP OWN L 1	Non-galician receptor	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	depends_topic
29	KEEP OWN L 1	WITH DOCTOR	yes	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	depends_topic

ID	langwith doctor	both mix	spa_problem	switchdoctor_better	switchwith doctor	switch_reason	lang_hospital	spadoctor_reaction
1	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	MIX BOTH
2	pgal_dspa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
3	both gal	no	N	INDIFERENT	no		GAL	TALK GAL
4	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
5	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
6	both gal	no	N	INDIFERENT			GAL	TALK GAL
7	both gal	no	N	INDIFERENT	no		GAL	TALK GAL
8	pgal_dspa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
9	pgal_dspa	no	N	INDIFERENT	no		MIX BOTH	MIX BOTH
10	pgal_dspa	no	N	N	yes	Non-Galician doctor	GAL	TALK GAL
11	both spa	no	N	INDIFERENT	yes		MATCH L1 DOCTOR	TALK SPA
12	pgal_dspa	no	N	INDIFERENT	yes	Important explanation, Enquires treatment	MATCH L1 DOCTOR	TALK SPA
13	both mix	yes	N	INDIFERENT	no		MIX BOTH	TALK GAL
14	both mix	yes	N	INDIFERENT	yes	Important explanation	MATCH L1 DOCTOR	TALK SPA
15	both gal	no	N	N	no		MATCH L1 DOCTOR	TALK SPA
16			N	INDIFERENT			MATCH L1 DOCTOR	TALK SPA
17	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
18	both mix	yes	N	INDIFERENT	no		MIX BOTH	MIX BOTH
19	both gal	no	N	INDIFERENT	yes	Important explanation	GAL	TALK GAL
20	both mix	yes	N	INDIFERENT	yes	Enquires treatment	GAL	MIX BOTH
21	pgal_dspa	no	N	Y	no		GAL	TALK SPA
22	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	
23	both mix	yes	N	Y	no		SPA	
24	pspa_dgal	no	N	INDIFERENT	no		SPA	TALK SPA
25	both mix	yes	N	INDIFERENT	no	Giving opinion	SPA	TALK SPA
26	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
27	both gal	no	N	Y	no	Never	GAL	TALK GAL
28	both gal	no	N	INDIFERENT	no		GAL	TALK GAL
29	pgal_dspa	no	N	INDIFERENT	yes	Important explanation	MATCH L1 DOCTOR	MIX BOTH

ID	gender	age	education_6	education_level	population	profession	learn_talk	learn_readwrite	everyday_lang	everydaylang_parents
30	W	39	Superior A	H	Rural	Administrative assistant	GAL	BOTH	GAL	GAL
31	W	39	Superior A	H	Urban	Healthcare assistant in a hospital	GAL	GAL	MOREGAL	GAL
32	W	50	Low B	L	Rural	N/A	GAL	SPA	GAL	GAL
33	W	50	Secondary A	M	Rural	Unemployed	GAL	GAL	GAL	GAL
34	W	45	Low B	L	Urban	Nursing care technician	BOTH	SPA	MORESPA	MOREGAL
35	W	24	Superior A	H	Urban	Receptionist	BOTH	BOTH	MOREGAL	MORESPA
36	W	28	Superior A	H	Rural	Primary school teacher	GAL	BOTH	GAL	GAL
37	W	44	Secondary B	M	Urban	School cleaner	SPA	SPA	MOREGAL	MOREGAL
38	W	20	Secondary B	M	Rural	University student	BOTH	BOTH	MORESPA	GAL
39	W	48	Superior B	H	Rural	Director-manager in an association and coach	SPA	BOTH	GAL	MOREGAL
40	W	42	Superior A	H	Urban	N/A	SPA	SPA	MORESPA	SPA
41	W	26	Superior A	H	Rural	Student	BOTH	BOTH	MORESPA	SPA
42	W	30	Secondary B	M	Urban	Shop assistant	BOTH	BOTH	MOREGAL	MORESPA
43	W	38	Superior A	H	Rural	Pharmacist	BOTH	SPA	MORESPA	GAL
44	M	60	Superior A	H	Urban	Civil servant	BOTH	SPA	MOREGAL	MOREGAL
45	W	25	Superior B	H	Rural	Leisure time monitor	BOTH	BOTH	MORESPA	MORESPA
46	W	51	Superior A	H	Urban	Administrative worker	SPA	SPA	MOREGAL	GAL
47	M	40	Secondary B	M	Urban	Self-employed	GAL	BOTH	GAL	GAL
48	W	45	Low B	L	Rural	Housewife	GAL	GAL	GAL	GAL
49	W	40	Secondary A	M	Rural	Surveyor	BOTH	BOTH	GAL	GAL
50	W	40	Superior A	H	Rural	Family educator	SPA	SPA	SPA	GAL
51	M	49	Secondary B	M	Urban	Administrative worker	SPA	SPA	MOREGAL	GAL
52	W	24	Secondary B	M	Rural	Technician	GAL	GAL	GAL	GAL
53	W	27	Superior A	H	Rural	Kindergarten teacher	BOTH	BOTH	GAL	GAL
54	W	45	Secondary B	M	Rural	Healthcare assistant	GAL	SPA	GAL	GAL
55	M	27	Secondary B	M	Rural	Analyst	SPA	BOTH	MORESPA	SPA

ID	best talk	best read	best write	talkwith_grandparents	talkwith_parents	talkwith_siblings	talkwith_couple	talkwith_ownkids	talkwith_grandkids
30	GAL	BOTHSAME	GAL	GAL	GAL	GAL			
31	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
32	GAL	BOTHSAME	BOTHSAME		MOREGAL	MOREGAL	MOREGAL	MOREGAL	MOREGAL
33	GAL	GAL	GAL	MOREGAL		MOREGAL	MOREGAL		
34	SPA	BOTHSAME	GAL	GAL	MOREGAL	MOREGAL	MOREGAL	MORESPA	
35	BOTHSAME	BOTHSAME	BOTHSAME	GAL	MORESPA	MORESPA	GAL		
36	GAL	BOTHSAME	GAL	GAL	GAL	GAL			
37	BOTHSAME	BOTHSAME	BOTHSAME	MOREGAL	MORESPA	MOREGAL	GAL	GAL	
38	BOTHSAME	BOTHSAME	SPA	MORESPA	MORESPA	MORESPA			
39	GAL	SPA	BOTHSAME		GAL	GAL	MORESPA		
40	BOTHSAME	BOTHSAME	SPA	MORESPA	SPA	SPA	MORESPA	MORESPA	
41	BOTHSAME	BOTHSAME	BOTHSAME	GAL	SPA		SPA		
42	BOTHSAME	BOTHSAME	BOTHSAME	MOREGAL	MOREGAL	MORESPA	GAL		
43	BOTHSAME	BOTHSAME	BOTHSAME	MORESPA	MORESPA	MORESPA	MORESPA		
44	BOTHSAME	BOTHSAME	BOTHSAME		GAL	GAL	GAL	GAL	
45	SPA	SPA	SPA	SPA	SPA	SPA			
46	BOTHSAME	BOTHSAME	BOTHSAME		MORESPA	MORESPA	GAL	GAL	
47	BOTHSAME	BOTHSAME	BOTHSAME		GAL	GAL	GAL	MOREGAL	
48	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	
49	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
50	BOTHSAME	SPA	SPA	SPA	SPA	SPA	SPA	SPA	
51	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	MORESPA	MORESPA	MORESPA	
52	GAL	GAL	GAL	GAL	GAL	GAL	GAL		
53	GAL	BOTHSAME	GAL	GAL	GAL	GAL	GAL		
54	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
55	SPA	SPA	SPA	MORESPA	SPA	SPA	MORESPA		

ID	talkwith_friends	talkwith_mates	talkwith_boss	talkwith_employees	talkwith_costumers	lang_read	lang_watchtv	lang_internet	lang_writing
30	GAL	GAL	GAL		GAL	MORESPA	MORESPA	MORESPA	GAL
31	MOREGAL	MOREGAL	MOREGAL	MOREGAL	MOREGAL	MORESPA		MORESPA	MOREGAL
32	MOREGAL					MORESPA	MOREGAL	MORESPA	MORESPA
33	MOREGAL	MOREGAL	MOREGAL			MOREGAL	MOREGAL	MOREGAL	MOREGAL
34	MORESPA	MOREGAL	MOREGAL			MOREGAL	MOREGAL	MOREGAL	GAL
35	GAL	SPA	SPA		SPA	SPA	SPA	SPA	SPA
36	GAL	GAL	GAL	GAL		MORESPA	MORESPA	MORESPA	GAL
37	MOREGAL	MOREGAL	MOREGAL			MORESPA	MORESPA	MORESPA	MORESPA
38	MORESPA	MORESPA				MORESPA	MOREGAL	MOREGAL	MORESPA
39	MOREGAL	MOREGAL	GAL	MOREGAL	MOREGAL	MORESPA	MORESPA	MORESPA	MOREGAL
40		GAL	GAL	MORESPA	MOREGAL	MORESPA	MORESPA	MOREGAL	MORESPA
41	MORESPA	MORESPA				MOREGAL	MORESPA	MORESPA	MORESPA
42	MOREGAL	MOREGAL	MORESPA		MOREGAL	MOREGAL	MORESPA	MORESPA	MORESPA
43	MORESPA	MOREGAL	MOREGAL		MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
44	GAL	MOREGAL	MOREGAL	MOREGAL		MOREGAL	MOREGAL	MOREGAL	MOREGAL
45	SPA	MORESPA	SPA			MORESPA	MORESPA	MORESPA	MORESPA
46	GAL	SPA	SPA		MORESPA	MORESPA	SPA	MORESPA	MORESPA
47	MOREGAL	MOREGAL		MOREGAL	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
48	GAL	GAL	GAL			SPA	SPA	SPA	SPA
49	GAL	GAL	GAL	GAL	GAL	MOREGAL		MORESPA	MOREGAL
50	SPA	SPA	SPA	SPA	MOREGAL	SPA	SPA	SPA	MOREGAL
51	GAL	GAL	MORESPA	GAL	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
52	GAL	GAL	GAL	GAL	MOREGAL	MORESPA	SPA	SPA	MOREGAL
53	GAL	GAL	GAL	GAL	MOREGAL	MORESPA	MORESPA	MORESPA	GAL
54	GAL	GAL	GAL	GAL	GAL	MORESPA	MOREGAL	SPA	SPA
55	MORESPA					MORESPA	MORESPA	MORESPA	MORESPA

ID	gal_culture	gal_private	gal_professional	spa_culture	spa_private	spa_professional	needmore_gal	needmoregal_doctor
30	5	5	5	2	2	3	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
31	4	4	5	4	4	4	MEDIA, ADMINISTRATION, BUSINESS	no
32	5	5	5	3	1	4		no
33	5	5	5	1	1	1	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
34	5	5	5	3	3	4	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
35	5	5	5	5	5	5	MEDIA, ADMINISTRATION	no
36	5	5	5	3	3	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
37	5	5	5	3	5	5	MEDIA, SCHOOL, ADMINISTRATION, BUSINESS	no
38	5	5	5	2	4	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
39	5	5	5	3	5	5	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
40	5	4	4	2	3	3	SCHOOL, DOCTOR	yes
41	5	5	5	3	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
42	5	5	5	3	3	3	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
43	5	5	5	4	5	5		no
44	5	5	5	3	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
45	5	5	5	3	5	5	MEDIA, SCHOOL, CHURCH, ADMINISTRATION, BUSINESS	no
46	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
47	5	4	4	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
48	5	5	4	3	1	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
49	5	5	5	1	2	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
50	5	3	5	5	3	5	MEDIA, DOCTOR, ADMINISTRATION	yes
51	5	4	3	4	4	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
52	5	5	5	3	2	5	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
53	5	5	5	3	5	4	MEDIA, SCHOOL, DOCTOR	yes
54	5	5	5	3	2	4	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
55	5	5	5	1	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes

ID	accommodation	general switching	gs healthcare	gs meeting	frequency doctor	relation doctor	doctor community	trust doctor
30	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
31	KEEP OWN L1	Non-galician receptor	no	no	(ALMOST) NEVER	>5 YEARS	N	depends_topic
32	KEEP OWN L1		no	no	(ALMOST) NEVER	>5 YEARS	N	N
33	KEEP OWN L1	Explicit never	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	depends_topic
34	MATCH L INTERLOCUTOR	Administrative paperwork, Meetings at school, neighborhood or similar	no	yes	1 to 5 VISITS/YEAR	>5 YEARS	N	depends_topic
35	MATCH L INTERLOCUTOR	Spanish-speaking interlocutor	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
36	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	depends_topic
37	MATCH L INTERLOCUTOR		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	depends_topic
38	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	<1 YEAR	N	N
39	MATCH L INTERLOCUTOR	Local shops, WITH DOCTOR	yes	no	1 to 5 VISITS/YEAR	<1 YEAR	Y	Y
40	MATCH L INTERLOCUTOR		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	N
41	MATCH L INTERLOCUTOR	Local shops, WITH DOCTOR, Meetings at school, neighborhood or similar	yes	yes	(ALMOST) NEVER	>5 YEARS	N	Y
42	MATCH L INTERLOCUTOR	Administrative paperwork, Bank, lawyer or similar	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
43	MATCH L INTERLOCUTOR	Spanish-speaking interlocutor	no	no	(ALMOST) NEVER	>5 YEARS	N	Y
44	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	<1 YEAR	N	depends_topic
45	KEEP OWN L1	Administrative paperwork	no	no	(ALMOST) NEVER	>5 YEARS	N	depends_topic
46	MATCH L INTERLOCUTOR	WITH DOCTOR	yes	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
47	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	1 to 5 YEARS	N	depends_topic
48	KEEP OWN L1	Administrative paperwork	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
49	KEEP OWN L1		no	no	(ALMOST) NEVER	<1 YEAR	N	Y
50	MATCH L INTERLOCUTOR	Administrative paperwork, Meetings at school, neighborhood or similar	no	yes	(ALMOST) NEVER	1 to 5 YEARS	N	Y
51	MATCH L INTERLOCUTOR	Shops in cities, Administrative paperwork, Bank, lawyer or similar	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
52	KEEP OWN L1		no	no	(ALMOST) NEVER	<1 YEAR	NEVER SEEN BUT NEIGHBOR	Y
53	KEEP OWN L1	Non-galician receptor	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
54	KEEP OWN L1	Explicit never	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
55	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y

ID	langwith doctor	both mix	spa problem	switchdoctor better	switchwith doctor	switch reason	lang hospital	spadoctor reaction
30	pgal_dspa	no	N	INDIFERENT			GAL	TALK GAL
31	both gal	no	N	N	yes	Non-Galician doctor	GAL	TALK GAL
32	both gal	no	N	INDIFERENT	yes	Non-Galician doctor	MATCHL1 DOCTOR	MIX BOTH
33	pgal_dspa	no	N	N	no		GAL	TALK GAL
34	both mix	yes	N	INDIFERENT	no		MATCHL1 DOCTOR	TALK GAL
35	both spa	no	N	INDIFERENT	no		MATCHL1 DOCTOR	TALK SPA
36	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
37	both mix	yes	N	INDIFERENT	yes	Enquires treatment	MIX BOTH	MIX BOTH
38	both spa	no	N	N	no		SPA	TALK GAL
39	both spa	no	N	Y	yes	Important explanation, Enquires treatment	SPA	TALK SPA
40	both mix	yes	N	INDIFERENT	yes	Giving opinion	MATCHL1 DOCTOR	MIX BOTH
41	both spa	no	N	INDIFERENT	no		MATCHL1 DOCTOR	TALK SPA
42	both mix	yes	N	INDIFERENT	no		MATCHL1 DOCTOR	TALK SPA
43	both spa	no	N	INDIFERENT	no		MATCHL1 DOCTOR	TALK SPA
44	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
45	both spa	no	N	N	no		SPA	TALK GAL
46	both spa	no	N	INDIFERENT	no		MATCHL1 DOCTOR	TALK SPA
47	both gal	no	N	INDIFERENT	yes		MATCHL1 DOCTOR	TALK SPA
48	pgal_dspa	no	N	INDIFERENT	yes	Important explanation, Enquires treatment, Personal topic, Giving opinion	MATCHL1 DOCTOR	MIX BOTH
49	both gal	no	N	INDIFERENT	no		GAL	TALK GAL
50	both spa	no	N	INDIFERENT	no		SPA	TALK SPA
51	both spa	no	N	INDIFERENT	yes	Speak same language from beginning	MATCHL1 DOCTOR	TALK SPA
52	both mix	yes	N	INDIFERENT	yes	Important explanation	MATCHL1 DOCTOR	MIX BOTH
53	both gal	no	N	INDIFERENT	no		GAL	TALK GAL
54	both gal	no	N	INDIFERENT	no		GAL	TALK GAL
55	both gal	no	N	INDIFERENT	yes		MATCHL1 DOCTOR	TALK SPA

ID	gender	age	education 6	education_level	population	profession	learn_talk	learn_readwrite	everyday_lang	everydaylang_parents
56	W	40	Superior A	H	Rural	Lawyer	GAL	BOTH	MOREGAL	GAL
57	W	40	Superior A	H	Urban	Administrative assistant	GAL	BOTH	MOREGAL	GAL
58	W	36	Superior A	H	Rural	Physiotherapist	SPA	OTHERS	GAL	GAL
59	W	47	Secondary B	M	Urban	Nursing assistant	SPA	SPA	MORESPA	MOREGAL
60	W	38	Secondary A	M	Rural	Hospitality industry	BOTH	SPA	MORESPA	MOREGAL
61	W	41	Superior A	H	Rural	Administrative assistant	GAL	SPA	GAL	GAL
62	M	54	Secondary B	M	Rural	Factory operator	BOTH	SPA	GAL	GAL
63	W	26	Superior A	H	Urban	Student	SPA	SPA	SPA	SPA
64	M	19	Superior A	H	Rural	Student	GAL	GAL	GAL	GAL
65	W	24	Superior A	H	Rural	University student	GAL	GAL	GAL	GAL
66	M	48	Secondary B	M	Rural	N/A	GAL	SPA	GAL	GAL
67	W	41	Secondary B	M	Urban	Factory worker	GAL	BOTH	GAL	GAL
68	M	33	Secondary B	M	Urban	Aluminum factory	SPA	SPA	MOREGAL	SPA
69	W	43	Secondary B	M	Rural	Manager children's boutique	BOTH	BOTH	GAL	GAL
70	M	34	Superior A	H	Rural	Aluminum company worker	BOTH	BOTH	GAL	GAL
71	M	28	Secondary B	M	Rural	Shop assistant	GAL	GAL	GAL	GAL
72	W	34	Superior A	H	Rural	Laboratory technician	GAL	BOTH	GAL	GAL
73	W	48	Secondary B	M	Rural	Unemployed	GAL	SPA	GAL	GAL
74	W	35	Superior A	H	Rural	Administrative assistant	GAL	BOTH	GAL	GAL
75	W	50	Superior A	H	Urban	Educator	SPA	SPA	GAL	MORESPA
76	W	25	Superior B	H	Rural	Student	GAL	BOTH	GAL	GAL
77	W	34	Superior A	H	Rural	Camping manager	GAL	BOTH	GAL	GAL
78	W	33	Secondary A	M	Rural	Factory worker	GAL	GAL	GAL	GAL
79	W	42	Secondary A	M	Urban	Factory worker	BOTH	BOTH	GAL	MOREGAL
80	W	34	Secondary A	M	Rural	Waitress	BOTH	SPA	MORESPA	SPA
81	W	36	Superior B	H	Rural	Lawyer	SPA	SPA	SPA	MOREGAL
82	W	28	Superior A	H	Rural	Hospitality industry	GAL	SPA	GAL	GAL

ID	best talk	best read	best write	talkwith_grandparents	talkwith_parents	talkwith_siblings	talkwith_couple	talkwith_ownkids	talkwith_grandkids
56	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL		
57	BOTHSAME	SPA	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
58	GAL	BOTHSAME	SPA	GAL	GAL	GAL	GAL	GAL	GAL
59	SPA	SPA	SPA	SPA	SPA	SPA	SPA	SPA	SPA
60	BOTHSAME	BOTHSAME	BOTHSAME		MORESPA				
61	GAL	SPA	BOTHSAME	GAL	GAL	GAL	MOREGAL	MOREGAL	
62	GAL	GAL	GAL		GAL	GAL	GAL	MOREGAL	
63	SPA	SPA	SPA	SPA	SPA	SPA	SPA		
64	GAL	SPA	SPA	GAL	GAL	GAL	GAL	GAL	GAL
65	GAL	GAL	GAL	GAL	GAL	GAL	GAL		
66	GAL	SPA	GAL	GAL	GAL	GAL	GAL	GAL	GAL
67	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL		
68	BOTHSAME	BOTHSAME	BOTHSAME	SPA	SPA	SPA			
69	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
70	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL		
71	GAL	BOTHSAME	GAL	GAL	GAL	GAL	GAL		
72	GAL	GAL	GAL	GAL	GAL	GAL	GAL		
73	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
74	GAL	BOTHSAME	BOTHSAME	GAL	GAL		GAL	MORESPA	
75	BOTHSAME	BOTHSAME	BOTHSAME			MORESPA	GAL	GAL	
76	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL
77	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
78	GAL	SPA	GAL	GAL	GAL	GAL	GAL	GAL	
79	GAL	SPA	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
80	BOTHSAME	BOTHSAME	BOTHSAME	MORESPA	MORESPA	MORESPA	MORESPA		
81	SPA	SPA	SPA	SPA	SPA	SPA	SPA		
82	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL		

ID	talkwith_friends	talkwith_mates	talkwith_boss	talkwith_employees	talkwith_costumers	lang_read	lang_watchtv	lang_internet	lang_writing
56	MOREGAL	MOREGAL	GAL	MOREGAL	MOREGAL	SPA	SPA	SPA	MORESPA
57	GAL	MOREGAL	MORESPA		MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
58	GAL	GAL	GAL	GAL	GAL	SPA	SPA	SPA	SPA
59	SPA	SPA	SPA	SPA	SPA	SPA	SPA	SPA	SPA
60	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MOREGAL	SPA	SPA	MORESPA
61	MOREGAL	MOREGAL	MOREGAL			SPA	MORESPA	MORESPA	MOREGAL
62	GAL	GAL	GAL	GAL		MORESPA	MORESPA	SPA	MOREGAL
63	SPA	SPA	SPA			SPA		MORESPA	SPA
64	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	SPA	MOREGAL
65	GAL	GAL	GAL	GAL	GAL	GAL	MORESPA	MOREGAL	GAL
66	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MOREGAL
67	GAL	GAL	GAL	GAL		MORESPA	MORESPA	MORESPA	GAL
68	GAL	GAL	GAL	GAL		MORESPA	SPA	MORESPA	SPA
69	MOREGAL	MOREGAL		MOREGAL	MOREGAL	MORESPA	MOREGAL	MORESPA	MOREGAL
70	GAL	GAL	GAL	MOREGAL	MOREGAL	MOREGAL	MORESPA	MORESPA	MORESPA
71	GAL	GAL	GAL	GAL	MOREGAL	GAL	MOREGAL	SPA	MORESPA
72	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
73	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MORESPA
74	MOREGAL	MOREGAL	GAL		MOREGAL	SPA	SPA	SPA	MORESPA
75	GAL	GAL	GAL	GAL	MOREGAL	MORESPA	SPA	MORESPA	MOREGAL
76	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	GAL
77	GAL	GAL		GAL	MOREGAL	SPA	SPA	SPA	GAL
78	GAL	GAL	GAL	GAL	GAL	MORESPA	SPA	MORESPA	MOREGAL
79	GAL	GAL	GAL	GAL		SPA	SPA	SPA	SPA
80	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
81	SPA	SPA		SPA	SPA	SPA	SPA	SPA	SPA
82	GAL	MOREGAL	MORESPA	MOREGAL	MORESPA	GAL	MORESPA	MOREGAL	MORESPA

ID	gal_culture	gal_private	gal_professional	spa_culture	spa_private	spa_professional	needmore_gal	needmoregal_doctor
56	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
57	5	4	4	5	5	3	SCHOOL, BUSINESS	no
58	5	5	5	3	3	3	MEDIA, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
59	5	2	2	5	5	5		no
60	5	5	5	5	4	5	MEDIA, SCHOOL, ADMINISTRATION	no
61	5	3	3	2	4	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
62	5	4	3	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
63	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
64	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
65	5	5	5	3	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
66	5	5	5	3	5	5	MEDIA, SCHOOL, ADMINISTRATION, BUSINESS	no
67	5	5	5	1	5	5	MEDIA, ADMINISTRATION, OTHERS	no
68	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
69	5	5	5	3	3	5	DOCTOR, ADMINISTRATION	yes
70	5	4	4	2	3	5	MEDIA	no
71	5	5	5	1	1	3	MEDIA	no
72	5	5	5	2	2	2	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
73	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
74	5	4	4	5	4	4	SCHOOL	no
75	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
76	5	5	5	1	1	3	MEDIA, SCHOOL, BUSINESS	no
77	5	5	5	2	3	4	MEDIA, SCHOOL, DOCTOR, CHURCH	yes
78	4	4	3	1	3	4	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
79	5	5	5	5	5	5		no
80	5	5	5	3	3	5	MEDIA, ADMINISTRATION	no
81	5	5	3	5	5	5	MEDIA, ADMINISTRATION, BUSINESS	no
82	5	5	5	2	4	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS, OTHERS	yes

ID	accommodation	general_switching	gs_healthcare	gs_meeting	frequency_doctor	relation_doctor	doctor_community	trust_doctor
56	MATCH L INTERLOCUTOR		no	no	>5 VISITS/YEAR	>5 YEARS	N	Y
57	KEEP OWN L1		no	no	(ALMOST) NEVER	1 to 5 YEARS	N	depends_topic
58	KEEP OWN L1	Writing	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
59	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	>5 YEARS	Y	Y
60	MATCH L INTERLOCUTOR		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
61	KEEP OWN L1	Non-galician receptor	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	depends_topic
62	KEEP OWN L1	Spanish-speaking interlocutor	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	N
63	KEEP OWN L1		no	no	>5 VISITS/YEAR	>5 YEARS	N	Y
64	KEEP OWN L1	Bank, lawyer or similar	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	N
65	KEEP OWN L1		no	no	>5 VISITS/YEAR	>5 YEARS	N	Y
66	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
67	KEEP OWN L1	Non-galician receptor	no	no	>5 VISITS/YEAR	<1 YEAR	N	Y
68	MATCH L INTERLOCUTOR	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
69	MATCH L INTERLOCUTOR	WITH DOCTOR	yes	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	depends_topic
70	KEEP OWN L1	WITH DOCTOR	yes	no	(ALMOST) NEVER	>5 YEARS	N	depends_topic
71	KEEP OWN L1	Non-Galician interlocutor	no	no	>5 VISITS/YEAR	1 to 5 YEARS	Y	Y
72	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
73	KEEP OWN L1	WITH DOCTOR, Administrative paperwork	yes	no	>5 VISITS/YEAR	>5 YEARS	Y	Y
74	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	>5 YEARS	N	N
75	KEEP OWN L1	Non-galician receptor	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
76	KEEP OWN L1	Non-galician receptor	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	depends_topic
77	KEEP OWN L1	Non-galician receptor	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	depends_topic
78	KEEP OWN L1	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	N
79	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
80	MATCH L INTERLOCUTOR	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	Y	Y
81	KEEP OWN L1	Anecdotes	no	no	>5 VISITS/YEAR	1 to 5 YEARS	N	Y
82	KEEP OWN L1	Spanish-speaking interlocutor	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	N

ID	langwithh_doctor	both_mix	spa_problem	switchdoctor_better	switchwithh_doctor	switch_reason	lang_hospital	spadoctor_reaction
56	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
57	both gal	no	N	INDIFERENT	yes	Important explanation, Enquires treatment	MATCH L1 DOCTOR	TALK SPA
58	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
59	both spa	no	N	N	no		SPA	MIX BOTH
60	both mix	yes	N	INDIFERENT	no		MATCH L1 DOCTOR	MIX BOTH
61	pgal_dspa	no	N	Y	yes	Not being aware of it	MATCH L1 DOCTOR	TALK SPA
62	both gal	no	N	INDIFERENT	yes	Enquires treatment	GAL	TALK SPA
63	both spa	no	N	INDIFERENT	no		SPA	
64	pgal_dspa	no	Y	Y	yes	Important explanation	GAL	TALK GAL
65	pgal_dspa	no	N	Y	no		GAL	TALK GAL
66	pgal_dspa	no	N	Y	no		GAL	TALK GAL
67	both gal	no	N	INDIFERENT	no		GAL	TALK GAL
68	both gal	no	N	INDIFERENT	yes	Important explanation, Enquires treatment, Personal topic	MIX BOTH	TALK SPA
69	both gal	no	N	Y	yes	Important explanation, Enquires treatment, Personal topic, Joking, Giving opinion	MATCH L1 DOCTOR	TALK SPA
70	both spa	no	N	INDIFERENT	yes	Important explanation, Enquires treatment, Personal topic, Joking, Giving opinion	MATCH L1 DOCTOR	TALK SPA
71	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
72	both gal	no	N	N	no		GAL	TALK GAL
73	pgal_dspa	no	N	Y	no		MATCH L1 DOCTOR	TALK SPA
74	pgal_dspa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
75	pgal_dspa	no	N	Y	no		GAL	TALK GAL
76	pgal_dspa	no	N	Y	no	Joking	GAL	TALK GAL
77	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK SPA
78	pgal_dspa	no	N	INDIFERENT	no		MIX BOTH	MIX BOTH
79	both gal	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
80	both spa	no	N	INDIFERENT	no	Important explanation	SPA	TALK SPA
81	both spa	no	N	INDIFERENT	no		SPA	
82	both gal	no	N	Y	no		MIX BOTH	MIX BOTH

ID	gender	age	education_6	education_level	population	profession	learn_talk	learn_readwrite	everyday_lang	everydaylang_parents
83	W	57	Secondary B	M	Urban	Administrative assistant	SPA	SPA	GAL	GAL
84	W	52	Secondary B	M	Urban	Administrative assistant	BOTH	SPA	MOREGAL	GAL
85	W	31	Secondary B	M	Rural	Clinic assistant	GAL	BOTH	GAL	GAL
86	M	35	Superior A	H	Rural	Self-employed	BOTH	BOTH	MORESPA	MORESPA
87	W	65	Secondary A	M	Rural	Cleaner	BOTH	BOTH	GAL	GAL
88	W	56	Low B	L	Urban	Work in an aluminum factory	BOTH	BOTH	MORESPA	GAL
89	W	36	Superior A	H	Rural	Unspecified worker	GAL	SPA	GAL	GAL
90	W	23	Superior B	H	Rural	Student	GAL	BOTH	GAL	GAL
91	W	26	Superior B	H	Rural	Marketing technician	GAL	GAL	GAL	GAL
92	W	24	Superior B	H	Rural	Student competitive exams	GAL	BOTH	GAL	GAL
93	W	42	Superior A	H	Rural	Hospitality, education	OTHERS	OTHERS	MORESPA	OTHERS
94	W	25	Secondary A	M	Rural	Student	BOTH	BOTH	GAL	GAL
95	W	46	Secondary B	M	Urban	Customer service	SPA	SPA	MOREGAL	MORESPA
96	W	40	Superior A	H	Rural	Kindergarten teacher	GAL	BOTH	GAL	GAL
97	W	27	Superior A	H	Rural	Physiotherapist	BOTH	BOTH	GAL	GAL
98	W	25	Secondary B	M	Rural	Administrative assistant	SPA	GAL	GAL	GAL
99	M	24	Superior A	H	Rural	Welder	GAL	BOTH	GAL	GAL
100	W	55	Secondary B	M	Rural	Civil servant	SPA	SPA	MORESPA	MORESPA
101	W	37	Superior A	H	Rural	Social worker	GAL	BOTH	GAL	GAL
102	W	26	Superior A	H	Rural	Job seeker	SPA	BOTH	MORESPA	MORESPA
103	W	49	Secondary B	M	Rural	Nursing assistant	BOTH	BOTH	GAL	GAL
104	W	37	Superior A	H	Rural	Shop assistant	GAL	GAL	MOREGAL	GAL
105	W	41	Secondary B	M	Urban	Textile worker	GAL	BOTH	MOREGAL	GAL
106	W	23	Low B	L	Urban	Waitress	BOTH	BOTH	MOREGAL	GAL

ID	best talk	best read	best write	talkwith_grandparents	talkwith_parents	talkwith_siblings	talkwith_couple	talkwith_ownkids	talkwith_grandkids
83	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
84	BOTHSAME	SPA	SPA	MORESPA	MORESPA	MORESPA	MOREGAL	MORESPA	MORESPA
85	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
86	SPA	SPA	SPA	MOREGAL	SPA	SPA	SPA	MOREGAL	MORESPA
87	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL
88	BOTHSAME	BOTHSAME	BOTHSAME			MORESPA	MORESPA	MORESPA	MORESPA
89	GAL	SPA	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
90	GAL	GAL	GAL	GAL	GAL	GAL			
91	GAL	GAL	SPA	GAL	GAL	GAL	GAL	GAL	GAL
92	GAL	BOTHSAME	SPA	GAL	GAL	GAL	GAL		
93	SPA	BOTHSAME	BOTHSAME				MORESPA	MORESPA	
94	GAL	GAL	GAL	GAL	GAL	GAL	GAL		
95	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	SPA	SPA		
96	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	GAL
97	GAL	BOTHSAME	GAL	GAL	GAL	GAL	GAL		
98	GAL	SPA	SPA	GAL	GAL	GAL	GAL	GAL	GAL
99	GAL	SPA	SPA	GAL	GAL	GAL	GAL		
100	SPA	SPA	SPA	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
101	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	GAL
102	BOTHSAME	BOTHSAME	BOTHSAME	MORESPA	MORESPA	SPA	GAL		
103	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	GAL
104	GAL	SPA	SPA	GAL	GAL		GAL	GAL	
105	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
106	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	MORESPA		

ID	talkwith_friends	talkwith_mates	talkwith_boss	talkwith_employees	talkwith_costumers	lang_read	lang_watchtv	lang_internet	lang_writing
83	GAL	GAL	GAL			MOREGAL	MOREGAL	MORESPA	GAL
84	MORESPA	MOREGAL	MOREGAL	MOREGAL	MORESPA	SPA	SPA	SPA	SPA
85	GAL	GAL	GAL		GAL	SPA	SPA	SPA	MOREGAL
86	SPA	SPA	SPA	SPA	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
87	GAL	GAL	GAL	GAL	GAL	MOREGAL	MORESPA	MORESPA	MOREGAL
88	MORESPA	MOREGAL	MOREGAL			MORESPA	MORESPA	MORESPA	MORESPA
89	GAL		GAL			MORESPA	MORESPA	SPA	MORESPA
90	GAL	GAL				MORESPA	MORESPA	MORESPA	
91	GAL	MOREGAL	MORESPA	MOREGAL	MORESPA	MORESPA	SPA	MORESPA	MORESPA
92	GAL	GAL				MORESPA	SPA	GAL	MOREGAL
93	MORESPA	MORESPA	MORESPA		MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
94	GAL	GAL	GAL	GAL	GAL	GAL	MORESPA	GAL	GAL
95	MORESPA	MOREGAL	SPA	SPA	MORESPA	SPA	MOREGAL	SPA	MORESPA
96	GAL	GAL	GAL	GAL	GAL	MORESPA	SPA	MORESPA	MOREGAL
97	GAL	GAL	GAL	GAL	GAL	GAL	MORESPA	GAL	GAL
98	GAL	GAL	GAL	GAL	GAL	GAL	MORESPA	GAL	MORESPA
99	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MORESPA
100	MORESPA	MOREGAL	MORESPA	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
101	GAL	GAL	GAL	GAL	MORESPA	MORESPA	GAL	MORESPA	GAL
102	MOREGAL	MORESPA				MOREGAL	SPA	SPA	MOREGAL
103	GAL	GAL	GAL	GAL	GAL	MOREGAL	MOREGAL	MOREGAL	MOREGAL
104	GAL	MOREGAL	MOREGAL	MOREGAL	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
105	MOREGAL	MOREGAL				MORESPA	MORESPA	GAL	MOREGAL
106	MOREGAL	MOREGAL	GAL	GAL	MOREGAL	MORESPA	SPA	MORESPA	MORESPA

ID	gal_culture	gal_private	gal_professional	spa_culture	spa_private	spa_professional	needmore_gal	needmoregal_doctor
83	5	5	5	5	1	1	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
84	5	5	4	4	4	4	DOCTOR	yes
85	5	5	5	4	5	5	MEDIA	no
86	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
87	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, BUSINESS	yes
88	5	3	3	5	3	3		no
89	5	5	5	2	1	1	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION	yes
90	5	5	5	5	5	3	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
91	5	5	5	2	4	5	MEDIA, SCHOOL, DOCTOR, BUSINESS	yes
92	5	5	4	2	2	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
93	5	5	5	3	5	5	MEDIA, SCHOOL, ADMINISTRATION	no
94	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
95	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
96	5	5	5	2	5	5	MEDIA, DOCTOR, CHURCH	yes
97	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
98	5	5	5	3	3	4	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION	yes
99	5	5	5	1	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
100	5	5	5	3	5	5	ADMINISTRATION	no
101	5	5	5	1	3	3	MEDIA, SCHOOL, ADMINISTRATION, BUSINESS	no
102	5	5	5	3	4	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
103	5	5	5	3	3	3	MEDIA	no
104	4	4	4	4	4	4	SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
105	5	5	5	3	3	3	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
106	5	4	5	1	3	4	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes

ID	accommodation	general_switching	gs_healthcare	gs_meeting	frequency_doctor	relation_doctor	doctor_community	trust_doctor
83	KEEP OWN L1	Non-galician receptor	no	no	>5 VISITS/YEAR	>5 YEARS	N	Y
84	MATCH L INTERLOCUTOR	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
85	MATCH L INTERLOCUTOR		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	N
86	MATCH L INTERLOCUTOR	Local shops, Shops in cities, WITH DOCTOR, Administrative paperwork, Meetings at school, neighborhood or similar, Bank, lawyer or similar	yes	yes	(ALMOST) NEVER	<1 YEAR	N	Y
87	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	depends_topic
88	MATCH L INTERLOCUTOR	Spanish-speaking interlocutor	no	no	>5 VISITS/YEAR	>5 YEARS	N	depends_topic
89	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	N
90	KEEP OWN L1	Explicit never	no	no	1 to 5 VISITS/YEAR	<1 YEAR	N	Y
91	KEEP OWN L1	Administrative paperwork	no	no	(ALMOST) NEVER	<1 YEAR	N	depends_topic
92	KEEP OWN L1	Administrative paperwork	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
93	KEEP OWN L1		no	no	(ALMOST) NEVER	1 to 5 YEARS	N	depends_topic
94	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
95	MATCH L INTERLOCUTOR	Spanish-speaking interlocutor	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
96	KEEP OWN L1	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
97	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
98	KEEP OWN L1	Explicit never	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
99	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	<1 YEAR	N	Y
100	MATCH L INTERLOCUTOR	Local shops, Administrative paperwork, Meetings at school, neighborhood or similar	no	yes	>5 VISITS/YEAR	>5 YEARS	Y	Y
101	KEEP OWN L1		no	no	(ALMOST) NEVER	<1 YEAR	N	Y
102	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
103	KEEP OWN L1	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
104	MATCH L INTERLOCUTOR	Local shops, Shops in cities, WITH DOCTOR, Administrative paperwork, Meetings at school, neighborhood or similar, Bank, lawyer or similar	yes	yes	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
105	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	depends_topic
106	MATCH L INTERLOCUTOR		no	no	>5 VISITS/YEAR	>5 YEARS	N	depends_topic

ID	langwith_ doctor	both_mix	spa_problem	switchdoctor_better	switchwith_ doctor	switch_reason	lang_hospital	spadoctor_reaction
83	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
84	both spa	no	N	INDIFERENT	yes	Enquires treatment	MATCH L1 DOCTOR	TALK SPA
85	both gal	no	N	N	no		GAL	TALK GAL
86	both mix	yes	N	INDIFERENT	yes	Important explanation, Enquires treatment	SPA	MIX BOTH
87	both gal	no	N	Y	no		GAL	TALK GAL
88	both spa	no	N	INDIFERENT	yes	Important explanation	MATCH L1 DOCTOR	TALK SPA
89	pgal_dspa	no	N	Y	no		GAL	TALK GAL
90	pgal_dspa	no	N	N	no		GAL	TALK GAL
91	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
92	pgal_dspa	no	N	Y	no		GAL	TALK GAL
93	both mix	yes	N	INDIFERENT	yes	Important explanation, Enquires treatment, Personal topic, Joking, Giving opinion	MIX BOTH	
94	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
95	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
96	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
97	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
98	pgal_dspa	no	N	INDIFERENT	no	Never	GAL	TALK GAL
99	pgal_dspa	no	N	Y	no		GAL	TALK GAL
100	both mix	yes	N	INDIFERENT	no		MIX BOTH	TALK SPA
101	pgal_dspa	no	N	Y	no		GAL	TALK GAL
102	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
103	both gal	no	N	INDIFERENT	no		GAL	TALK GAL
104	both gal	no	N	INDIFERENT	no		MATCH L1 DOCTOR	MIX BOTH
105	pgal_dspa	no	N	Y	no		GAL	TALK GAL
106	both gal	no	N	INDIFERENT	yes	Important explanation, Enquires treatment, Personal topic, Joking, Giving opinion	MATCH L1 DOCTOR	TALK SPA

ID	gender	age	education_6	education_level	population	profession	learn_talk	learn_readwrite	everyday_lang	everydaylang_parents
107	W	33	Superior B	H	Rural	N/A	BOTH	BOTH	MORESPA	MORESPA
108	M	29	Superior A	H	Rural	Social worker	GAL	BOTH	GAL	GAL
109	W	25	Superior A	H	Rural	Administrative worker and student competitive exams	SPA	SPA	GAL	MOREGAL
110	W	38	Superior A	H	Rural	Shellfish gatherer	GAL	SPA	GAL	GAL
111	W	55	Low B	L	Urban	Housekeeper	BOTH	SPA	MOREGAL	GAL
112	M	25	Superior A	H	Urban	Web developer	BOTH	BOTH	GAL	GAL
113	W	40	Secondary A	M	Urban	Cashier	GAL	SPA	GAL	GAL
114	W	53	Superior B	H	Rural	High school teacher	GAL	BOTH	GAL	GAL
115	W	24	Secondary A	M	Rural	Gardener	SPA	SPA	MORESPA	SPA
116	W	44	Secondary B	M	Urban	Salesperson and student competitive exams	GAL	GAL	GAL	GAL
117	M	37	Superior A	H	Urban	N/A	SPA	GAL	GAL	GAL
118	M	30	Superior A	H	Rural	Project manager	GAL	OTHERS	GAL	GAL
119	W	46	Low B	L	Rural	Housewife	SPA	SPA	MORESPA	SPA
120	W	59	Low B	L	Rural	Unemployment	GAL	SPA	MOREGAL	GAL
121	M	44	Secondary B	M	Rural	Transportation worker	SPA	BOTH	SPA	SPA
122	M	56	Low B	L	Rural	Driver	BOTH	SPA	MOREGAL	GAL
123	W	55	Superior A	H	Rural	Employee in a private company	BOTH	SPA	GAL	GAL
124	W	49	Secondary A	M	Rural	Administration	BOTH	SPA	MORESPA	GAL
125	W	23	Superior B	H	Rural	Teacher	GAL	GAL	GAL	GAL
126	M	62	Superior A	H	Rural	Topographer	GAL	SPA	GAL	GAL
127	W	27	Superior A	H	Rural	Kindergarten teacher	GAL	GAL	GAL	GAL
128	W	49	Superior A	H	Rural	Administration	GAL	BOTH	GAL	GAL
129	W	46	Superior A	H	Rural	Journalist	GAL	GAL	GAL	GAL
130	M	27	Superior B	H	Urban	NGO worker with vulnerable groups	BOTH	BOTH	SPA	SPA
131	M	49	Secondary B	M	Urban	Administration	BOTH	BOTH	MORESPA	MORESPA
132	M	44	Superior A	H	Rural	Salesperson	SPA	SPA	MORESPA	

ID	best_talk	best_read	best_write	talkwith_grandparents	talkwith_parents	talkwith_siblings	talkwith_couple	talkwith_ownkids	talkwith_grandkids
107	BOTHSAME	SPA	SPA	MOREGAL	MORESPA	MORESPA	GAL		
108	GAL	SPA	GAL	GAL	GAL	GAL	GAL		
109	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL		
110	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
111	GAL	BOTHSAME	BOTHSAME		GAL	MORESPA	GAL	SPA	
112	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL
113	GAL	SPA	GAL	GAL	GAL	GAL	GAL	GAL	
114	GAL	BOTHSAME	GAL	GAL	GAL	GAL	GAL	GAL	GAL
115	SPA	BOTHSAME	BOTHSAME	SPA	SPA	SPA	MOREGAL		
116	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
117	GAL	BOTHSAME	SPA	GAL	GAL	GAL	MORESPA		
118	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	GAL
119	BOTHSAME	BOTHSAME	SPA	MORESPA	SPA	SPA	MOREGAL		
120	BOTHSAME				GAL	GAL	GAL	MORESPA	MORESPA
121	BOTHSAME	BOTHSAME	SPA	GAL	SPA	SPA	SPA	SPA	
122	GAL	BOTHSAME	SPA		MOREGAL	MOREGAL	MORESPA	MORESPA	
123	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
124	BOTHSAME	BOTHSAME	SPA	GAL	GAL	MOREGAL	MORESPA	GAL	GAL
125	GAL	GAL	GAL	GAL	GAL		GAL		
126	GAL	BOTHSAME	BOTHSAME				GAL	GAL	GAL
127	GAL	GAL	GAL	GAL	GAL	GAL	GAL		
128	GAL	BOTHSAME	GAL	GAL	GAL	GAL	GAL	GAL	
129	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	
130	BOTHSAME	BOTHSAME	BOTHSAME	SPA	SPA	SPA			
131	BOTHSAME	SPA	SPA	MORESPA	MORESPA	MORESPA	MORESPA		
132	BOTHSAME	SPA	SPA	GAL		SPA	SPA	SPA	

ID	talkwith_friends	talkwith_mates	talkwith_boss	talkwith_employees	talkwith_costumers	lang_read	lang_watchtv	lang_internet	lang_writing
107	MORESPA	MORESPA	MORESPA		MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
108	MOREGAL	MOREGAL		GAL	MOREGAL	MORESPA	MORESPA	MORESPA	MOREGAL
109	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	GAL
110	GAL	GAL				MOREGAL	MORESPA	MOREGAL	MOREGAL
111	MOREGAL	MOREGAL	MOREGAL			MORESPA	MORESPA	MORESPA	MORESPA
112	GAL	GAL	GAL	GAL	GAL	MORESPA	MOREGAL	GAL	GAL
113	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MORESPA
114	GAL	GAL	GAL	GAL		GAL	MORESPA	MORESPA	GAL
115	MOREGAL	MOREGAL	MORESPA	MORESPA	MOREGAL	MOREGAL	SPA	MORESPA	MORESPA
116	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	GAL
117	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MORESPA
118	GAL	MOREGAL	GAL	MOREGAL	MORESPA	MORESPA	MORESPA	MOREGAL	MORESPA
119	MORESPA					MORESPA	SPA	MORESPA	SPA
120	GAL	GAL	GAL		GAL	SPA	SPA	SPA	SPA
121	SPA	MORESPA	MOREGAL		SPA	SPA	SPA	SPA	SPA
122	GAL	GAL	GAL	GAL	GAL		SPA	MORESPA	MORESPA
123	GAL	GAL		GAL	MORESPA	MOREGAL	MORESPA	MORESPA	MOREGAL
124	MORESPA	MOREGAL	MORESPA	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
125	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MOREGAL
126	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MOREGAL	MOREGAL
127	GAL	GAL	GAL	GAL	GAL	MOREGAL	MORESPA	SPA	MOREGAL
128	GAL	GAL	GAL		GAL	MORESPA	MORESPA	MORESPA	GAL
129	GAL	GAL	GAL			MORESPA	MORESPA	MORESPA	GAL
130	MORESPA	SPA	SPA	SPA	SPA	MORESPA		MORESPA	SPA
131	MORESPA	MORESPA	MORESPA		MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
132	MORESPA	SPA	SPA			SPA	SPA	SPA	SPA

ID	gal_culture	gal_private	gal_professional	spa_culture	spa_private	spa_professional	needmore_gal	needmoregal_doctor
107	5	5	5	3	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
108	5	5	5	3	5	5	MEDIA, ADMINISTRATION, BUSINESS	no
109	5	5	5	3	4	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
110	5	5	5	1	3	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS, OTHERS	yes
111	5	4	3	5	3	3	BUSINESS	no
112	5	5	5	1	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
113	5	5	5	5	4	5	BUSINESS	no
114	5	5	5	4	3	3	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
115	4	4	5	4	4	4	MEDIA, SCHOOL, CHURCH, ADMINISTRATION	no
116	5	5	5	3	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
117	5	5	5	1	5	5	MEDIA, SCHOOL, ADMINISTRATION, BUSINESS	no
118	5	5	5	5	5	5	MEDIA	no
119	5	4	4	4	4	4	BUSINESS, OTHERS	no
120	5	5	5	5	5	5	BUSINESS, OTHERS	no
121	5	1	1	1	1	1	BUSINESS	no
122	5	5	5	2	5	5	SCHOOL, BUSINESS	no
123	5	5	5	1	3	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
124	5	5	5	5	3	3	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
125	5	5	5	4	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
126	5	5	4	1	1	3	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
127	5	5	5	2	3	3	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
128	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH	yes
129	5	5	5	1	1	5	MEDIA, SCHOOL, DOCTOR, CHURCH, BUSINESS	yes
130	5	3	4	4	3	4	MEDIA	no
131	5	4	4	5	4	4	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
132	5	5	5	5	5	5	MEDIA	no

ID	accommodation	general_switching	gs_healthcare	gs_meeting	frequency_doctor	relation_doctor	doctor_community	trust_doctor
107	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	>5 YEARS	N	depends_topic
108	MATCH L INTERLOCUTOR		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
109	KEEP OWN L1	Explicit never	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
110	KEEP OWN L1	Non-galician receptor	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
111	MATCH L INTERLOCUTOR	Spanish-speaking interlocutor	no	no	1 to 5 VISITS/YEAR	>5 YEARS	Y	Y
112	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
113	KEEP OWN L1		no	no	(ALMOST) NEVER	>5 YEARS	N	depends_topic
114	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
115	MATCH L INTERLOCUTOR	Local shops	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	N
116	KEEP OWN L1		no	no	(ALMOST) NEVER	1 to 5 YEARS	NEVER SEEN BUT NEIGHBOR	Y
117	KEEP OWN L1	Administrative paperwork	no	no	(ALMOST) NEVER	>5 YEARS	N	Y
118	KEEP OWN L1	Administrative paperwork	no	no	(ALMOST) NEVER	>5 YEARS	N	Y
119	MATCH L INTERLOCUTOR	Spanish-speaking interlocutor	no	no	(ALMOST) NEVER	>5 YEARS	Y	Y
120	MATCH L INTERLOCUTOR	Local shops, Shops in cities, WITH DOCTOR, Administrative paperwork, Bank, lawyer or similar	yes	no	>5 VISITS/YEAR	1 to 5 YEARS	N	N
121	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	>5 YEARS	N	Y
122	MATCH L INTERLOCUTOR	WITH DOCTOR	yes	no	1 to 5 VISITS/YEAR	>5 YEARS	N	depends_topic
123	KEEP OWN L1	Talking with clients	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
124	MATCH L INTERLOCUTOR	Local shops, Shops in cities, WITH DOCTOR, Administrative paperwork, Meetings at school, neighborhood or similar, Bank, lawyer or similar	yes	yes	(ALMOST) NEVER	>5 YEARS	N	Y
125	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	Y	Y
126	KEEP OWN L1		no	no	>5 VISITS/YEAR	1 to 5 YEARS	N	N
127	KEEP OWN L1	Non-galician receptor	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
128	KEEP OWN L1	Explicit never	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
129	MATCH L INTERLOCUTOR		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
130	MATCH L INTERLOCUTOR	Administrative paperwork	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	N
131	MATCH L INTERLOCUTOR	WITH DOCTOR	yes	no	(ALMOST) NEVER	>5 YEARS	N	Y
132	MATCH L INTERLOCUTOR	Spanish-speaking interlocutor	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	N

ID	langwith_doctor	both_mix	spa_problem	switchdoctor_better	switchwith_doctor	switch_reason	lang_hospital	spadoctor_reaction
107	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK GAL
108	both gal	no	N	INDIFERENT	yes	Everything	MATCH L1 DOCTOR	TALK SPA
109	pgal_dspa	no	N	Y	no		GAL	TALK GAL
110	both gal	no		Y	no		GAL	TALK GAL
111	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
112	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
113	pgal_dspa	no	N	INDIFERENT	no		MIX BOTH	MIX BOTH
114	pgal_dspa	no	N	INDIFERENT	yes	Important explanation, Enquires treatment	GAL	TALK GAL
115	pspa_dgal	no	N	INDIFERENT	no		MIX BOTH	MIX BOTH
116	pgal_dspa	no	N	Y	no		GAL	TALK GAL
117	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
118	pgal_dspa	no	N	INDIFERENT	no	Never	GAL	TALK GAL
119	others	no		INDIFERENT	no		MATCH L1 DOCTOR	
120	both mix	yes	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
121	both spa	no	N	INDIFERENT	yes	Important explanation, Enquires treatment, Personal topic, Giving opinion	MATCH L1 DOCTOR	TALK SPA
122	both spa	no	N	Y	yes	Important explanation	MATCH L1 DOCTOR	TALK SPA
123	both gal	no	N	INDIFERENT	no		GAL	TALK GAL
124	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK SPA
125	both gal	no	N	INDIFERENT			MATCH L1 DOCTOR	TALK GAL
126	pgal_dspa	no	N	Y	no		GAL	TALK GAL
127	both gal	no	N	Y	no		GAL	TALK GAL
128	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
129	both gal	no	N	Y	yes	Important explanation, Enquires treatment	GAL	TALK GAL
130	both spa	no	N	INDIFERENT	yes	Important explanation, Enquires treatment	SPA	
131	both spa	no	N	INDIFERENT	no		MIX BOTH	TALK GAL
132	others	no	N	INDIFERENT	yes	Accommodation L1 doctor	MATCH L1 DOCTOR	

ID	gender	age	education_6	education_level	population	profession	learn_talk	learn_readwrite	everyday_lang	everydaylang_parents
133	W	34	Secondary A	M	Urban	Cashier at a supermarket	GAL	GAL	GAL	GAL
134	W	23	Superior A	H	Rural	Student	BOTH	BOTH	GAL	GAL
135	W	58	Low B	L	Rural	Farmer	GAL	SPA	MOREGAL	GAL
136	W	31	Secondary B	M	Rural	Tourism	GAL	BOTH	GAL	GAL
137	W	40	Low A	L	Rural	N/A	GAL	BOTH	GAL	GAL
138	W	35	Secondary B	M	Urban	Unemployed	SPA	SPA	GAL	MORESPA
139	W	35	Secondary A	M	Rural	Cook	BOTH	BOTH	GAL	SPA
140	W	57	Low B	L	Rural	Self-employed	GAL	SPA	GAL	GAL
141	W	39	Low B	L	Rural	Hairdresser	GAL	BOTH	MOREGAL	GAL
142	W	40	Superior A	H	Urban	Administration	SPA	SPA	MORESPA	MORESPA
143	W	41	Superior A	H	Urban	Teacher	SPA	SPA	MORESPA	SPA
144	W	31	Secondary B	M	Rural	Tourism	GAL	BOTH	GAL	GAL
145	W	48	Low B	L	Urban	Factory worker	SPA	SPA	GAL	GAL
146	W	51	Superior A	H	Rural	Educator	BOTH	BOTH	GAL	MOREGAL
147	W	39	Superior A	H	Urban	Cook	BOTH	BOTH	GAL	MORESPA
148	W	55	Secondary B	M	Urban	Special education technician	BOTH	BOTH	MORESPA	MORESPA
149	W	38	Superior A	H	Rural	Teacher	GAL	BOTH	GAL	GAL
150	M	48	Secondary B	M	Urban	Factory worker	SPA	SPA	MORESPA	SPA
151	W	39	Superior A	H	Rural	Kindergarten teacher	BOTH	SPA	MORESPA	MOREGAL
152	M	21	Superior A	H	Rural	Student	BOTH	BOTH	GAL	GAL
153	M	43	Superior A	H	Rural	Unemployment	BOTH	BOTH	MORESPA	GAL
154	W	30	Secondary B	M	Rural	Self-employed	GAL	GAL	GAL	GAL
155	W	41	Superior A	H	Urban	Nurse	GAL	BOTH	MOREGAL	GAL
156	W	23	Superior A	H	Rural	Occupational therapist	GAL	SPA	GAL	GAL
157	W	45	Superior A	H	Rural	Teacher	SPA	SPA	MOREGAL	GAL
158	W	44	Superior A	H	Urban	General services personnel	GAL	SPA	MOREGAL	GAL
159	W	47	Superior B	H	Rural	University professor	SPA	SPA	SPA	MORESPA

ID	best talk	best read	best write	talkwith_grandparents	talkwith_parents	talkwith_siblings	talkwith_couple	talkwith_ownkids	talkwith_grandkids
133	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
134	GAL	GAL	GAL	GAL	GAL	GAL	GAL		
135	GAL	SPA	SPA		GAL		GAL	GAL	GAL
136	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
137	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL
138	BOTHSAME	BOTHSAME	BOTHSAME	SPA	GAL	GAL	GAL		
139	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL		GAL	GAL	
140	GAL	SPA	SPA	GAL	GAL	GAL	GAL	GAL	GAL
141	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
142	BOTHSAME	BOTHSAME	GAL		MORESPA	MORESPA			
143	BOTHSAME	BOTHSAME	SPA	SPA	SPA	SPA	SPA	MORESPA	
144	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
145	BOTHSAME	BOTHSAME	BOTHSAME		GAL	GAL	MORESPA		
146	BOTHSAME	BOTHSAME	BOTHSAME		GAL	GAL	SPA		
147	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL		
148	SPA	BOTHSAME	SPA	MORESPA	MORESPA	MORESPA	MORESPA		
149	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL		GAL	GAL	
150	SPA	SPA	SPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
151	BOTHSAME	SPA	SPA	GAL	GAL	MORESPA	GAL	MORESPA	
152	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL		
153	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	MORESPA	MORESPA	
154	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	GAL
155	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL		
156	GAL	SPA	SPA	GAL	GAL	GAL	GAL		
157	BOTHSAME	BOTHSAME	BOTHSAME		GAL	GAL	GAL	GAL	
158	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
159	SPA	SPA	SPA	MORESPA	SPA	SPA	SPA	SPA	

ID	talkwith_friends	talkwith_mates	talkwith_boss	talkwith_employees	talkwith_costumers	lang_read	lang_watchtv	lang_internet	lang_writing
133	GAL	GAL	GAL		MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
134	GAL	GAL				MORESPA	MORESPA	MORESPA	MOREGAL
135	GAL				GAL	SPA	MORESPA	SPA	SPA
136	GAL			GAL	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
137	GAL	GAL			GAL	GAL		GAL	GAL
138	MOREGAL	GAL				MOREGAL	MORESPA	MOREGAL	MOREGAL
139	GAL	MOREGAL	GAL	GAL	GAL	MOREGAL	MORESPA	MOREGAL	GAL
140	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MORESPA
141	GAL	GAL	GAL	GAL	MOREGAL	GAL	MORESPA	MORESPA	MOREGAL
142	MOREGAL	MOREGAL	MOREGAL		MOREGAL	MORESPA	MORESPA	MORESPA	GAL
143	MORESPA	MORESPA	MORESPA	MORESPA	MOREGAL	MORESPA		MORESPA	MORESPA
144	GAL			GAL	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
145	MOREGAL	MOREGAL	GAL			SPA	SPA	SPA	MORESPA
146	GAL	MOREGAL	MOREGAL		GAL	MOREGAL	SPA	MOREGAL	MOREGAL
147	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MOREGAL
148	MORESPA	MOREGAL	MORESPA	MORESPA		MORESPA	MORESPA	MOREGAL	MORESPA
149	GAL	GAL	GAL			MORESPA	SPA	SPA	SPA
150	MORESPA	MOREGAL	GAL	MOREGAL	MOREGAL	MORESPA	MORESPA	MOREGAL	MORESPA
151	MORESPA	GAL	GAL			MORESPA	MORESPA	MORESPA	MORESPA
152	GAL	GAL				MOREGAL	GAL	MORESPA	GAL
153	MOREGAL	MOREGAL	SPA	SPA	MOREGAL	MOREGAL	MORESPA	MORESPA	MORESPA
154	GAL	MOREGAL	SPA	MORESPA	MORESPA	MORESPA	SPA	SPA	SPA
155	GAL	MOREGAL	MOREGAL	GAL	GAL	MORESPA	MORESPA	MOREGAL	GAL
156	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	MOREGAL
157	GAL	MOREGAL	GAL			MORESPA		MORESPA	GAL
158	MOREGAL	GAL	GAL	GAL	MOREGAL	SPA	SPA	SPA	MORESPA
159	SPA	SPA	SPA	SPA	SPA	SPA	SPA	SPA	SPA

ID	gal_culture	gal_private	gal_professional	spa_culture	spa_private	spa_professional	needmore_gal	needmoregal_doctor
133	5	5	3	5	3	5	MEDIA, SCHOOL, BUSINESS	no
134	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR	yes
135	4	4	4	4	4	4	MEDIA, ADMINISTRATION	no
136	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
137	5	5	5	1	1	1	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS, OTHERS	yes
138	5	5	5	3	4	5	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
139	5	5	5	1	3	1	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS, OTHERS	yes
140	5	5	5	5	5	5	MEDIA	no
141	5	5	5	2	2	3	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
142	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
143	5	5	5	5	5	5	MEDIA	no
144	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
145	5	5	5	2	3	5	MEDIA, DOCTOR	yes
146	5	5	5	1	1	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
147	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
148	5	5	5	3	4	4	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
149	5	5	5	2	1	1	MEDIA	no
150	5	5	5	3	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
151	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
152	5	5	5	2	3	3	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS, OTHERS	yes
153	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
154	5	5	5	4	4	4	MEDIA	no
155	5	5	5	3	3	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
156	5	5	5	5	2	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
157	5	5	5	3	3	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
158	5	5	5	1	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
159	4	3	2	4	3	5	ADMINISTRATION	no

ID	accommodation	general_switching	gs_healthcare	gs_meeting	frequency_doctor	relation_doctor	doctor_community	trust_doctor
133	KEEP OWN L1	Administrative paperwork, Bank, lawyer or similar	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	N
134	KEEP OWN L1		no	no	>5 VISITS/YEAR	>5 YEARS	N	N
135	KEEP OWN L1	WITH DOCTOR, Administrative paperwork	yes	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
136	KEEP OWN L1	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
137	OTHER	(OTHER)	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	N
138	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	<1 YEAR	N	Y
139	KEEP OWN L1		no	no	(ALMOST) NEVER	<1 YEAR	N	N
140	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	<1 YEAR	N	depends_topic
141	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
142	MATCH L INTERLOCUTOR		no	no	>5 VISITS/YEAR	>5 YEARS	N	Y
143	MATCH L INTERLOCUTOR	Meetings at school, neighborhood or similar	no	yes	>5 VISITS/YEAR	1 to 5 YEARS	NEVER SEEN BUT NEIGHBOR	Y
144	KEEP OWN L1	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
145	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	>5 YEARS	N	Y
146	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	depends_topic
147	KEEP OWN L1	Give complex orders	no	no	>5 VISITS/YEAR	1 to 5 YEARS	N	Y
148	MATCH L INTERLOCUTOR	Administrative paperwork	no	no	>5 VISITS/YEAR	>5 YEARS	N	Y
149	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
150	MATCH L INTERLOCUTOR	Administrative paperwork	no	no	(ALMOST) NEVER	>5 YEARS	N	Y
151	MATCH L INTERLOCUTOR	Administrative paperwork, Spanish-speaking interlocutor	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
152	KEEP OWN L1	Explicit never	no	no	(ALMOST) NEVER	<1 YEAR	N	depends_topic
153	KEEP OWN L1	Local shops, Administrative paperwork	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	N
154	KEEP OWN L1	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
155	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
156	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	N
157	OTHER	Spanish-speaking interlocutor	no	no	(ALMOST) NEVER	<1 YEAR	N	Y
158	MATCH L INTERLOCUTOR	Non-galician receptor	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
159	KEEP OWN L1	Explicit never	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	N

ID	langwithh_doctor	both_mix	spa_problem	switchdoctor_better	switchwith_doctor	switch_reason	lang_hospital	spadoctor_reaction
133	both gal	no	N	INDIFERENT	no		MATCH L1 DOCTOR	MIX BOTH
134	both gal	no	N	INDIFERENT	no		GAL	TALK GAL
135	both mix	yes	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
136	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
137	both gal	no	Y	Y	no		GAL	TALK GAL
138	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
139	pgal_dspa	no	Y	Y	yes		GAL	TALK GAL
140	pgal_dspa	no	N	Y	no		GAL	TALK GAL
141	both gal	no	N	INDIFERENT	yes		MATCH L1 DOCTOR	TALK SPA
142	pgal_dspa	no	N	Y	no		GAL	TALK SPA
143	both mix	yes	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
144	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
145	both spa	no	N	Y	yes	Important explanation	GAL	TALK SPA
146	both gal	no	N		no		MATCH L1 DOCTOR	
147	pgal_dspa	no	N	N	no		GAL	TALK GAL
148	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
149	both gal	no	N	N			GAL	TALK GAL
150	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	
151	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
152	pgal_dspa	no	Y	N	no		GAL	TALK GAL
153	both spa	no	N	Y	no		SPA	TALK SPA
154	both gal	no	N	N	no		GAL	TALK GAL
155	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
156	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
157	pgal_dspa	no	N	Y	yes	Important explanation, Enquires treatment	GAL	MIX BOTH
158	pgal_dspa	no	N	INDIFERENT	yes	Important explanation, Enquires treatment	GAL	TALK GAL
159	pspa_dgal	no	N	INDIFERENT	no		SPA	

ID	gender	age	education 6	education_level	population	profession	learn_talk	learn_readwrite	everyday_lang	everydaylang_parents
160	W	39	Superior A	H	Rural	Unemployed	OTHERS	SPA	MOREGAL	GAL
161	M	58	Secondary B	M	Urban	Journalist	SPA	SPA	GAL	MOREGAL
162	W	34	Superior A	H	Rural	Teacher	GAL	SPA	GAL	GAL
163	W	53	Superior A	H	Urban	Teacher	SPA	SPA	GAL	GAL
164	M	44	Secondary A	M	Urban	N/A	GAL	SPA	GAL	GAL
165	W	37	Superior A	H	Urban	Self-employed	SPA	SPA	GAL	SPA
166	M	39	Secondary A	M	Rural	Factory worker in handbag manufacturing	GAL	BOTH	MOREGAL	GAL
167	M	28	Superior A	H	Rural	Unemployed	BOTH	BOTH	GAL	GAL
168	W	18	Secondary B	M	Urban	Student	GAL	BOTH	GAL	GAL
169	W	54	Secondary A	M	Rural	Commerce	BOTH	SPA	MORESPA	MOREGAL
170	M	18	Secondary B	M	Rural	Student	GAL	GAL	GAL	MOREGAL
171	W	76	Low A	L	Rural	Receptionist at my mechanic workshop	GAL	SPA	GAL	GAL
172	M	66	Superior A	H	Urban	Journalist and painter	SPA	BOTH	MORESPA	MORESPA
173	W	80	Low B	L	Urban	Housewife	GAL	BOTH	MOREGAL	MOREGAL
174	M	78	Low A	L	Rural	Carpenter	GAL	SPA	MOREGAL	GAL
175	M	89	Low A	L	Urban	Electrician, FENOSA employee	GAL	SPA	GAL	GAL
176	M	65	Low B	L	Rural	Sailor	GAL	SPA	GAL	SPA
177	W	66	Low A	L	Rural	Housewife	GAL	SPA	GAL	GAL
178	W	72	Secondary B	M	Rural	Housewife	GAL	BOTH	GAL	GAL
179	M	86	Low A	L	Urban	Blacksmith	GAL	BOTH	GAL	GAL
180	W	74	Low A	L	Urban	Cleaner	SPA	SPA	MORESPA	SPA
181	M	37	Low B	L	Urban	Factory worker	SPA	SPA	SPA	SPA
182	M	46	Low B	L	Urban	Factory worker	GAL	BOTH	GAL	GAL
183	M	79	Superior A	H	Rural	Teacher	SPA	SPA	MORESPA	SPA
184	W	78	Superior A	H	Rural	Teacher	SPA	SPA	MORESPA	MORESPA
185	W	30	Low B	L	Rural	Hospitality	GAL	BOTH	GAL	GAL
186	M	65	Superior A	H	Rural	Administrative worker	GAL	SPA	GAL	GAL
187	M	53	Low B	L	Rural	Restorer	GAL	BOTH	MOREGAL	GAL
188	M	76	Superior B	H	Urban	Retired	BOTH	SPA	MOREGAL	GAL
189	W	66	Superior A	H	Urban	Nurse	SPA	SPA	MORESPA	MORESPA

ID	best_talk	best_read	best_write	talkwith_grandparents	talkwith_parents	talkwith_siblings	talkwith_couple	talkwith_ownkids	talkwith_grandkids
160	BOTHSAME	SPA	SPA	GAL	MORESPA	MORESPA	MORESPA	GAL	
161	BOTHSAME	BOTHSAME	BOTHSAME				MOREGAL		
162	GAL	SPA	SPA	GAL	GAL	GAL	GAL		
163	BOTHSAME	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	GAL
164	GAL	BOTHSAME	GAL	GAL	GAL			MORESPA	
165	GAL	BOTHSAME	BOTHSAME	SPA	SPA	SPA	GAL	GAL	
166	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	MOREGAL	GAL
167	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL			
168	GAL	GAL	GAL	GAL	GAL	GAL	GAL		
169	BOTHSAME	BOTHSAME	BOTHSAME	GAL	SPA	SPA	SPA	SPA	
170	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL
171	GAL	SPA	SPA	GAL	GAL	GAL	GAL	GAL	GAL
172	BOTHSAME	BOTHSAME	BOTHSAME			MORESPA	MORESPA	MORESPA	MORESPA
173	GAL	BOTHSAME	BOTHSAME			GAL	GAL	GAL	GAL
174	GAL	SPA	SPA			GAL	GAL	SPA	SPA
175	GAL	SPA	SPA			GAL	GAL	GAL	GAL
176	GAL	SPA	SPA				GAL	GAL	SPA
177	GAL	SPA	GAL			GAL	GAL	MORESPA	MORESPA
178	BOTHSAME	BOTHSAME	BOTHSAME			GAL	GAL	MOREGAL	MORESPA
179	GAL	BOTHSAME	BOTHSAME				GAL	GAL	MOREGAL
180	SPA	SPA	SPA	SPA	SPA	SPA	SPA	MORESPA	MORESPA
181	SPA	SPA	SPA	MOREGAL	MORESPA	SPA	SPA	SPA	
182	GAL	SPA	SPA						
183	BOTHSAME	BOTHSAME	SPA			MORESPA	MORESPA	MORESPA	MORESPA
184	BOTHSAME	BOTHSAME	SPA			MORESPA	MORESPA	MORESPA	MORESPA
185	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
186	GAL	GAL	SPA	GAL	GAL	GAL	GAL	MORESPA	MORESPA
187	BOTHSAME	BOTHSAME	BOTHSAME	MOREGAL	MOREGAL		MORESPA	MOREGAL	MORESPA
188	BOTHSAME	BOTHSAME	BOTHSAME				MORESPA	MOREGAL	
189	BOTHSAME	SPA	SPA	MORESPA	MORESPA	MORESPA	MOREGAL	MORESPA	MORESPA

ID	talkwith_friends	talkwith_mates	talkwith_boss	talkwith_employees	talkwith_costumers	lang_read	lang_watchtv	lang_internet	lang_writing
160	SPA	SPA	SPA	SPA	MORESPA	SPA	SPA	SPA	SPA
161	GAL	GAL	MOREGAL	GAL	GAL	MORESPA	MORESPA	GAL	GAL
162	GAL	GAL	GAL	GAL		MORESPA	MORESPA	MORESPA	MOREGAL
163	GAL	GAL	GAL	GAL	GAL	GAL	MORESPA	GAL	GAL
164	GAL	GAL	GAL			MORESPA			
165	GAL	GAL	GAL	GAL	MOREGAL	MOREGAL	MORESPA	MOREGAL	MORESPA
166	MOREGAL	GAL	GAL	GAL	MOREGAL	MOREGAL	MORESPA	MORESPA	MORESPA
167	GAL					MORESPA	MORESPA	MOREGAL	MOREGAL
168	GAL	GAL	GAL		GAL	GAL	MORESPA	GAL	GAL
169	MORESPA	MOREGAL	SPA	SPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
170	GAL	GAL				GAL	MORESPA	GAL	GAL
171	GAL	GAL	GAL	GAL	GAL	MORESPA	MORESPA	MORESPA	SPA
172	MOREGAL					MORESPA	MORESPA	MORESPA	MORESPA
173	GAL					SPA	SPA	SPA	SPA
174	MOREGAL					SPA	MOREGAL	SPA	SPA
175	GAL					SPA	SPA	SPA	SPA
176	GAL	SPA				SPA			SPA
177	GAL					SPA	MORESPA	MORESPA	MOREGAL
178	GAL					MORESPA	MORESPA	MORESPA	MOREGAL
179	GAL					MORESPA	MORESPA		
180	MORESPA	MOREGAL	MOREGAL	MOREGAL	MOREGAL	SPA	SPA	SPA	SPA
181	MORESPA	MOREGAL	MOREGAL	MOREGAL		SPA	SPA	SPA	SPA
182						SPA	SPA	SPA	MORESPA
183	MORESPA					MORESPA			MORESPA
184	MORESPA					MORESPA	MORESPA		MORESPA
185	GAL	GAL	GAL	GAL	GAL	MORESPA	MOREGAL	MORESPA	MOREGAL
186	GAL	GAL	GAL	MOREGAL	MOREGAL	MORESPA	MOREGAL	MORESPA	MORESPA
187	MOREGAL	MOREGAL	GAL	MOREGAL	MORESPA	MORESPA	MOREGAL	MORESPA	MORESPA
188	GAL					MOREGAL	SPA	MORESPA	MORESPA
189	MORESPA	MORESPA	MORESPA	MORESPA		MORESPA	MORESPA	MORESPA	MORESPA

ID	gal_culture	gal_private	gal_professional	spa_culture	spa_private	spa_professional	needmore_gal	needmoregal_doctor
160	5	5	5	1	5	5	ADMINISTRATION	no
161	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
162	5	5	5	1	5	5	MEDIA, BUSINESS	no
163	5	5	5	5	1	1	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, OTHERS	yes
164	5	5	3	1	3	4	SCHOOL	no
165	4	4	3	3	4	4	ADMINISTRATION, BUSINESS	no
166	5	5	5	3	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
167	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
168	5	5	5	1	1	3	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
169	5	5	5	2	5	5	MEDIA, SCHOOL, BUSINESS	no
170	5	5	5	1	3	5	MEDIA, BUSINESS	no
171	5	5	5	3	5	5	MEDIA, DOCTOR, CHURCH	yes
172	5	5	5	5	5	5	CHURCH	no
173	5	5	5	5	5	5	DOCTOR, CHURCH	yes
174	5	4	4	3	4	4	MEDIA	no
175	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR	yes
176	5	5	1	5	5	5	ADMINISTRATION	no
177	5	3	3	1	2	3	MEDIA, DOCTOR	yes
178	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION	yes
179	5	5	5	5	5	5	MEDIA, CHURCH	no
180	5	4	4	5	5	5	SCHOOL	no
181	5	3	3	5	5	5	SCHOOL, ADMINISTRATION, BUSINESS	no
182	5	5	5	5	5	5	SCHOOL	no
183	5	5	5	5	5	5	MEDIA	no
184	5	5	5	5	5	5	MEDIA	no
185	5	5	5	4	4	4	MEDIA, SCHOOL, DOCTOR, ADMINISTRATION, BUSINESS	yes
186	5	5	5	5	4	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
187	5	5	5	4	4	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
188	5	5	5	3	4	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
189	5	4	3	5	5	5	MEDIA, SCHOOL, ADMINISTRATION, BUSINESS	no

ID	accommodation	general_switching	gs_healthcare	gs_meeting	frequency_doctor	relation_doctor	doctor_community	trust_doctor
160	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	1 to 5 YEARS	NEVER SEEN BUT NEIGHBOR	Y
161	KEEP OWN L1	Local shops, Bank, lawyer or similar	no	no	(ALMOST) NEVER	<1 YEAR	N	depends_topic
162	KEEP OWN L1		no	no	>5 VISITS/YEAR	>5 YEARS	N	Y
163	KEEP OWN L1	Non-galician receptor	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
164	KEEP OWN L1		no	no	(ALMOST) NEVER		N	
165	MATCH L INTERLOCUTOR	WITH DOCTOR	yes	no	1 to 5 VISITS/YEAR	>5 YEARS	N	N
166	MATCH L INTERLOCUTOR	Administrative paperwork	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
167	KEEP OWN L1	Explicit never	no	no	(ALMOST) NEVER			
168	KEEP OWN L1	Explicit never	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	N
169	MATCH L INTERLOCUTOR	WITH DOCTOR, Administrative paperwork	yes	no	(ALMOST) NEVER	>5 YEARS	N	Y
170	KEEP OWN L1	Explicit never	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
171	MATCH L INTERLOCUTOR	WITH DOCTOR	yes	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
172	MATCH L INTERLOCUTOR	Spanish-speaking interlocutor	no	no	>5 VISITS/YEAR	>5 YEARS	N	Y
173	MATCH L INTERLOCUTOR		no	no	>5 VISITS/YEAR	>5 YEARS	N	Y
174	MATCH L INTERLOCUTOR	WITH DOCTOR, Bank, lawyer or similar	yes	no	1 to 5 VISITS/YEAR	>5 YEARS	Y	Y
175	KEEP OWN L1	WITH DOCTOR	yes	no	>5 VISITS/YEAR	1 to 5 YEARS	N	Y
176	KEEP OWN L1	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
177	MATCH L INTERLOCUTOR	WITH DOCTOR, Bank, lawyer or similar	yes	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
178	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	>5 YEARS	N	Y
179	KEEP OWN L1		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
180	MATCH L INTERLOCUTOR	WITH DOCTOR, Administrative paperwork	yes	no	(ALMOST) NEVER	>5 YEARS	N	Y
181	KEEP OWN L1	Explicit never	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
182	KEEP OWN L1	Bank, lawyer or similar	no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
183	MATCH L INTERLOCUTOR	Administrative paperwork, Meetings school, neighborhood or similar	no	yes	>5 VISITS/YEAR	>5 YEARS	Y	Y
184	MATCH L INTERLOCUTOR		no	no	>5 VISITS/YEAR	>5 YEARS	Y	Y
185	KEEP OWN L1	Local shops, Administrative paperwork	no	no	>5 VISITS/YEAR	>5 YEARS	N	Y
186	MATCH L INTERLOCUTOR		no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
187	MATCH L INTERLOCUTOR		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
188	KEEP OWN L1		no	no	>5 VISITS/YEAR	>5 YEARS	Y	Y
189	KEEP OWN L1	Administrative paperwork, Meetings school, neighborhood or similar	no	yes	(ALMOST) NEVER	>5 YEARS	N	Y

ID	langwith doctor	both mix	spa problem	switchdoctor better	switchwith doctor	switch_reason	lang_hospital	spadoctor_reaction
160	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
161	both mix	yes	N	Y	no			
162	both gal	no	N	Y	no		GAL	TALK GAL
163	pgal_dspa	no	N	Y	no		GAL	TALK GAL
164			N	INDIFERENT			GAL	TALK GAL
165	both spa	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
166	both gal	no	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
167			N	INDIFERENT				TALK GAL
168	pgal_dspa	no	N	Y	no		GAL	TALK GAL
169	both mix	yes	N	INDIFERENT	yes	Important explanation	MATCH L1 DOCTOR	TALK SPA
170	both gal	no	Y	INDIFERENT	no		GAL	TALK GAL
171	both spa	no	N	INDIFERENT	no		SPA	TALK SPA
172	both mix	yes	N	INDIFERENT	no		MATCH L1 DOCTOR	TALK SPA
173	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
174	both mix	yes	N	INDIFERENT	yes	Enquires treatment	MATCH L1 DOCTOR	TALK SPA
175	both spa	no	N	N	yes	Important explanation, Enquires treatment, Personal topic, Joking, Giving opinion	MIX BOTH	MIX BOTH
176	both gal	no	N	INDIFERENT	no		SPA	TALK SPA
177	both mix	yes	N	Y	yes	Enquires treatment	MATCH L1 DOCTOR	MIX BOTH
178	both mix	yes	N	INDIFERENT	yes	Important explanation, Enquires treatment, Personal topic, Joking, Giving opinion	MATCH L1 DOCTOR	TALK SPA
179	both mix	yes	N	INDIFERENT	no		MIX BOTH	MIX BOTH
180	both spa	no	N	INDIFERENT	yes	Important explanation, Enquires treatment	SPA	TALK SPA
181	both spa	no	N	INDIFERENT	no	Nunca	SPA	TALK SPA
182	pgal_dspa	no	N	INDIFERENT	yes	Important explanation	GAL	TALK GAL
183	both mix	yes	N	N	no		MATCH L1 DOCTOR	TALK SPA
184	both mix	yes	N	N	no		MATCH L1 DOCTOR	TALK SPA
185	pgal_dspa	no	N	INDIFERENT	yes	Important explanation, Enquires treatment	GAL	MIX BOTH
186	both mix	yes	N	INDIFERENT	yes		MATCH L1 DOCTOR	MIX BOTH
187	both spa	no	N	INDIFERENT	yes	Everything	MATCH L1 DOCTOR	TALK SPA
188	both spa	no	N	Y	yes	Non-Galician doctor	GAL	TALK GAL
189	both spa	no	N	INDIFERENT	no		SPA	TALK SPA

ID	gender	age	education_6	education_level	population	profession	learn_talk	learn_readwrite	everyday_lang	everydaylang_parents
190	M	65	Secondary B	M	Urban	Bookkeeper	SPA	SPA	MORESPA	MORESPA
191	W	65	Superior B	H	Rural	French teacher	OTHERS	OTHERS	MORESPA	SPA
192	M	24	Superior B	H	Rural	Waiter	BOTH	BOTH	MOREGAL	SPA
193	W	59	Secondary B	M	Rural	Self-employed in hospitality	GAL	SPA	GAL	GAL
194	M	43	Secondary B	M	Urban	Hospitality	BOTH	BOTH	GAL	GAL
195	M	29	Superior A	H	Rural	Waiter	GAL	BOTH	GAL	GAL
196	W	34	Low B	L	Urban	Waitress	BOTH	GAL	GAL	GAL
197	M	61	Secondary A	M	Urban	Sports coach	GAL	SPA	GAL	GAL
198	M	62	Secondary B	M	Urban	Bank employee	GAL	SPA	GAL	GAL
199	M	78	Secondary B	M	Rural	Mechanic	BOTH	SPA	MORESPA	GAL
200	M	78	Secondary B	M	Urban	Entrepreneur	SPA	SPA	MORESPA	GAL
201	M	57	Low B	L	Rural	Graphic arts	GAL	SPA	GAL	GAL
202	W	66	Secondary B	M	Urban	Administrative worker high school	SPA	SPA	MOREGAL	SPA
203	M	34	Low B	L	Rural	Farmer	GAL	BOTH	GAL	GAL
204	W	22	Secondary A	M	Rural	Student	BOTH	BOTH	MORESPA	MORESPA
205	M	18	Low B	L	Urban	Student	BOTH	BOTH	MORESPA	MORESPA
206	M	19	Low B	L	Urban	Student vocational training	SPA	SPA	MORESPA	MOREGAL
207	M	18	Low B	L	Urban	Student vocational training	SPA	SPA	SPA	SPA
208	W	18	Low B	L	Urban	Student vocational training	SPA	SPA	MORESPA	MORESPA

ID	best_talk	best_read	best_write	talkwith_grandparents	talkwith_parents	talkwith_siblings	talkwith_couple	talkwith_ownkids	talkwith_grandkids
190	BOTHSAME	BOTHSAME	SPA	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
191	BOTHSAME	BOTHSAME	BOTHSAME		MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
192	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL
193	GAL	BOTHSAME	GAL		GAL	GAL	GAL	GAL	
194	GAL	BOTHSAME	BOTHSAME	GAL	GAL	GAL	GAL	GAL	
195	GAL	BOTHSAME	GAL	GAL	GAL	GAL	GAL	GAL	GAL
196	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	
197	GAL	BOTHSAME	GAL		GAL	GAL	GAL		
198	GAL	GAL	GAL			GAL	GAL	GAL	
199	GAL	SPA	SPA			GAL	GAL	MORESPA	SPA
200	SPA	SPA	SPA	MORESPA	MOREGAL		MORESPA	MORESPA	MORESPA
201	GAL	GAL	GAL			GAL	GAL		
202	BOTHSAME	BOTHSAME	GAL			SPA	GAL	GAL	
203	GAL	GAL	GAL	GAL	GAL	GAL		GAL	GAL
204	BOTHSAME	BOTHSAME		GAL	MORESPA	MORESPA	MOREGAL		
205	BOTHSAME	BOTHSAME	BOTHSAME		MORESPA	MORESPA	SPA		
206	SPA	SPA	SPA	GAL	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
207	SPA	SPA	SPA	SPA	SPA	SPA	SPA	SPA	SPA
208	SPA	SPA	SPA	MORESPA	SPA				

ID	talkwith_friends	talkwith_mates	talkwith_boss	talkwith_employees	talkwith_costumers	lang_read	lang_watchtv	lang_internet	lang_writing
190	MORESPA	MORESPA	SPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
191	MOREGAL	MOREGAL	MOREGAL	MOREGAL	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
192	GAL	GAL	GAL	GAL	MOREGAL	GAL	GAL	GAL	GAL
193	GAL	GAL	GAL	GAL	GAL	GAL	MOREGAL	MORESPA	MOREGAL
194	GAL	GAL		GAL	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
195	GAL	GAL	GAL	GAL	MOREGAL	MORESPA	MORESPA	MORESPA	MORESPA
196	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL
197	GAL	GAL	GAL	GAL	GAL			GAL	GAL
198	GAL	MOREGAL				SPA	MORESPA	GAL	GAL
199	IMORESPA			GAL		MORESPA	MORESPA	MORESPA	MORESPA
200	MOREGAL	MOREGAL		MOREGAL	MORESPA	MORESPA	MORESPA		SPA
201	GAL	GAL	GAL		GAL	GAL	SPA	SPA	GAL
202	GAL					SPA	SPA	MORESPA	MORESPA
203	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL	GAL
204	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
205	MORESPA	MORESPA	MORESPA			MORESPA	MORESPA	MORESPA	MORESPA
206	IMORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA	MORESPA
207	SPA	SPA	SPA	SPA	SPA	SPA		SPA	SPA
208		SPA				MORESPA	SPA	SPA	SPA

ID	gal_culture	gal_private	gal_professional	spa_culture	spa_private	spa_professional	needmore_gal	needmoregal_doctor
190	5	5	3	5	5	5	MEDIA, SCHOOL, ADMINISTRATION, BUSINESS	no
191	5	5	5	2	2	2	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
192	5	5	5	5	5	5	SCHOOL, ADMINISTRATION	no
193	5	5	5	5	1	2	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
194	5						DOCTOR	yes
195	5	5	5	5	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
196	5	5	5	5	5	5	SCHOOL	no
197	5	5	5	1	2	2	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
198	5	5	5	2	2	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS, OTHERS	yes
199	4	4	3	4	4	5	ADMINISTRATION	no
200	5	4	4	3	4	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
201	5	5	5	1	5	5	SCHOOL	no
202	5	5	5	2	2	4	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION, BUSINESS	yes
203	5	5	5	5	5	4	ADMINISTRATION	no
204	5	5	5	3	5	5	MEDIA, SCHOOL, BUSINESS	no
205	4	3	3	4	5	5	MEDIA, SCHOOL, DOCTOR, CHURCH, ADMINISTRATION	yes
206	5	5	5	5	5	5	ADMINISTRATION, BUSINESS	no
207	5	2	3	3	5	5	BUSINESS	no
208	5	3	3	3	3	3	MEDIA	no

ID	accommodation	general_switching	gs_healthcare	gs_meeting	frequency_doctor	relation_doctor	doctor_community	trust_doctor
190	MATCH L INTERLOCUTOR	Administrative paperwork, Meetings at school, neighborhood or similar	no	yes	(ALMOST) NEVER	>5 YEARS	N	Y
191	MATCH L INTERLOCUTOR		no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
192	KEEP OWN L1	Non-galician receptor	no	no	(ALMOST) NEVER	>5 YEARS	N	N
193	KEEP OWN L1		no	no	(ALMOST) NEVER	1 to 5 YEARS	N	Y
194	KEEP OWN L1		no	no	(ALMOST) NEVER	>5 YEARS	N	Y
195	KEEP OWN L1	Clients	no	no	>5 VISITS/YEAR	1 to 5 YEARS	N	Y
196	MATCH L INTERLOCUTOR	Meetings at school, neighborhood or similar	no	yes	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
197	KEEP OWN L1	Always Galician	no	no	(ALMOST) NEVER	>5 YEARS	N	depends_topic
198	KEEP OWN L1	WITH DOCTOR	yes	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	depends_topic
199	MATCH L INTERLOCUTOR	Shops in cities, Administrative paperwork	no	no	>5 VISITS/YEAR	1 to 5 YEARS	N	Y
200	MATCH L INTERLOCUTOR	WITH DOCTOR, Administrative paperwork	yes	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
201	KEEP OWN L1	WITH DOCTOR	yes	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
202	KEEP OWN L1	WITH DOCTOR	yes	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
203	KEEP OWN L1	Administrative paperwork	no	no	1 to 5 VISITS/YEAR	>5 YEARS	N	Y
204	MATCH L INTERLOCUTOR	Local shops, WITH DOCTOR, Administrative paperwork, Meetings at school, neighborhood or similar	yes	yes	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	Y
205	MATCH L INTERLOCUTOR	Meetings at school, neighborhood or similar	no	yes	(ALMOST) NEVER	>5 YEARS	NEVER SEEN BUT NEIGHBOR	Y
206	MATCH L INTERLOCUTOR	Local shops	no	no	1 to 5 VISITS/YEAR	1 to 5 YEARS	N	N
207	KEEP OWN L1	Local shops	no	no	(ALMOST) NEVER	>5 YEARS	NEVER SEEN BUT NEIGHBOR	Y
208	KEEP OWN L1	Local shops, shops in cities	no	no	(ALMOST) NEVER	<1 YEAR	N	Y

ID	langwith_doctor	both_mix	spa_problem	switchdoctor_better	switchwith_doctor	switch_reason	lang_hospital	spadoctor_reaction
190	both mix	yes	N	INDIFERENT	no		MATCHL1 DOCTOR	TALK SPA
191	both gal	no	N	INDIFERENT	no		SPA	MIX BOTH
192	both gal	no	N	INDIFERENT	no		GAL	TALK GAL
193	both gal	no	N	Y	no		GAL	TALK GAL
194	pgal_dspa	no	N	INDIFERENT	no		GAL	TALK GAL
195	both gal	no	N	INDIFERENT	yes	Important explanation, Enquires treatment	MATCHL1 DOCTOR	TALK SPA
196	both gal	no	N	Y	yes	Important explanation	MATCHL1 DOCTOR	TALK SPA
197	pgal_dspa	no	N	Y	no		GAL	TALK GAL
198	pgal_dspa	no	N	Y	no		GAL	TALK GAL
199	both gal	no	N	INDIFERENT	no		SPA	MIX BOTH
200	both mix	yes	N	Y	yes	Enquires treatment, Personal topic, Giving opinion	SPA	TALK SPA
201	both gal	no	N	Y	yes	Enquires treatment	GAL	TALK GAL
202	both gal	no	N	INDIFERENT	no		MATCHL1 DOCTOR	MIX BOTH
203	both gal	no	N	Y	no		GAL	TALK GAL
204	both gal	no	N	INDIFERENT	no		MIX BOTH	TALK SPA
205	both gal	no	N	INDIFERENT	yes	Important explanation, Enquires treatment, Personal topic, Giving opinion	MATCHL1 DOCTOR	TALK SPA
206	both gal	no	N	INDIFERENT	no		SPA	TALK SPA
207	both gal	no	N	INDIFERENT	yes	Important explanation	SPA	TALK SPA
208	both mix	yes	N	INDIFERENT	no		MATCHL1 DOCTOR	MIX BOTH

APPENDIX E - SEMI-STRUCTURED INTERVIEWS (2021)

Written Consent (Galician)

DECLARACIÓN DE CONSENTIMENTO PARA A ENTREVISTA

Eu, INFORMANTE # _____, declaro que se me explicou que a miña participación no estudo sobre “Alternancia de linguas nas consultas médicas bilingües” consistirá en responder a unha entrevista, a cal pretende contribuír ao coñecemento sobre os hábitos lingüísticos (uso, coñecemento e actitudes) na área de influencia do *Centro de Saúde de* (***).

Acepto a solicitude de que a entrevista sexa gravada, de forma totalmente anónima, en formato de audio para a súa posterior transcripción e análise, e que será parte dos datos publicados en forma de tese doutoral na Universidade de Heidelberg (Alemaña), realizada pola abaixo asinante *Vanesa Rodríguez Tembrás*.

Declaro que se me informou sobre as características da miña participación no estudo e que se me asegurou que a información que aporte estará protexida polo anonimato e a confidencialidade. A investigadora comprometeuse a responder calquera pregunta e a aclarar calquera dúbida que xurda relacionada coa investigación antes de iniciar a gravación.

O produto deste traballo de investigación só se utilizará con fins académicos e científicos, xa sexa en forma da mencionada tese doutoral, publicacións científicas, congresos ou outras palestras públicas. En todo caso, o anonimato e a confidencialidade serán protexidos en todo momento.

Lin este *Declaración de Consentimento* e acepto participar neste estudo segundo as condicións establecidas.

....., a de de 2021

Informante

Investigadora

Written Consent (English)

WRITTEN CONSENT DECLARATION FOR THE INTERVIEW

I, ..., INFORMANT # _____, hereby declare that I have been informed about the study titled "*Language Alternation in Bilingual Medical Consultations*," in which I will participate by responding to an interview. The interview aims to contribute to the understanding of linguistic habits (usage, knowledge, and attitudes) within the area of influence of the Clinic in (*location*).

I consent to the interview being recorded, fully anonymously, in audio format for subsequent transcription and analysis. This recording will be part of the data included in a doctoral thesis at the University of Heidelberg (Germany), conducted by Vanesa Rodríguez Tembrás.

I declare that I have been informed about the nature of my participation in the study. I understand that all the information I provide will be kept anonymous and confidential. The researcher has committed to addressing any questions or concerns I may have before the recording begins.

The results of this research will be used solely for academic and scientific purposes, including the doctoral thesis, scientific publications, conferences, or other public presentations. At all times, my anonymity and confidentiality will be maintained.

I have read this Consent Declaration and agree to participate in this study under the specified conditions.

[Place], on [Date]

Informant

Researcher

Template (Galician)

Datos da entrevista

- Data da entrevista:
- Lugar da entrevista:
- Observacións:

Datos persoais do informante

- Nome (para anonimizar):
- Sexo:
- Lugar e ano de nacemento:
- Ano de chegada á vila (en caso de ter nacido fóra):
- Experiencia vital fóra da vila:
- Domicilio (rural/urbano):
- Estudos realizados e lugar:
- Estudos:
- Profesión e lugar onde traballa/ba:
- Idiomas:
- Observacións xerais sobre o informante:

SECCIÓN 1: Biografía lingüística/Hábitos lingüísticos

1. Como é (*nome municipio*) para vivir? Vive en zona urbana ou rural? Onde naceu? (*Se non é na área*) Canto tempo leva vivindo aquí?
2. Estivo vivindo fóra algunha vez? (*En caso afirmativo*) En onde? Canto tempo? Que fixo alí? Que lle animou para volver? É moi diferente a como se vive aquí en Galicia?
3. En que lingua aprendeu a falar na casa? En que lingua fala habitualmente? En que lingua falan/falaban normalmente seus pais? E seus avós? (*En caso que non coincidan*) En que lingua lle falaban seu pais a vostede? Por que non lle falaban na súa lingua habitual?
4. Sempre falou a mesma lingua que fala hoxe? (*En caso negativo*) Por que fixo ese cambio de lingua? (vontade propia, influxo do ensino, razón de traballo, adaptarme ó medio, consideración social do galego, outras razóns)
5. Que estudou? (*No caso das persoas maiores sen estudos*) Canto tempo foi á escola? Como era a escola nesa época (Ditadura)? Era moi distinta á de agora? Como? Era distinta a lingua que falaba na escola da que falaba na casa?
6. (*No caso dos informantes con estudos*) Onde estudou? Como foi esa experiencia? En que lingua estudou? Como falaba cos seus compañeiros de clase? Cre que o ámbito universitario influencia o cambio de lingua?
7. En que linguas se sente máis cómodo/a para ler e escribir? (*Se é distinta a da fala habitual*) Por que? E para ver a televisión, escoitar a radio, Internet, aplicacións...? E para publicar nas redes, anuncios, etc.?
8. Cre que o galego da RTVG é como o que fala a xente?
9. Cando fala coa súa familia (*lista de membros distintos da familia*), en que lingua o fai (galego, máis galego, máis castelán ou castelán)? (*Se son distintos*) Por que? E cos amigos?

SECCIÓN 2: Actitudes lingüísticas

10. Como se fala en (*nome municipio*)? É diferente a outras partes de Galicia? Cre que hai algún sitio onde se fala mellor galego? Hai cidades ou vilas máis galegofalantes ou castelanfalantes?

11. Dende o seu punto de vista, que lingua é máis útil na vida privada: o galego ou o castelán? Ou son por igual? Por que? E no caso da vida profesional? Por que?
12. Cree que o galego debería protexerse máis, menos ou igual? Como valora situación actual (fálase menos, máis ou igual)? E cal cree que é o futuro do galego?
13. Que opina dos que pensan que os pais deberían transmitirlle o castelán aos fillos ou dos que pensan que debería priorizarse o castelán (e outras linguas estranxeiras) na escola? E dos pais galegofalantes que lles falan aos seus fillos en castelán? Coñece algún caso?
14. Cre que se podería usar máis o galego en (*nome municipio*) ou en xeral? Onde? (Indícolle algunhas das respostas que obtiven na enquisa: medios de comunicación, escola, igrexa, médico, administración pública, empresas, publicidade, etiquetaxe de produtos, etc.)
15. Houbo algún momento no se sentise incómodo/a ou discriminado por usar unha lingua ou outra? Cre que hai xente que é discriminada por falar unha ou outra lingua en (*nome municipio*), Galicia?

SECCIÓN 3: Alternancia de linguas

16. Cando ten que falar cunha persoa que fala (*a outra lingua do entrevistado*): contéstalle sempre na súa lingua habitual ou adáptase á lingua que fala a outra persoa? (*Se cambia*) Por que?
17. Cre que ás veces cambia de lingua ou mestura as dúas? Dáse conta diso? En que situacións cambia (contextos comunicativos)? Por exemplo, doulle algún exemplo das respostas que me deron nas enquisas: comprar en tendas da vila, comprar en grandes superficies na cidade, falar co médico, facer un trámite administrativo, reunións na escola dos fillos, reunións na comunidade de veciños, falar cun avogado, cun notario, co persoal de banca.
18. Que pensa da xente que fala alternando do galego ao castelán?

SECCIÓN 4: Falar co médico de familia

19. Vamos centrarnos nun ámbito de uso das linguas. Todos (queiramos ou non) temos que pasar algunha vez polo médico. Que tal o centro de saúde de (*nome municipio*)?
20. Como valoraría a súa relación co seu/súa médico/a de cabeceira? Canto tempo hai que ten o mesmo médico? Coincide con el fóra de consulta, quero dicir, é veciño da vila? Sente confianza cando fala con el/ela?
21. Vai acompañado/a ao médico? Quen vai con vostede? Esa persoa tamén participa na consulta e axúdao/a?
22. Tivo algunha vez un médico/enfermeira/etc. que non fose galego? Entendía o galego? Cre que había algún problema de comunicación? Que pasa cando na consulta hai algún médico/enfermeira/residente que non é galego?
23. E o seu médico de agora, en que idioma fala? E vostede en que lingua fala con el/ela? Trátanse de ti ou vostede? (*Se non coincide con L1 do informante*) Preferiría que falase a súa lingua ou non é importante?
24. Mesturan un pouco o castelán e o galego na consulta? Cambia o médico de lingua con vostede? E vostede con el/ela? Se cambiase ao escoitalo a vostede, sentiríase máis cómodo?
25. Dáse conta dalgunha vez que mudase de lingua na consulta? (*En caso afirmativo*) Por que cambiou?
26. Imaxinémonos que vai ó centro de saúde para unha cita co médico. Cando entra na consulta, como saúda ao médico? E como se despide del?
27. Que opina que os médicos non teñan obriga de saber falar galego para ter un posto no SERGAS? Cre que deberían sabelo ou iso non é tan importante como que sexa bo médico?

SECCIÓN 5: Falar co especialista no hospital

28. E agora pensemos nos médicos especialistas ou as urxencias do hospital. Foi algunha vez nos últimos meses ou un par de anos (ben sexa por unha consulta ou acompañando a alguén)? É distinto a ir ao centro de saúde de (*nome municipio*)? Por que?
29. Alí en que lingua falan os médicos? É como falar co médico de cabeceira? (*En caso negativo*) Por que cre que é así? (*En caso de non coincidir na L1 do informante*) Cústalle máis entendelo ou facerse entender?
30. (*Non coincidencia de L1*) En caso de que o médico fale en X, cambiaría a esa lingua ou mantense falando na súa?
31. Cre que no hospital fálase máis, menos ou igual galego? Por que?
32. Hai algo que cre que debería mellorar para ofrecer unha mellor atención no sistema de sanidade en Galicia, en relación á comunicación?

Template (English)

Interview Information

- Interview Date:
- Interview Location:
- Observations:

Informant's Personal Information

- Name (for anonymization):
- Gender:
- Place and year of birth:
- Year of arrival in the town (*if born elsewhere*):
- Life experience outside the town:
- Residence (rural/urban):
- Education and place:
- Studies:
- Occupation and workplace:
- Languages:
- General observations about the informant:

SECTION 1: Linguistic Biography

1. How is (*town's name*) to live in? Do you live in an urban or rural area? Where were you born? (*If not in the area*) How long have you been living here?
2. Have you ever lived elsewhere? (*If yes*) Where? How long? What did you do there? What motivated you to return? Is it very different from living here in Galicia?
3. In which language did you learn to speak at home? In which language do you usually speak? In which language do/did your parents normally speak? And your grandparents? (If they don't match) In which language did your parents speak to you? Why didn't they speak in your habitual language?
4. Have you always spoken the same language you speak today? (*If not*) Why did you make that language change? (Own will, influence of education, work reasons, adaptation to the environment, social consideration of Galician, other reasons)
5. What did you study? (*In the case of older people without studies*) How long did you go to school? How was the school at that time (during the dictatorship)? Was it very different from now? How? Was the language spoken in school different from the one spoken at home?
6. (*In the case of informants with studies*) Where did you study? How was that experience? In which language did you study? How did you speak with your classmates? Do you think the university environment influences language change?
7. In which languages do you feel more comfortable reading and writing (if different from your habitual speech)? Why? What about watching television, listening to the radio, using the internet, applications, and posting on social media, advertisements, etc.?
8. Do you think the Galician spoken on RTVG is like what people speak?
9. When you speak with your family (*list of different family members*), in which language do you do it (Galician, more Galician, more Spanish, or Spanish)? (*If different*) Why? And with friends?

SECTION 2: Linguistic Attitudes

10. How is (*town's name*) spoken? Is it different from other parts of Galicia? Do you think there is somewhere where Galician is spoken better? Are there cities or towns more Galician-speaking or Spanish-speaking?
11. From your point of view, which language is more useful in private life: Galician or Spanish? Or are they equal? Why? And in the case of professional life? Why?
12. Do you think Galician should be protected more, less, or equally? How do you assess the current situation (spoken less, more, or the same)? And what do you think is the future of Galician?
13. What do you think of those who believe that parents should transmit Spanish to their children or those who think that Spanish (and other foreign languages) should be prioritized in school? And of Galician-speaking parents who speak to their children in Spanish? Do you know any cases?
14. Do you think Galician could be used more in (*town's name*) or in general? Where? (Indicate some of the answers obtained in the survey: media, school, church, doctor, public administration, businesses, advertising, product labeling, etc.)
15. Was there ever a moment when you felt uncomfortable or discriminated against for using one language or another? Do you think some people are discriminated against for speaking one language or another in (*town's name*), Galicia?

SECTION 3: Language Alternation

16. When you have to speak with someone who speaks (language): do you always answer in your habitual language, or do you adapt to the language the other person speaks?
17. (*If you change*) Why? Do you think you sometimes change languages or mix both? Are you aware of this? In what situations do you change (communicative contexts)? For example, give some examples from the responses obtained in the surveys: shopping in village stores, shopping in city stores, talking to the doctor, doing administrative procedures, meetings at your children's school, meetings in the neighborhood community, talking to a lawyer, a notary, banking personnel.
18. What do you think of people who alternate between Galician and Spanish?

SECTION 4: Talking to the Family Doctor

19. We focus now on a language use context. Everyone (whether we like it or not) has to go to the doctor at some point. How is the (*town's name*) health center?
20. How would you rate your relationship with your family doctor? How long have you had the same doctor? Do you meet them outside of appointments, I mean, are they a neighbor in the town? Do you feel confident when you talk to him/her?
21. Do you go accompanied to the doctor? Who goes with you? Does that person also participate in the consultation and help you?
22. Have you ever had a doctor/nurse/etc. who was not Galician? Did they understand Galician? Do you think there was any communication problem? What happens when there is a doctor/nurse/resident who is not Galician in the consultation?
23. And your current doctor, in what language do they speak? And in which language do you speak with him/her? Do they address you informally or formally? (*If it does not match the informant's L1*) Would you prefer them to speak your language or is it not important?
24. Do they mix a bit of Spanish and Galician in the consultation? Does the doctor switch the language with you? And do you with him/her? If they changed upon hearing you, would you feel more comfortable?
25. Have you ever noticed that the language changed during the consultation? (*If yes*) Why did it change?

26. Let's imagine that you go to the health center for an appointment with the doctor. When you enter the consultation room, how do you greet the doctor? And how do you say goodbye to him?
27. What do you think about doctors not being required to know how to speak Galician to have a position in SERGAS? Do you think they should know it, or is it not as important as being a good doctor?

SECTION 5: Talking to the Specialist at the Hospital

28. And now let's think about specialist doctors or emergencies at the hospital. Have you been there in the last few months or a couple of years (either for an appointment or accompanying someone)? Is it different from going to the (*town's name*) health center? Why?
29. In what language do the doctors speak there? Is it like talking to the family doctor? (*If not*) Why do you think it is so? (*If not matching the informant's L1*) Do you find it more difficult to understand or to make yourself understood?
30. (*Non-coincidence of L1*) In case the doctor speaks in X, would you change to that language, or would you keep speaking in yours?
31. Do you think more, less, or the same Galician is spoken in the hospital? Why?
32. Is there anything you think should be improved to offer better healthcare in Galicia regarding communication?

Transcriptions

Interview: Informant 1

Date and place of recording: 09/09/2021, workplace

Format: face-to-face

Total length: 35:03

Total words: 6207

Speaker A (Interviewer): Researcher

Speaker B (Informant): Female, 38 years old, higher education, urban, public servant, Spanish speaker

Language of the interview: (+) Standard Galician (A), Spanish/ (+) Standard Galician (B)

A: Vale, esto está gravando e podemos comezar, bueno, o que falamos, eso, podes falar en..., eu falo en galego e ti falas en castelán.

B: Vale, perfecto.

A: Esto non o vou poñer porque se me van a caer. Porque é como falamos normalmente e como xa falamos en outras ocasións poido tutear non...?

B: Sí, sí, por favor.

A: E basicamente vouche facer un par de preguntas sobre hábitos lingüísticos relacionado ao cuestionario que xa fixeches, simplemente para ver como é a relación sobre todo na túa vida normal como aquí no concello, no? Como se leva o tema da lingua. Viviches algunha vez fóra? Tiveches ese...? Ou donde estudiaches...?

B: No. Fuera de (*nombre municipio*), te refieres, ¿fuera de (*nombre municipio*)? No. Iba y venía, tenía una pareja una vez en (*ciudad de España*), iba y venía, pero nada.

A: E despois, sempre falaches castelán, non? Na túa vida, desde a casa. Céntame un pouco, por exemplo, na casa, teus pais, os membros da túa familia, que lingua falaban entre eles?

B: A ver, mi padre hablaba gallego, mi madre, castellano, pero con nosotros hablaban castellano, sí que con nosotros siempre..., y por ejemplo, mis abuelos sí que hablaban gallego, pero con nosotros usaban también a lo mejor más el castellano, o sea, yo recuerdo siempre mucho castellano alrededor, vamos. O sea, gallego poco.

A: A túa familia é toda de aquí de (*nome municipio*)?

B: Si.

A: E por que cres que diferenciaban falar entre eles e falar con vós?

B: Yo creo que antes era un tema cult..., yo creo que antes había mucho lo del tema cultural, de que a los niños hablarles castellano para que... Me da la impresión de que había mucho de eso.

A: Cres que sigue ahora o...?

B: Ahora menos, yo creo que ahora..., eso fue, me da la impresión de que ahora, porque por ejemplo yo a mis hijos sí que nosotros intentamos hablarles mucho gallego en casa para que... Yo creo que eso ahora...

A: Que curioso, non? Ese cambio de...

B: Si, a mí me da la impresión de que sí que está ahí... Y lo sé por amigos y por gente, que sí que intentan que los niños, pa que no se pierda el gallego y tal intentan meter gallego y tal. Si, yo creo que...

A: E cóntame, como facedes por exemplo na casa, non? Vós entre vós falades español, non?, castelán, e despois cos nenos en galego, non?

B: No, con los niños usamos los dos, ¿procuramos sabes?, pues en determinados momentos sí que... A ver, es verdad que nos sale más el castellano porque es nuestra lengua de los dos y al final es inevitable. Si que intentamos mucho meter el gallego para que vaya haciendo el oído, porque además somos conscientes de que en el colegio si se usa gallego, pero no tanto como se debería, entonces si que procuramos para que les vaya sonando y tal.

A: E eles como responden? Os nenos.

B: Bien, bien, a ver, les cuesta. Les cuesta porque a ver, si que “ay, no, habládme tal”, sí que les cuesta, pero bueno. Bien, o sea, al final le explicas y bien.

A: Eles como vos contestan a vós? Normalmente en castelán?

B: Contestan en gallego, aunque metiendo castrapo, o sea, metiendo palabras, mezclando y tal, pero bueno, sí que van intentando... Claro, es que aparte le decimos “no, ahora tienes que decirlo en gallego” y sí que lo hacen y bien.

A: E que tal cos abuelos? Intentan falar con eles tamén en castelán ou...?

B: No, no, los abuelos le hablan castellano, normalmente gallego a ver, a lo mejor... De hecho, bueno, si que hablan, por ejemplo, mi suegra si que habla gallego, en su vida normal y si que a veces si que les habla en gallego, pero es raro, normalmente tira del castellano.

A: Por que cres que fai iso?

B: Por lo mismo, porque a ver, me imagino que también porque los niños hablan castellano y a lo mejor dices, les hablo gallego y a lo mejor no entienden..., no sé. O sea, que lo entienden perfectamente pero que yo creo que es un tema que tienen así... De toda la vida del rollo de “bueno vamos a hablar...”, sí.

A: Si, bueno, esa costumbre de sempre o mesmo...

B: Sí.

A: E non notan, por exemplo os teus fillos raro que seus pais na casa intenten falar galego e despois van a aldea e, imaxínome, teus pais, teus sogros falan con eles en castelán? Non é un pouco raro...?

B: Sí, sí, yo creo que, si que lo notan, saben que hay, bueno, que hablamos todos tal, pero sí, que hay una mezcla ahí, sí que lo tienen que ver raro. O sea, nunca lo comentó, eh? Bueno, el pequeño aún es muy pequeño, que tiene dos años, pero la mayor con cinco años nunca nos comentó, o sea, sabe que le decimos que es importante usar el gallego y tal, pero nunca preguntó por qué hablamos de..., no se le dio por ahí aún.

A: E na escola? Como é na escola? É distinto cando ías á escola?

B: A ver, en la escuela sabemos que la profesora habla castellano. Ahora, hace todo lo posible por dar clases en gallego, lo que pasa es que claro, ahora en clase tienen un niño árabe, un niño rumano, entonces, claro, la profesora dice “es muy complicado”. Claro, decimos, vale, pero bueno, es importante que el gallego se... Y sí, a ver, sabes? Y de hecho muchos escritos siempre vienen en gallego y tal, o sea, procura que sea el gallego la lengua más... Pero bueno, no lo usa totalmente, sabes? Eso es lo que...

A: Pero tedes por exemplo ese tipo de... Acabas de mencionar, non? Que si que mencionou que fala máis castelán por tema de integración na aula, pero tivestes ese tipo de..., tendes ese tipo de conversacións por exemplo en reunións de pais?

B: Sí, lo hablamos, el primer día de clases hablaron y ella dijera “a ver, yo entiendo que bueno, lo que decíamos, que, en casa, la verdad es que la mayoría de los niños de clase hablan castellano en casa, menos determinados...”. Y eso que le decíamos la importancia de que en el colegio se usara gallego para que los niños fueran... Y ella nos dijo “bueno, yo lo voy a intentar, tal” y bueno, me consta que lo intenta, pero bueno, no es total. No usa el gallego... Sé que hay otros profesores en el mismo colegio que usan el gallego para todo. En el caso de mi hija, no.

A: É distinto a cando ibas ti á escola? Ou que pensas?

B: Sí, ahora..., yo creo que ahora se usa más gallego que antes. Me da la impresión, que ahora si que... De aquella yo creo que era como más, no sé, no mal visto, pero no sé, me da la impresión de que la situación fue mejorando. Me da la impresión, eh? A lo mejor estoy equivocada, yo digo por mi alrededor, que si que noto que si que se le da como más importancia ahora al gallego, que de aquella era como “ah, es secundario” es... Me da la impresión.

A: Pero refireste á escola o é de todos os ámbitos?

B: En general. Sí, en general, por ejemplo, mis hermanos hablan los dos en gallego cuando siempre hablaron castellano y ahora hablan gallego, o sea, mucha gente, como vamos a...

A: E por que cres que é ese cambio, que afectou? Ir a estudar ou simplemente é unha decisión...?

B: Sí, yo creo... Y también es verle... es ver la situación del gallego, como está y tal y dices bueno, hay que conservarlo y darle más importancia y... Sí, yo creo que es mucho de eso.

A: Pero non dixeron nada, non? Simplemente un día apareceron na casa e empezaron falando galego.

B: Sí, bueno, supongo que también, por ejemplo, los amigos, pues también hablar con los amigos. Aunque bueno, hablan gallego, pero por ejemplo conmigo hablan castellano, o sea, es así una cosa... Con la gente que habla castellano supongo que, pero bueno, ellos hablan gallego, su vida, su día a día hablan gallego.

A: Pero bueno, contigo imaxínome que porque toda a vida foi así, non?

B: Sí, claro, desde pequeños hablábamos castellano y seguimos, sí.

A: E cóntame un pouco aquí, por exemplo: traballas no concello e tedes algún tipo de directrices de como tedes que falar...?

B: Sí, a ver, aquí cuando hubiera, bueno, hace unos años, entrara un Gobierno... Aquí gobernó siempre el PP. Entonces hace unos años entró un gobierno de coalición que era PSOE e independiente y él sí que hiciera una ordenanza sobre el uso del gallego, o sea que para nosotros es obligatorio el uso del gallego en el concello. No sé, nunca leí esa ordenanza, la verdad. O sea, no la leí en sí pero bueno, entiendo que todos los escritos tienen que ir en gallego, todo lo que se haga y tal y hablar, nosotros aquí lo que hacemos es si nos hablan en gallego nosotros contestamos en gallego y si nos hablan castellano, a ver, los que hablan en gallego hablan en gallego, los que hablamos castellano, a mí me sale el castellano, por ejemplo, si me hablan en castellano, pero bueno, yo en el trabajo uso muchísimo el gallego. Procuro siempre de primeras entrar con el gallego, ¿sabes? Empiezo yo, es donde me solté más, en el trabajo, porque yo antes el gallego, la verdad, me costaba muchísimo y ahora me siento bastante suelta hablando gallego.

A: Cando dis que che costaba queres dicir que era algo persoal ou simplemente...?

B: Es que lo usaba muy poco, yo de pequeña en el colegio recuerdo el gallego mínimo. Mínimo. Y de hecho, mira, en primero de BUP fui a clase de ética y el profesor nos dijo: “mi clase va a ser en gallego”. Y era una cosa excepcional, o sea, todos alucinamos en plan “oh, joba, pues mira, tal”, que yo aún le decía “buah, a mí el gallego me cuesta”, “bueno, pues tienes que intentarlo, no sé qué...”, pero era algo excepcional, o sea, de aquella era todo castellano. Y ahora eso cambió, yo creo. Yo creo que ahora hay muchas más clases en gallego.

A: Si, quizais... Bueno, por lei al menos, pero hai como máis control quizais en... O que acabas de dicir, moi interesante, non? Unha maior concienciación. Eu que levo bastantes anos fóra pois si que

ás veces nótoo, non? Como ese término lingüístico “neofalante” que lle chaman... Pero basicamente é o que acabas de describir, no? Cunha palabra elegante pero... Esas persoas que deciden, bueno, desde este punto cambiamos, non? E cres que..., vese como natural este cambio no Concello, non? Que cada un fale a súa lingua...

B: Si.

A: Ou cres.. E hai xente que...?

B: De hecho, a ver, yo creo que la mayoría de la gente no cumple, de hecho incluso hay compañeros que hacen los carteles en castellano, que digo joba, los carteles, lo mínimo hacer los carteles y los escritos y tal en gallego, o sea... Y sí que hay gente que lo sigue haciendo en castellano y a ver, yo creo que eso quedó ahí, lo de ese... y no se le da mucho... O sea, ellos estuvieron cuatro años, después ya volvió a venir el PP y pienso que no se le dio así mucha más... Pero bueno, sí que es cierto que todos los escritos oficiales y todo van todo en gallego, sabes? Todo lo que son decretos e todo esto va todo en gallego.

A: E esa xente que sigue mantendo esa escrita, esa escritura en castelán que suele ser, persoas máis maiores? Máis novas?

B: Si, mediana edad, mediana idade, máis ben. Mediana idade, si, ao redor dos 50.

A: E cres que é porque a escrita é máis complicada ou que sinten que é máis complicada?

B: Si, moita xente é de falar en galego pero de escribir nada, non...Á parte xa cho digo, a min o de escribir en galego tal...

A: Bueno, a educación tamén tería un factor, non? Porque o que acabas de dicir, que antes era moito máis as clases e escribir exámenes e tal, era todo en... E bueno, despois a normativa, que hai xente que non lle pillou a normativa, que sentía que esa normativa era un pouco, digamos, allea ao que falaban, non? Cres que hai xente que pensa que a lingua por exemplo que se fala pois na administración ou na televisión ou en todo tipo de sectores públicos é digamos que crea un pouco rechazo, non? Porque é moi distinta ao que falan eles.

B: Non sei... Rechazo... Eu penso que máis o problema é de dificultade. De sentirse... O que me pasa a min, que eu a ver, encantaríame falar en galego sempre, pero sáleme automaticamente o castelán, estando acostumbrado desde sempre a falar castelán é complicado..., xa non pensas. Eu por exemplo agora sáleme o galego e de feito sáleme porque me estás falando en galego, o sea, por educación. Eu cando me falan en galego contesto en galego é como que é algo... Pero si non é complicado arrancar directamente en galego, si.

A: Cres que, ou tuveches algunha vez na túa vida que explicar esta situación a alguén que fora de Galicia? Porque eu claro, estasme falándome de toda esta situación e enténdoa perfectamente, porque son de aquí, non? É algo que para nós é totalmente natural, pero se cando explico aos meus alumnos que por exemplo acabamos de empezar unha entrevista ou cunha amiga que ela fala sempre en castelán ou fale galego e nunca cambiamos, cres que..., ou tiveches algunha vez que explicar esa situación a alguén de fóra que lle parecera raro?

B: No, no a ver, normalmente con la gente de fuera nada, ya tiro del castellano y ya no se dio esa situación, vamos.

A: O típico de por qué falades cada un nun...? Por qué non cambiades?

B: No. De hecho mi familia eso..., hay de todo y gente que conocemos de fuera no, saben que es que bueno, que es, que Galicia es... Bueno, aparte que la gente que tenemos así de fuera son del País Vasco, o sea, gente que podemos tener así no familia pero casi son del País Vasco y claro, también tienen sus dos lenguas y lo ven como algo normal, supongo.

A: E ven a situación distinta á que hai aquí ou...?

B: No, lo que dicen es que aquí se usa mucho más el gallego que allá porque el gallego es más fácil de usar, o sea, en el día a día es mucho más fácil hablar gallego que hablar allá vasco en el día a día. En ese sentido...

A: Claro, unha conversación de... Quen non entende vasco non entende, claro.

B: Es lo que dicen, que aparte si le hablamos en gallego nos dicen “bueno, si ponemos bien el oído al final acabamos entendiendo la mayoría de las cosas”, o sea, se entiende.

A: E bueno, o que acabas de mencionar, non? Que como se fala en (*nome municipio*) ti mencionas que cada vez se utiliza máis o galego e que hai maior concienciación, non? Cres que a situación de (*nombre municipio*) é diferente a outras partes de Galicia? Que ten algo particular ou non?

B: No lo sé, a ver, iaquí hay bastante castellano hablante eh! O sea, es un pueblo bastante de hablar en castellano. Si que se usa más el gallego que antes, antes era vamos, era... No encontrabas a nadie hablando gallego, pero ahora sí. Pero aun así sí que se nota diferencia, incluso con pueblos de alrededor, o sea, (*nombre de un municipio cercano*), (*nombre de otro municipio cercano*), o sea, sí que se nota (*nombre municipio*) como que más... Pero bueno, son pueblos ya más como pequeñitos, que a lo mejor son más pueblos de gente mayor que usan el gallego. Si que me da la impresión de que aquí se usa menos. A ver, tampoco sé, o sea, tendría que ver... Tampoco sé exactamente, pero bueno, así en general puedo decir que aquí se usa bastante el castellano, ahora, se tira más al gallego, se..., comentábamos antes, pero bueno, aun así es un pueblo de hablar castellano.

A: Máis por temas de industria ou por tema de proximidade a (ciudad más cercana) ou algo...?

B: No lo sé.

A: Pola media de idade das persoas ou...?

B: Por la media de edad es bastante alta, lo que pasa que bueno, aquí incluso la gente mayor habla castellano. Gente a lo mejor, no sé, gente que vivió siempre así..., no sé, no sé. No sé decirte.

A: Bueno, porque a proximidade de (*ciudad más cercana*), (***) pois é unha cidade que tradicionalmente se fala máis...

B: Sí, puede ser que eso también...

A: E como cres, como valoras a situación actual? Como cres que vai ser o futuro do galego? Cres que vamos ir nesta liña de falalo máis?

B: Yo creo que sí, que cada vez se... A ver, espero que se..., sobre todo en las escuelas, porque a ver, en casa al final sí que es importante usarlo, ya te digo, lo intento en todo momento, pero sobre todo en las escuelas, que cada vez se vaya potenciando un poquito más, para que no se pierda, vamos. Yo creo que la cosa va bastante bien. Podría ir mucho mejor, evidentemente, pero bueno, para como estuvo, considero que bueno, que va... Pero bueno, también te hablo eso, de la zona que... A lo mejor hay otras zonas que a saber.

A: Ya, mui interesante, non? O tema dese cambio. Donde cres que se podría usar máis? Porque acabas de dicir que se podería mellorar a situación nalgún ámbito, non? Donde cres que...

B: Hombre, en los medios de comunicación podría usarse más, sobre todo en la escrita. Por ejemplo, yo echo de menos los periódicos gallegos que son en castellano, que dices tú, salvo determinados artículos, que son así en gallego por no sé qué razón, creo que debería ser en gallego, no sé... Y bueno, la televisión sí que tenemos ya una televisión cien por cien en gallego, bueno, los medios de comunicación si, en general. Y bueno, en la escuela también algo más, porque es eso, por ejemplo, en el caso de mi hija que yo creo que debería usarse... Y bueno, yo en el médico por ejemplo en (*nombre municipio*) yo creo que hablan prácticamente todos en castellano los médicos, o sea, sí que, bueno, que estaría bien también...

A: Si, podemos se queres falar..., porque é o tema que me interesa máis, non? De falar co médico. Bueno, xa o coñeces polo cuestionario. Estamos... son todo spoilers polo cuestionario. Pero acabas de mencionar, non? Que case todos falan castelán. Cres que pode supoñer certo problema de comunicación? Por exemplo, con persoas maiores, non? Que son as que máis ao final van ao médico.

B: Yo creo que bueno, que pa las personas mayores no es un problema, que no es un problema, porque ellos ya están acostumbrados a..., y ellos, o sea, ya no es por cuestión de educación ni de nada, ellos pues contestan en la lengua..., yo creo que contestan en la lengua en la que se sienten

cómodos. No tanto, no intentan tanto adaptarse a la lengua del médico como decir, mira, yo voy a hablar lo que me siento cómodo. Y yo pienso que para ellos no es un problema, pero bueno, igual para alguna persona sí, no lo sé, pero en general pienso que no lo ven como un problema, lo ven como bueno, cada uno nos entendemos y cada uno habla...

A: E o de entenderse cres que van directamente e falan en galego? Ou cambian polo médico? Porque digamos...

B: Sí, yo creo que muchos cambian, eh? O sea, los que..., a ver, mucha gente que no se ve suelta en castellano a lo mejor no, pero los que si pues te cambian sin problemas, así que... A lo mejor dicen "ah, voy a hablar en...". Sí que yo creo que la gente mayor aún está el rollo este del mal visto "ay, me está hablando en castellano y va tal", habrá de todo, pero bueno, sí que es cierto que puede haber gente que se sienta..., sí.

A: Que necesitan facer ese cambio, non?

B: Si.

A: No teu caso, bueno, falades os dous en castelán e sin problema, non? Os dous.

B: Si.

A: E como valorarías a túa relación co médico? De confianza...?

B: Bueno, por suerte voy muy poco y no tengo una confianza de... Á parte, bueno, es una persona así un poco extraña y tal, no... Entonces no tengo una relación, ya te digo.

A: Profesional, si.

B: Las veces que fui cuatro palabras y eso sí, habla castellano y no sé si es... Yo creo que es gallego, pero bueno, sí que habla así un castellano que a lo mejor ni siquiera es de aquí, y ya sé como él sé otros, ya estuve con varios médicos de allí y todos me hablaban en castellano, todos los que tuve, no sé en el centro médico de (*nombre municipio*) de los que hay si alguno habla gallego, pero yo creo que la mayoría castellano.

A: Creo que houbo cambio de médicos, porque... (***)

B: Si, el mío de hecho cambió, yo hace poco tenía otro, que el otro, bueno, el otro no sé si no hablaba gallego, eh? El otro señor que estaba, era un señor de ahí cerca, era de (***) o por allí, no sé si no hablaría gallego, ya no me acuerdo.

A: (***)

B: No, pero no me acuerdo ni del nombre del señor de antes, que va, sé que se muriera...

(***)

A: E cres que... Bueno, tiveches algunha vez... bueno neste caso estás en duda, que se é de fóra ou se non é de fóra, pero tiveches algunha vez algún médico ou persoal, digamos, sanitario que non fose galego?

B: Que yo sepa... Es que claro, no lo sé, no lo sé. Yo, claro los médicos tienes en la seguridad social son claro, tú vas al hospital y cada vez te toca uno distinto, entonces claro, yo ahí en una conversación así no te sé decir salvo que ya veas que es extranjero, que nunca me cuadró ninguno, de ver a lo mejor que es pues de otro país por los rasgos, bueno, que a lo mejor tiene los rasgos y es de aquí, pero bueno.

A: Si, si, naceu aquí.

B: Evidentemente eso no..., pero bueno, que podías notar el acento tal, pero no, no, la verdad es que no. Y tengo ese recuerdo de la mayor parte de las veces en castellano, en todos los sitios, sabes? En hospitales, en..., sí.

A: E cres que por exemplo, o que falabamos, non? Por exemplo, o exemplo da doutora (***), que aínda que a xente sepa que leva aquí toda a vida, intenta falar con ela en castelán ou...? Bueno, se non tiveches esa médica non sabes, non?

B: Claro, la tuve hace años, pero no, no me consta ya...

A: E que opinas, bueno, a situación coñécela perfectamente, non teño que explicala, non? No SERGAS falar galego pois é un... non é un requisito senón un mérito que che da puntos, normalmente claro, se eres galego e xa tes un nivel simplemente polo...[Esta mosca está...RISAS], un nivel básico, pero por exemplo en Cataluña si que é un requisito, non? Ter un C1, un nivel bastante alto para acceder a un posto público. Que opinión che merece esta situación en Galicia? Cres que é algo normal? Cres que debería haber certo compromiso? Non sei, a túa opinión.

B: Sí, yo creo que sí que debería... A ver, sí, yo creo que en esos ámbitos es donde deberían decir bueno, pues vamos a hacer que el gallego no se pierda y de alguna forma pues sí, hacer algo, o sea, hacer algo, no sé si decir que fuera obligatorio, bueno, no sé, igual si, pedir mira, pois un CELGA... Bueno, el CELGA 4 sí que lo tienes que tener para..., pero bueno, claro... no...

A: Bueno, se non eres galego...

B: Más de tema de uso, no de tener titulación, claro, más tema de uso, sí.

A: Si, pero bueno, se tes unha puntuación alta, digamos, é un mérito, non?, que tes a maiores. Porque claro, hai moitas controversias nese sentido, non sei se tes conciencia... Bueno, non, en Galicia tamén, esas críticas de discriminación, que os médicos non quixeron falar en galego... Bueno, non sei se escoitaches algunha vez algo deso.

B: No, la verdad es que del ámbito..., de este ámbito no, no escuché nada así relacionado con esto, no.

A: Noutras partes de España si que quizais é máis notable esa relación de que facemos: priorizamos a lingua, priorizamos que sexa un bo médico inda que non fale catalán, non fale galego, non fale vasco, non? Nunca escoitaches algunha persoa falar diso e ese tipo de controversias?

B: Bueno, en Cataluña sí. El tema, en Cataluña sí que se oye mucho pero en todos los ámbitos, el problema con... Bueno, el problema, bueno... Pero aquí ya menos, en ese sentido... A ver, es que al final el gallego como es... A ver, el gallego al final es una lengua que se entiende muy bien, o sea, yo entiendo que un médico te habla en gallego e incluso aunque no seas gallego... O sea, se entiende muy bien. No es a lo mejor como el catalán que se entiende menos y da más... En ese sentido yo creo que sí que debería usarse más y ser más obligatorio a lo mejor en muchos ámbitos que no da problemas de comunicación, vamos.

A: Si, si, que bueno, que é unha intercomprensión que facilita ese tipo de conversación, non?

B: Sobre todo estás en Galicia y la mayor parte del mundo, o sea la mayor parte de la gente aunque no lo hable lo entiende perfectísimamente, o sea, incluso gente de fuera, pues la de Galicia vamos, ya...

A: E antes mencionaches que para as persoas maiores pois, por exemplo, teus pais, bueno, teus pais, digamos, dominan máis as dúas linguas, pero persoas que ao mellor non dominan tanto...

B: Bueno, mis padres hablan castellano, o sea, bueno, mi madre, mi madre se casó otra vez y yo con mi padre no tengo relación, pero bueno, mi madre si habla castellano y su marido también. Por ejemplo, mis abuelos ya con más edad ya hablan gallego, o sea, y hablan gallego entre ellos y ahora incluso con nosotros. Antes sí que hacían más el esfuerzo de hablarnos en castellano, pero ahora ya no, ahora hablan..., supongo que ya porque los años, ya mira, ya haces lo que estás más cómodo. Yo hablo en gallego y es mi lengua y estoy más cómodo así, entonces ya sí que se... ¿Y aparte sí que se lo tenemos dicho, por qué cambiáis? O sea, si vosotros habláis gallego, por qué para hablar con nosotros cambiáis de... No tenía mucho sentido, no tiene mucho sentido. Y sí que ahora pues no lo hacen...

A: Perdona que te interrumpira. Cres que cambian noutros lados ou simplemente para falar con vós?

B: Sí, sí. En otros, en otros lados cambian, seguro. O sea, si le hablan...

A: Donde, por exemplo?

B: No te sé decir, pero sí que a lo mejor en sitios más..., no sé, nosotros porque hay confianza, a lo mejor sitios con menos confianza, con gente con menos confianza pues sí que cambian, yo creo que aún a estas alturas cambian a veces. Bueno, ya cuando hablan con gente de fuera sí. Incluso te ponen acento, o sea, es lo típico que no hablas y coges tal y pones como acento de fuera y dices tú joba le sale un acento así... Pero bueno, no es... O sea, las menos, o sea pocas veces, no...

A: E por que cres que cambian? Aparte de falar con unha persoa de fóra, bueno, aí por educación, como acabas de dicir, non? Pero con outras persoas de aquí de (*nombre municipio*) por cres que cambian?

B: Yo creo que la gente mayor a lo mejor es..., aún tienen ese rollo del estatus, de “hablamos castellano que es más fino”. Aún está un poco entre la gente mayor, la gente joven yo creo que eso ya se perdió, pero entre la gente mayor aún queda eso de que antes hablar gallego era de paletos, ¿sabes? Lo de que ah, esos de la aldea, no sé qué. Yo creo que a la gente mayor aún queda algo de eso, por desgracia aún lo tienen un poco... La gente muy mayor.

A: Ahora que mencionas o de a relación de paletos, porque é o típico..., palabra que sale nesto, no? Se che digo estas afirmacións, que se poden escoitar aínda hoxe, que opinas delas?: “quen fala castelán cun forte acento galego ten menos posibilidades de éxito”.

B: Pfffff, yo creo que hoy en día no, antes sí. Antes estabas..., de hecho, veías “ay mira ese que...”. Yo por ejemplo tengo mucho acento gallego, bueno, me lo notan fuera, yo iba a (*ciudad de España*) y tal y decían “jo, como se te nota el acento”. Para mí era un orgullo, pero hay gente que aún hoy en día le parece... La gente que tiene un acento gallego, pero pienso que a la hora de tener éxito o no no afec..., bueno, pienso que no, vamos.

A: Que é algo máis do pasado, non?

B: Sí, yo creo que hoy en día no está, no está mal visto el acento, yo creo que, todo lo contrario, eh?

A: Que é unha marca de identidade, non?

B: Si

A: “Quen fala castelán ten máis posibilidades de facer amigos ou de ligar”

B: No.

A: Ese típico cambio de, dun bar, de intentar... ese cambio

B: Yo creo que no, yo qué sé, habrá de todo, pero así en general pienso que no, que hay las mismas posibilidades. Depende de otros factores, vamos. Depende de otras...

A: Estou totalmente de acordo, pero bueno, que hai xente que pensa así, si.

B: Si!

A: E experiencias seguro que... Eu tiven este tipo de experiencias, notar que alguien fala normalmente galego e intentar falar con, coas miñas amigas e comigo en castelán nalgunha situación...

B: Sí que se da, si que se da, o que pasa que bueno, veo tan lejos eso de ir a los bares y tal que ya ni, vamos, no, no soy capaz de visualizar situaciones parecidas.

A: (RISAS) Si, eu tamén teño que mirar moito no pasado, como era, como era esas... E ahora ademais con covid parece algo totalmente...

B: Si, es verdad.

- A:** ...fóra de espacio, non? E “o galego a lingua da cidade, da aldea, perdón, e o castelán da cidade”?
- B:** Eso sí, a ver, hoy en día menos, pero eso, sigue habiendo de eso, de que parece que estás en la aldea y todos hablan gallego “ay sí de...”. Sí, sí que se sigue dando un poquillo. Menos que antes, pero sí que...
- A:** Sigue habiendo esa, esa división, non?
- B:** Si, como que...
- A:** E por último: “quen fala castelán é máis realista ou práctico que o que fala en galego”, que hai xente que si que pensa isto, non? Que opinas?
- B:** No. Hombre, a ver, evidentemente hay gente para todo, pero no. A ver, hoy en día está mejor... Yo creo que todas estas cosas antes sí, pero hoy en día yo creo que se está, se está avanzando mucho en general.
- A:** Por sorte.
- B:** Si, si, si.
- A:** Bueno e xa últimos..., un par de preguntas e acabamos xa, porque bueno, estás traballando e non quero ocuparche máis tempo, non? Bueno, acabamos de facer un pequeno salto, non? Pero en relación co médico de familia, en relación a cando vas ao hospital, a un especialista, non? Porque non é persoa que coñezas ou... Un médico de familia normalmente é o mesmo que tes durante bastante tempo. Cando pensamos nestes médicos especialistas ou nas Urgencias do hospital, cres que é distinto a ir a este centro, bueno, a (*nombre municipio*) ou a calquera centro de saúde? En temas de comunicación, cres que é distinto?
- B:** Pf, a ver, lo que tiene eso es que claro, cada día tratas con uno distinto y sí, a ver, hay diferencias claro, en ese sentido.
- A:** Ese tipo de confianza, non? De relación.
- B:** Claro. Que bueno, ya te digo, yo con el de aquí tampoco es que tenga una confianza de..., pero claro, ya lo ves más veces, ya sabe más de ti, ya... Bueno, a aquellos a lo mejor los ves una vez en tu vida y no los vuelves a ver.
- A:** E cres que falar con estes médicos, bueno, tamén pola urxencia do momento, non?, e distinto a falar aquí, non?
- B:** Sí, sí, porque normalmente cuando vas a urgencias vas porque te duele algo, tienes algo o vas con otro... Aquí vas más tranquilo, a lo mejor por... Y hablas con otra calma, con otro..., sí. Si, eso sí. Y allí tiendes a sacar más tu... Hablar más en lo que tú hablas sin cambiar porque él te hable en..., sabes? Lo que te sientes más cómodo, vamos.
- A:** Pola urxencia, non? De, por exemplo, se o médico che... Bueno, estamos falando de cousas hipotéticas, habería que verse na situación, non? Pero cres que si o médico en urxencias che fala en galego cambiarías?
- B:** Yo pienso que allí no, pienso que allí, o sea, viéndome en determinados casos, o sea, si voy por una tontería pues a lo mejor sí, pero bueno, estoy pensando en casos como ir al parto o no sé, ir a casos así... Bueno, yo tuve apendicitis, y estuve allí en urgencias y bueno, te puedo asegurar que no usaba el gallego, o sea, por mucho que me hablara gallego el médico yo hablaba en castellano, claro, que es en lo que me sentía más suelta.
- A:** Claro, bueno, nos momentos estos de... Non estamos pensando en que palabra utilizar.
- B:** Claro, te sale..., ya te sale automático.
- A:** Totalmente, totalmente de acordo, non? Pero cres que no hospital fálase máis, menos ou igual galego que no centro de saúde?

B: Yo creo que menos. Bueno, claro, en el caso de (*nombre municipio*) no se habla mucho gallego en el centro médico. Bueno, estoy pensando, es que estoy pensando en los celadores, por ejemplo, ya no sé, porque son nuevos también y la verdad es que no sé, no me, no hago lo que hablan pero bueno. A ver, en el hospital también hay mucha más gente, seguramente también la proporción es más alta de los que hablan en gallego. Pero bueno, no lo sé, la verdad es que no lo sé, no podría decir.

A: E por último, xa é a última pregunta: cres que debería mellorar algo para ofrecer unha mellora atención? Estamos sempre no plano da comunicación, non? Cres que podería haber algo que en Galicia, no sistema de... no SERGAS non?, tanto nos hospitales como nos centros médicos, cres que debería haber algo que mellorase, que necesitase mellorar?

B: En canto á comunicación?

A: Si.

B: Pois non sei, falábamos antes de que se usara máis o galego, pero claro. A ver, é eso, penso que non, que non é problema de comunicación que un fale unha cousa e outro falen en outra, por exemplo, o sea, ahí veo que, bueno, no sé, no sé que decir, la verdad.

A: Quizais algo máis, bueno, acabas de mencionar quizais que houbese máis equilibrio, non? De médicos...

B: Sí, a ver, entre los médicos sí que se habla bastante castellano, es cierto. Pero también será a lo mejor porque vienen muchos de fuera, yo es que ya no sé... Que a lo mejor vienen muchos de fuera o... Que es verdad que yo las últimas veces, en el hospital y todo, castellano y médicos jóvenes recién salidos de la carrera y tal y sí que se tira mucho al castellano. No sé si es que a lo mejor entre ellos es..., no sé, bueno, los ámbitos en los que se mueven, más...

A: Estudio, quizais...

B: Sí, la carrera, que supongo que será una típica carrera que a lo mejor es más en castellano, no lo sé, pero sí que es cierto...

A: Si, solo o cinco por cento das asignaturas están en galego. Na carreira de medicina

B: Ah pues mira. Pues supongo que eso claro, influirá mucho. Pues por ahí, por ahí podían mejorar la cosa, sí.

A: Bueno, pois creo que xa che roubei demasiado do teu tempo de traballo, mil gracias, de verdade. Bueno, primeiro vou parar.

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Format: Face-to-face

Total length: 44:49

Total words: 8106

Speaker A (Interviewer): Researcher

Speaker B (Informant): Male, 75 years old, Secondary A education, urban, tailor (retired), Galician/Spanish speaker

Language of the interview: Traditional Galician (A), Traditional Galician (B)

A: Voulle subir o volumen... Bueno, en primeiro lugar, moitas gracias por atenderme. O que estou estudiando é a fala de (*nombre municipio*) e ver como cambiou nos anos e tamén me interesa moito como se fala co médico. E a razón de que é (*nombre municipio*) é porque teño gravacións de consultas médicas en (*nombre municipio*) e por iso teño que analizar como fala a xente fóra da consulta dentro do... de aquí de (*nombre municipio*), non? E vou falar con, esperemos, uns doce persoas, distintas, para ver...

B: Con doce?

A: Si, con doce, a ver se ca axuda de xente amable coma vós...

B: De doce, dentro de (*nombre municipio*), do Ayuntamiento?

A: De (*nombre municipio*), si. Que utilicen o centro médico. Pode ser de (***), porque tamén veñen ao centro médico algúns.

B: En (*municipio cercano*) teñen centro médico. E en (*municipio cercano*) tamén.

A: Algúns veñen aquí dixéronme.

B: Si, si, algúns si, creo, algúns si, pero por regra general téñeno alí. Algúns siguen vindo por aquí, tes razón.

A: Canta humidade

B: Si, si

A: Bueno, non sei se tes algún tipo de preguntas, queres que che explique algo máis do estudio e o que estou facendo? É unha tese doutoral...

B: Ti pregunta, que o resto máis ou menos xa...

A: Bueno, bueno, pero simplemente é a miña obriga preguntar porque bueno, aquí vamos serios, non? E bueno, xa me estivo contando un pouco a túa afillada que estiveches vivindo fóra, non sei canto tempo ou que me podes contar desa experiencia, non? De estar vivindo fóra.

B: Eu fóra non vivín, estuve en Barcelona simplemente mes e medio.

A: Ah, vale vale.

B: Non é vivir fóra, estuve mes e medio facendo un curso de corte aló.

A: Bueno e vivindo, houbo que vivir alí

B: Bueno, si, vivindo, pero... Si.

A: E cando foi isto, foi hai moito tempo?

B: Si ho... Foi no setenta e catro.

A: Pois case no cambio de...democrático

B: Si, máis ou menos vin por alí os grises cos paos esperando nas manifestacións alí na Plaza de Cataluña e por alí a cabalo e... Pero pouco máis, non vin follón nin manifestacións en Cataluña no tempo que eu estiven alí, sabes?

A: E cres que o tenían por exemplo... tes...? Bueno en primeiro lugar estoute tuteando, espero que...

B: No, por Dios. Ademais a min non me gusta que me traten de usté.

A: Hai xente que o mellor...

B: Si, si, no...

A: Ves algunha diferenza, ou vías de aquela, ou agora, algunha diferenza entre como é o catalán na sociedade e aquí o galego?

B: A ver, eu en Cataluña practicamente non volvín, volvín de luna de miel cando nos casáramos pero estiven alí poucos días, dous ou tres días. Non sei, eu teño amigos cataláns, un mui íntimo, un moi íntimo, que eu falo todos os días con el, todas as semanas, se non o chamo eu chámame el, está traballando aquí en (***) e bueno, non falamos de política, sabes? Falamos de fútbol, de política no. Inda que el non ten ideas de separatismo, pero queiras que non sinte o catalán, é catalán e de hecho a difunta da muller, que lle morreu a segunda, pois non sabía falar o catalán, era española. Entonces as diferencias así que podo notar eu de antes a agora? Non o sei, porque agora pois aquilo... xa ves o que está pasando, pasa en toda España, pra canto máis alí, non? Y eso.

A: E por exemplo, no teu caso, na casa en que lingua aprendiches a falar?

[Interrupción, tocan ó timbre]

A: Non pasa nada, eu teño todo o tempo pa vós [Interrupción da gravación]. Bueno, estábamos falando da lingua na que falabas na casa, non? Na casa...

B: Na casa, na casa eu coa muller falo sempre o galego. Sempre. Ca pequena sempre falei castelán, ca miña filla sigo falando, pero a pequena agora fala comigo o galego non académico, senón o castrapo totalmente. Co “se” coa “ese”, con “jota”, con algunha palabra fea polo medio... Somos terribles ela e máis eu. E o abueliño aquí, abueliño alí, a ti como che parese esto, a min... E logho tal? Co galego antigo, de aquí de (*nombre municipio*), sabes? Aquí na zona esta da comarca... Ti dixeches que eras de...?

A: Eu son de (*municipio galego*).

B: De (*municipio galego*), bueno. Aquí en vinte quilómetros..., non che quero esagherar pero ao mellor hai tres ou catro gallegos con distinta pronunciación, sabes? Na zona de (*municipio próximo*) falábase dunha maneira, notábase a xente que era de (*municipio próximo*). Na xente de (*municipio gallego*) e de (*municipio gallego*) falábase de outra maneira, viñan aquí e xa notabas polo, polo tal que era distinto, de (*municipio gallego*), de..., ao mellor da zona de (*municipio gallego*), de (*municipio gallego*) e por aí ao mellor xa cambiaba, era distinto, ya era gente máis finolis, sabes? Por exemplo, na miña xuventú en (*nome municipio*) pois falábase o castelán continuamente. E nós o grupo que éramos ao mellor de rapaces de dezaseis-vinte anos, con uns falábase, con uns falábase o galego, con outros castelán... O galego daquela, logho.

A: Iso de novo, non? E por que cres que... Cambiou?

B: Despois de maiores, pois mira, quizá, quizá se foi facendo todo..., falábase ao mellor nun momento de castellano con las chicas pa ser un poquito máis finolis e ao mellor entre nós falábamos o galego... Si, así.

A: Entonces pa' ligar había que falar en castellano?

B: Pa ligar, pa ligar vouche contar unha anécdota que nos pasaba aos cinco, ou seis, ou sete que éramos de dezaoito, dezasete anos. Había que tomar un claritito, clarititi (rise) pa tener un poquito máis de lingua, sabes? Sin lugar a duda de que si.

A: E despois falarlles en castellano ou?

B: A ver, aquí había de todo, porque eu desde ben xoven, tanto eu como os meus compañeiros, saías por aí e nunca tivemos ningún problema, e eso que era a época do franquismo, eu nunca tuven un problema coa Guardia Civil, como se dice agora mente que peghaban, que aquí, eu teño vido a andar desde (*municipio galego*), teño ido a andar desde (*municipio gallego*), teño vido... De tódolos xeitos, eu nunca tuven problema de ningunha clase. Nada. Moitos dicen que si, pois bueno, eu non o poño en duda ¿Que os tendrían? Pois si e tal. Pero eu cando era por festas, que aquelas festas cerraban ás tantas e viñas cando terminaban, cheghabas á casa e había leña ao mellor, si, si. Pero despois estaba meu irmán, que ao mellor dicía á hora do mediodía ó outro día: “Pilín, a que hora viñeches ayer da festa e tal?”, e eu dándolle patadas por debaixo da mesa para que meu pai non... Pero a vida era moi distinta á actual, moi distinta. Pero xa che digo, nós problemas aquí ca Guardia Civil na, nin cos Municipales, que os Municipales de máis pequenos xa cando nos puñemos a xogar ao mellor no portal do (***), na de (**) ou na outra ao fútbol, que viñan a botarnos fóra, despois o resto... E a lingua: que se falaba máis o castelán que o galego? No, no. Pasa que a veces ao mellor con algún amigo nun momento falabas o castelán e noutros momentos falabas o gallego. O que se suele dicir, o bilingüe, non? Pois mira, practicábamos cos amigos igual, practicábamolo entre os amigos igual.

A: Pero non é distinto hoxe, é como era antes igual que hoxe?

B: Máis ou menos.

A: Eses cambios.

B: Máis ou menos si, porque... Quizá agora se fala máis o gallego, eh? Eu penso, na forma que oio falar agora por aí á xuventú, hai algúns que no, pero a mayoría falan o gallego.

A: E porque cres que houbo este cambio nestes últimos tempos?

B: Bueno, eu cando fun á escola non había o galego, non había... E bueno, salín aos doce anos da escuela tamén, eh? Fun alí ao grupo escolar. E non había... Falaba, o profesor falábache o castelán, por regra general. Había frases que ao mellor chas dicía en galego porque eran tamén de aquí e pouco máis.

A: O sea, a educación era un factor importante, non? Dese cambio que agora se fale máis galego, quizais?

B: Si, e además ao meterllo aos rapaces xa de pequenos pois mira, os rapaces entre eles uns falan o castellano, pero bueno, moitos rapaces que pasan por aquí po instituto pa tal van falando galego, eh? Moitos

A: E que opinión tes sobre iso, pareceche que... vamos que estás orgulloso que sexa así, ou simplemente pois é algo normal, natural?

B: Por que non? Estamos en Galicia, non? É o normal é que se fale o gallego. Que se fala o castellano? Eu por exemplo os nacionalismos non me gustan, non son amigo. A min por exemplo, vouche disir unha cousa, unha señora que está agora no Bloque cando saleu pareceume moi ben, agora xa vexo o radicalismo que empeza a ter e xa non son, xa non sei..., xa cortei a forma de pensar que tiña hacia ela. Y claro, oye, é política? E busca o que os seus pensamentos e a súa doutrina teñen? Vale. Pero no. Empezou moi ben, pero a min encantábame. Pero agora no.

A: Cres que está demasiado a lingua..., influenciada demasiado pola política?

B: No, a miña forma de pensar penso que non está influenciada pola política, non, cada un oye, nas escolas fala..., depende os amigos, porque hai rapaces dos pueblos e das cidades que se lían cos rapaces das aldeas e fálase de todo. Esa é a miña forma de pensar, eu ando por aí bastante e óioos falar dunha maneira e doutra. E si queres ti, quizá predomina máis o galego que o castelán, eh?

A: E aquí por exemplo no traballo, porque de toda...

B: Eu traballo sempre en galego, sempre o galego, sempre, sempre.

A: ...Porque o teu traballo é de xastre e ao mellor... Sempre aos clientes sempre en galego, non?

B: Ahora mesmo viñeron dúas chicas, dúas señoras abaixo, unha é de (*cidade máis próxima*) e naceu aquí do lado de (*municipio gallego*). E fala o castelán seguido. Eu dígolle ao mellor así algunha parolada e “pero que quiere decir iso? Pero ti eres ghallegha ou de donde eres?”. A outra non, a outra é de (*cidade de España*), non? Pero entende o gallego perfectamente, porque leva..., estivo en (*país de Europa*) ou por alá e leva aquí, non sei, dez ou quince anos e entende o galego totalmente. Non o fala, é normal. Pero a outra que é de aquí, eu non o concibo, dígolle moito “pero a mi no me andes preguntando tu lo que dice, parece mentira que estuvistes toda la vida en (*cidade máis próxima*), y luego hablabas con toda la gente (era enfermeira) el castellano?”. “Bueno, mucha gente me hablaba el gallego, yo lo entendía pero yo el gallego nunca lo hablé, no es por nada”, e digo eu bueno, vale. Pois punto.

A: Cres que hai máis entón que..., que á xente que fala normalmente castelán lle custa máis falar en gallego ou...?

B: Non, ou continúa falando, si, é posible que si, que continúa falando. Eu sobre eso son bastante..., escoito a ver o que me van a falar, se o médico me fala o galego, fálolle o galego, se me fala o castelán, fálolle o castelán.

A: Si, deso podemos falar agora.

B: Cada un ten a súa forma de pensar y oye, de falar. A min gústame falar o galego? Pois si. Falo castelán? Á miña maneira, tanto o galego como o castelán.

A: Que as veces se hai que cambiar polo..., do que che falan, non?

B: Claro, claro.

A: E cres por exemplo... En que lingua te sintes, por exemplo, máis cómodo para escribir ou pa ler? Ó ter unha educación máis en castelán...

B: A mi si que non me fales de escribir o galego que escribo á miña maneira, eh? Do pouco que escribo, que agora tampouco non se escribe moito.

A: Pola educación, claro, se non houbo un...

B: Eso, eso.

A: E a normativa tamén foi cambiando e...

B: Totalmente distinta, que eu conocía... Si me volvo atrás e me poño dez ou once anos e me falan o galego académico agora, pois moitas cousas no. Aínda agora pregúntolle á miña neta ou á miña filla que significa algunha palabra que eu non entendo, porque cada día tamén están sacando máis palabras en galego que nós, os de antes, nin idea.

A: E os de agora tamén temos que mirar... (RISAS)

B: Pois mira, pois mira.

A: E por exemplo, cando..., non sei se ves a Televisión de Galicia ou a Radio Galega..., tamén pode haber algún momento que digas “non sei, iso non...”?

B: Si, si, hai algunha palabra que soltan e que non me entero. Aínda lle digho á muller, que estamos vendo os dous a Gallega algunhas veces, o telediario das dúas e media me parece que é, e digo “pero eso que significa?” e ela, e eso que ela deu un par de cursos de galego, “pois non o oín tampouco”. Así que..., es así.

A: E cres que deberían ao millor, bueno, deberían manter..., hai como dúas opcións, non? Ou manter esa lingua para que se, digamos, manter o galego normativo ou deberían ao mellor achegarse un pouco ao que se fala fóra?

B: Eu penso que si, que se debía de continuar ca tradición que se falou o galego..., a cousas que se lle chamaban esto, por que se lle vai chamar agora estopa? Non o vexo ben. Que variar? Eu acórdome de..., tiña unhas tías na Ponte e sempre me dicían “abule!”, e o outro día oínlle dicir a un vecino “abule”. E dixeron “joba, macho!”. “Abule”, sabes, non? “Apura”. E agora é a primeira vez que o sentín, e ademais outra palabra máis que tamén o dicía a miña tía (***) e agora mesmo non recordo, por eso que houbo palabras que as cambiaron, que lle meteron o brasileiro, ou o portugués, ou non sei que e fixeron unha... O gallego? bueno, estará ben, dentro de cincuenta anos pues é gallego el gallego e falará todo o mesmo, todo Dios.

A: Si, pero vaise ao mellor recuperando algunha palabra ou cambiando...

B: Penso que deberían, penso que debería, pero claro, os académicos agora serán vellos, pero dentro de vinte anos son académicos novos, xa non se acordan das palabras anteriores. Certo?

A: Tes toda a razón. Cambiar de xeración tamén vai cambiando as formas, non?

B: Por eso che digo.

A: E cres que a situación de agora, cres que se protexe o suficientemente o galego ou debería protexerse máis? Eu refírome a, bueno, a administración ou escolas ou...

B: Non, eu penso que eso irá evolucionando, como todas as cousas, non? Penso que se vaian mantendo algunhas cousas, penso eu. Polo que saco e polo que oíu á miña filla e polo que oíu á neta pff!, máis ou menos.

A: Entonces cres que ten futuro, non? O galego.

B: Penso que si. Hombre, tamén se perdemos o galego que é a nosa identidade tamén fastidiaría un pouco, non? Ou que?

A: Eu tiña unha alumna (***) que me puxo nun traballo “Galicia sen galego é como Santiago sen o botafumeiro e A Coruña sen a Torre de Hércules”.

B: Pois si, pois si.

A: E fíxome gracia, non? Porque ao ser unha alemana que me escribe iso, non? E me digo “teño que ensinalo ao mellor a algún galego”, non?

B: Si, eu leo moito sobre a xente que ven a Galicia do estranxeiro, que de feito hai moitos afincados por aquí en aldeas e por aí, e admírome, admírome unha co que aprenden de aquí e outra que lle gusta. Aí hai unha familia creo que é alemana, aí en (*municipio gallego*), que viñeron solamente un par de anos a pasar un mes de vacacións. Pois agora compraron unha casa e quedáronse. Dican que lle admira todo aquilo, que verde, e iso que non conocen a aldea donde viven de fai cuarenta anos cando andaban as vacas por alí e as ghalinas por outro..., e o porco berrando, o can ladrando, que agora é distinto, nas aldeas practicamente é o pueblo tamén, pero falaban no periódico inda hace pouco ou na radio e dicían que cada día están máis encantados de Galicia. E eu síntome moi satisfeito de que haxa xente de fóra que fale así de Galicia.

A: Que ben, non? escoitar...

B: De verdad, moito.

A: Antes mencionabas que, por exemplo, na túa casa ca túa muller falabas en galego, non?, pero que ás túas fillas falabádeslles en castelán de nenas ou...?

B: Si, si. Tanto á miña filla como á pequena, sempre falamos en castelán. Agora eu coa miña filla alterno, falo o galego, falo o castelán, ca pequena agora case sempre falámo-lo galego os dous se estamos de cachondeo máis, ten catorce anos que os fixo ayer, e ben. Cando nos poñemos serios ou cando me berra por algunha falamos o castelán.

A: Ah, interesante. Así que en momentos estes de...

B: Si, si, nos momentos serios ao mellor, pero despois no resto...

A: A autoridade segue sendo...

B: Non é por autoridade, que eu non trato de ser autoritario coa miña neta, eh? Nada, todo o contrario. É máis a nai, a nai si que é moi línea recta, pero ela no, eu con ela pásono en ghrande.

A: Os abuelos están para consentir.

B: Si, si.

A: E os pais... (RISAS)

B: Si, é verdá, a miña muller no, quizá é un pouquiño máis, máis... con ela, pero eu, ven pa xunto de min sempre.

A: E esa decisión de falarlles en castelán cando eran nenas foi unha decisión natural ou algo que falastes ou por que foi eso?

B: Pois ao mellor era polo anterior, porque eu acórdome que como meus pais ao principio de neno pois tanto eu como meu irmán, falábamos, falábannos o castelán. Non importaba que variara ao mellor nun momento dado. Despois cando un pouquiño máis maiores, con doce ou quince anos, eu con meu pai falei sempre o galego xa e máis con miña nai. Sempre. Pero de pequenos pequenos, seis, sete, oito, dez anos, ao mellor falábase máis o castelán.

A: Na túa casa tamén?

B: Si, si, na casa de meus pais logho.

A: E porque cres que era así?

B: Non o sei, sería por sei máis finolis? (RISAS) Porque os señoritos do pueblo hablaban el castellano y a lo mejor los de la otra (non se entende) pues también querían hablarlo. Vai ti a saber, eu que sei.

A: Entón... Mira, teño xustamente aquí unha afirmación, escribín algunhas ideas que si que se escoitan, non? A ver que opinas delas. O que acabas de dicir agora, non?, "o galego é a lingua da aldea e o castelán da cidade".

B: Naquel momento, naquel momento si. Estouche falando, eu teño 75 anos, estouche falando de cando tiña eu que sei, vinte anos ou vinte e cinco. Ao mellor viñan a (*nombre municipio*) e os do pueblo eran os señoritos e os da aldea pois eran os da aldea, sabes? E dígoche unha cousa, que a veces daquela claro, tampouco non había nas casas o que hai agora, non?, pero eu acórdome que por exemplo na festa de Pascua, nas festas, o (****) non se celebraba tanto, simplemente era unha romería no monte, pero nas festas de Pascuas eu baixaban a andar a xente das zonas de alá, das zonas de aí e vían aquí unha fonte, esta fonte que inda a hai, e outra alí arriba, viñan andando de zapatillas ou de calzado de semana e chegaban aí, lavaban os pés, secábanos e poñían un calzado fino. Así, eh? Moito, moito. Eu acórdome..., esa é unha imaxe que non se me olvida xamais.

A: E cres logo que tamén había, aparte da pobreza, non? Porque tamén a había, pero había discriminación tamén porque falaras galego? Ou agora?

B: Eu creo que entre nós no, eu creo que daquela xa non había, home que por exemplo en centros de villas ou así que miraran con diferenza á xente, pero eu penso que..., eu na miña forma de pensar penso que non, ao mellor habería xente que si que os trataba..., que os miraba por ensima do hombro? Pois vale, pero no meu caso no...

A: E cres que hoxe iso xa non existe ou pode haber? A discriminación, non? Que ao mellor falar galego que sexas da aldea...

B: Eu creo que non, fai anos xa que no. Para a miña forma de pensar penso que hai anos que no...

A: E por exemplo se che digo..., son frases que saquei dos cuestionarios que se fan tamén na Xunta e demais, non? “Quen fala castelán cun forte acento galego ten menos posibilidades de éxito”.

B: Como, como?

A: Quen fala castelán que ten, que se lle nota moito cando fala que ten así un acento moi marcado pode ter menos posibilidades de éxito, por exemplo pode ser que..., non sei, que non consiga un traballo, ou ao mellor que non o acepten nalgún sitio.

B: Non, penso que non.

A: Non, verdade?

B: Penso que non, porque un gallego que vai..., un gallego que temos sempre a costumbre de falar o gallego, sales fóra de Galicia falar o castelán e o acento telo. É coma o catalán cando sale de alí. Sempre. Nótaslle ben que é catalán. Así que eu penso que non, non...

A: Que é máis o contrario, ao mellor. Un orgullo de... “son o que son e...”

B: Podemos pensalo así, podemos pensalo así. Disíase antes “yo soy yo y mis circunstancias”, non?

A: Exacto. E “quen fala castelán ten máis posibilidades de facer amigos ou de ligar”, eso si que mencionábalo antes, que ao mellor...

B: Naquel momento? Naquel momento é posible que si, eh? Si, naquel momento é posible que si. Despois co tempo non, porque donde... donde máis... donde máis festas e bailes había si queres ti, en (*nombre municipio*) houbo un baile unha vez, un baile pequeniño, un ou dous que cerraron pronto, pero donde nos desplazábamos para ir aos bailes era por exemplo a (*municipio gallego*), a (*municipio gallego*), a (*municipio gallego*) que o había, e vías que toda a xente de alí pois como lle chamábanos nós... A nós chamábanoslle..., a min en (*municipio gallego*) chamábanme os de (*municipio gallego*), e mira ti de (*nombre municipio*) a (*municipio gallego*) aínda hai un cacho, e dicía “eu non son de (*municipio gallego*), eu son de terra adentro”. E íbas a (*municipio gallego*) e íbas por aí e bueno, vías que había moita xente que traballaba toda a semana na conserva, daquela as conserveiras estaban a tope, porque había moito máis traballo manual que actualmente, agora está todo como moito máis mecanizado, non? E notabas a xente que si, que realmente notábaslle aquel ambiente ou aquel aroma, como queiras dicir, que era do peixe, e íbas pola semana a unha festa e notabas como..., o que falábamos antes, que non hai a hixiene que hai agora. Agora sabes que están decindo que lavarse demasiado e ducharse demasiado que é un pecado e que afecta á piel (RISAS).

A: Hai que aforrar auga.

B: Os ingleses dicen, que dicen que os ingleses son os que menos se duchan, dixérono aí na radio, escacharreime de risa.

A: Antes porque non se podía e agora...

B: Ahora porque é enfermizo, agora...

A: É enfermizo. Non nos poñemos de acordo, no?

B: No, jamás.

A: E se por exemplo se che pregunto: tes conciencia de escoitar, ou ti mesmo, non, que cambias...? Acabas de mencionar, por exemplo, nese caso que acaba de vir unha persoa que sempre falaba castelán e cambias espontaneamente. Tes conciencia que ti ou outras persoas que escoites, que van ao mellor a un sitio concreto e cambian ao castelán ou ao galego, pode ser? Póñoche exemplos, se queres: vou a un avogado, vou a un notario, vou ao banco, ou algo así.

B: Si, si, pode ser que si, eu cando teño que ir a un avogado, que é unha chica, pois ela falou toda a vida castelán, pois eu fálolle o castelán. A min non me preocupa. Tanto me da que me fale o castelán, eu entender vouna entender ighual e tampouco ando dicindo ela castelán e eu galego, non, pa que? Pois se me fala o galego, pois fálolle o galego, éme igual.

A: E es consciente de que a mellor outra xente fai así, ao mellor tamén...

B: E hai xente de (*nombre municipio*), hai xente que está no Concello en (*nombre municipio*) pois que eu sei que fala o castelán, vou alí e se me dirijo a él fálolle en castelán. Falo co alcalde? Falo o galego, porque sabes que fala o galego. Sei que fala o galego.

A: Tamén é coñecer á xente, cando xa sabes..., se coñeces á xente xa sabes.

B: Nos pueblos pequenos xa sabes que nos conocemos todos, claro. Ahora fun alí ao centro social porque van ir facer os DNIs e eu non conocía á chica que estaba alí pero ela coñeceu-me a min, como estaba coa mascarilla dinme conta quen era e faleille o galego. E ela faloume o galego. Era de aquí de arriba, o que pasa que eu non a coñecía, por iso che digo, que ao mellor..., que nós os de antes entramos nun sitio oficial destes e que falas o castelán? Si, é posible. É posible. Se falan o galego eu na miña parte xa cambio. Deben de ser as creencias de antes, sabes? Que aínda quedouche aí metido.

A: Pode ser, non? Que teñas ese chip xa metido...

B: Claro, ti sabes que ibas antes a un sitio que tal e preguntáballes moitas veces á miña filla si falan castelán ou galego e dime ela “como me chamen ou se me falan en galego, porque chámanlle moitas veces por teléfono, ou como me falan en castellano, adaptación aos dous sitios”. Así que eu creo que sobre esa mentalidade somos todos máis ou menos, eh? E si ti eres galega débelle saber un pouco coma min tamén.

A: Sei, sei, pero como a entrevista non é... (RISAS)

B: Normal, non é hacia a ti que é hacia a min.

A: Se che digo as miñas ideas ao mellor influénciate, non? Do que... pero é certo que, por sorte, eu creo que é por sorte, vamos cambiando un pouco eses complexos ao mellor que había antes...

B: É posible.

A: Van cambiando.

B: Si que eran complexos, si, si. Que ao mellor pois con quince ou dezaseis anos pensábaste a ti mesmo que se falabas o galego que eras un paleta? Pois é posible que si, naquela época, estouches falando de fai sesenta anos. Que o pensaba eu, que pensaba moita xente, ao mellor outros non, xa tiñan unhas ideas distintas, pero por xeral si.

A: Non sei, despois falarei tamén con xente nova a ver que me contan. A ver que, a ver se cambiamos as ideas.

B: Hombre, eu creo que si eh, eu creo que vas notar as diferencias da forma de falar eu coa que fala un chaval agora de dezoito ou vinte dous anos. Penso que é moi distinto.

A: A ver, a ver que me contan. E se nos centramos...? Bueno, xa falamos un pouco de, bueno, do de aquí de (*nombre municipio*) e de podemos cambiar en certos ámbitos. Vamos centrarnos..., a min o que me interesa máis é, bueno xa o dixeran, no centro médico, non? Falar, como se fala co médico. Como é o centro de (*nombre municipio*)? O centro médico, o centro de saúde.

B: O centro de (*nombre municipio*), pois eu teño unha doutora que non é gallega, que é a doutora (***) e é non sei se de (*ciudad de España*) ou de por alá. Falou o galego sempre. Había unha chica aí que era moi boa que era de aquí de..., unha enfermeira que era de aquí da parte de (***), falaba sempre con ela o galego. Sempre. E que máis? Na ventanilla? Hai unhas chicas que falan o galego e despois hai outras dúas rapazas máis hai un chaval que non sei se é gallego ou non que falan o castelán no mostrador lo. Os outros médicos si que xa non os conozco porque eu levo con esta doutora que está aquí, non sei, vinte e tantos anos. A miña muller non porque tiveron unha enghanchada con ela as dúas e cambiáronlle. (RISAS) Eu non cambio! Conmigo pórtase ben...

A: Pero foi un tema...

B: No, o tema que tiveron con eles tiñan a razón tanto a miña filla como a muller, porque era por un asunto de baixa e quen é ela a dicirle que non? Si van os das bajas... Si yo me encuentro mal, encóntrome mal e si me encontro mal necesito a baixa, ou descansar ou o que queiras. Tantas baixas se dan que están meses e os tipos a andar rañando por aí falando mal. E así.

A: Pero entón eu pensaba que era máis ao mellor algo polo carácter, non? Que ao mellor o de..., podía ser un pouco máis...

B: Si, si, pero no centro de (*nombre municipio*), home, hai xente..., non os conozco, xa che digo, pero a maioría dos doutores non sei si serán de fóra, eh? Pode haber un gallego? Pode. Pero hai un ademais que se apellida (***) ese debe ser da parte de alá de (*outra CA de España*), do sur ou por alá. Despois hai outro que lle chaman tamén, que nunca me sonou en Galicia, (***) ou (***), entón (***) tampouco me sona en Galicia o apelido. E mira que nós desde que estamos aquí apellidos de clientes repasámoslos de arriba a abaixo e dabaixo arriba, e non me sonan algúns apellidos. Despois hai unha chica que dicen que é moi amable tamén, que de hecho eu fun..., tena o meu xenro. Fala o castellano pero creo que é de (*ciudad más cercana*) ou comigo falou castelán, ao mellor tamén porque eu tamén, empezou ela a falar o castelán e eu continuei con ela. Pero non sei, non sei se se fala o... Despois teño unhas amigas que están..., unha está en rehabilitación e outra tal e esas alí dentro e falan todas galego, tanto a fisio como elas, as dúas ou tres que hai, todas falan galego.

A: E ti vas cambiando, non? Dependendo do que che falan ou da confianza ao mellor que...

B: Eu si, eu si arranca ela primeiro ou ela me fala o galego pois fálolle o galego, senón falo o castelán. O mellor igual se me escapa algunha frase en galego e el continua comigo pois continuamos ighual co galego.

A: E cando cres que se che escapan esas frases? Que pode ser?

B: Ai, a min escápanme en calquer momento, eu falando castelán de repente solto algunha frase en galego, eh? Eso si. Costume de toda a vida.

A: Pero é algo que..., non sei como dicilo, ao mellor...

B: Non, é espontáneo, sáleme así, si, si, sáleme así.

A: Unha broma ao mellor?

B: É verdá, é verdá, unha frase que de toda a vida a dis pois mira.

A: É así, non? Máis espontáneo. Bueno, así facemos eu creo que un pouco todos, non?

B: Penso que si.

A: Non é algo raro, no?

B: Si, si.

A: E como valorarías a túa relación...? Bueno, acabas de dicir que ti non? Que ti quedaches coa médica e estás contento e demais e bueno, a min temas persoais non me interesan, interésame máis o tema da comunicación. Ti con ela falas..., non cho entendín ben, falas con ela en galego ou...?

B: En castelán.

A: En castelán, porque ela é de fóra.

B: Ela leva moitos anos aquí, que de hecho ten unha casa feita por alí abaixo, polas rías de aquí, por (*municipio gallego*), Boiro, non sei. Pero fala o castelán sempre. Ademais o apelido xa cho di: (***). É de..., eu creo que de (*ciudad de España*), non me faghas caso, da parte de por aí. Sempre.

A: E coincidiches algunha vez con ela, ou...? Porque ao levar tantos anos...

B: Con ela no, pero discutín o outro día cunha do mostrador, porque me estaba poñendo normas e eu non é sendo ó revés nin me gusta a violencia. Pero a min que me digan unha cousa, que lle estou

dicindo unha cousa e que lle diga..., “pero chámalle ao médico e explícalle o conto”, e que me diga que non, que son as normas, digo pero vamos a ver, as normas vai venir a miña muller ela ó doutor agora por teléfono a ver o que ten na garganta, nos oídos ou nos ollos ou no dedo gordo do pé dereito? Fai favor e chámalle. E a xente que estaba escoitando estáballe dando á cabeza dándome a razón a min. E ao final chamouno e díxolle “bueno, ya le llamará por teléfono”, e eu, “vale, vale pues gracias”, marchei, os dez minutos chamou ela por teléfono e díxome “ven durante la mañana a la hora que quieras” e ela atrás poñendo trabas a min. E por que? Si é unha cousa tonta como hoxe, tonta non, que fun pedir pa facer unha analítica e non teño necesidade de falar co doctor. Chámame, dígolle esto e o outro, vou recoller os chismes pa facer o tal e punto. Pero unha cousa que é urgente, pois o máis normal é que pregunte ao médico antes o asunto, e non que ela queira resolver o asunto, no.

A: Que a situación está un pouco complexa, non? Agora no centro médico...

B: No, si non hai nadie!

A: Pero hai cousas que se atrasan, non? Porque ó non poder ir alí...

B: Eu creo que a xente hasta non vai ao centro médico porque ten medo moita xente mayor. De hecho fun alí agora á mañá e había unha persona na ventanilla, entrei eu e despois detrás de min quedaba outro. Non vai, eu creo que a xente non vai, é sobre todo por teléfono pois bueno, pa recetarios e todas esas carajilladas véxoo normal que se faga por teléfono, non tes por que ir alí presencial, é unha tontería, non? Pero agora, que che teña que mirar unha cousa e que che teñas que explicar por teléfono me duele aquí ou me duele alí ou me duele el otro lado? Non. Mírame e despois...

A: Xa, xa, xa, tes toda a razón porque a ver como che vai mirar...

B: (RISAS) Inda estaba aquí hai pouco tempo na ventana e viña andando un chico que é así algho tal, díxome, botou un taco e di: “hai que leva-lo pau, home” e eu “non será tanto, home”. “Joe pero é que esa tipa xa tuvo varias enghanchadas con pacientes”. E digo “bueno eu eso non o sei que non a conocía tampouco”, debía ser unha sustituta que había aí, pero non o sei, non podo opinar. “Si, si, que cho digho eu, que nós comentáramolo fóra e xa tuvo varias enghanchadas por esas cousas. Que lle importa a ela? Chama ó médico e se di...”. Despois falaba eu con unha e dicíame ela “non porque ao mellor o médico igual lle dixo que trate de non presencial a maior parte”. Bueno, vale.

A: Un pouco espantar, non?, na entrada.

B: Eso, eso, pero vas arriba aos médicos e ves que están todos relajados totalmente, non sei se estarán estudiando, lendo o periódico ou lendo eu que sei, non o sei, tampouco quero opinar porque tendrán seguramente moitas cousas que facer, pois si, revisar no ordenador archivos, y una cosa y otra, ou as carpetas, que eu do ordenador non sei moito, pero oyes falalo.

A: Enténdote perfectamente, os meus pais son máis ou menos da túa quinta e tamén teñen certos problemas e tamén din iso, non? que a ver... E que hai cousas que se poden complicar, porque se non vas...

B: É como agora, as cousas que teñas pa resolver un problema: “pulse uno para castelán, pulse para gallego e espere un pouco”. Como os de Fenosa é unha... A donde vamos? Si cada vez complican máis as cousas. Vas a un aparcamiento en (*ciudad más cercana*), agora aquel que está na ponte (***) debaixo da vía. Vai alghunha persona e non sabemos utilízalo, eu estiven mirando como o utilizaba un, se non, non sabía. Porque hasta che fala dunha forma... “Valida, non valida”, pero que carajo é esto? Fala claro, fala un gallego..., ou escribe nun gallego que o entendamos todos, desde os pequenos hasta os vellos.

A: Entonces tiveches estes tipos de problemas, non? Ao mellor chamar a un teléfono e é un galego que non te entendes.

B: Si, si. E colgar, eh? Colgar, porque non, non estou eu dispuesto a estar ahí media hora co teléfono colgado por unha tontería de nada. Por Dios, non ho! Eu agora xa ó centro médico non chamo nunca, vou alí. Se empezan con tanto rollo nin tanta carajillada, bah!

A: Eu non sei agora, pero si que os meus pais tenme contado iso, que claro, é unha máquina, e ese galego ao mellor que falas ti non o entende a máquina...

B: “Me lo repite por favor, porque tal e porque tal”... Anda por aí, home.

A: E por exemplo esta doctora (***), non? Bueno, por suposto vou borrar todos os nomes e aquí non hai nada que identifique a ninguén, non? Pero interésame porque é unha persoa que é de fóra de Galicia, non? Simplemente. Ou outras persoas, porque acábame de dicir que hai máis xente de fóra traballando no centro médico, ou tes esa impresión?

B: Eu teño esa impresión, de que os médicos que son de... Pode haber algún gallego? Pois será, pero aquí non vive ningún. Aquí que eu sepa no, non hai ningún médico que viva en (*nombre municipio*). Eu teño a impresión de que son de afóra, pero tampouco non o sei.

A: E cres que pode haber algún tipo de problema de comunicación? Ao mellor con xente maior, que ao mellor...

B: Penso que no, eh? No, eu penso que non porque nunca o escoit..., home, tampouco son moi así de centros médicos, no vaias pensar, eh? Eu fun agora para a analítica porque fai un ano que a fixen e estanme apretando as fieras na casa... (RISAS).

A: E hai que revisar.

B: ... E fun, que ademais non son moi asiduo, pero non, non se oyen problemas que teñan os médicos con personas mayores ou así, eh? Non.

A: Ao mellor, non sei, ao mellor é xente que non fala moi ben castelán e que... eu que sei, pode ser o caso.

B: Bueno pero ahora penso que un...

A: Vai cambiando a cousa.

B: Por regra general entendemos todos o..., incluso os máis arcaicos, eu creo que o castelán aínda que non o fale, enténdoo.

A: Si, si, eso seguramente, está claro. E dáste conta...? Xa nos queda moi pouquiño, eh, gracias pola paciencia. Dáste conta ao mellor que hai xente que ao mellor escoitas...? Bueno, por sorte non vas moito ao centro médico, que iso é unha sorte, pero ao mellor de xente que antes de entrar na consulta, que sabes que fala galego e entra e fálalle castelán aos médicos ou nada máis chegar alí...?

B: Pois eu non sei, pode ser que ao mellor esté alí na espera falando galego e que ao mellor entre na consulta e que si fala o castelán, eh? Si, si. Por regra general optaría que case todos que si.

A: E por que cres que fan iso?

B: Non sei, non o sei, non sei porque..., ou é porque os médicos xa anteriormente lle habían falado en castelán e eles seguen co mesmo ou... Home haberá algúns tamén que falen o galego, eu que sei, porque algunhas serán, de hecho, pero non che sei dicir. Algunha enfermeira, sei que antes había algunha enfermeira e algún enfermeiro que eran de aquí e por regra general falaban o galego, eh? Acórdome dun de aí de (*ciudad más cercana*) chamado (**) que falaba sempre o galego. Sempre. E outra chica tamén que falaba tamén sempre o...

A: E tuteas ao médico ou tratádesvos de...?

B: Eu por regra xeneral a min o respecto sempre me gustou hacia os demais, sabes? Ao mellor a min si me tratan de tu, de ti, pois eu tamén trato de ti. O tutear ou non, eu penso que non creo que sea unha falta de respecto aínda que a persona sea maior ca ti ou menor, sabes?

A: E co médico como é?

B: Pos dígoche que esta doutora a min tutéame. E eu a ela trátoa de usted de toda la vida, desde que estou aí si é unha costumbre e agora non..., pous tanto me da.

A: Empezou así e xa se quedou así?

B: Si, si.

A: E por exemplo, bueno, esto é un pouco imaxinación, pero como a saludas cando entras...?

B: Bos días, bos días. Ou ola que tal ou...

A: E para despedirse?

B: Por regra general é “bueno, que te pasa luego?”, xa lle solto o rolo a ver o que pasa, fálolle en castelán porque ela mo está falando tamén, non?

A: E para despedirse dílle Doutora (***) ou...?

B: Para?

A: Para despedirse, cando te vas da consulta, cando saes da consulta.

B: Tamén me despido pois hasta outro día ou alghunha vez dígolle eu “a ver se tardo, eh?”.

A: Sei que é un pouco imaxinarse, non? Hai que verse na situación a ver como...

B: Eu de verdad, eu vou... Estou operado da columna fai cincuenta e dous anos, estiven noventa días na cama daquela, que me fixeron tres vértebras fijas e teño moitos problemas de cintura, de dolor. Non vou. A min se me doe moi fuerte tomo un Paracetamol ou..., e despois non vou, non me gustan os médicos, mira. Cando vou é que non teño máis remedio e se teño que ir ao hospital xa estou dous días sin durmir, porque non me ghusta ir, no...

A: Sodes unha xeración forte, que non... Aguantades moito.

B: Non me gusta ir ao médico, teño que ir en último remedio. A miña muller xa é distinta, xa como teña algo xa está pendiente e vamos, venga, e a pequena seghe o mesmo camiño ca ela tamén, é unha queixicas! Non quero dicir que a miña muller sea queixicas, pero a nena é “Ai abuelo, mira como teño aquí esto”. “Eso non é nada, pequeniña, eu tiña trinta puntos” e dime ela “non seas exagerado, eh?”. Por eso que non...

A: Pero cres logo que as mulleres van máis rápido o médico ou é no teu caso?

B: Habrá de todo, habrá de todo.

A: Habrá de todo.

B: A min non me ghusta, a min non me ghusta. A miña muller si ten moito medo.

A: Na miña casa é un pouco así, non sei si terei que facer..., terei que preguntar a ver se é algo...

B: Si, sin embargo aí atrás estuvo mal, levaba xa dúas semanas mala e dígolle eu “vamos a (*ciudad más cercana*) xa directamente”. Pois non. A última vez que fomos xa se quedou ingresada. E dígolle eu “se viñéramos fai sete días a cousa era menos grave e agora tiveches que estar aquí quince días, teño razón?”. “Si, vale...”. “E outras veces por unha tontería de nada estás ansiosa por vir e ahora que sabes...”. Ten divertículos no intestino e aféctalle bastante. E eso. [Interrupción doutra persoa] Buenos días. E ese é o problema.

A: Bueno, xa acabamos, dous minutos e xa acabamos. Ou se queres que paremos de gravar podemos tamén parar.

B: Este é un señor que...

A: Bueno, dous minutos, nada máis.

B: Non te preocupes.

A: Xa é o último que teño aí. E agora mencionabas de cando vas ao hospital, cres que alí fálase máis galego ou máis castelán que no centro médico?

B: Eu que sei, eu cando vou ao hospital pois estás na sala, agora estás aislado, non sintes o que falan un e o que falan outros, na ventanilla o outro día que fun coa muller falaban o galego alí dúas chicas, despois os médicos na sala falaban o castellano, creo que non eran gallegos tampouco ningún dos dous, tanto un coma o outro que atendían, penso que eran de fóra pero non sei. Pero agora polos pasillos síntese moito falar o galego, eh? Polos pasillos, nas ventanillas e por aí síntese moito o galego.

A: Bueno, espero que non molestar, xa estou acabando.

B: Non, ven un señor aquí a dar todos os días a dar unha visita, que é o veciño de alí...

A: Ah, bueno, está ben tamén, non? Falar un pouco, ter un pouco...

B: Se hai *novedá* ou non.

A: Entón por exemplos nos médicos de..., especialistas, non os coñeces, non? Non é como (***) que xa sabes que é a túa médica de moitos anos, xa sabes como vai reaccionar e todo iso. Cres que a xente, ou ti mesmo, non? Que inda que vaias falando galego cambias antes, ves ao médico especialista...? Non sei se é o caso.

B: A ver, eu xa che digo, non vou, cando vou ao hospital vou ao hospital e vou ao que me mandan. Si fala o castellano pois a reacción e de ti dis “Buenas” ou “Ola” ou o que queiras, o primeiro que fala é o médico en si. Depende de como che fale eu tamén lle contesto.

A: Sin máis, como antes falabas, espontáneo, non? Que non hai que facer algo tan...

B: Si, e fixeime que na última vez que estiven no hospital, en menos un, que alí había dous mostradores, tanto nun mostrador como no outro, as chicas de dentro que había, que nun había dúas e no outro tres ou catro, estaban falando galego entre elas, si.

A: E xa última pregunta, xa rematamos. Bueno, non sei se sabes que por exemplo pa ser médico do SERGAS o galego é un mérito, non é un requisito, que ao mellor en Cataluña tes que ter o título, non vale...

B: Si, xa non te podes presentar si non sabes o galego, si.

A: Que opinión che merece esta situación en Galicia? Ves que...

B: A ver, eu penso que a Medicina ou unha cousa e outra non ten nada que ver coas linguas, non? Si o entendes dentro de España, somos todos iguais, que más da que fales unha cousa que fales a outra? Miña opinión.

A: Que debían priorizarse máis outra... si.

B: É verdá, porque oye, eu sei que fíxome gracia un día que a miña muller..., a miña filla estaba preparando oposicións e dicíalle “mamá, por que non te presentas ti que ti tes máis memoria ca min a calquera cousa?”, e díxolle ela “Bueno” e díxolle “bah, estudia este temario a ver como te va”, e estudiou o temario e dicíalle á miña filla “bueno, (***), esto está tirado”. Dicíalle “por que no te presentas a algo? Hai unas oposiciones ahora pa limpiadora”. Presentouse e á primeira aprobouna. E a que iba esto? Con que iba esto?

A: Si, o do galego, non?, que sexa un requisito, unha obrigación...

B: Si, si, e facíanlle non sei se tres preguntas na oposición sobre medicina. Pero por dios, a unha tipa que vai manejar a escoba, a mover o paño, a ver polo amor de Dios (RISAS). E a min fíxome gracia, e digo para que? E logo ti tes que facer os primeiros auxilios alí no colexio donde che toca limpiar ou que é a escoba ou o recolledor?

A: Esperemos que non.

B: Home, polo amor de Dios, a min facíame gracia eso.

A: Bueno, pois rematamos aquí, espero que che resultase interesante...

B: Si, por que non?

A: ...Eu as túas respostas moito...

B: Vouche dicir unha cousa que xa o sabe (*nome da sobriña*), a min sempre me agrada falar cas mulleres.

A: Ah, bueno.

Interview: Informant 3

Date and place of recording: 09/09/2021, coffee shop

Format: Face-to-face

Total length: 1:03:49

Total words: 10684

Speaker A (Interviewer): Researcher

Speaker B (Informant): Female, 50 years old, Secondary A education, rural, auxiliary nurse, Galician speaker

Language of the interview: Traditional Galician (A), Traditional Galician (B)

B: A xente que viveu o confinamento está... fuxindo pas aldeas. Moitos que tiñan pisos aquí en (*nome municipio*), en (*municipio galego*) e por aí volveron pas aldeas cando... Porque viron o que había, que un piso é unha xaula e unha casa é un castelo.

A: Espera que ahora puxéronme a música.

B: Bueno, pois, acércome e xa está. Nada, que é, que é moi diferente a visión das institucións supuestamente que son salvaguardas e enchen a boca a falar do galego, o galego, pero acércate á xente que de verdá percibe o galego de toda a vida, o pueblo, a xente do pobo, do común. Acércate a esa xente e a xente como meu padriño e como moitísima outra xente que non viveu conflito, non viviron o conflito, sabes? E falan tan ben nun idioma coma noutro.

A: Claro.

B: É certo que hai palabras do galego normativo que foron collidas ao meu en outros sitios, Lugo, Ourense e tal, evidentemente. O noso galego non é o galego de Lugo, o galego de Ourense. Eu falo con gheada e con seseo, na miña vida cotidiana, na miña vida de sempre, eu falo con gheada e con seseo porque é o meu. Cando éramos pequenas ríanse de nós porque non falabamos o galego e eu ao final acabouche dicindo o (***) “é ese castrapo”. Pois non é castrapo, é a nosa, o noso signo de identidade é o seseo e a gheada. É unha particularidade do noso galego. Pero é o galego real, o galego que fala a xente.

A: Si, si, claro, claro. Non é...

B: Despois estudámolo, escribímolo e quixemos saber máis e tal, pero o galego que fala a xente aquí e na sona de (*municipio galego*), (*municipio galego*), (*municipio galego*), todo por aí, a (*zona de Galicia*). Por exemplo na zona da Arousa, a Isla é fantástica. Non quixera máis que oír a esa xente, as particularidades do galego na zona da Arousa, da Isla. Porque aí conservan e son moi deles, é todo moi..., moi..., máis personal. De feito eles din “vamos alá”, cando din que van cruzar a ponte, din “vamos alá ao continente”, eles son da Isla, van ao continente. Os continentales... (RISAS)

A: Que bon.

B: Si, son moi especiais. A Isla de Arousa é diferente.

A: Salir de alí e dis xa estou noutro... cruzar a fronteira ou algo así.

B: Si, si, e eso que a ponte doules a vida, claro. Doules a vida. Pero aínda a Isla é a Isla e a xente da Isla é xente da Isla, non é... Eles non din a Illa, nin a Isla de Arousa, eles din a Arousa. Eles son a Arousa.

A: Claro, non é que é unha isla e xa “ui”.

B: A ría... a ría de Arousa non se chama a así... A isla non se chama así pola ría, a ría chámase así pola isla (RISAS)

A: Exacto, non tes que explicalo, non? É como cando dis “estou aquí”, pa que tes que explicar donde é aquí. Xa sabes onde é aquí. Si, si...

B: Exactamente. Si, si. E cada... a sorte que temos, en Galicia, a sorte que temos. Eu creo que é unha sorte a dispersión xeográfica e os nosos montes, os nosos ríos, os nosos vales, a dificultade de chegar tamén é unha ventaxa a veces porque ao mellor non che chega...

A: A que te refires?

B: Todo o que influye para mal

A: Ah vale, como un pouco estar aí para...

B: Estamos aí...

A: Na esquiniña alí...

B: Si, estamos na nosa esquiniña e si que hay sitios donde, claro a influencia do castelán é da gente dafora e tal, pero despois hai sitios máis protexidiños. Eu sempre digo da miña aldea, que é un aldea que está céntrica, está, temos a (*nome municipio*) aquí cerca, a (*municipio galego*), como a dez quilómetros, pero eu sempre digo que vivo nun aldea remota, porque realmente son aldeas que están, que se, é a xente de sempre, conosémosnos de sempre, somos os de sempre, non sei, hai moitas causas que temos, porque temos wifi, e temos, non é que haxa unha calidade xenial, pero temos todas as causas modernas, que podemos ter, que pode ter calquera de cidade, pero a ventaxa que vivimos na aldea e a aldea é un lujo.

A: Pois si, tamén vivo nunha, nunha parroquia, e tamén somos 100 habitantes, non é máis, pero non sei,

B: Bueno.

A: É outro mundo, é outra historia

B: É outro mundo, é outro mundo. Si, si, claro.

A: E notas, por exemplo, mencionas, non? Da aldea vir aquí, notas xa certa diferenza do falar da xente ou...

B: Antes si que eu notaba, cando eu era pequena, que eu teño 50 anos, cando eu era pequena, si que notaba a diferenza, a xente de aquí falaba máis castelán, agora é igual, practicamente, si que hai moitísima xente que fala castelán máis castelán, pero era o que che dicía padriño, antes non vías a alguén que fora a estudar bachillerato, que fora a estudar simplemente a un instituto, era raro que o oíras falar galego coloquial, e agora non, agora os nenos e os xóvenes en xeral, non é que estea de moda o galego, no, no, no, no. Tamén é verdá que telo na escola, desde pequeniños, e que os nosos mestres sean galegos, porque antes había moito mestre de afora. Sin embargo, aínda que, dáme igual que menciones ou que non menciones, eu por exemplo aquí no instituto en (***), tuven como profesor de galego a (***).

A: Ah si?

B: Era o peor profesor, que tuven na miña vida, o peor profesor, como profesor era mellor que pedira a excedencia, e despois que non che, a maneira de ser del que non che animaba a continuar no galego, sin embargo, un profesor que tuven de (***), que se chamaba (***), que morreu, el pideu vir para aquí, para Galicia, para dar clases de literatura castelá, para aprender o galego, porque el era moi lorquiano, el quería ler e entender o sentir de Lorca nos Poemas Galegos.

A: Que curioso!

B: E el decíanos a nós, que era de (***), "vós sabedes o que tendes?". Decíanolo en galego, "vós sabedes o que tendes? Tendes un tesouro, a vosa lingua é máis antiga que é o castelán, a vosa lingua é un tesouro de incalculable..., de valor incalculable". El quixo vir a Galicia, a dar clases uns anos, para aprender o galego e entender a Federico García Lorca os poemas que el escribiu en galego, e personas así, dafora,

A: Que ás veces é así eh!

B: : E sin embargo, eso, eu tuven profesores de galego, moi galego, e moi, bueno, profesoras e profesores marabillosísimos, nosos, que che desían, "ti tes que estar orghulloso de falar con gheada e con seseo, ti tes que estás orgulloso de falar o que falas, ti defendeste en dous idiomas". Non sei. Bueno, eu falo moito, así que... Córtame

A: Non te preocupes, se pa iso tamos. E había ao contrario xente que... profesores, ou outro tipo de xente que vos dixeran "non faledes con gheada, non faledes con seseo, ao contrario"?

B: No, eu nunca me encontrei con eso, eu encontreime máis con xente, que falaba castelán usualmente, que podíache decir, boh, ou galego, é o que decía Padriño, "ese galego non é galego, é castrapo", podías, sabes? "Eu falo, eu non falo galego, eu falo castrapo, ou eu castrapeo", non? Cando te deches conta de que realmente non é castrapo, que é outra variante, é igual de rica, que apórtalle riqueza. O problema da mesa pola normalización, e da RAG, foi solamente aceptar un galego. Creado, inventado, moito, en non aceptar hasta moitísimo máis tarde que é esa variante enriquece, todo o que ven, todo que temos enriquece, entón incúeo, inclúe eso, non quites, porque é noso, o sea, a min se me dis, non podes falar desa maneira porque non é correcto, non é o galego correcto, eu son incorrecta.

A: Si, que nos digan que temos que dicir estrada no? A estrada xeral. Algo así, non?

B: Claro, exactamente, exactamente. Ou que non podes usar... Pois miña nai, miña nai ten ochenta anos e miña nai ten moitísimas palabras que falou sempre desde nena, que eu a ver dígollas a amigas miñas que son de outras zonas, e non saben o que significan, e hai moitísima, moitísima riqueza. Eu traballo no centro de día, eu escoito as señoras maiores de máis de 80 anos, e cantares, cousas que nadie transcribía nin nadie buscou, nin nadie da, e eu apunto todo, e palabras, palabras que din elas que digho, "oh eso que significa, que é eso?". "Pero ti de onde es?" dinme elas, "Pero ti de onde es?" e sin embargo son da zona de (*municipio gallego*), de (*municipio gallego*), son cerquiña de min. Meu abuelo por exemplo era de (*municipio gallego*), cerca de (*municipio gallego*), e meu abuelo utilizaba moitísimas palabras que non se utilizan en (*municipio gallego*), que é un paso, donde son eu, donde el se casou, o sea cada..., é que é unha riqueza indescribible. Son séculos dun idioma movéndose, e vivo, eu creo que si que o galego está vivo, eu non creo que "o galego está morrendo", bah da eso dino os que practicamente nunca o falan, os que non o usan, ou os que usan convenientemente. Pero nós nos usamos convenientemente, nos usámolo naturalmente. Que o facemos ben ou mal?, bueno, eso é relativo tamén.

A: Quen marca, non? Quen marca iso?

B: Claro, quen marca? Sin duda amámolo, sin duda amámolo, e amamos a terra. Onde eu vivo, teño unha masa forestal grandísima, que chega a (*municipio gallego*), miña nai ten 80 anos nunca veu arder, eu morrería de dolor, si ardera eso, e miña nai, porque temos tesouros alí, lendas no noso monte, entón nós amamos. O que non ame é o que ven cos zapatos castellanos a apagar o lume, ou decir, "os vamos a dar no se cuanto dinero de la Xunta". Non me deas diñeiro, axúdame a protexer o que eu amo, e xa está, é así.

A: Si, vai máis alá, non? Do que falamos, vai máis alá de todo iso, é outra cousa.

B: Si, non compres as vontades para poñer eólicos e machacar os nosos montes e a nosa riqueza. Pero bueno, eso é política (RISAS).

A: Estásme recordando, cando se queimou parte, non sei se te acordas hai uns anos, as (*zona natural de Galicia*). Pois na miña casa chorouse.

B: (())

A: Non, non, eu estou ben, xa estou, despois vou comer.

B: Eu...eu sempre, sempre, sempre, sempre desconfío das queimas, agora eu teño unha amiga no Incio, que estanse movilizandoo, mandando pdf para que a xente firme, recoller o máximo de firmas posibles para que os eólicos non machaquen o Caurel. Porque é o noso pulmón, é o noso pulmón. Entón... están comprando vontades, están enganando a xente como a enganaron sempre. Nós,

eu creo que cada vez, eu xa lle dixen a ela "Ana, ten coidado, agora vai arder aí, agora vai arder donde ti estás, agora vai arder". Van intentar por tódolos medios, van intentar por tódolos medios que cedamos se non é polas boas é polas malas. Están chegando aos concellos, están convencendo "que si que isto vai traer traballo, vai traer riqueza", é mentira, é mentira, e non podemos vender o que temos, malvendelo.

A: Si, si, totalmente.

B: Malvendelo.

A: Estamos tendo como ideas do pasado.

B: Cos bosques de eucalito, que vas de Santiago a Vigo e dáche ghana de chorar. Crearon unha especie que aguantara o frío da montaña luguesa. Eso é...

A: Xa, xa, xa.

B: Os australianos chámalle o árbol gasolina, por algo será.

A: Pois tes razón, tes razón que... Temos moito e non o apreciamos ben, non? Parece que temos que...

B: Eu creo que...

A: Iso é o que decía tamén (***). Na liña de... non sei, non me acordo agora a historia, non? De alguén de fóra, non? Que parece que valoran máis os de fóra o que tes, que o que temos dentro, non?

B: Si, si, si, si.

A: Iso pásame a min con alumnos que me preguntan por que, que viñan aquí e "Por que non me falan en galego? Por que se eu veño aquí a aprender, non? Veño facer un curso".

B: Pero se hai galegos que van a Portugal e aquí falan galego sempre, chegan a Portugal e falan castelán. Feijóo fala castelán en Portugal.

A: E iso que é? É descoñecemento ou...?

B: Pola parte de Feijóo non o sei.

A: Bueno, Núñez Feijóo claro... Non debería.

B: Yo que sé. Non debería, sobre todo cando vai falar nunha Eurorexión que é Galiza-Portugal. Entonces el aí mete a pata, pero bueno, eso xa é cousa del. Pero a xente que vai de aquí, bueno, eu téñome encontrado en Valença dentro da Fortalesa eu teño unha amiga que ten alí unha tienda e chegar xente de aquí de excursión, eu conoceleas e chegar xente de aquí que fala galego sempre e falarlle castelán á señora, á miña amiga, e eu, escondida, dicir, salir e dicirlle "Mira, a esas cóbralle o dobre que son españolas".

A: Non lles fagas desconto.

B: "Son castellanas. Cóbralle o dobre que teñen diñeiro, eh?". "Home estás tú aquí". Por que estás falando castelán en Portugal? Es unha ignorante, vas de española, que significa? Que eres máis que...? No! Porque ademais os portugueses teñen un dominio de idiomas absoluto porque eles non reciben nada dafóra coa dobraxe. Entonces eles falan inglés, falan francés, falan español... Perfectamente.

A: Teñen ao mellor máis oído. Si, si.

B: Claro, teñen oído, entonces é así. Pero bueno, en fin...

A: E como cres que se..., logo, volvendo outra vez a (*nome municipio*), non? Cres que... como cres que é a situación lingüística hoxe en día? Ou que impresión tes ti? (*nome municipio*) ou a zona, a comarca de (***), non?

B: Eu creo que aínda que hai puntos... Eu creo que hai cada vez menos, menos pais e de nenos que lle falan por imposición o castelán porque pensan que o castelán é mellor e tal. Creo que hai cada vez menos tal. Nos meus tempos xa che digo que había..., a maioría da maioría da miña xeración alá e máis aquí falamos, falamos galego e defendémonos en castelán perfectamente sen problema ningún e despois a medida que pasaron as novas xeracións sempre hai quen é tal, pero eu creo que mellorou, eu creo que mellorou. Nas aldeas. E eu creo que aquí tamén, porque ao final aquí é unha aldea grande, é unha aldea grande.

A: Como (*municipio de Galicia*), onde ao final tes no centro ao millor algunha industria, pero non deixa de ser algo pequeno.

B: É que aquí é un partido xudicial, aquí hai un xuzgado, aquí estaban os médicos, tiñas que vir aquí aínda que fora de pago e aquí estaba pois, non sei, os señores, coma quen di, pero a partir de aí é todo aldea...

A: Voulle dar máis volumen, creo que está baixo.

B: É todo..., Xente cos seus negocios aquí, como tiñan eles, que eles si que son daquí de (*nombre municipio*), si que é unha familia de aquí de (*nombre municipio*) e tiñan o negocio aí pero ben viches, que eu pensaba que na súa sastrería que se falaba..., que se tiña falado máis castelán, pero el díxoches que se falaba galego.

A: Falaba en galego. Na súa casa tamén cambiaba, non? É curioso.

B: Si, porque tío (***), e tía (***), igual tiñan ese concepto de os señoritos falan castellano, pero sin embargo tía (***), fala o castelán e o galego correctamente, e tío (***), tamén, e padriño fala perfectamente os dous idiomas sen ningún problema.

A: E como era na túa casa, era distinto?

B: Na miña casa, é unha casa de aldea, sempre galego. Sempre galego, sempre. Miña nai eu creo que..., non sei se miña nai se sabe defender en castelán. Enténdeo perfectamente, pero se se pon a falar ao mellor líase. Pero enténdeo, por suposto, e escribo. A ventaxa de miña nai foi que o maestro que tuvo, que lle ensinou a escribir a moitas xeracións, a min tamén, era de alí..., era un señor que facía papeles, pero era de alí da aldea, entón miña nai e as xeracións esas todas non creceron pensando que o galego era menos que o castelán, esa foi a ventaxa. E despois había xente de aquí de (*nombre municipio*), por exemplo como o doctor (***), don (***), que era un caballero... pf, Dios, marabilloso de aquí, que ademais meu pai, que era de aquí, dicía que el si que merecía unha estatua en (*nombre municipio*), porque salvou moitísimas vidas, el era de pulmón e corazón cando foi a gran epidemia de tuberculosis, el sabía a quen cobrarlle máis e a quen non... A meu pai salvoulle a vida, non lle cobrou nunca porque meu pai era pobre. E a meu pai salvoulle a vida. Houbo de morrer de tuberculosis... Pero era de aquí, era un señor de aquí. De feito o irmán del, que era dentista en (*ciudad más cercana*), creo que aínda vive. Pero o doutor (***), era de aquí de (*nombre municipio*), eran señores de aquí, eran... Quen estudiaba medicina? E el estudiou nos Estados Unidos ademais. El especializouse nos Estados Unidos. E el falaba galego, eu cando traballei na (***), estaba el, caballero marabilloso, educadísimo, correcto... A min sempre en galego, sempre, sempre, sempre en galego. Sin problema... Bueno, eu falo dunha cousa e paso a miles outras, porque eu son distraída por natureza...

A: Non te preocupes, todo o que me contas, moito mellor do que che poido preguntar eu, son historias que non iba a chegar eu inda que che preguntara algo concreto, non? Pero paréceme moi interesante o que me dis, non? Por exemplo ese señor que podría perfectamente ter esa mentalidade de “o galego..., iso non é cousa miña, eu son alguén de cartos... alguén de... de estudos...”

B: Por exemplo, había..., meu abuelo contaba... Eu fáloche da zona..., meu abuelo era de (***), de (***),... de (***), cerquiña de (***). Meu abuelo contaba, por exemplo, cando foi a posguerra, que alí había un cura que era da zona de (***), (***), un señor batalla, que era un señor destes tipo “Don (***), non sabes? Un cura destes ghrandísimo, cunha sotana tal, un home tal. E cando os da

Falange chegaban ás aldeas e preguntábanlle ós curas quen eran os comunistas para matalos, el cando chegaba alí..., meu abuelo tamén díxíame este home mira si é tamén unha mención especial en (***), porque este home, cando os outros curas señalaban el decía “no, no, aquí no, aquí no”. El sabía.

A: Sabía quen era.

B: El sabía. “No, aquí no, aquí no, aquí non hai comunistas, aquí somos todos bos, no, no, no, fóra”. E largaba aos da Falange. E os da Falange non se lle opoñían a un cura. Quen lle levaba a contraria a un cura na posguerra? E el era un homaso... E salvou vidas. Moitas vidas que iban pa San Simón a ser torturados, os que señalaban os outros. Quero dicir, que houbo de todo. E ese hombre falaba galego. Era un cura e falaba galego sempre. Predicaba en galego, inda que a misa fora en latín el predicaba en galego pra xente.

A: E hoxe? Iso xa non existe ou si?

B: E hoxe sabes o que pasa? Que non hai vocacións. Tal vez a Iglesia debería deixar casar ós curas. Dar un paso adiante, porque ao final...

A: Pode ser...

B: Si, entonces veñen..., exportan curas dafora, sudamericanos xeralmente. Pero os curas de aquí, os nosos curas de aquí, os xóvenes que salen agora, pouquiños, e mais moitos vellos... Eu conocín... Eu fun catequista once anos, eh? Despois “heregieime” total, pero teño moito..., quero dicir, hai xente que fala da relixión e da Biblia e de tal de unha forma moi..., como se superan e na vida. Eu podo dicir que renego deso, pero eu sei por que e son consciente e estou..., o sea, eu fixen o meu criterio a partir da miña experiencia personal, entonces é así.

A: Claro, claro, claro.

B: Pero bueno, son outros rollos meus que... (RISAS)

A: Non te preocupes, é interesante o tema da relixión, iso si que moitas persoas contestáronme nese sentido donde se podía falar máis galego, non? E eu pensaba que non íba a haber tantas respostas en canto á Igrexa, non? Porque pensaba que ao millor non era algo que che viña á cabeza o primeiro, non?

B: Pero os curas que realmente querían estar co pobo falaban galego. Falaban galego nas confesións e tiñan que faselo en latín cando era e de espaldas e despois co Concilio Vaticano segundo dou a cara á xente, pero falaban galego. Os nosos. Claro, se viñan de Castilla e tal non tal, tal. Pero ó final ou te acabas adaptando ó sitio no que estás e convivindo ca xente ou entonces nada, nunca, non? Porque hai xente, cando me di alguén, “eu vivo na aldea”, ti pode que vivas na aldea, pero a aldea non vive en ti. Entonces ti nunca vas a ser aldeano. Hai xente que ven da ciudá pa a aldea e é aldeano e hai xente que ven da ciudá e sighe sendo da ciudá sempre. A aldea non é tan simple. É simple en moitísimas cousas é moi básica, pero non é tan simple. Ai, aldeano, eu estou orghullosísima de ser aldeana.

A: Somos un pouco tribu, somos un pouco tribu, somos...

B: Somos, somos.

A: É o que máis me gusta a min.

B: E os vaciles que lle caen, a ver, veñen os de afora e pensan que tal, bueno... Móndome con moitas... “Ese galleguño”. A min moito me jode que me chamen “riquíña” ou “galleguía”, non? Porque eu non son riquíña e moito menos galleguía, que eu mido un setenta e un. Así que de galleguía nada (RISAS).

A: E cres que veñen cunha atitude... ?

B: A maior parte non.

A: Non, verda?

B: Non, a maior parte non. Eu teño amigas en (*ciudad de España*), teño amigas en moitísimos sitios de España e tal, a maior parte non. E aos que veñen con esa intención pois cortámoslos polo pé. Claro, como aos carballos cativos que nasen mal.

A: Claro, para que caian pa' un lado.

B: Vámoslos endereitando, vámoslle dicindo... “perdona?” (RISAS).

A: “Quen es de fóra es ti”

B: “Perdona?”. E hai xente... Teño amigas en (*ciudad de España*) que veñen tódolos anos aquí e pasan tempo e conocen a nosa cultura e todo. Non a cultura da pandereta e da ghaita, senón de verdade que lles interesa saber o noso pasado. E eu sempre fagho referencia a (***) que é un señor de (*cidade*) que investigou, está investigando moitísimo a cultura galaica, dos galaicos que non eran os que vestían con pieles e tal. No, no, eu de verdá que che invito a mirar a páxina del porque é ademais un home que ten un programa na Cadena Ser (*cidade*).

A: Boluda dixeches?

B: (***), é un investigador, o sea aquí había unha cultura. Non sei se viches no museo de (*cidade galega*) a sala donde está o ouro, os torques.

A: Si, si, si. Xa, espectacular.

B: Iso non o fasían pobres primitivos. Iso facíano... Espectacular.

A: Espectacular.

B: É alucinante. Despois hai do Douro para arriba, por exemplo na catedral de Braga, os guerreiros galaicos que tiñan un cuadro. Tiñan os cuadros como os pictos, coma os escoceses. Nós tínhamos a nosa propia, os nosos propios rituais, as nosas propias roupas cerimoniais e todo. Non éramos que íbamos vestidos con pieles e cheos de merda. No, éramos, o sea, éramos, os galaicos eran, antes dos romanos xa había cultura. Claro, o que conocemos é o que escribiron os romanos, pero as investigacións e todo que se... o que se facía. Ese señor é moi, ten unha... eu creo que ten unha historia, é un historiador moi interesante, moi competente da realidade, non é destes de “las meigas y...”. No, no, el é moi... E escribeu, autpublicou un libro que se chama “(***)” que é marabilloso tamén e que che ensina moitas, moitas cousas boas que tínhamos aquí.

A: Cando escoite isto xa o teño, xa me acordo de (***), non?

B: Vale, vale

A: No, no, no, pero tes razón e vai conectado con outra idea que tiña aquí apuntada, non? Que ao final as veces quedamos nos estereotipos e quedamos nesa imaxe que parece que interesa, non? Porque a veces dáme á sensación de que como que volvemos ás épocas daquela, non?

B: Si, queren vender aquilo.

A: Volvemos ser pois..., por exemplo, no tema de lingua, non? Que é como “bah, pois eso enténdese”, non? Como darlle menos importancia, non? Non sei se tes esa impresión, que ao millor vai por esa liña de..., que o galego enténdese, non fai falta case nin... Algunha vez eu escoitei, non? Pa que se ensina galego na escola, non? Se total iso ensinacho na casa e despois millor esas horas...

B: Eu o de..., si me deran un euro por cada vez que oín “pa que sirve o galego que sirve na más que en Galicia”... Se me deran un euro tiña un chalé en Marbella.

A: Ou varios.

B: Ou varios. E eu aínda hai pouco, un señor que é sudamericano nunha cafetería en (***) lle dixen “mira, estás equivocado, ese concepto que vos están metendo aos que non sabedes de nós, de que os cataláns, os vascos e os galegos queremos dividir a Península Ibérica ou España e sobre todo por medio do idioma, atacando o noso idioma é onde nos fasedes máis fortes”, porque a min se me tocas no que amo, eu vou resistir hasta morrer. E o galego é o que eu amo e se somos galegos é polo

idioma. É a nosa marca de identidade. Nas súas variantes. Mal ou ben ou como lle queiran chamar, pero é o noso, o noso signo de identidade máis forte, non? Entón el dicía “mire, perdón pero vostede falando galego pode comunicarse con douscentos sesenta millóns de persoas no mundo, entón non me diga que co galego non vai a ningún lado, porque home, eu non viaxei moito, pero o que viaxei púdenme comunicar con caboverdianos, con portugueses, con angoleños, con brasileiros... Son douscentos sesenta millóns de persoas no mundo. Que me entenden. E despois eu co castelán pódome comunicar co resto do mundo e con un pouquiño de inglés. Pero os idiomas aportan, non quitan. E ese concepto de... Non, non, o galego non se fala só aquí. Fálase en todo o mundo e temos que querernos e valorarnos e disir “jo, o que teño...”.

A: Teñen que vir de fóra, non?

B: Teñen que vir de fóra a dicirnos, si, si. É verdade.

A: Tamén se me deran un euro cada vez que me preguntaron “pero aí, pero interesa? Das clases de galego...?”. Bueno, agora estou en Alemaña e tamén, xa che contei, en Viena, non?

B: Si.

A: “Pero son de alí?”. Parece como se fora un de alí de (*nombre ciudad más cercana*) a Alemaña a estudar galego. E digo “e de onde van ser?”. Hai de todo, pero galegos non son, a ver, está claro.

B: Claro, claro.

A: Case parece que a tonta son eu respondendo iso, porque parece o momento de... Como que lle rompen os esquemas.

B: Si, que alguén estea interesado por aprender unha lingua das máis antigas de Europa.

A: Si, pero é esa idea e non sae, non? E o das escolas case me chama máis a atención, porque que me pregunten en Alemaña bueno, podemos pasalo, pero que me digan para que serve o galego nas escolas, non? Pois é algo que me sorprende.

B: É que si o que temos aquí..., e meu pai sempre o dicía, se o que temos nos aquí e a nosa historia, a nosa cultura, a nosa diferenza, a tiveran os Estados Unidos, por exemplo, que son unha industria continua de todo, bueno, teríamos películas, teríamos tal, sería... Eles non teñen onde coller, a non ser que sean os antigos pobos Siux ou non?, todos os poboadores, os indíxenas de alí. Non teñen nada. Si tiveran o que nós temos, o sea, nós somos os primeiros que o temos que valorar. De onde eres? De Galicia. Eu son galega e estou buah! E xa está, non... Eu sempre digo en Portugal que son de Portugal do norte. E me din “española”. Española, española...

A: Bueno, a medias, a medias.

B: Bueno, española..., así. Pero bueno.

A: E cres que nas escolas hoxe en día... Faláchesme de antes, non? Que por suposto que hai historias e historias e depende do profesor que tiveras, pero hoxe en día como cres que están nas escolas os nenos? Cres que se fomenta máis unha lingua, outra...?

B: Non, eu creo que o galego, por exemplo, eu cheguei a sexto de EXB e plantáronme diante Memorias dun neno labrego. Foi o primeiro libro en galego que eu lin, porque eu anteriormente, grazas a meu pai que era moi lector, pero lía todo en castelán. Entón a min plantáronme Memorias dun neno labrego, que eu creo que ese debía de ser a Biblia que se lle debía de dar aos nenos para ler. Sempre. Non..., xa non como un “ai, mira, temos isto”, no, no. Porque é moi bo de ler, é un galego moi fluído que se entende perfectamente. Porque nós non léramos en galego, nós era, con trece anos, doce, trece anos, cando nos plantaban o galego diante. Eu non sabía como se escribía “unha”. Sabía falalo, pero non sabía como se escribían moitas palabras e con Memorias dun neno labrego aprendemos tal, entón agora... As miñas fillas estudaron en galego e castelán, falei sempre con elas en galego, falo sempre con elas en galego, non teñen ningún problema co castelán de ningún tipo, nin en faltas de ortografía nin en galego nin castelán. Elas non teñen..., a maior non..., de momento non quixeron estudar máis as maiores, a pequena ten trece anos, espero que estudie, pero bueno, eso xa é decisión dela, eu non son a nai así carghosa. Pero non cometen faltas de ortografía nin en castelán nin en galego. Nada. E eu creo que si que saben perfectamente..., eu

conciencieinas moi ben e están moi orgullosísimas de ter dous idiomas e..., e eso. O noso, o noso é o galego.

A: E en que falan elas agora?

B: Galego.

A: Sempre galego?

B: Sempre. Sempre. Home, si...

A: Si, bueno, con xente de fóra...

B: É o que di padriño, hai cousas que por inercia ao mellor si que... Pero teñen o punto rebelde de falar galego. Si alguén che di “mira, no te entiendo”. Digo eu “bueno, non me queres entender”. Pero entender enténdesme, porque se te mando á merda, seghuro, seghuro que me entendes. (RISAS) E claro, sabes? As miñas amighas madrileñas, que non teñen que ver nada con Galicia, entenden perfectamente. Eu escribo en galego casi sempre. Practicamente. Practicamente sempre. E un amigo que teño en Canarias e tal que non teñen nada que ver con Galicia enténdeme perfectamente, e se non me entenden, pregúntanme “mira, que significa esta palabra?”.

A: Claro, si, si.

B: Porque eu utilizo palabras moi coloquiales de miña nai, a min ghústame manter... Hai palabras que si non as usas, desaparecen. Palabras daquel sitio namais, daquel currunchiño. E eu utilizo. “Pois que significa esto?”, “pois significa esto”.

A: Habería que gravar a toda esta xente que se vai perdendo por aí...

B: Por exemplo, en (*municipio de Galicia*) úsase moito a palabra “xostro”, iso é un “xostro”, esa muller é coma un “xostro”. Unha cousa abandonada, unha cousa deixada. Unha deixadés, sabes? “Ai, que xostro!”.

A: Bueno, estou aprendendo eu hoxe tamén.

B: Hai moitísimas, pero hai moitísimas palabras. Divertidísimas, sobre todo con unha retranca que te mueres, unha retranca absoluta, que namás que se din alí. Namais que se din alí e é marabilloso.

A: Cantas formas hai de chamar a alguén tonto?

B: Bueno, bueno insultos dos de toda a vida, dos de toda a vida, que eu conoso... Así.

A: Eu sempre digo na clase que hai que aprender galego, que é unha lingua moi creativa.

B: Si, é moi creativa. Evolucionou...

A: E quédanse así, e sacamos o dicionario e digo eu “mira, sinónimos de parvo, non?”.

B: Pailán, non sei que...

A: O estándar, o estándar, que eu nunca dixen parvo, a verdade, de palabra...

B: Si..., é verdá. Mira, despois exemplos compuestos. Porque o outro día unha amiga miña de (*cidade galega*) decíame “fáltanlle unhas patacas pa o kilo”.

A: Ai si, iso si que o escoitei, si si (RISAS)

B: “fáltanlle unhas patacas pa o kilo” ou “fáltanche dous veráns”,

A: “Un fervor”...

B: “Un fervor”... Claro, pero eso solo o entendemos..., quen entende eso? Dille a un castellano “mira, te falta un hervorillo eh?”.

A: “Vou tirando”, eu sempre teño que explicalo nas primeiras semanas.

B: Si... “Que tal vas?”, “vou tirando”.

A: “Vou tirando” e tes que explicar mira esta é vida, esta é unha vida e pónome eu sempre na clase así, “E vas tirando porque pesa, porque pesa” e quédanse así como dicindo “Eeee, parecía parecido ao español, pero parece demasiado metafórico, moi metafórico.

B: Si, nós falamos, temos moitísimas metáforas, falamos con moita metáfora.

A: Si, é a riqueza que lle...

B: O galego coloquial é metafórico total. Si, si, si. E ao mellor é outra que non pensas, dis, non é literal, non podes tomalo literal.

A: Non, iso olvídate.

B: Non é literal.

A: O de “facía falta, facía falta ir comprar leite” é unha petición.

B: Si.

A: Pero se lle dis así a alguén é como “bueno, facía falta pechar aí a ventá que entra frío”.

B: Si, si.

A: Facía falta. Quen? Non, estache dicindo “péchaa”, se non..., é unha orde.

B: Si... claro, pero nós somos máis suaves.

A: E todo, todo así.

B: Sabes? O sea, “faino”, pero non cho digho directamente.

A: Facía falta.

B: Facía falta, si, é verdá.

A: Se ven alguén pois...

B: Si, si, si... É verdá, é verdá.

A: É o que di sempre meu pai: “Facía falta ir comprar aí” e eu “Se me queres pídemo, pero pídemo de outro xeito” (RISAS)

B: Xa, xa

A: Pero bueno...

B: É unha ricura.

A: E cres que..., o que falei eu (***), non? O tema da..., porque eso si que o teño escoitado na casa, non? Non sei se o escoitaches ti algunha vez. Que opinión che merece, ti, por exemplo, o galego que se fala na televisión de Galicia o una radio disto. Cres que deberían seguir por esa liña para conservar ese galego normativo ou están facendo todo o contrario?

B: Hai un programa, que eu creo que é moi simbólico, que ademais ten “apunte lusófono”, que é o de..., o de esta chica que...

A: Ah! “Dígocho eu”, si.

B: “Dígocho eu”.

A: Iso póño moito nas clases.

B: Bueno, pois dígocho eu está facendo máis polo galego que calquer político galego habido y por haber. Porque encima ten un apunte lusófono, é una maneira de desir “ei, que nós falamos ighual que eles”. E paréceme..., quen ideou ese programa paréceme dunha intelixencia..., sabes? Independentemente das políticas que se faghan na... Á parte outra, vamos a ver, a min faime moita gracia cando oio falar ós cultos e os..., que están fóra da realidade galega totalmente, por eso a xente non os sigue, por eso a xente non os sigue. Porque eles poderían arrasar nas eleccións si se acercaran ao pobo, pero non lles interesa porque están cómodos no seu mundo, e están moi cómodos aí no seu asento quentiño. Pero a forma de..., que ten a TVG de chegar á xente, incluso á xente nova, inda que sea que pareza estupidamente. Vamos a ver, os niveles de audiencia que ten o Land Rober...

A: O Land Rober, íbache facer eu ese exemplo.

B: A ver, sabes o que che digho?

A: E despois as críticas da lingua, non entendo, eu non sei por que. Se se fala así. Non? Non sei.

B: Claro, a ver, vai Carlos Blanco, que vive na Arousa e fala o ghallego con gheada e con seseo. E xa Carlos Blanco xa a los del Bloque no les gusta porque non sei que, a los de..., sabes? “Ai, porque ese programa, ese non sei...”.

A: Roberto Villar...

B: Ti que ves? Los documentales de la dos? Enténdesme? O sea, eu recordo... Eu sempre lle poño de exemplo á xente que me di “porque el Bloque, porque hai que votar nacionalismo” e dígholle eu “vamos a ver, vós fasedes campaña quince días. Feijoo, por exemplo, acaba, acaba de ghanar as elección por mayoría absoluta e empeza a campaña electoral para dentro de catro anos”. El nas outras eleccións, nestas que ganou co cuarenta e oito por cento de electorado. No, nas outras prometeulle ó de Land Rober que si ganaba por maioría absoluta, iba ao Land Rober. E foi!

A: E foi.

B: Aí foi ganando votos xóvenes.

A: Total, si, si.

B: E *ghanou* voto xoven! É tan facil como, aínda que non o seas, parecer accesible. A xente non quere unha política que vaia detrás dun púlpito a falar, ou que solo se relacione con la casta. A sangre galega, a auténtica. No! A xente quere un político que fale todo o que haya que falar, inda que te engañe. Pero é coma nós. O sea, da a sensación de que é nosos. E si non te acheghas á aldea... Por exemplo, onte salía o das caixas... O de Abanca, que cerran as sucursales nas aldeas. Vale. E saliu un señor decindo “claro, é que esto, (un señor de aldea decindo), esto Feijóo vendeulle a mayoría a capital venezolano. Esta xente é un negocio privado, están pa ghanar cartos, non pa perder nunha aldea, inda que teñan as cuentas de moita xente”. E despois sale que a Xunta di que iso é culpa do Gobierno Central, por non apoiar as caixas galegas... Eso é mentira! Pero a xente tragha, a xente tragha. E ti chégalle ao pueblo e dille “mira, é esto”. A min non me veñas ca CIGA, non me veñas con cousas, con siglas nin con tal. Asércate á xente, asércate á xente, de tu a tu. De feito, nos carteles das últimas eleccións, tanto os concellos como á Xunta, a palabra PP, as siglas PP iban nunha esquiniña disimuladitas e poñía “Feijóo”. Porque conosen, conosen ó pobo. Conosen ó pobo, non te podes acheghar ao pobo con orgullo, tes que achegharte á xente con humildá. Non tratándoos de pailáns: “os galegos non saben votar”. Si que saben! Si que saben. Pero votan a quen se lle aserque.

A: Claro. E cres que as políticas lingüísticas están como..., non sei como dicilo, como... Non sei se entendes o que quero dicir, como que as políticas lingüísticas están aí arriba e como que non..., o que dis ti, como o político, que non se achega a xente, que non están..., que non son realistas. Por exemplo, o que dicías antes, as normas da Real Academia Galega e todo isto, non?

B: Eso é, eso son eles. Para nós, esa xente é de afora. Non de afora de Castilla, senón de afora de nós, como che desía (***), (***) cando che desía “son de afora” non che desía de afora de Castilla, senón de afora de aí de (*cidade*) ou de tal, de afora...

A: Si, ese núcleo Xunta, non?

B: Miña nai se che di... Miña nai vive nunha aldea, se che di que son de afora pode ser incluso de outra parroquia do lado. Son de afora, non son de aquí, non son nosos, entón a xente é “de afora”. A xente do pobo e da aldea non sabe..., non sabe, moita xente nin que existe a RAG. E tampouco lle importa, van a continuar o seu ritmo de vida e van a amar moitísimo máis a lingua, inda inconscientemente, e a terra e a aldea e a raíz, moitísimo máis do que calquera que che veña a dicir “esto se escribe así, non se escribe así”. É así.

A: E que cres que debería facer para que a situación do galego..., que se manteña? Non vou dicir mellor pero...

B: Que se manteña?

A: Si, que cres que debería facer aí nas..., digamos, o que mencionabas, a cúpula intelectual?

B: Non creo que á cúpula intelectual lle interese. E a quen lle interesa, elimínano. O sea, como haya una persoa que diga “isto estámolos facendo mal, é mellor ir por este camiño”... Aquí funciona moito o sistema de subvencións, moitas veces as subvencións non axudan. Sabes? As paguitas non axudan, non sei si se invirten os cartos correctamente en determinadas cousas. Axuda máis un club de lectura nun instituto, que hai profesores que impulsan e que a xente coma min, da miña idade e así, pais e nais de alumnos nunca leron ao mellor un libro en galego, e ese profesor ten un interese e tal “vamos a traer ao escritor ou á escritora”. Pois xa che dá, o sea, o máis de ti a ti, o de boca orella, fai máis efectivo e máis real o galego que calquera cousa de alá de arriba. De fóra. É que é de fóra. E así, non sei, non sei o que teñen que facer, eu non son política nin...

A: Bueno, é todo opinión, eu estou preguntando opinións.

B: Nin nada... Si, eu opino que non teñen cercanía. Non teñen cercanía e creo que non é real cando din “o galego vai desaparecer, está desaparecendo”. Eu conozco profesores de instituto e de colegio que pensan eso. E que o din. Non sei se o pensan de verdade pero si que o din. Non sei que lles vai en eso. Pero eu na miña realidade e na realidade... A min díxome unha chica, unha chavala que vivía nunha cidad e que se foi para a aldea é que ti vas por (*cidade galega*), por (*cidade de Galicia*), por (*cidade de Galicia*), por unha cidad galega e falas galego e míranche mal. E eu xa me botei á yugular, díxenlle “a ti, a min nunca en ningunha ciudad galega, en ningunha ciudad galega”. Mira, nos hoteles, agora a maioría das recepcionistas dos hoteles pero ben, pero ben, son galegas. E se non son galegas fálanche o galego. Eu aínda hai pouco en (*cidade galega*), no Gran Hotel de (***), coa miña amiga, que é de (*cidade galega*), a chica que había alí, a chavala, era unha galega. Claro, nun Gran Hotel vai xente de todo tipo e de todo tal. A min faloume en galego, eu faleille en galego “ola bos días” ou “boas tardes”, “Ola tal e tal”. En (*cidade galega*) o mesmo. Quero disir, a min nunca nadie, que eu sepa, agora da idade adulta, me mirou mal por falar galego. Nunca. E nin á miña nai, nin..., eu non son consciente deso. Tamén (RISAS) había que velo. Había que velo. Se me miran mal porque falo galego, outro gallo cantará. Se me collen ao mellor co día torto (RISAS) levan que oír.

A: Á próxima xa non lle fan así.

B: No, eu creo que no. Eu creo que no, porque moitas veces, quen cala otorga. E si, hai que calar e hai que ser tal e hai que se de aquí y mui educados e mui correctos pero a veces tamén tes que disir “mira, no, non son riquiña, eh? Te voy a demostrar que no soy nada riquiña”.

A: Marcar distancia.

B: Si, respétame. Porque eu respétote. Pero eu nunca, a min nunca me pasou. En ningunha tienda de ningunha cidad, nin en ningún sitio..., non son consciente de que me miraran mal ni de que me falaran mal por falar galego. Nunca. Eso é así. O sea que a realidade dos de afora é unha.

A: E algo que levas ti na cabeza, que ao mellor se xa pensas que te miran... Tamén o pensas ti.

B: Claro, o auto-complejo. O auto-complejo este que falamos, non? De que “ai...”.

A: Vas xa con medo, non? Vas pensando “son aldeana, son tal”...

B: Desíame unha señora de (*municipio de Galicia*)...

A: No sentido negativo, eh? Xa falamos que non é negativo, pero hai xente que...

B: Si. Desíame unha señora de (*municipio de Galicia*) “ti eres galega, falas galego, eres unha muller galega, síntete orgullosa”. Era unha señora da aldea, eh? Unha señora do pueblo de Rianxo, unha señora sin estudios, a muller dun mariñeiro, unha viuda, unha señora mayor... “Síntete orgullosa”. Eu estou orgullosísima. E ela estaba orgullosísima. (*Municipio de Galicia*) tamén é un reducto e están moi orgullosos de ser (***) e non lle dighas “non te vaias rianxeira”, que é “non te embarques rianxeira”. Todo o mundo canta mal a Rianxeira. E eles recórdano seghido: “non é non te vaias! É non te embarques”.

A: Bueno, vouno apuntar a partir de hoxe.

B: Si, si. Non vaias ti cantar “non te vaias”. Se cantas a Rianxeira ten que ser “non te embarques rianxeira que te vas a marear”. E así (RISAS).

A: Que ben, que ben. Eu por min gravaba a toda esta xente, pasaríame a vida enteira escoitando. Por é o que dis ti, é o que dis ti, eu creo que certos problemas creámoslos, non? Non existen pero...

B: Si... e créannolos arriba.

A: E por que ese interese? De crear...

B: Viven deles, viven dese conto, viven dese conto. Eu conoso a unha escritora galega que se chama (***) que foi traducida a moitísimos idiomas que ela é unha fantástica muller, a min encántame, é unha bomba de... É intelixentísima, pero aparte é... ama o galego, non? Ela escribe en galego, (***) é pa min... A min chegoume, son estes libros que te encontran, non? Cando che fan falta, non? Bueno, pois a min (***) ou por exemplos os de (***), (***) e (***), encontráronme a min e son destas personas, (***), que é, hai que naturalizar o orgullo noso, hai que... Somos galegos, somos... Non... É unha persona que se cabrea ca... co autocomplejo. Está enfadadísima co autocomplejo dos galegos, pero é un tesouro de... infravalorada porque non... porque se aparta da RAG. Pero ela non se infravalora, a súa obra está en moitos idiomas por moitos sitios do mundo, é moi diferente. Eu nunca lera nada como (***), nunca, en ningún idioma e está, o sea a xente que bota o pé fóra da manta das subvencións e daquelo que ten que ser, ten que ser, no, non ten que ser, pois quen se rebela...

A: Vai fóra.

B: Vai fóra. Entán fóra, eu creo que están fóra do que é realmente o galego na aldea e no pueblo galego. No ciudadano no, no ciudadano normal, de andar por casa.

A: E esas cifras que din que os nenos cada vez falan menos galego?

B: Eu..., na miña zona non é real. Sempre o digo, eh? Non, non é certo. Non, non é certo.

A: O auto-complejo que dixeches antes, cres que xa nesa...?

B: A maioría..., eu creo que o noventa por cento da xente eso está superado. Nadie está acomplejado, eu creo que... Eu non conozco a nadie..., non sei, non conozco a nadie de agora, da xeración da miñas fillas, por exemplo, que ten 23, 19 e 13 anos, que teña auto-complejo por falar galego ou por ser galego. Eu non conozco. E da miña xeración, que eu son do setenta e un, non conozco xente que esté acomplejada, as miñas amighas de toda a vida non están acomplejadas por ser galegas e moito menos por falar o galego, bueno. E así. Temos orgullo. E mantémolo e vámolos seghir mantendo.

A: Alégrome, alégrome.

B: Claro!

A: Non, si, é certo, que existe esa... O que hai na realidade, non? E o que ves nas cifras pois...

B: No. Eu non sei a quen lle preguntan, non sei con quen falan, non sei quen maneja esas cifras e a quen lle interesa que eso se dea a conoser así, pero non é real. Eu creo que non é real, eu creo que non.

A: Mellor, non? Porque se non parecería que está, realmente, o que dicías antes, non? Que está morrendo. Se ves as cifras son bastante alarmantes.

B: Son alarmantes pero eu creo, é que eu creo que non, que non está morrendo. Eu creo que non. E non sei.

B: E nós temos unha radio local que chega a moitos pobos que é Radio (***) que basicamente a música é de pasodobles e non sei que e cando eu lle pido Ana Moura ou Elis Regina alucina o tipo. Debe de estar alí a buscar como un loco, pero...peroo por exemplo todo o mundo conose (*nombre de canción*) e todo o mundo e todo o mundo se emocionada cando oe (***), todo o mundo, porque o outro día en (*cidade galega*) cando (*nombre de cantante*) cantou (***) a capella, todo o mundo cantaba Lela.

A: Que emocionante, que bonito...

B: Jolín...increíble. Absolutamente marabilloso e natural, xa, naturalizouse eso. Non, non somos de (*nombre de otra cantante*), nin de no se que nin de no se canto ni de tal. A xente sabes oo que pasa? Que Galicia é multitodo, multitodo. Hubo unha etapa destes grupos que son todos sudamericanos, Panorama, no se qué tarará que adaptaron todo e todo e cheghounos a invasión lingüística do castelán continua trás trás. Pero non por eso vamos a deixar de emocionarnos con (***) por exemplo. Vamos, eso é así...

A: Eso é algo que...

B: Nadie toca o himno de España nunha misa solemne nunha festa. No, tócase o himno galego. E todo o mundo reconece que é o himno galego.

A: Exacto...

B: Miña nai reconece que é o himno galego. E antes era tindatachín. As bandas, cando levantaban a Dios como din as vellas. Pois agora sempre é un cachiño do himno galego.

B: ...E todo o mundo reconece, non? Eu creo que non imos pa atrás. Sinceramente.

A: Ao contrario.

B: E non son positiva nin ilusa nese sentido, eu creo que son realista. O que pasa é que os de arriba non entenden aos de abaixo.

A: Pode ser.

B: Están aí comendo de subvencións.

A: Un bon resume de..., esa diferenza, non?

B: Si, é outra caste.

A: Dos que falan de falar e dos que falan, non? Algo así.

B: Si, é outra caste. É outra caste. Hai xente..., a min particularmente pasoume con xente do Bloque, non? Hai xente que fala o galego pero non fala o meu idioma. E non fala o idioma da xente. Que di que non sabe votar. Si que sabemos votar, pero pasamos de vós todos. Sabemos que é un mero trámite, vamos a exercelo, que foi triste, porque nas últimas eleccións solamente votou o 48% do electorado, pero tamén non fan examen de conciencia.

A: Por que non votou a outra parte? Xa.

B: Non foi pola pandemia, non foi pola pandemia. Que me das? Que me presentas ti? E infravalorar á xente da aldea e aos aldeáns e aos dos pobos. Infravalorar á xente do común...

A: Que ao final somos a maioría.

B: ... Tomarnos de parvos, demostramos que non me das nada, non teño nada que darche. Non me veñas pedir. Que me ves pedir? No, non somos tan tontos como nos queren faser os de arriba. E eles están comendo de nós, viven de nós. Pero o que pasa é que sabes o que? Eu creo que o defecto máis grande do político, sobre todo do político galego, que é o que sufrimos nós, é a actitude de superioridade. E son servidores. Porque por exemplo, Noruega, Suecia, supoño que en Alemaña e tal, que habrá de todo, moitos políticos son conscientes de que son servidores do pobo, que o seu sueldo estallo a pagando o pobo, que foron elixidos pa defender, non para escalar. Non para ser trepas. E aquí temos de todo, temos de todo. Non quero que me trates como unha inferior a ti. Ti estás aí pa servirme.

A: Si, esa idea de..., case me parece como moi de antes, non? Un pouco de..., o que dicías ti, non?

B: Ir pedir un favor. É que se lle tes que pedir un favor...

A: Xa. Ó alcalde ou a quen sexa.

B: É que se lle tes... A falta de cercanía é o mal dos de arriba. A falta de cercanía. Tampouco lles importa, eh? Eles están aí, colleron o seu asento cómodo e xa estaría. O sea que é así. Pois isto é (*nombre municipio*).

A: Bueno...

B: (*nome municipio*) sin chuvia...

A: Ten o seu encanto... Cando escoite... escoite a chuvia aí pois digo, pois é o recordo, non? E nesa línea que me dis dos, vamos, dos que marcan as leyes, dos que din ao final son os que din como se fan as cousas. Por exemplo, é que agora estoume repetindo un pouco porque escoitaches a entrevista antes.

B: Non importa. Xa...

A: Referíame a este tema, non? Que é un tema que bueno, é base do que estou estudiando, non? O tema de “o galego non é requisito, é mérito”. No SERGAS, por exemplo. Cal é a solución nesa..., é unha controversia bastante importante, non? Porque se pos requisito, que hai que saber un galego nivel x, estás ao mellor pechando a porta a profesionais que veñen..., certa especialidade que ao mellor veñen de fóra. Non sei, é unha controversia que está aí, non?

B: Ti vives en Alemaña?

A: Si. E claro, teñen que saber alemán. Si, si. Eu digo, eu digo..., eu poño as dúas opinións encima da mesa, eu aquí non estou pa opinar.

B: Eu creo... (***) é de outra xeración e tal. Fagámonos entender. Se ti eres médico e ves de Zaragoza pa Galicia e vas a exercer a medicina de... Si vas a estar nunha oficina escribindo no ordenador dáche ighual. Pero si vas a ter, se estás exercendo un posto público pagado polos galegos, o mínimo é que fales o seu idioma e que o entendas e que teñas uns conocimientos básicos. De galego. Pa min, porque é o meu idioma, estás no meu país. O sea, Feijóo dixo en Buenos Aires que Galicia tiña de toda España, de toda a Península Ibérica, de toda España, Galicia tiña as condicións perfectas pa ser país independente. Díxoo en Buenos Aires. Iso díxomo (***), estaba alí. Nunha presentación de libros ou non sei o que era, destes de firmas de libros e tal, el estaba alí e dixo que Galicia, dixo en petit comité, así tal, Galicia tiña todas as condicións, era a única nación de España que tiña as condicións óptimas, xa de antigüidade tamén, o Reino de Galicia, que onte discutíame un señor fue Reino de León. Non, primeiro foi de Galicia. Despois foi de León, pero primeiro existeu o Reino de Galicia. Primeiro fomos nós Reino. Independentemente de que eu sexa republicana ou non, pero nós fomos reino, non? E dixo Feijóo, reúne as condicións... Eu considero o meu país e o meu idioma. Si ti ves ao meu país e queres que eu che entenda, e xa non eu, senón miña nai, pois tes que saber defenderte no meu idioma. Eu conosín en Lisboa unha señora doutora de Jaén que cheghou a Lisboa de doctora, eu iba cunha tía miña, que lle chamo tía, pero non era, pero é como se fora a miña tía ou miña nai, portuguesa, ao médico con ela. A médica española non sabía falar portugués. De Jaén, inda por ensima andalusá. E entonses eu díxenlle “usté como es posible que esté trabajando aquí” porque claro era unha clínica privada “si no entiende a los portugueses”. Los portugueses, sobre todo en Lisboa, que falan moito máis rápido, “como puede, como se entiende?”,

porque a miña tía non entendía a esa doctora. Non pode ser, o sea, ti, se vas a traballar a unha terra tes que falar... Eu si vou a traballar a Madrid teño que falar o castellano e teño que defenderme en castellano, teño que ter unhas nocións mínimas de castellano. Entonces, se veñen aquí pois eu creo que é natural que se lles exija legalmente..., que se lle poña esa condición. “Ven pa aquí pero esta condición tes que cumplila, inda que sea un cursillo de gallego oficial que lo hagas por internet, pero faino”.

A: Polo menos o esforzo, non? De...

B: Claro, claro, se che interesa estar aquí tes que falar coma nós. Ou entendernos. E faserte entender.

A: Pasouche algunha vez dalgún médico que che dixera...

B: No

A: ...que non te entende? Bueno, non houbo ningún, ese caso, non?

B: Non, non.

A: E algún problema de comunicación, por exemplo, mencionabas, túa mai, non? Que ao mellor vai ao médico e pode...

B: No.

A: ...intenta cambiar...

B: No, no, no, miña nai fala sempre galego, sempre galego. Sempre.

A: Eu vexo de meus pais, que si que...

B: E miña nai...

A: ...intentan cambiar ás veces...

B: Nós vamos ao centro de salud de (*municipio de Galicia*). Pero miña nai operouse da cadera e operouse..., tocoulle en (*nombre del hospital*), porque xa non podía esperar máis e tiña que ser. E miña nai co médico cirujano, que falaba castelán, faloulle galego, o cirujano faloulle galego a ela, entendeuse perfectamente e sin problema ningún. Miña nai, que fala galego sempre, jamás tuvo..., eu non son consciente de que miña nai tivera problemas por falar sempre galego.

A: E ti que estás traballando por exemplo nun centro de día estás falando con moita xente maior, non?

B: Continuamente, sempre galego.

A: Contigo xa te coñecen, non? Pero ves que ao mellor se non conocen a alguén intentan...

B: Sempre galego.

A: ...cambiar?

B: Son aldeas.

A: Son aldeas, é distinto.

B: A xente de aldea, é xente de aldea, que ao mellor algunha ten algunha filla que estudiou e tal e..., pero elas falan galego. Elas son xente de aldeas, a máis próxima a (*municipio de Galicia*), hai xente que é próxima a (*municipio de Galicia*) e fala galego. Tuvemos unha señora de (*ciudad España*), pero o seu fillo casou aquí cunha galega de (*municipio de Galicia*) e a señora falaba galego.

A: Hai, que bonito, non?

B: Era moi divertido, era moi divertido, si. Porque a ela encantáballe cando eu pecadeaba. Cando lle desía... “pero cona!” ou así unha cousa tal, ela fartábase de rir. Fartábase de rir, era moi simpática, si.

A: Que curioso (RISAS)

B: Si, si, si, eu fasíaa rir de tódalas maneiras posibles. E disíalle así contestacións en galego que ela entendía perfectamente. E era de (*ciudad de España*). O sea que...

A: Si, si, pero iso claro, tamén a intercomprensión tamén é un factor, non?

B: Si, o querer entender.

A: Si, si.

B: O querer entender

A: Por suposto, o esforzo dun... Porque iso de non te entendo e problemas de tal...

B: Que non é árabe nin chino.

A: Exacto, que me digas iso no País Vasco, pois...

B: Claro, porque é un idioma...

A: Se non falas pois...

B: Pero bueno eu teño familia e teño amigos no País Vasco e teño amigos en Cataluña. Eu entendo perfectamente o catalán escrito, o catalán oído con un pouco que poñas enténdelo e eu jamás en la vida tuven problemas. Unha vez que fun a San Sebastián que tamén non fun tanto, eu jamás na vida. Teño xente que viveu alá e nunca tuvo problemas co castelán, con defenderse en falar o castelán. Eso son leyendas da xente que é ruín. Sabes? “Es que vas a Galicia y solo te hablan en gallego”. Non. “Es que vas a tal y...”. Non.

B: A min dous chavales venezolanos, fillos de galegos, un día na casa duns amigos meus, que son sobriños dos meus amigos, decindo “é que claro, ahora coas novas políticas lingüísticas se va a eliminar el castellano de las escuelas” [Rise]. Que dis? Díxenlle eu “pero ti estudiaches aquí? As miñas fillas estudian en Galicia, na pública. As fillas da túa... as túas primas estudian na concertada. Non hai ningún problema co castellano nin peligra para nada o castellano en Galicia. Para nada! Eso invéntanvolos os de arriba. Tanto dun lado coma doutro”. O sea, iso é mentira.

A: Cal é o interés, cal é o interés de crear isto?

B: Pois non sei, crear conflito social. Non hai conflito social na sociedade de abaixo. Entonces hai que crealo. Sabes exactamente, eu penso nos políticos radicales da dereita. Non hai ETA. Quen lles dera que a houbera. Están buscando unha ETA continuamente, están buscando ós menas, están buscando ó feminismo, están buscando sempre un conflicto. Porque non o hai, en realidade non o hai. Eu teño o meu... Adóroo, teño un compañeiro de traballo, gracias a el sobrevivín a moita porquería cando foi do confinamento, na residencia aquela que é homosexual, (***), ten (***) anos, é totalmente aceptado pola súa familia, seu pai que foi así un pouco tal, supoño que o shock de tal, porque é doutros tempos, que é do tempo de padriño, pero non hai... O conflito que nos presentan... Eu díxalle a miña nai “Moitas cousas que salen na tele que nos...” O movemento dos ocupas, o tema este, este é un negocio para empresas de desocupa e para empresas de seguridade privada, pero é evidente, non vas facer a compra e alguén che ocupa a casa, non vas levar os nenos á escola e alguén che ocupa... No! Non é real. Preséntanche, invéntanse problemas irreais para ter á xente...

A: Porque despois hai que solucionarlos, non? Hai que...

B: Claro! E aí.... Todo é esto, o diñeiro move o mundo.

A: É unha teoría interesante, non? A que me planteas. Tes razón que van... cada vez é unha cousa nova, non?

B: Por que estás creando algo, un conflito que non existe? Porque non existe. Na miña aldea non hai nadie que teña Direct Seguros, alarma non sei que. No!

A: Estamos entre nós, non?

B: E hai en outras aldeas eu teño visto... Pero a xente da aldea, coma miña nai, mira aos outros e di “E lo quen che vai entrar na casa, home? E lo ti que tes na casa pa que che entre alghén?

A: Ou xa saben se estás ou non, que non é cotilleo senón por... Coidámonos uns aos outros.

B: Claro, claro. Rinse, búrlanse. (***) puxo na casa unha alarma, bueno, home, vaia por Dios, que terá ela na casa, cartos no colchón ou no palleiro. Sabes? Non... Crearon un conflito e moita xente adhireu a el, non che digho que non porque ti eres libre, pero ao mellor chegha un momento que dis “Eu teño estes cartos aí que estou ghashando que os podo meter... (RISAS) nuns sapatos cada mes”.

A: Tes razón, si, que ao final...

B: Crean conflitos e sempre hai quen pica. Está chovendo por ti?

A: Non, non, estaba colgando. Bueno, eu creo que podemos deixar por aquí, porque contáchesme cousas super interesantes.

B: Ademais eu voume...

A: Non... pero eso é...

B: Danme unha idea e uhh.

A: Bueno vouno parar, os agradecementos póidochos facer...

Date and place of recording: 09/09/2021, coffee shop

Format: Face-to-face

Total length: 56:04

Total words: 9917

Speaker A (Interviewer): Researcher

Speaker B (Informant): Female, 25 years old, higher education, urban, master student (teacher), Galician speaker

Language of the interview: Traditional/Standard Galician (A), Traditional/Standard Galician (B)

B: ...Pois como que baixa ao pueblo e como que fai o cambio, ao mellor..., con (***), non? Ou imos tomar un café, non? Pero vai a certos comercios e fai o cambio, porque como sempre fala o castelán pois el fai o cambio e eu “ostris! Pero por que fas ese cambio?”. “A costumbre”, e digo “uf!, esa costumbre...”.

A: Non sabe dicirche moi ben por que o fai, non?

B: Non, é curioso ese cambio que tomas ao mellor indo... Vas ao Gadis e non cambias, vas á plaza e non cambias e ao mellor vas a unha ferretería e cambias, e eu “pero por que?”, si ao final ti..., a persona estache correspondendo en galego e ti estás preguntando en castelán. “No, é que é a costumbre”, pero galegofalante sempre, sempre.

A: É curioso, non? E en que sitios pensas que cambia, así de...? Acabas de dicir ferretería pero por...?

B: Na ferretería cambia moitísimo, na joyería sempre, que tampouco entendo moi ben por que. Igual é porque tampouco estamos tan acostumbrados a dicir “anel”, sempre dicimos “bueno pois teño un anillo” ou..., nese aspecto que ao mellor. Ou “reloxo” sempre dicimos “pois teño un reló” ou... si. Nesa parte, non? Igual por eso tamén cambia un pouco. Pois na miña casa nadie fala castelán, cos nenos tampouco falamos en castelán e eu pecho, co sobriño por parte do meu mozo, todo o mundo lle fala en castelán e eu pecho en falar castelán. É da única persona.

A: E donde viven eles?

B: En (*municipio de Galicia*).

A: En (*municipio de Galicia*), ah, pensaba que ao mellor venían da cidade...

B: No, no, no, e de feito seus pais falan galego sempre. Entre eles falan galego, con nós falan galego e co rapaz falan castelán sempre menos cando se enfadan, que entón si que sale a vena de galego.

A: Si, si. Moitas veces dime a xente, non?, cando me peto coa pata dunha mesa ou algo aí sáeme realmente o que..., o que falo, non?

B: O que eres.

A: Non poido cambiar nese momento. No momento do enfado si... Pero é curioso, non? E por que con ese rapaz? Por que todo o mundo... Con ese neno, por que falan todos en...?

B: Porque todo o mundo... Porque é o pequeno da casa como que todo o mundo fala castelán con el. O sea, os pais empezáronlle a falar castelán entón a nos como nos fala castelán pois ao final acabas, acabas cambiando. Pero é curioso porque tamén os amigos del falan galego, as nais dos amigos falan galego, pero el fala castelán sempre, non sabemos por que motivos empezou a falar castelán, porque realmente foi dun momento para outro. Cando era pequeno, dous anos, tres anos, pois todo o mundo lle falaba o galego, os fillos dos nosos amigos, todo o mundo fala en galego con eles, eu falo cos fillos dos meus amigos en galego, pero con el é como que chama a atención, claro. Todos falamos aparte un galego... cerrao.

A: Que curioso.

B: Si. Pero no pueblo case todos os nenos eh, quitando ao mellor zonas de aldea ou (*municipio de Galicia*), (*municipio de Galicia*), ou así, en (*nombre municipio*) no casco urbano a maioría da xente fala castelán. Diranche que no, pero normalmente si. Aparte castelán mal falado.

A: E cres que é algo que, bueno, o de sempre, non? A aldea galego, ou...?

B: Si, si, á parte... É curioso. Porque ao final os da aldea si que falamos con gheada e con seseo e a ver, eu no meu caso, por exemplo, (*municipio de Galicia*) queda aquí, moi cerca, pero meu pai é de (*municipio de Galicia*) e miña nai é de (*nombre municipio*). E si que hai moitas palabras que din diferente, a pesar de haber solo once quilómetros e incluso eu a gheada e o seseo si que o collín moito dos dous e márcoo ao mellor máis que en (*nombre municipio*). Pero si que é curioso que todo o mundo aquí fala castelán. Vas ao parque, os nenos a maioría falan en castelán, estás na clase, eu aparte eu fixen algún cuestionario para o master, e nadie me respondeu en galego, a pesar de que eu fixen as preguntas en galego (cuarto da ESO, segundo de Bachillerato), case todo o mundo me contestou en castelán.

A: Aquí en (*nome municipio*) fixeches o...ah mira que interesante.

B: Si, no (*nome do instituto*).

A: E ves... Bueno, ti estudiaches aquí...

B: Si.

A: Pero ves que houbo unha diferenxia... Comparado cando ti estabas na escola a hoxe? Porque ti tes a experiencia de ir alí a falar con eles.

B: Eu teño a experiencia de... Aparte eu fixen..., no (***) arriba en (***) fixen Primaria, infantil fixeno na unitaria e todo o mundo falaba galego e en Primaria xa nadie me falaba galego, as profesoras, solo... Bueno, como cambiabas de ciclo solo unha, que creo que foi terceiro-cuarto de primaria. E logo no (***) a maioría dos profesores falaban en galego e no (***) a maioría en castelán.

A: Entonces houbo así como un...

B: Porque aquí, o sea, os centros están como diferenciados, e o (***) é máis para os nenos de aldea, fóra do casco urbano, ou do que se considera casco urbano, e o do (***) é un do casco urbano sempre. E o (***) e o (***) o mesmo, os do (***) son os que veñen do (***) e os do (***) son os que veñen do, osea do (***)... Entón pois...

A: Si, entendo o que queres dicir, que nas de (*municipio de Galicia*) tamén é igual, eu tamén viñen de parroquia e sempre vamos a un porque é onde van autobuses, entón non podes escoller, e os do casco urbano teñen...

B: Si, correcto, si. Poden elegir os dous pero bueno, si que é máis... Como solo cruzan a pasarela do río suelen ir aos que lle quedan máis preto e si que se nota a diferenxia, porque eu estudiei nos dous, bacharelato fíxeno primeiro no (***) e logo no (***) e notábase moito a diferenxia, porque das obrigatorias que había en galego cursábamos galego e matemáticas, o resto nada dábamos en..., nin bioloxía, nin relixión, nin nada. O resto todo era en castelán...

A: E que dicían os profesores? Porque realmente teñen obrigación, non?

B: Que estaban habituados a falar castelán e non iban cambiar a lingua. Eso é a frase mundial de todos.

A: Si, bueno, eu tiven a mesma experiencia, non? E despois tes o libro en galego, fálanche en castelán e despois tes un lío cando tes que escribir, porque dis “xa non sei...”.

B: E eu no máster pásame igual, todos falan castelán, quitando dous, e son vinte módulos, e a resposta é si, a ver facemos os traballos en galego ou no idioma que prefiramos, pero as clases están todas en castelán, apuntes en castelán.

A: E notas, por exemplo... Bueno, en (*cidade galega*) tradicionalmente pois era unha cidade... Bueno, os meus sobriños son castelanfalantes e somos tamén... Criáronse alí e toda a miña familia é galego falante, non sei... Tamén empezaron pola escola, non? Pero... Nótase entón que na universidade...? Disme, non? As clases en castelán, pero tamén os teus compañeiros e todo, hai certo cambio? Ou non?

B: Non, porque ao ser un, o sea... A ver, non quero ser clasista, porque non o quero ser, pero por exemplo eu o meu é o máster de profesorado de FP, entón a maioría da xente que fai FP, por exemplo o meu parte é cociña, soldadura... É un máster que non... Do que ti saes do ciclo e non podes ter unha carreira. Entón pois son cociña, soldadura, non sei, estruturas metálicas, entón son xente que ao mellor xa ten, pois o típico: vives na aldea e tes o teu restaurante e queres ser profesor. O sea que te queres dar como..., teus pais teñen esto, pois ti o dobre, entón si que se reconece que falamos casi todos galego. Quitando, non sei, creo que fixeramos unha enquisa e éramos creo que ochenta e creo que solo dez falaban castelán, non, once falaban castelán e setenta e nove falábamos galego.

A: E que curioso que os profesores non cambien inda así, non? Tendo esa maioría...

B: Si, nada de nada de nada.

A: E non din nada? Simplemente tamén no máster eu son o que falo e xa está, non? Non hai...

B: Si.

A: Houbo algunha queixa? Ou non?

B: Si. Si, porque aparte nós entendiamos que ás persoas que viñan de fóra se lle cambiara a lingua, por exemplo, pois para facer os apuntes ou para facelo máis ameno, que eu tamén o poido entender, claro. Pero por exemplo nada, non se..., nin se variaba, nin se intentaba... Por exemplo, facías un traballo, ao mellor a corrección viña en castelán, que o lóxico é que cando eu che expoño un traballo en galego, ti corrixes en galego, pero non. E os correos, ti preguntabas en galego, respondíanche en castelán ou a veces incluso che dicían..., porque nunha destas respondéronme “a ver é que non podedes falar en castelán para que todos poidamos entender?”, e eu... Entón pois un pouco despectivo nesa parte.

A: E as queixas entón nada, ignoradas totalmente.

B: Si.

A: E dende a administración da universidade non...?

B: É que a nosa directora do máster era a decana da universidade.

A: Ah, vale, vale, entón non... Vamos.

B: Como si fóramos petar á porta de... De enfrente, daba igual.

A: Falar cunha parede ao mellor, non?

B: Si.

A: Bueno, así xa falamos un pouco disto, non? E dixeches que na casa sempre galego na túa familia, exceptuando pois...

B: Ca familia do meu mozo.

A: ...ese neno, non? E algunha vez na túa vida...? Bueno, creo que xa me dixeches que non, nunca cambiaches de lingua, non? O típico de que...

B: Non.

A: E coñeces algún caso deses? Por exemplo algún amigo... Eu coñezo casos deses, non?, que ao mellor na adolescencia...

B: Pero ao revés, o sea, todos falábamos galego e esa persona pasou de falar castelán a falar galego. O sea, costoulle un montón, moitísimo, porque claro, na casa tamén eran castelanfalantes e costoulle moito, sobre todo moitas pronunciacións, que parece unha tontería pero si que costan, si... Entón pois foi ao revés, era castelán falante e botouse a falar galego. E a nós costounos ao revés. Claro, estábamos acostumados ao mellor a contestar en castelán, eu non porque son moi negada para iso, pero os meus amigos si.

A: E de repente pois...

B: Si, o sea, tiñamos profesores que no instituto, cando estábamos no (***) tiñamos profesores moi..., pois moi arraigados no noso e si que nos decían “a ver, chicos, que estamos aquí e non vamos a falar todo sempre...”. Entón pois... Que teño, o sea, tuven compañeiros de clase que na clase de lingua galega falaban castelán e non lles dicían nada.

A: Si, eu tamén, eh? E parece que hasta...

B: “Es que en casa hablamos castellano”.

A: Si, si, me da vergüenza, no?

B: Si, o típico, “me da vergüenza”, si.

A: Por que cres que se avergonzan, por que?

B: Porque aínda que pensemos, o sea, aínda que a xente diga que no, seguimos decindo “non, o galego é pa as aldeas”, “o ghalego é para a xente que non ten nin idea”, e como xa fales cun pouco de... A ver, eu porque ti me estás falando en galego normativo e eu estou metendo..., intentando meter o...

A: Bueno, eu tamén meto cousas.

B: A veces eu, a ver, intento adaptarme, pero eu nunca digho ghalegho, nunca digho... É todo con jota e con seada.

A: Bueno, ti con normalidade. Eu tamén, tamén doume conta que claro, como estou no rol de..., de facer isto e despois vouno transcribir, eu creo que na miña cabeza inda que queira falar con normalidade, a miña cabeza a veces pensa “é que esto despois vouno transcribir, non?”, entón faine (RISAS), pero bueno, eu por exemplo... Que che podo dicir? Non vou dicir nunca “culler”, nin vou a dicir “o meu avó”, nin... Coma aquí, vamos, non? Son palabras que non vou dicir, non? Pero... E paréceche que...? Eso é interesante, non? Ese dobre non, o galego normativo a estas institucións que teñen..., bueno, que crearon esa normativa e demais, cres que a xente sente que esa normativa e todos este tipo de galego non corresponde co que, co seu?

B: E que eu escoito un montón de veces o de “ese é galego de laboratorio”, un montón de veces, pero tanto na universidade, como cando estábamos na clase, como moitas veces os meus amighos que din “eu?, eu así non falo porque iso é ghalegho de laboratorio”, entón pois sempre nos pasa o mesmo. É difícil cambiar, e á parte se naceches xa falando con gheada, con seseo, ca “mai”... É moi difícil cambialo.

A: Si, si, si. Totalmente.

B: Que ao final é o que escoitas todos os días, tampouco lle vas facer cambiar aos teus pais, nin a teus avós. E ao final ti teste que..., todo o que..., eres unha esponxa, entón pois é o que aprendeches, é o que se di e o que se fala.

A: Si, si, eu estou totalmente de acordo contigo, claro que teño tamén esa cabeza dividida, non?, cando vas dar clase de galego pois dis “bueno, o galego é así”, pero nós non dicimos iso, non? Non nos poñemos o “garfo” e o...

B: Eu tuven a sorte de que tuven profesores moi bos por parte de galego e que nos deixaban pois un pouco que mentres non o transcribíramos en exames, na clase... Que faláramos como cada un falaba, porque había xente de (*municipio en Galicia*), que parece que no pero falan diferente, había xente de (*municipio en Galicia*) que falaba diferente, había xente de, eu que sei, de (*municipio en*

Galicia), que ao mellor tamén falan diferente a (*nombre municipio*) e son, nada, dous quilómetros. Por exemplo, de (*municipio en Galicia*) aquí hai páxaros que o meu mozo lles chama dunha forma e eu lles chamo doutra. E que diferencia hai? Non hai ningún río que pase pola mitá. Entón pois...

A: E hai certa conciencia, por exemplo, que dis “non, non, o que se fala en (*nombre municipio*), o que se fala en (*nombre municipio*), o que se fala en...”, que algún e mellor que outro? Ao mellor que digan o típico comentario de “alí é onde se fala ben galego, aquí é onde...”?

B: No, no.

A: Bueno, todo moi pegadiño por aquí, tampouco...

B: Si, pero si que se nota, por exemplo nos animais si que se nota moitísimo o cambio de...

A: As plantas, e todo tipo de referencias...

B: Si, si que se nota.

A: Si, si, eu... Esto si que estiven falando hoxe pola mañá, non? Desas palabras que se van perdendo, non? Que somos moi creativos, non? Para adxetivos, por exemplo, non? Eu acórdome no traballo que dixen “fopeiro”, que é como, non sei se aquí se utiliza, creo que non, que bueno sería de “vago”, non? Un sinónimo de vago pero dicímolo pola miña zona, pola zona (***).. E díxeno, dixen “nada, ese é un fopeiro”, e quedouse... Eu pensaba que tamén..., e era nada, tamén o que dis ti, uns quilómetros, non? De utilizar certas palabras, non? Cres que se están perdendo certas palabras e...?

B: Si

A: ...e formas, ao mellor expresións?

B: Por exemplo, expresións e palabras, por exemplo eu ía dicir por exemplo os tipos de páxaros, as plantas... Aí atrás fíxose como aquí o día de San Xoán, fíxose unha excursión ao monte e recordouse como se chama cada herba de San Xoán, porque inda que o sepamos... Ao final castelanízano totalmente. Entón pois como que se recordou..., foi unha actividá moi interesante, porque ao final fomos, o sea, eu fun e fumos máis xente e ao final pásase..., e vas recordando outras... Pero é que claro, é que eso non se sabe, non se va nin ao monte como se iba antes, nin xogas na eira, nin... Porque eu xoguei, pero por exemplo meus sobriños e meus fillos non van a xogar, entón pois son cousas que vas perdendo, as patas dos hórreos, como se chaman? Ao mellor pois certo tipo de casas... Esas cousas non...

A: Si, totalmente, si, si, si. As herbas, non? Chámase así. Si, si, tes toda a razón. E por exemplo, o que dicías do galego de laboratorio que mencionaches antes, non sei que opinas ti, eu tamén creo que tamén que os medios de comunicación axudan un pouco a que a xente sinta que ese non é o seu galego, non? Hasta certo punto, por exemplo, ver a galega, non? Ou escoitar a radio, ou... Bueno, xa ler, xa case non hai... Xornais non hai nada, non?

B: Xornais xa nada.

A: E se hai non se venden, porque claro, a xente que compra é xente maior que xa lles custa bastante ler, non? Escoitaches algunha vez mencionar iso non?, de xente dicir “bueno, iso é o que falan aí nos informativos”, non?

B: Si, si. Pero bueno, eu creo que cada vez hai un pouco... Para min hai dúas cousas moi importantes. Unha que hai programas que si que integran á xente tanto da aldea como dos pobos e si que se... Por exemplo, este programa que hai ás noites que sempre...

A: O Land Rober?

B: No

A: Non, outro, non?

B: É os domingos pola noite, é como que van contando a súa vida. É que é un programa que é increíble, contan os seus negocios, por exemplo, unha gandería que antes eran os dous

administrativos de non sei donde e decidiron montar unha gandería e contan, pois eses falan galego e fala o seu galego e está genial. Que pasa? Que tamén o poñen a unhas horas que non é habitual que haxa xente vendo eses programas, que estaría genial. E despois hai o galego que se fala sempre nas noticias, co que a min me parece unha falta de respecto cando alguen que é de Galicia e lle fan unha entrevista e contesta en castelán, que non o soporto, é unha cousa que eu creo que se vas a un medio de comunicación, a ver, si eu son galega e vou a Cataluña pois ao mellor non sei falar catalán, pero se eu nacín aquí, vivo aquí de toda a vida, se me fas unha entrevista, que ao mellor a entrevista é sobre mel de, eu que sei, mel de eucalipto da zona de (***), e vas a contestarme en...? No, eso é unha falta de respecto, igual que si ven alguén de fóra e me fala en castelán, que eu lle conteste en galego. Pois eu considero a mesma falta de respecto.

A: Iso si que me chamou a atención, porque eu xa levo bastante tempo vivindo fóra e tes razón, que antes por exemplo vías a Galega ou o que sexa e era raro escoitar esas respostas en castellano, non? Que normalmente...

B: Pero agora está como moi normalizado.

A: Si, si, a min chamoume a atención, non? que...

B: Ves o programa a mediodía e está como normalizadísimo que eu che conteste en castelán e que sea de..., pues de (vila) ou da (vila) eu contéstоче en castelán.

A: E cres que deberían decir algo ou deberían marcar...?

B: Si, debería se marcar unhas normas. Se eres de fóra pois... Porque despois é gracioso que ven a típica persoa de fóra e intenta pois ou falar, ou dar os bos días, ou despedirse en galego. Que digo eu, joder, a ver, tampouco...

A: Ti cres que se valora máis fóra o que temos que dentro?

B: Si. Eu creo que si. Porque de feito, a ver, miña prima está en Italia, en Roma, e cando veñen aquí, aparte de valorar tamén a gastronomía tamén valoran o idioma, porque sempre din “joe, porque en España tenéis un montón de idiomas y tenéis todos normalizados e tal”, e dícialle eu si é que iso está genial, pero é que parece que non o valoramos. Como que “mira estes nacionalistas que siempre...” No, pues está súper genial.

A: Cres que nos empeñamos demasiado..., outra xente, non?, digo plural por dicilo de..., en mezclar todo o que é lingua, política, que é demasiado..., que está facendo... Cres que non lle está facendo un favor?

B: Eu creo que non, porque hai moitísimo, eu creo que xulgamos solo pro a vista, que eso tamén é un defecto do ser humano pero é o típico, ti ves a alguen que ao mellor que viste moi pijiña e ao mellor esa persoa é de dereitas e ao mellor no, é a persoa máis de izquierdas que poidas conocer. E ao mellor ves, porque en Galicia pasa moito, ves á típica persoa que é súper de pueblo e dis ti “este é de izquierdas”, pois no, pois é de dereitas. Entón eu creo que eso debémolo separar, non ten nada que ver que ti valores o teu, que fales galego, que fagas unha bandeira da túa comida, de todo para que... Entón eu creo que si, que é un flaco favor e que se debería separar. Sinceramente. Ahora, supoño que igual... Sobre ese aspeito gustaríame con alguen profundizalo moito, pero bueno.

A: Bueno eu, aínda que sexa non interesante para a miña grabación, prefiero non meter as miñas opinións porque ao final acabas condicionando á outra persoa, non? Eu, xa que o dis ti primeiro, eu tamén che digo que tamén sempre é algo que digo no traballo e todo, eu a política é unha cousa e a lingua é outra cousa, e nas clases, non podes, o que dis ti, non podes marcar un perfil de este fala en galego, estes falan... A ver, eu falo, eu son galega é que se... Iso falábao xusto esta mañán: se alguén vén e di, claro eu son da República Checa e falo checo, pois nós somos igual, non tiña por que chamar..., ou marcar un perfil, non? De alguén... Pois son bilingües, como os de Gales, sabemos todos que falan inglés, sabes? Ninguén o pon en duda, sabes? Que vai falar inglés. Pois eu tamén falo español pero... pero tes toda a razón.

B: Ou cando vas a o Congo, todo o mundo fala, cando é en formal, todo o mundo fala en francés porque foi unha colonia, pero dentro da súa intimidade pois hai, creo que son cinco idiomas, non? Ou subidiomas ou... linguas.

A: Si, non sei, pero poñamos Nigeria, non? Que teñen o inglés pa todo o oficial pero teñen como... Nonseicantas, varias...

B: Pois correcto, pero o que pasa é que o noso é oficial, entón deberíase pois dicir, pois mira, é lóxico, é o seu idioma oficial, non...

A: E xa meténdonos xa no de protexer o galego e demais, ti cres que debería facerse algo máis...? Xa falamos algo da escola e demais, pero que cres que deberíamos facer, digamos, a título persoal ou tamén que debería facer, non sei, tamén a Xunta ou calquera tipo de organismo...?

B: Primeiro, todo o mundo que sea da Xunta debería saber falar correctamente en galego. Por correctamente eu non digo que sea o galego de (*nombre ciudad*), como o galego de (*ciudad*), como o de (*ciudad*). Tanto me da o que fales. E tanto me da que sea o normativo como, non sei, o que non podes é que che coste un mundo falar o galego e a maiores meter moito a pata co castelán. O sea, eu creo que hai que saber distinguir, somos persoas públicas, hai que aprender a falar o que temos. E logo, porque eso é un claro exemplo, se ti estás aí na televisión e es unha persoa que foches elixida por moitas persoas, pero tanto alcaldes de pobo como o presidente da Xunta como quen sea, teste que dar de conta que eres un exemplo a seguir ou en todo caso unha cabeza visible. E que o que... Cada un ten que empezar por si mesmo para cambiar. E logo creo que deberíamos dar moita visibilidade aos nenos pequenos, porque parece que no pero fan... É que moi pouco falan en galego e parece moi normal como naquela época de nosos pais de que os que falan galego... pero os que falan castelán nunca lle cambiamos..., xa outra vez a lingua. Pois elixeu el falar castelán. E entre os pais falan o galego e os avós igual, e ó neno falámoslle en castelán. Creo que iso habería que cambialo.

A: E cres que eses casos son habituales ou pensas que...?

B: Eu creo que cada vez é máis habitual.

A: Si?

B: Si, eu creo que si. Incluso tamén me chama moitísimo a atención de que á xente lle parece que hai moitísimas asignaturas en galego e non hai tantas como parece, o que pasa é que si, ao mellor en tema papel parece que están equiparadas.

A: En teoría, non?

B: Pero ti vas a un centro normal e non..., non son. E ti ao final alí na túa casa estás..., os pais todos traballan, ti tes actividades extraescolares, en cada actividá extraescolar falas un idioma, ou vas a inglés, ou podes ir a fútbol e no fútbol falar castelán e no colegio estás seis horas co seus recreos. Pois oito ao final. Cos teus pais estás canto? Tres? Por moito que teus pais che falen galego si en todos os ámbitos falas castelán non o vas a cambiar.

A: Eu non sei que opinas ti, pero eu creo que un dos factores, por exemplo, bueno, ti es máis nova ca min, pero por exemplo eu de pequena vía sempre o Xabarán Club, e queiras ou non iso xa..

B: É en galego, si.

A: ...Non sei, bueno, es máis nova ca min, pero non sei cantos anos..., despois cando parou.

B: Eu hasta os dezaseis anos chapeino enteiro.

A: Bueno, entonces tardou máis tempo, si, pero por exemplo ahora non está.

B: Fíxose como unha petición...

A: Si, algo así, non?

B: Si, que se fixo unha petición como que volvera a existir. Eu por exemplo Shin-Chan eu vino en galego. Pa min velo en castelán como...

A: Dragonball, si...

B: Dios, esto que é? Doraemon, esas cousas todas que vin en galego agora véxoas en castelán e digo “uff! Malísimo”.

A: Eu podería cantar todas as cancións de memoria...

B: E todas en galego.

A: Pero iso parece unha anécdota, eu sempre o conto e parece unha anécdota pero era un..., digamos un, como dicilo, era un input que tiñas tódolos días e escoitabas... Se os teus personaxes que están na televisión falan galego, pois para ti é algo máis normal, pero agora que se a playstation, que se todo... Bueno, todo tipo de ocio é en castelán. Entón claro, iso... Non sei que opinas ti, eu creo que é un dos factores, non? Dos nenos. Que outros factores cres aparte? Xa falamos da escola, que en teoría ten asignaturas pero despois cada un fai o que quere... E despois que máis cres que...?

B: A lectura, porque tecnicamente supoño que... É que eu non teño rapaces pequenos, o sea, sin ser o meu sobriño, entón tampouco sei exactamente cantos libros en galego hai. Pero eu que eu coñezo, sácasme dos Bolechas, que son os que máis se patrocinan, e non sabría que outros libros hai en galego para os nenos. Por exemplo O Poliño Pepe creo que xa é en castellano. Que é moi famoso, que..., está xenial pero ao final eu creo que deberíamos tamén ter unha cousa de transcribir os libros en galego e potencialo, porque cada vez que queres poñer, por exemplo, O Monstruo das cores, que si que é un librazo para os nenos, que aprenden un montón, e sempre o encontras en castelán. Entón pos ao final, os libros que ven na Unitaria... Bueno, non sei se agora é a Unitaria, pero o que é Educación Infantil, guardería, sempre son en castelán, quitando dous ou tres. Creo que tamén é algo que hai que cambiar.

A: As redes tamén.

B: Si, é súper difícil, o sea, agora non porque antes os móbiles podíalos, pódelos cambiar a galego, pero cando eu empecei co móbil no se podía cambiar nada a galego. E o Twitter pódelo poñer en galego antes, agora é un chío e tal, pero é que antes non podías. Pero é que agora está tan normalizado que seguimos vendo, por exemplo, nas noticias, pois é un tweet, non é un chío. Tampouco..., o sea, non o visibilizamos. Podemos ter cuarenta mil aplicacións en galego que seguiremos utilizando en castelán. Por costumbre ou non sei por que. Entón pois eu creo que darlle visibilidade.

A: Como ves o futuro? Desde a túa perspectiva, eh? Non é que me teñas que dar respostas definitivas, pero xa que me...

B: Eu véxoo un pouco chunguillo.

A: O tema dos nenos, non? Que son o futuro e ao fin e ao cabo por moito que fagamos nós se os que veñen atrás non falan galego...

B: Eu sempre lle digo á miña parexa que non quero pensar que alghen lle poida falar en... Se é pois si que lle falen castelán que está xenial, pero é que na casa é importantísimo. E por exemplo, eu sempre lle dicía á miña prima, é como miña irmá e sempre lle dicía, “joba ti que falas italiano, que tes a dobre nacionalidad, cando vengas aquí fálalle en italiano”. Porque a ver, inda que sea unha tontería, pois catro palabras vainas aprender, catro expresións vainas entender, os nenos son unha esponxa, pero cando estén na casa tereille que falar galego, porque castelán vaino aprender...

A: Seguro, non?

B: Segurísimo. Porque a min nadie mo ensinou a falar, nadie. Pero eu cheguei a primaria e a min non me costaba dicir os números en castelán, nin me costaba dicir “yo me llamo (***)” nin nada, non me costaba. Pero claro eu vía compañeiros que falaban todo o tempo castelán que si que lles costaba dicir “eu chámome (***)”. E que o dous é o dous e non es “el dos”. Entón eu creo que deberíamos empezar tamén por iso, que ti os outros idiomas valos aprender.

A: E por que cres que... Porque eu si que tamén escoitei que... Que tipo de argumentos dan pa...?

B: “Es que con el castellano vas a todos lados”. Cando tampouco é así, porque colonias portugués, portuguesas e que falan portugués..., un montón. Ti vas a Portugal e pois faime gracia, van a Portugal e non falan castelán, intentan falar o galego. E digo eu, o sea, non vas a ningún lado co

galego pero vas a Portugal e vaslle falar ghallegho. E non mo falas aquí, pero alá queres comprar un café só e unha nata. Joba! Eso non... Ou por exemplo, “no, es que o galego é das aldeas”. Pos ben bonitas que son as aldeas. Ou, non sei...

A: Mira, xustamente esa é unha das... Escribín aquí catro das típicas afirmacións, que non quere dicir que eu para nada estou dacordo con elas, pero típicas frases que ti acabas de dicir, non? E vasme dicir se queres que opinas delas. Acabas de dicir o c), non? “O galego é a lingua da aldea, o castelán da cidade”. Cres que nas cidades se... A túa impresión cando vas a unha cidade, hai diferencias entre elas?

B: Si. Por exemplo, os meus amigos estudiaaron en (*nombre ciudad más cercana*). E eu estudiei en (*nombre ciudad*). Bufl, un abismo. En (*nombre ciudad*) claro que hai un montón de xente que fala castelán na cidade. Un montón. Pero como é un pueblo pequeno, o sea, un pueblo grande, perdón, tes de todo pero ao mesmo tempo ti vas pola calle e o vecino de enfrente conócete ou conoce a teus pais ou... É diferente, e moita xente... Non é coma (*nombre ciudad más cercana*), en (*nombre ciudad más cercana*) viven de lunes a domingo pero en (*nombre ciudad*) viven de luns a viernes e o sábado e o domingo vanse ao pueblo. Entón pois si que me chama moitísimo a atención iso de que fálase moito máis galego, non é unha vergonza falar galego para nada e se falas castelán, falas castelán, pero se falas galego, falas galego. En (*nombre ciudad más cercana*) igual ou falas galego normativo ou falas castelán, pero de aldea non vés. (*Nombre ciudad*), a miña impresión é que todo o mundo fala en castelán ou eu creo, igual me podo equivocar, pero si que o noto. (*Nombre ciudad más cercana*) noto que cando eu era máis pequena, porque eu iba a competicións, notaba que a xente falaba máis en galego, cando fixen o master leveime unha desilusión bastante grande, sobre todo xente moi xoven ou moi maior, o sea, a xente de ao mellor trinta anos pois ao mellor non, pero os de 50 e de 20, todo o mundo en castelán. E logo (*nombre ciudad*), bueno a zona de (***) e así si que noto que teñen como esa mezcla entre (*nombre ciudad*), que falan o seu galego, mai, pai, mao e así, pero que cando falan castelán pois son sempre castelán falantes. Entón eu esa diferencia si que a noto.

A: E despois está (*cidade*), que é outra historia (RISAS)

B: Bueno, si. Xa, eso xa...

A: Ou (*cidade*) que tamén é tradicional tamén polos militares e todo isto, no? Que é unha tradición máis de... Si, si, bueno, eu das (*nombre municipio*) o máis próximo (*nombre municipio*), non? E sempre que ibas sempre era “el castellano” pa aquí, pa alá, pero así...

B: Pero quizás eso é por outros motivos, porque xa é como máis arraigado en tema de porque veu alguen de fóra e como que colonizou esa parte, pero ti se eres de (*nombre ciudad más cercana*)...

A: Xa, xa, tes razón, si, si.

B: Es pichuleiro, non... Eres de (*cidade más próxima*), eres de alí e falouse galego.

A: Cres que é unha influencia da universidade? De xente ao millor que..., ou non?

B: Eu creo que non. Non porque ao final á universidade vai todo o mundo, tanto dá que seas da cidade como que seas da aldea.

A: Tes razón, si, si.

B: Entón eu creo que ao mellor tamén é como que...

A: Ou a Xunta, que está aí.

B: Si, es como... Estás en la capital ou estás en la ciudad. É como máis diferente, como que non se ve ben que fales en galego.

A: Ghallegho.

B: Si, que está ben que fales en ghallegho ao mellor cando vas un jueves ás tres da mañán porque encontras con alguen que fala ghallegho, pero mmm... Si o falas normal... A ver estamos en un bar, eh? Esa sensación.

A: Si, si, eu estou de acordo contigo, eh? Cres, donde cres que se podería usar máis..., bueno, a parte da calle e da xente normal, donde cres que se podría usar máis galego en sitios donde se podería fomentar nel? Por exemplo, en... Antes estaba falando de forma informal con..., bueno, chámase (***) , non? Que me decía o da Igrexa, non? Que...

B: Pero a ver quen llo fai cambiar.

A: Claro, claro, pero a ver, que outros sitios se che ocorren?

B: Pero é gracioso, porque ese exemplo é moi bo, porque ti vas falar co cura dentro da Iglesia e fálache en castelán pero está no bar tomando algo e contéstache en galego. Que é como un ámbito formal que temos, que ten que ser en castelán e...

A: Iso é curioso, si, hai un cambio.

B: Si, é raro. Ou por exemplo a xente que cambia según..., según. Está no seu traballo e inda que sea o seu traballo nunha frutería fálache en castelán, como cara o público... Pero despois ti estás con ela tomando un café ou está no seu ámbito non formal e fala en galego. Entón eu creo que deberíamos fomentar tamén nos negocios. Porque non só, ti non só no ámbito formal podes falar en galego, ou sea, no teu ámbito non formal, senón no formal tamén. Na Igrexa, por exemplo, cando son... Os clubs de fútbol, porque eu si que me fixo, cando están pois aquí, hai un montón de clubs de fútbol, pois cando van facer a preselección, os carteis a maioría están en castelán, e eu “pero por que?, si o que che vai vir e de (*nombre municipio*) ou che vai vir de (*nombre municipio*), non che vai vir de León un neno”. Home, pode ser. Pero non é o habitual.

A: Pero tampouco vai ser en chino. Máis ou menos...

B: Claro, non si é que o gracioso é que a maioría dos nenos que son de fóra de aquí falan galego. Que iso tamén é como moi...

A: Que curioso, pero refírestes a nenos de pais...?

B: Estranxeiros.

A: Estranxeiros. E deciden... Bueno, non deciden, adoptan o galego.

B: Si, por exemplo, eu na miña clase tuven moito neno pois venezolano ou tal e si que si, cando chegaban con seis anos ou así como que pasaba un pouco do rolo, porque ao final pasan, pero cando tivemos nenos con oito anos que falan galego perfectamente, e falan en todo o día. E eu digo, “joba, se eles se adaptan que menos que nós nos adaptemos tamén”.

A: Eso que me dis é super interesante, entón fillos de...

B: No médico, que eso é outra. Miña abuela, porque faleceu hai nada, pero eu vía e sempre dicía, “joder abuela, tía, non fagas eso”, porque ela cheghaba alí e costáballe un montón explicar o que lle pasaba en castellano, pero ela cheghaba ao médico e en castellano. E eu “abuela, dílo en ghallego que te va a entender”. “Xa pero é que sempre...”. Si, que me parece correcto que sempre falaran castelán. E vas ao médico e todo o médico fala en castellano, quitando dous ou tres doutores do centro médico, que creo que non os contas, todo o mundo en castellano. Vas a pedir cita, contéstanche en castellano. E queres... Todo o tempo en castelán, e ela claro, pois iba alí e todas as persoas maiores que coñezo pois van alí e explícano en castellano.

A: E por que cres que fan iso?

B: Porque eu creo que antes había que..., o sea, todo o mundo falaba castelán, porque eran médicos, porque estudaron en (*nombre ciudad más cercana*), porque ao millor tenían un nivel alto de vida e non se podía falar o galego... Non sei, costumbres ou malas costumbres. Pero si que o noto moitísimo nesas partes. Ou persoas maiores que van ao Concello e falan en castelán. Ou personas non tan maiores, ao mellor de trinta anos, e eu “pero por que?”. Se te van entender igual. E despois ves alí como lle costa explicar o que queren... Que che contesten no que queiras, ti vas e faste entender como poidas, non che queda doutra.

A: Si, si, que estás aquí, estás na túa casa, non? Que non é que estás...

B: Correcto.

A: Si, si. E ti fuches algunha vez, eso paréceme moi interesante, fuches algunha vez ca túa abuela ao médico?

B: Si, moitísimas veces.

A: Si, non? Eu tamén... Non vou entrar nas miñas anécdotas porque... Pero si, eu entendo perfectamente o que dis. Con meus pais, por exemplo, a última vez que fun con meu pai e pregunteillo despois por que cambiara, non? Porque empezou falando tal e despois cambiou e dixo..., e negouno, díxome que non cambiara, e eu estaba ao lado, non? E encima traballando con estes temas...

B: Que te fijas un montón.

A: Teño o oído xa así, non? E digo “tes que, cambia de chip, non estás traballando, atende ao que diga o médico”.

B: Pero por exemplo, eu non traballo con iso e co meu mozo pásame un montón, que sempre lle digo “pero por que cambias?”. E aparte enérvame, digo “pero por que cambias, se lle empezaches preguntándolle por un tornillo?”. Tío, a ver, non lle vas dicir un “parafuso”, porque xa ao millor diche o tipo “eh?”, pero joder, continúa a frase, que máis da. Xa, pero é que ó mellor vamos a (*nombre municipio*) á ferretería e fala en ghallego, pero ven a (*nombre municipio*) e cámbiame ao castellano, porque todo o mundo en (*nome municipio*) no casco urbano fala en castellano. E eu pero a min dame igual o que falen, eu voulo pagar, non llo vou deixar a deber.

A: Xa, xa (RISAS) Que non lle estás falando en inglés, non?

B: Claro, entón pois...

A: E túa abuela que che di, cando dicías iso diciache...

B: Pois que eran médicos.

A: Pero non cho negaba, non? Ela sabíao.

B: Non, non, ela sabíao. Pero bueno, que cambiouno, eh? Nos últimos anos de vida foino cambiando.

A: E por que cres?

B: Porque eu a machacaba moitísimo.

A: Ah, vale, vale.

B: E porque nós chegábamos e falabámoslle en ghallego ao médico. E ela quedábase como “a ver, que é médico, como lle vou falar ghallego?”. E eu “abuela, teno que entender”.

A: Como se fora unha falta de respecto, non? Algo así.

B: Que eso é outra cousa que parecíame mal. Que houbo unha época aí atrás, non sei, pois un ano ou dous, que houbo o de “non entendo por que para sacar unha oposición en Galicia teño...”. No, tes que. É o que hai. Hai que sacar o Celga, tes que ter o Celga. É un idioma oficial, telo que saber entender en falar. E escribir.

A: Bueno, é un mérito, non? E non é...

B: Pero faime gracia iso, o sea, dáse por suposto de que tes que ir a Cataluña, sacas o nivel, non sei, o nivel de catalán que sea oficial...

A: O C1, que non é fácil.

B: ...vas ao País Vasco, igual, pero vas a Galicia e “y por que yo tengo que sacarme el Celga 4, si ao final...”. No, porque é o que hai, porque venche unha persona maior que non sabe falar castelán e

dille que che doe, eu que sei, pois unha costela, e terás que saber que é unha costilla. Non che queda outra. Entón eso tamén é outro aspecto que eu vin como que nos últimos anos caeu unha corrente moi grande hacia iso, como o das oposicións aquí pois... Non é necesario. Si, si é necesario. Vas ter un posto público e...

A: “Me están imponiendo el gallego”, non? Algo así, ese tipo de comentarios.

B: Si, si. Que despois é gracioso, ven alguen de, eu que sei, pois de Andalucía e sácase o Celga para facer as oposicións pero ti que estás aquí non o queres sacar? Joba!

A: Pero é o que dis ti, non? Porque tamén hai estes argumentos que xa tamén os teño escoitado, non? “É que se entende”. Vale, a ver, a túa abuela e miña mai claro que van a entender ao médico, pero claro, van sentirse un pouco, non sei como dicilo...

B: Cohibidas.

A: Cohibidas, si, si, de... Non sei, ou non se atreven a falar da mesma forma que falan con un telegrama polo menos...

B: Si, costándolle un montón. “Es que me duele pero..., aquí”. A ver, pero dille, se che doe a costela ou a costilla, pero di costilla, non hai ningún problema. Pero di a frase. “Non, é que ao mellor non me entende”. Pero como non te vai entender? Pois...

A: Ti por exemplo aquí tes médico aquí en...?

B: Si.

A: Si. E con ese médico... Como che fala? Fálache...

B: En castelán.

A: Fálache en castelán. Iso si que mo dixeron,

B: Aquí sempre.

A: Chamoume a atención que si que mo mencionaron hoxe, que houbo moitos cambios de médicos e que hoxe en día case todos falan en castelán aí.

B: Eu creo que menos a doctora do meu mozo, o resto falan todos castelán. É máis, ti vas ao PAC e cando che fan o informe aparéceche todo o que ven como xa dado no informe, a plantilla, en galego, e a súa valoración en castellano. Como tes que tomar o medicamento? “Uno cada ocho horas”. Pero en castelán. Pero non se cortan, que polo menos ti tes a plantilla en galego, non é que te equivoques porque ti normalmente fales en castelán, non. Ti...

A: Xa que está aí...

B: Tes xa a plantilla en galego, o sea, estala vendo.

A: Si, si. E cres que, ou escoitaches algunha vez, bueno da túa abuela que me contaches, pero ao mellor eu que sei, outro tipo de xente que coñezas ou ti mesma, non? Cando vas alí cres que eso pode supoñer algún tipo de problema de comunicación?

B: Eu creo que si.

A: Non estou falando de entender, porque entender endendémonos, pero...

B: Non, eu creo que si, porque ao millor ti queres decir algo e como non che sale xa non o dis. E ao mellor quédanche cousas por decir porque estás pensando como traducilas do galego ao castelán.

A: E cres que esa xente por exemplo estaría cambiando..., digamos, ir cambiando dunha lingua á outra dentro da consulta? Ou... Non sei se a ti pasouche...

B: Como?

A: Ao mellor estar ca túa, neste caso o que falamos, non?, da túa abuela, que intentaba falarlle en castellano ao médico...

B: E a min, e a min en ghallegho.

A: Si, si, e ela iba cambiando, non?

B: Si, si, o sea, ao médico respondíalle en castellano, castellano dela, e a min preguntábame en ghallegho, desíame. E eu “pero abuela, se estás falando connmigo aquí non che vai..., o sea, non é o oxígeno o que cambia, ti estás aquí e o que me dis a min pódello dicir a ela. Se non che entende pois intentamos entendernos, pero ti fálalle como sabes, explícate como poidas, como sabes”.

A: Despois cambiaba a galego ou seguía? De dicirlle ti algo ao mellor...

B: No. Ao principio falaba sempre en castelán e despós eu dicíalle “pero abuela, ao final quedanche un montón de cousas sen dicir porque estás preocupada por facerte entender en castelán. Dio en ghallegho o que queiras e si vemos que a persona que non nos entende (porque agora hai un montón de médicos de fóra ou o que sea) pois nós intentamos facer entender á persoa. Non hai ningún problema, vamos contigo, non vas ir sola”. Entón ela ao final iba cambiando.

A: E con esta xente que é de fóra como ves que reaccionan eles nestes casos?

B: Pois ben, porque de feito inda fun a semana pasada a Urgencias, tocouse unha persoa que era (País sudamericano)na e contestoume en galego, que digo eu...

A: Que curioso, non?

B: Que curioso. O sea a persoa que me acaba de dar a pulseriña de triaxe en castelán e eu falándolle en galego e ti, que me podías dicir pois bueno eu fáloche en castelán porque aínda que o entenda, que te estou entendendo perfectamente, cóstame falalo, no, respóndeme en galego perfectamente.

A: Dixécheslle algo, ou foi así todo moi... Bueno, non era o momento, non? Que estabas a outras cousas (RISAS).

B: A verdá é que non, pero...

A: Estabas a outras cousas pero si é certo, eu acórdome que hai pouco me dicía o típico comentario, non sei se o escoitaches ti ao mellor na túa casa, que lle dixeran á miña nai “bueno e que tal foi no médico?” e sen preguntarlle nada diso e a primeira resposta díxome “ai, muy simpática, e falaba galego”, como se fora algo que...

B: Que te teñas que sorprenden.

A: Si, si. Eu que sei, é rubia, ou medía dous metros ou algo así como..., sabes? Algo así como dicir algo... “E faloume en galego”, e eu... Sabes? Vas apuntando e dis... E viña contenta. Sabes? Que eu creo que iso é unha das cousas que estudio, non?

B: Que se fai notar.

A: Que non é o típico que che din bueno, pero se se entende. No, entender é aquí, isto vai máis alá, non? Porque estás falando dalgo moi privado, estás contando algo... Algo psicolóxico, algo do corpo, non?

B: Que lle tes que facer sentir cómoda ou cómodo, si.

A: Si, polo menos é a miña opinión, non? E cres que os médicos, por exemplo, non fan ningún..., o que dis, senón que todos falan en castellano e tampouco fan un esforzo, non? Para...

B: Eu creo que no. Outra cousa que si que notei, que as enfermeras a maioría falan en ghallegho. Porque por exemplo aquí a maioría son de aquí de cerca e a maioría falan en ghallegho, pero é que os médicos, a pesar de ser algún de aquí cerca, falan en castelán. Que iso é curiosísimo. Como que baixa o estatus. Entón elas, si claro, porque aparte tamén son as que fan ao mellor máis cousas físicas, como poñer puntos, pincharte, sacarte sangue, o que sea, que ao mellor si, xa teñen como un

tacto ou outro cariño hacia o paciente... Igual non é a frase máis axeitada, pero que si que se nota. Nesa parte si que se nota.

A: E cando falan cos médicos, algunha vez que escoitaches, cambian?

B: En castelán.

A: Cambian, non?

B: Si, si. Curioso.

A: Iso escoiteino eu nos audios e si que me din conta, digo eu... Por que, non?

B: Si, si, pero o das enfermeras si que, eso si que é bastante curioso, que elas si que falan en galego cos pacientes e cando está o médico na consulta ao mellor estánche poñendo uns puntos ou quitándonos como me pasou a min, a min falábanme en galego e ao médico que estaba..., á miña doutora que estaba alí valorando, pois faláballe en castelán. E digo eu “ostris!”. A parte son contactos que se es galegofalante te quedas. Que dis ti joder, esto que?

A: Si, que che chirría algo, que dis “que está pasando aquí, non?”. Porque si, o típico da señora esta que che falaba a túa mai en galego e despois dicíache “y tú niña, qué quieres, quieres algo?”. E ti quedábaste... Non sei a min pasoume...

B: “Y tú cómo te llamas?”

A: “Y tú cómo te llamas?”, dicíache. “Ai, tes unha filla moi guapa, y tú cómo te llamas?”. Non? Ese tipo de momentos raros... Polo menos nas miñas épocas era así.

B: Que é curioso tamén que cando o neno vai no carrito e inda non sabe falar falámoslle en galego, pero tan pronto ves que di dúas palabras ou mide máis de cincuenta centímetros xa lle cambiamos. Que pasa, o neno volveuse agora...?

A: Monolingüe, si (RISAS).

B: Non sei, de Madrid e non naseu aquí. O neno xa non naseu aquí, xa é doutro lao.

A: Tes toda a razón. Bueno xa un par de cousas e xa acabamos, que tes que...

B: Non te preocupes, si por que é que o cambio de presión... Saléusenos o techo.

A: Que che saleu?

B: O grifo. Foi curiosísimo, que estaba lavando a louza e bum! E dígolle a meu mozo “hai que ir ao lero y comprar un grifo e que nos veña poñer o fontaneiro porque esto..., quedámonos sin el xa”. Foi curioso, dixen eu vaia...

A: Si, si, porque podes armar unha boa nun momento, si, si. Bueno íbache dicir, o último que che iba a preguntar é..., que xa me adiantaches un pouco diso, non?: no centro médico, e despois cando vamos ao hospital, non? Porque aí hai unha diferenza porque os médicos que temos alí... A ver, ti aquí no centro médico canto tempo levas co mesmo médico?

B: Pois tuven á pediatra hasta os quince e agora desde os quince a os vinte cinco.

A: Igual, non? A mesma, claro, temos xa unha relación, xa sabemos como fala ou xa sabemos como che vai... Bueno, por curiosidade, que médico tes? Non o vou poñer, eh?

B: A doutora (***), que creo que é a que leva o centro médico. (**) Pero bueno, leva toda a vida aquí. (**) E a miña enfermeira é (***), que é de aquí e fala en galego.

A: Pero é curioso, si, a (**) tamén falei hoxe cun señor que tamén tiña esa médica, non? Que é curioso como despois de tantos anos... Pero si, as veces si que mete así algunha frase, non sei se pasou contigo, pero algunha palabra...

B: Si, palabra ou en todo caso algunha expresión. Pero a maioría da conversación é en castelán.

A: Si, si, pero si que algunhas veces si que ten algún xiro, non? E cando vas á especialista ao hospital que me imaxino que é en (*cidade máis próxima*)?

B: Pois mira, aí si que che podo dicir, porque si que teño experiencia. Mira, cando fun, en oncoloxía, a maioría das persoas falábanme en galego, a non ser médicos moi puntuais que si que iba á consulta, as personas que me trataban era en galego. O sea que moi ben. Cando fun a xinecoloxía, si eran persoas moi novas falábanme en galego pero si eran as xinecólogas ou os xinecólogos maiores, todo o mundo en castelán. E incluso as enfermeras tiraban máis hacia o galego. As do mostrador sempre en castelán, quitado pois dúas ou unha, o resto a maioría en galego. E logo en Hepatoloxía e en Transplantes pois son un cuadro un burato no SERGAS de cartos, pois si que me fíxei, porque o xefe de transplantes fala en castelán sempre, pero os hepatólogos e demais ciruxáns sempre en galego, e de feito vas á consulta e sempre en, o sea, en galego perfectamente, á parte un ghallegho dos que...

A: Non forzado, digamos.

B: Non, non, moi ben. O sea, moi ben. Aí si que teño o que valorar que ultimamente eu no hospital que sempre en galego. É raro que me cambien. Ou me tocou a min todo o mundo que fala en ghallegho, que tamén pode ser, pero normalmente moi ben.

A: Que curioso, non? Porque parece que esperas o contrario.

B: Si, pero no.

A: Esperas que aquí no pueblo e despois vas ao hospital e cambian, pero...

B: Si, pero eu creo que máis ben... Pois diríache que teñen todos a mesma idade pero non, porque por exemplo o meu hepatólogo e ciruxán ten caso..., vaise xubilar e entón pois... no, e a xinecóloga tamén moi xoven entón pois non teñen unha correlación de idade. Entón guai, moi ben, nese aspecto moi ben.

A: E curioso, non? Porque parece que o que vas esperar aquí é que se fale menos.

B: Si, pero non. Ou eu de momento teño en conta de que hai un par de anos quizais cando iba coa miña abuela aos médicos si que notaba que falaban máis en castelán, pero ultimamente, ou as personas que me tocaron a min, sempre en galego.

A: Bueno...

B: Ou aínda que ao principio ao mellor falábanme en castelán pero no momento que eu cambiaba..., que falaba en galego, pois a min seguíronme toda a conversación en galego, por eso, e nada forzado, o sea, son personas que habitualmente, seguramente... Que volvemos ao mesmo: contexto formal falamos en castelán e seguramente na casa falamos o galego, pero como estamos detrás de..., falamos en castelán.

A: Entendo o que queres dicir, si, si. E bueno, e xa con isto acabo, simplemente pa as últimas palabras: cres que debería mellorar algo en relación á comunicación no sistema galego de sanidade, no SERGAS? Aparte de falar en galego, castelán, cres que debería..., non sei, se hai algo que deba mellorar? En relación á comunicación.

B: Non sei, eu teño valoracións que me parece moi guai que manden as cartas tanto en galego como en castelán, paréceme moi guai, porque hai xente de fóra como hai xente... Paréceme guai. Os mensaxes, ou cando ti chamas, que me jode un montón porque esto, dígocho porque o vivín pois unha vez á semana, cando eu falo co Bot este, o típico que che sale “ha estado usted llamando” no sé que. Moi ben. Se eu che digho os números en ghallegho nunca me entendes. Que chos digho en ghallegho normativo, é desir, que non che digho “mil novesentos”, no. Touche disindo a miña fecha de cumpleanos en ghallegho normativo. Que mos debías entender. Pero no, se chos digho en castellano nunca hai dudas. O sea é que...

A: As máquinas, non?

B: Si, o sea, que o Bot está perfectamente feito. Se eu cho digho en ghallegho nunca me entendes nada do que che quero disir, pero se cho digho en castellano enténdesme á primeira, é que iso tamén

me jode un montón porque ti tamén estás aí marcando os números e dis ti “bueno, que me atendan en galego”. Pero non me van atender, ou cando chamas a Fenosa, por poñerche un exemplo agora. Chamo a Fenosa, fixen unha queixa formal con iso, chamo a Fenosa que me atendan en galego, pónome a explicar e dime a chica “es que no soy de aquí, no entiendo el gallego”, pero eu puxen que me atenderan en ghalleggho. Porque eu quero explicarche en ghalleggho o que me pasa, cando era castelán pois chamo a Madrid a Fenosa. E no SERGAS pasa o mesmo, ti dáslle a falar en galego e despois tócache alghien que non o entende. Que non o entende ou non o quere entender porque lle é máis fácil comunicarse contigo en castelán. E ponme nerviosa eso. Pero o do Bot é unha cousa que me pon dos nervios. Eu díghoche os números en ghalleggho normativo e non me entendes, pero díghocho en castellano e á primeira.

A: Non, tes razón eh? Tes razón. Eu polo menos na casa xa nin o intentamos, porque meus pais tamén din “non eu paso de...”

B: É que eu iso non o entendo.

A: Bueno, iso é facilmente..., pódese arreglar perfectamente pero hai que invertir. En intelixencia artificial e invertir en facer algo...

B: O en todo caso cando tes ás persoas, que supoño que son administrativos ou non sei o que son, cando atenden as citas, se eu che empezo a falar en galego ou selecciono a atención en galego, terasme que responder en galego. Pero é que xa o gracioso é que ti, xa non fan un intento de empezarche en galego a conversación, senón “mira y que quería?”. Non, “Mire e que quería”. En galego, non mo poñas en castelán.

A: Si, si, que parece que como sabes falalo, non? Que...

B: Si, si, tal cual.

A: Tes toda a razón. Bueno, eu pola miña parte creo que podemos deixalo por aquí, non sei se tes algunha pregunta ou algo que queiras comentar máis, non sei.

B: Que fuches notando? Todo o mundo máis ou menos temos as mesmas...

A: Non te creas, eh? Hai certas ideas que vexo parecidas pero si que, gústame ver as vosas impresións, porque hai versións distintas. Bueno vou parar aquí.

Interview: Informant 5

Date and place of recording: 24/09/21, Skype

Format: Videocall

Total length: 1:40:41

Total words: 12720

Speaker A (Interviewer): Researcher

Speaker B (Informant): Male, 77 years old, higher education, urban, chemist (retired), Galician speaker

Language of the interview: (+) Standard Galician (A), (+) Standard Galician (B)

B: Estou esperando unha persona que me vai traer un marisco e acaba de chamar que me vén en camiño.

A: Vale, bueno, non pasa nada. Eu estaba..

B: Eu chámome... Ti eres alemana ou eres galega?

A: Non, non, eu son (*nome municipio*). Non son de moi lonxe.

B: (*Nome municipio*), é (*nome municipio*), está ben.

A: Si, si, pero levo xa, levo xa uns anos, pero...

B: Eu coñezo Heidelberg, eu estiven aí.

A: Ah, si?

B: É moi bonita a cidade. Estuven en Mannheim, en Mannheim cerca de Frankfurt, e un día fomos de excursión hasta Heidelberg para coñecelo. Bueno.

A: Bueno, si, a verdade que é unha cidade espectacular, non? Pequena, pero...

B: É preciosa (()), pero moi, moi típica, digamos, así, da idea que tiña eu do estilo teutón, do estilo alemán de construcións. Daquelas que caen...

A: Si, totalmente, aí o castelo, non? Que se ve tan grande. Bueno, pois para non ocuparche moito o tempo, bueno, en primeiro lugar...

(***)

A: Teño unha filla dando clases de español en Francia, aprobou a oposición de profesora de francés. É profesora de español en Francia, pero é do goberno francés, é funcionaria do goberno francés. Entón vaia o goberno francés. Así que é máis ou máis o menos, (...) E está nunha illa que se chama (***) que está alí no Océano Índico entre (***) a e (***), (...). Nada sigue que te estou...

A: Está alí, logo, estable o por un tempo?

B: Estable, pero no, no, estable. Quere cambiar, este ano quere cambiar de sitio, quero virse pa (***), para Francia. Para Francia peninsular, para Francia europea, para Francia peninsular. Porque antes alí, alí hai unha illa que se chama (***), pero os que nacen alí, nacen cos mesmos dereitos que os que nacen en París.

A: Unha colonia, si.

B: Ao cen por cento.

A: Xa, pero a vida non debe de ser moi fácil, estar nun sitio tan pequeno...

B: Bueno pasa que alí os salarios son o dobre. Entón (RISAS)... totalmente (())

A: Ah bueno si, por suposto, pero si que eu teño, coñezo xente que tamén, claro, mándanos primeiro ás colonias, Mozambique, ou e... zonas así... os novos, non? Van que teñen que pasar un tempo e despois xa...

B: O que lle fixeron a ela. Ela ten esperanzas de este ano cambiar, virse xa para (***).

A: Si, así xa está máis próxima á casa.

B: Bueno e... (()) de que vai a historia?

A: Cóntoche, cóntoche. Mira, bueno, xa fixeches o cuestionario?

B: Bueno, eu avísote que, dentro de, non sei, uns minutos, vai vir un señor a traerme o marisco

A: Non pasa nada, espero.

B: E vou interrompir sin parar esto.

A: Non pasa nada.

B: Acaba de chegar. Un segundiño nada máis.

A: Ah, acaba de chegar, quedo aquí á espera, non pasa nada.

B: Estou na beira do mar.

A: Que ben, que sorte. Logo enséñoche.

[PAUSA]

B: Bueno, déixame gardala... xa está todo arreglado.

A: Que ben.

B: De que íbamos...?

A: Non sobrou algún marisco para mandar para aquí (RISAS).

B: No, acaba de traer camarón. Logo enséñoche, mira.

A: Pa dar-me envidia.

B: Ves máis ou menos? A paisaxe.

A: Non, porque tes un fondo de pantalla. Non se ve nada. Está posto un fondo de pantalla. Pero bueno, non pasa nada, fágome a idea.

B: A ver, dime...

A: Entón...

B: Vamos a empezar con...

A: Bueno pois explícoche un pouco brevemente do que quixera falar. Bueno en primeiro lugar, moitas grazas por aceptar falar comigo.

B: Nada, nada.

A: E escollín, bueno fixen o cuestionario, como ben sabes, como participaches, cun grupo grande de distintas idades, distinta educación e demais en todo (***). E agora, para profundizar en certas ideas, pois a idea é falar, en torno, con doce persoas para que me falen un pouquiño máis desas ideas profundizando as mesmas ideas que tratei no... nese cuestionario, non? E o que quero é falar

un pouco, facer un pouquiño una biografía lingüística da túa vida. Espero que non che importe que te tutee. Ás veces... (RISAS). Despois desa biografía lingüística, falar un pouquiño para que me des a túa opinión, as túas impresións de como é a situación actual en Galicia co galego... E bueno, ver un pouco as túas impresións sobre cara onde vamos, onde estamos e demais. E por último, falar un pouco do tema en si que máis me interesa, que é como se fala co médico, non? Co médico de familia, o médico de cabeceira. Que é o tema en si...

B: Perdona, eu non sei se estou gravando a chamada ou non. Estala gravando?

A: Si, eu estou gravando e cando acabe de gravar xa se che envía o vídeo directamente.

B: Vale

A: Está gravando desde o principio. E ben, pois basicamente é iso. Primeiro acabas de mencionar que vives a carón do mar, exactamente...

B: Non, eu vivo en (***). O que pasa é que eu son xubilados xa hai anos, o que pasa é que o vrán pasámolo aquí en (***), estamos en (***). E estamos aquí dende doce de xullo até finais deste mes, case todo o mes.

A: Naciches en (***), logo?

B: A miña muller non está xubilada, está traballando, pero como (**) e esto estamos a dezaseis minutos, dezaseis quilómetros por autovía, pois é un paseo para ela, vai a traballar.

A: E naciches en (**)?

B: Si, si son de (**) nacido. Si, nacín en (**).

A: E como é (**) para vivir?

B: (**) para vivir, pois é... a ver, claro é que non se pode dicir como é (**) para vivir senón como é (**) para vivir para cada persona, eso é que é diferente, é tan subjectivo, que non depende de (**), depende da persoa. Entón non acostumo, por exemplo a gente que é aficionada a ir aos bares, a tomar viños e tal, pois (**) pode ser un tipo de..., un sitio estupendo. Para a xente que non é aficionada a eso, por exemplo, eu que son máis aficionado á lectura, ou a cine ou a certos, entón (**) non é un sitio tan estupendo. Pa vivir dixeches, para vivir. Porque coñécelo ti persoalmente (**)? Estiveches en el?

A: Estiven un par de veces, si, pero non teño esa conexión.

B: Pois arquitectonicamente está ben trazado, é antigo non está moi... moi escarallado, se me permites a expresión.

A: Si, claro

B: Pero... xa che digo é un tema moi subxectivo que che parece (**) para vivir a mi paréceme porque teño unha boa casa e é un pobo moi tranquilo, moi tranquilo. Unha casa no medio da vila onde non hai un puñetero ruído e por outra parte (**) é un sitio con moitísima industria se todo foro como (**), se toda Galicia fora como (**) sería Alemania, non sería Galicia. (**) agora mesmo, non sei se o sabes, por exemplo grandes empresas... (**) somos oito mil quinientos habitantes nada máis e grandes empresas en (**) neste momento hai... se queres unha noméochas, fágоче unha listaxe.

A: Unha radiografía.

B: Está (**) (()), entre seis ou sete empresas, andamos arredor de 6000 postos de traballo. Seis mil postos de traballo pa unha vila tan pequena non é coña. Algunhas delas son multinacionais, pero fundadas por (**). De feito... Si, perdón?

A: Non, non, estou asentindo.

B: Dime, dime.

A: Si, nada, perdoa que ás veces córtase un pouco o son.

B: Si, sae entrecortado o son, non sei que pasa...

A: Debe ser a conexión. espero que non sexa tan horrible cando o escoite.

B: Si, porque a miña impresión, eu teño internet neste momento do móbil entón non debe ser moi boa. Bueno, de calquera xeito, (***) para vivir pois bue, para min ben porque teño unha boa casa, e teño unha boa biblioteca, e teño o cine, non teño cine, teño o televisor de pantalla grande, ese tipo de cosas que me gustan. E logo gústame comer ben e en (***) cómese ben, en (***) hai restaurantes cojonudos, moi bos, dos ou tres moi bos e logo hai uns cuantos que non son tan bos. Hai moito traballo e miña muller ten unha tenda de móbeis e (***) é unha vila que non é pobre e enton pois as cousas van máis ou menos ben. Pero supoño... Si, no? Supoño que para outra xente non será tan bonito vivir en (***)... Non sei...

A: Estiveches algunha vez vivindo noutras partes?

B: Para estudar aí estudei en... si, claro, estudei en (***) químicas e logo fixen farmacia. Pero farmacia xa a fixen cando traballaba nunha empresa de (***), en (***) precisamente, que era unha empresa de (***). E logo vivín en (***), despois de facer químicas, vivín en (***) dous anos porque fixen a especialidade de plásticos que era do CSIC, que estaba organizado polo CSIC, polo centro (()) científica e a cátedra de química orgánica da facultade de inxeniería industriais, ingenieros superiores, industriais. Entonces estiven alí dous anos e logo vin para (***), en (***) e dende daquela non cambiei de vila, non. Que eu recorde agora, non, non cambiei, nunca cambiei.

A: Bueno, pero se se está ben para que cambiar, non? (RISAS).

B: Si bueno era un bo traballo e taba ben, si, taba ben, os principios foron jodidos, coma sempre, pero... pero bueno ao final pois chegas a onde máis ou menos queres e... e ben.

A: E como era daquela, por exemplo, estudaches en (***), como era daquela a universidade? Como era...como eran as clases? Interésame tamén en xeral, pero tamén me interesa concretamente, claro era outra época, imaxínome que xa hoxe, xe case non hai asignaturas en galego, pero daquela pois non sei en que anos eran, imaxínome que non, que tampouco eso existía

B: Eu acabo, eu teño setenta e sete anos, setenta e sete. Fixen... acabei a carreira de químicas, estiven enfermo dous anos e pico, acabei a carreira no sesenta e nove, no sesenta e nove ou no setenta. Meus pais falaban galego, meus avós falaban galego, miñas tías, meu tío que xa, solo tiña un tío daquela en (***), falaban todos en galego. Curiosamente na escola a min falábanme en español, e meus pais, aínda que eles falaban en galego, moitas veces a min dixíranse en español. Era eso así, era unha cosa moi curiosa. Meus pais non eran crentes, relixiosamente, nin eran admiradores precisamente de Franco, senón todo o contrario. Pero tiñan moito medo, había... era unha época de moito medo. Eu encontrei...eu nacín no corenta e catro, esa é unha época de moitísimo medo, de falar, os pais non me contaban o que pasara, por medo a que sendo neno, pois falara fóra e... en fin, por medo, había medo, moitísimo medo. E si, eu asistín á universidade, na universidade falabas español, non se falaba galego nin de coña, era unha minoría e coincidín no... no sesenta e oito, coincidín co famoso (()) precisamente en químicas, non sei se estás enterada, foi o iniciador aquí no que chaman España, no estado español, digo o que chaman España porque... na miña opinión seguimos na, na... Esto sigue sendo a Corona de Castela, a Corona de Castela, pero bueno eso é outra historia e en este... en este país, en aquel momento pois no sesenta e oito, estalou en (*cidade*) precisamente o que previamente había estalado en Berlín, en California e despois en Berlín, logo en París, pois tamén en (*cidade*) no mayo do sesenta e oito, toda a facultade pechada (()) no campus, na herba. Era cousa... foi moi bonito aquilo. Non tan bonito foi o tema da Policía, de chamar á Policía Armada. Que veñen sendo os mesmos de agora. Daquela chamábamoslles os grises, agora cambiaron de uniforme e teñen un uniforme azul. (())... hai un par de anos..., case sete en Cataluña, as actuación aquelas, non? Con señoras que (()) y todo aquel rolo, non sei se o viches, pero (())... Pero estoume desviando moito, ti preguntásme por (*nome municipio*) e eu cóntoche una historia de...

A: Non, non, se esa é a parte que me interesaba, non? Porque é a parte que eu descoñezo, como era antes, non? E a situación.

B: (()) Mira y universidades, pois..., non se falaba galego. Non se falaba galego, moi pouco. Algunha xente falaba galego, pero non se falaba. Pero é que non se falaba galego nin se fala galego, eh... Hoxe imos seguir o teu guión, ti vaimos preguntando...

A: Non, non, podes seguir falando da universidade, eu salto dunha cousa á outra. Bueno, podemos falar se queres despois da situación actual, non? Interésame moito o que me acabas de dicir. Acabas de mencionar que teus pais falaban contigo en español e que tiñan medo.

B: Si. Non sempre, non sempre. Pero si, conmigo e con miña irmá, eu tiña unha irmá, xa morreu. Máis nova ca min pero morreu. E si, pero case sempre falaban en español, pero sin embargo nós (()) a xente falábame en galego, a xente que traballaba con meu pai. Miña nai tiña unha tenda onde traballaban cinco o seis tamén, tamén falaban máis galego alí, todo cristo falaba galego. Eu non falaba galego na escola e curiosamente cando se dirixían a min, moitas das veces que se dirixían a min, dirixíanse en español. A razón? Pois nunca o souben, o certo é que nunca se me plantexou daquela y cando quixen preguntalo xa morreran. Meu pai morreu moi novo y miña nai non tanto pero..., cando empecei a pensar neso pois xa morrera.

A: Claro, para ti era algo normal na casa. Non era algo que te preguntaras, non? Pero ese medo, que podía pasar? Ese... Dicias que había un medo na sociedade. Que podía pasar?

B: Na miña casa desde logo. Na miña casa desde logo, o rector do... Miña nai non era crente porque os seus pais non eran crentes, porque seu pai era un republicano perseguido, no seu momento. Meu avó, meu avó materno, perseguido no seu momento y..., bueno, recordo de miña nai... Miña nai era unha muller que non iba a misa. E o pai tampouco. Y recordo unha vez que chorando na casa, chamándolle fillo de puta ao cura porque se lle ocorreu ao cura, ao bon do cura ocorrúeselle nada menos que falar dela... Miña nai tiña unha tenda. Falar dela no púlpito como persoa que non asistía a misa, tal, tal (())). Y choraba de rabia, de... Se non era crente é que non era crente, que collóns tiña o cura que poñela en evidencia, porque era dañino tamén para o seu negocio.

A: Claro, marcábaa, en certo modo, non?

B: Claro, a estaba señalando... Non estaba dicindo á xente “non comprendes aí”, pero bueno, pero a xente non lle fixo caso, afortunadamente. Y...

A: E se...

B: Di, di, di.

A: Bueno, a veces se che interrompo discúlpame, ás veces penso demasiado rápido, pero é que esa idea...

B: Igual estoume liando eu, eu non sei...

A: Non, para nada! Son cousas moi interesantes, eu este tipo de historias tamén o escoitei na casa e quizais non este tipo de historias...

B: Pero ti es moito máis nova, teus pais son da miña, do meu tempo como moi vellos.

A: Si, si, meus pais teñen dous anos menos. Si, teño tamén un irmán que nos levamos vinte anos, somos unha familia así..., atípica. E si que me contaron ese tipo de historias e non sei se... Recollo estas historias e pregúntochas tamén a ti. Na mesma idea dese medo, dese franquismo que había, tamén había... Iso contábamo meu pai, non? Que ao mellor íbaste a unha vila, a unha cidade, ibas falar con certa xente e non falabas en galego porque tamén tiñas medo, non? Ou sentíaste en certo modo discriminado pola lingua, non sei se estas historias tamén son parte da túa vida ou non, non sei.

B: Si, o pasa que eu non teño a sensación de sentirme discriminado falando español. Eu non falaba español por medo, falaba español porque me acostumbraron. De neno acostumbráronme así. Nas escolas, na universidade, etc. Entón falaba español. Eu falaba habitualmente español, pero sabía falar galego. Ademais teño... Os que nacemos en casa galega nótasenos na forma de falar. Nótasenos.

A: E cando foi ese cambio, logo? Que pasou? Cando foi o cambio a falar galego?

B: Que pasou? Bueno, pois cos anos, non che podo dicir a data exacta, non che podo dicir o tantos de tantos, ou mil novecentos tantos, pero si que foi unha cousa progresiva. Ultimamente mira, é un tema que non..., vouno explicar porque de todas maneiras non é un secreto: hai sete ou oito anos decidín facerme militante dun partido nacionalista galego, o Bloque concretamente, supoño que che sonará.

A: Si, claro, si, si.

B: Bueno. Fíxenme militante por dúas razóns: unha, porque todo o fondo, a cousa... (()) o Bloque. Por esa razón, pero sobre todo porque era o único que se preocupaba polo idioma galego, es decir, desde hace sete anos eu xa me preocupaba polo tema e eu aos amigos..., os bien pensantes que falan..., bueno, con eles falo galego [se entrecorta]. Y eu dicíalles un día, xa hai anos, dicíalles que si dentro de cincuenta anos, de seguir as cousas como están, o galego terá desaparecido. O galego non existirá. Nin siquera como minoritario, como unha cousa de museo, prácticamente. Non existirá. E a xente que viva dentro de cincuenta anos..., si queres pon cen en vez de cincuenta, dentro dun século, de seguir as cousas como están dentro dun século non se fala galego. Ahora vouche contar tamén algunha experiencia de xente que acabo de ter. Y dicíalle eu ós amigos “y os rapaces, a xente nova de dentro de cen anos dirán: quenes eran aquelas bestias que permitiron que desaparecera a lingua galega?” O sea, quenes éramos aquelas bestias que permitiron semellante barbaridade. Dábanme a razón, os outros dábanme a razón, algún fíxose incluso suscriptor de Nós, Nós é un diario que..., non sei se o coñeces.

A: Si, si, claro. O diario Nós.

B: Bueno, pois veu e tiroumo a cara. “Toma, para que vexas”, ou “para que veas”, porque o tipo fala español. Pero déronme a razón, déronme a razón. Y recientemente, hai dous ou tres anos, o que pasa é que se celebrou este ano, hai tres anos non sei que pasara, vouche falar do cincuentenario da miña licenciatura en Quirúgicas. Senteime, xa che digo, nos sesenta ou nos setenta. Non, no sesenta e nove. Entón foi no dezanove. Pillounos o rolo do COVID, da COVID, do virus houbo que deixalo. Bueno, entonces montouse o grupo de Whatsapp de unhas..., eras vinte e tantos os que acabamos carrerira naquel verano, non? Fumos de viaxe. A Londres, Oxford, Cambridge. Y é curioso porque eso de Whatsapp e internet (()). Solo éramos dous que falábamnos galego no medio do rolo. Todos os demais expresábanse en español. Eu máis un rapaz de (***), un tal (***), estaban os..., bueno, todos. Todos, en total seríamos vinte e tantos máis os achegados e xente que non acabou a carreira nese ano, que acabou anos despois pero que bueno, que pertencía a... Pois eso, de cuarenta ou cincuenta persoas só dous escribíamos en galego, nos expresábamnos en galego. Y eso díxenllo, o mesmo que lle dixen aos compañeiros díxenllo a eles, un día falando, “dentro de tantos anos vanse preguntar quenes eran as bestas aquelas que deixaron morrer o idioma”. Tuvén a desgracia, bueno, teño os anos suficientes para pasar polo hospital varias veces, iso, tuven un infarto hai..., no ano..., creo que en maio fixo dous anos. No dezanove. Tuve algúns episodios máis, unha operación de fístula perianal e ese tipo de cousas. O que quería decirche é que non hai..., os médicos... As enfermeiras curiosamente si, moitas..., coído que a maior parte das enfermeiras falan galego. Pero do hospital de (*nombre ciudad más cercana*) que é o que coñezo, a maior parte dos médicos non fala galego, fala español. Telos que apretar moito para que... Pregúntolles de coña ás veces “usté non é galego, verdá?”. “Si, son de (*ciudad galega*), son de tal”, “ah, bueno, como fala como os madrileños”. En plan de coña tratábaos así. Pero por eso eu son moi pesimista no futuro da lingua, a nosa lingua. Moi pesimista. A razón de que eu me dedicara..., non sei se che dixo (***)..., fuches compañeira de (***), de estudos?

A: Non, non, que va, nos coñecémonos por este...

B: Como el estudiou mucho o galego igual coincidistes aí. Bueno, non, é igual. Pero..., que che iba a dicir eu de (***)? Pois agora non sei (()).

A: Pois ao mellor en relación ao ámbito médico. Como el traballaba ao mellor no centro de saúde, non sei. Pode ser por aí? Ou non?

B: No, no.

A: Estábame falando do hospital, dos médicos...

B: Fóiseme o santo ao ceo.

A: Os médicos no hospital, que lle preguntabas se non eran galegos e demais.

B: Si, que son pesimista con respecto ao futuro da lingua galega, moi pesimista. Y eso que eu vivo relativamente no medio rural y é certo que en (*nome municipio*) hai moita xente que fala galego. Certo. Pero fálase..., máis que galego fálase un castrapo indecente. Non ten nada que ver..., ten pouco que ver co galego. Estamos rodeados, ademais, as televisións, as... [córtase]. Todo o mundo fala sempre..., estás oíndo falar continuamente en español. Y é moi difícil preservar o galego nesas circunstancias. Y a xente non sei por que o fai, non sei que vergoña ten... Os meus compañeiros de clínica, moitos, a maior parte deles son profesores universitarios. Non sei que vergoña teñen, non sei cal é o problema.

A: Se me indicas estas persoas cres que pode haber algún tipo de relación co estatus social ou cos estudos que poidas ter, ou persoas ao mellor con...?

B: Claro, si... Pasa que iso non o entendo. Parece ser que iso vai ser, pero iso non o entendo, porque o meu estatus social tampouco é baixo, eu estou nunha casa á beira do mar, que é [entrecórtase] y non somos ricos pero tampouco somos probes. Non..., para nada. Y non é un problema de estatus social, é un problema de conciencia de pertenza a un pobo... Iso é unha forma..., non sei se non será étnico incluso.

A: Pero eses compañeiros de carreira...

B: Fala, fala.

A: Eses compañeiros de carreira xa eran de falar español daquela...?

B: Si, si, claro.

A: Sempre non?

B: Porque xa che dixen antes que durante a carreira a xente hablaba español. A maior parte da xente falaba español. Pero a min, a ver, cóstame traballo chamarlle castellano porque para min o castellano, aínda que según a Constitución é a mesma cousa, o castellano para min é unha especie de enxendro raro que... É que os casteláns non saben falar español. Confunden o infinitivo co imperativo. “Fijaros, fijaros”, din eles, por exemplo. Iso é unha frase típica que está continuamente aí. Ou “mirar, mirar” en lugar..., por “mirad, mirad”. Ou “mirade, mirade” con “mirar, mirar” en español ou... Confunden o complemento directo con complemento indirecto na terceira forma do pronombre, o laísmo, o loísmo, leísmo. “La di un beso, la di una patada”. Os casteláns así. Falamos moito mellor nós o español que eles. Cando o digo rinse, confunden [hai un ruído] o acento deles que (()) atento supoño que é máis adecuado para falar, non está escrito en ningún lado que o acento galego sea peor que o acento de Madrid, en ningunha parte. Pero á parte deso non saben falar español, os casteláns son a hostia, son... dixenche agora dous exemplos (()) ah bueno, son incapaces de pronunciar as esdrúxulas moitos deles, “cometeló”, “miramé”, “fijaté”, “escuchamé” (())). O pronome átono de final de tempo verbal de imperativo transfórmano en acto, o pronome átono de final transfórmano en palabra aguda, “fijaté”, “escuchamé”, “miraló”. Eso estano facendo continuamente se escoitas español, películas, incluso doblaxes de películas son de pena, faleiche da terceira forma do pronombre, non saben o que é o acusativo e o dativo, non lles entra. Eu intentei explicarllo a algúns casteláns, non lles entra, non son capaces, non son quen de... Algún que se riu de min cando lle dixen que os galego falábamos mellor, deulle unha risa así frouxa. Ao cabo dun cuarto de hora xa non se ríen, ao cabo dun cuarto de hora choraba, funlle poñendo o dedo nas cagadas e non sei a que ven, a que ven todo esto...

A: Ven a que falamos do futuro pesimista tanto de como fala a xente, non? Que ao final mencionabas certos aspectos da situación actual e do que lle chamaches “castrapo indecente”.

B: (())

A: Perdón?

B: Estás facendo o doctorado ti?

A: Si, si en Alemania, si.

B: Estás facendo o doctorado, é dicir... e o tema é?

A: O tema é a alternancia de linguas en Galicia, cando cambiamos de lingua e en concreto...

B: Creo que xa o sabía, creo que xa mo dixeches por escrito...

A: Non pasa nada, non tes porqué acordarte e céntrome moito en como se fala no médico, pero diso podemos falar dentro de cinco minutos. Vamos a acabar con estas ideas é que eu estaría falando durante horas porque é un tema que me interesa moito e sobre todo ter esa perspectiva, non? Que podes ter dende a experiencia. E ese futuro pesimista que acabas de mencionar...

B: Mira unha cousa, mañá que é sábado e o domingo non, pero o luns si queres podemos seguir e o sea hasta que termines con esto. Por min non hai problema, a esta hora venme ben máis ou menos, dacordo?

A: Si, si, sen problema, pero necesitas irte agora ou?

B: No, no, no

A: Ah vale, perfecto, perfecto, si, si, podemos falar noutra ocasión, claro

B: Podémolo prolongar máis ou seguir luns ou martes, vale?

A: Paréceme unha boa idea. Pero si, esta idea é boa.

B: Se ves que necesitas máis, porque eu líome ás veces... (()) falando e ao mellor non... pero...

A: Esa parte bonita das entrevistas que nun cuestionario non se pode facer, cun cuestionario é opción A, B ou C.

B: Máis a min nun cuestionario dáche tempo a pensar, por eso párome a pensar e as respostas non son tan... son demasiado elaboradas.

A: Claro, pero para iso estou facendo agora as entrevistas, que me interesan esas historias de vida. Interésame ver o que está pasando desde distintas perspectivas, non só da miña, porque a miña é unha soa, non? Pero nese futuro da lingua galega tes algunha idea de que se podería facer, ademais das ideas que xa diches, non? Pois unha idea básica, por suposto, se queres que unha lingua non desapareza é falala, esa e unha idea bastante básica. Pero que outras ideas, que outras propostas...?

B: Eu claro, a inmersión lingüística para min é fundamental, sería fundamental en Galicia a inmersión lingüística, o que pasa é que pa eso terían os políticos..., teríamos os galegos que votar a partidos políticos que defendan esas políticas, que defendan as políticas de inmersión lingüística. E desgraciadamente esto non está ocorrendo. A pesar de que o Bloque está subindo, o PSOE non está pola labor y moito menos o PP vaia. Y non digamos a extrema... Bueno, hai que ir á extrema diferenciándoa do PP, bueno, para min o PP e o Vox éche a mesma cousa, son irmáns xemelos, son os dous de extrema dereita, tanto o un coma o outro están en contra de..., de favorecer o desenvolvemento da lingua galega e que creza e o uso, bueno, xa estás vendo, ti non estás aquí, pero supoño que estarás enterada do que está facendo o amigo Feixóo, non? Con respecto a... (())). Véxoo moi oscuro, véxoo moi...

A: Pero en concreto que políticas?

B: En declive y sin solución. A túa pregunta iba por aí, non? De solucións. Pois as solucións imposibles. Para min a única é a inmersión lingüística para recuperar. Hai asignaturas que se están prohibindo dar en galego, que non..., antes [córtase] matemáticas e non sei que asignaturas hai en galego, a verdade é que non o sei neste momento. Pero xa che digo, para min a solución sería a inmersión lingüística desde pequenos. Y eso non vai ocurrir.

A: E que pasa...

B: Porque si non estaremos manexando...((RUIDO))

A: Esa é unha..., acabas de abrimme...

B: Sabes o que é o castrapo non?

A: Si, si, totalmente de acordo e acabas de abrimme tamén..., acaba xa de falar-me de algo que tiña tamén apuntado non? Por suposto que..., iso tamén o falo...

B: Xa sabes de sobra.

A: Os nenos, non? Ese é o tema, non? As novas xeracións de falantes de galego, non? Que opinas dos pais que pensan... Claro, estamos no ano 2021 e a historia que me acabas de contar da túa vida, de teus pais, é unha situación totalmente distinta, político-social e estamos vendo que no 2021 iso está pasando hoxe en día, de pais galegofalantes que lles falan en castelán aos fillos. Que opinas? Ou se coñeces algún tipo de..., se coñeces algún caso destes no teu entorno.

B: Si, si, claro. Claro que coñezo. Os pais do nivel académico máis ou menos que teño eu pois adoitan, como che contei antes, adoitan falar español. Conteiche antes o rolo do cincuenta aniversario da carreira, que no chat este solo dous escribiamos en galego, eu e un chaval de Ourense. Y esos pais seguro que aos fillos lle falan español, claro, se falan español entre eles, que carallo, non lle van a falar en galego ós fillos. E cal é a razón? A min cóstame moito traballo pensar que lles da vergonza... Que non sabría decilo, porque é curioso, a min dame traballo pensar que sean tan burros, tan brutos, que lles de vergonza falar galego, porque... Non o sei.

A: E no teu caso cos teus fillos como foi?

B: Xente intelixente, xente de carreira... Non creo que sean por aí as cousas. Os hai que tratan o galego como algo inútil, como algo de xente do pobo, de xente do rural, de xente pouco culta, pouco formada culturalmente. E lles importa tres carallos, do modo que o pensei eu, a eles impórtalle tres carallos, eles non pensan en esto, se o galego desaparece... Se o pensan, impórtalles tres..., non lles importa. Tanto lles ten que desapareza coma si non. Digo eu. Outra explicación non lle vexo, porque son xente de carreira, joder. No era precisamente..., era unha carreira de ciencias das mellores do momento. Non é unha carreira de..., o sea, non pode ser xente tonta [córtase a conexión] non era, eh? Porque tiñamos asignaturas, inxeñería por exemplo química, que iso era a hostia. Pura matemática y da complicada. De feito éramos catrocentos e aprobamos vintetantos, o sea...

A: Eran outras épocas, non era...

B: Era unha carreira de criterio, a xente non é tonta, sin embargo, teñen esa vergonza ou ese menosprezo. A razón non a sei, é que non lle pregunto tampouco. Se che digo que ós moi próximos da miña pandilla, ultimamente, xa hai anos, fago ese comentario: “coño e cando se perda que? Que coño lle..., esa xente, os rapaces, a xente nova, dirán coño, como aquelas bestas deixaron..., perderon a nosa lingua?”. Algúns reaccionan ben, danme a razón, pero siguen falando español.

A: E por exemplo cos teus fillos sempre falaches en galego? Cos teus fillos? Bueno, díxechesme que tiñas unha filla, non sei se tes máis fillos.

B: A miña muller non é galega.

A: Ah, vale.

B: Miña sogra non é... Os seus avós maternos non son galegos, son do Bierzo, falan español. Y bueno, meu sogro xa morreu, pero (***), a miña sogra, sigue aí. Y miña muller, pois toda a súa familia... É dicir, no. Eu falo agora moito máis galego que antes, pero no. Un día dixerlles de pequenos que tiñamos que poñer un día para falar galego, pero empezamos e logo aquilo foise indo. Un día que solo faláramos galego. Eu tiña esa preocupación. Pero foise indo porque..., logo a miña muller curiosamente terminou fundando un grupo de defensa da cultura galega que se chamaba (***). Perseguido. Fundado no ano setenta e catro antes de morrer Franco. Foi perseguido, fomos perseguidos. Que no oitenta e un ou oitenta e dous xa desapareceu, o sea... Xa non tiña sentido. Ou parecía que non tiña sentido, logo a Transición solo foi unha carallada. Foi... nada.

A: De que forma vos perseguiron? Que fixeron?

B: Pois, e... pois, en primeiro lugar, desde a radio, desde a radio. Radio... Radio (***). Sónache?

A: Algo do nome, pero non sei exactamente, non sei por que.

B: Si, bueno, pois nada, eso, emprendeuna con nós desde a radio e... e logo, pois, a garda civil, a vixilancia e todo ese tipo de cosas. Si, si, si. Era como... non era fácil levar aquilo a cabo. Ten en conta que nos trouxemos xente como (***), este rapaz de teatro que morreu, que foi...(()) das Letras Galegas, ten un día das Letras Galegas, como lle chaman... Un moi alto, actor de teatro, actor e autor, non me lembro agora como se chama, pero si si, bastante perseguidos, non, non andaban a paus con nós pero éramos mal vistos.

A: E había moita xente interesada na organización, na asociación.

B: E iso que non había nada... Perdón?

A: Digo se había moita xente interesada, asociada, neste asociación.

B: Bueno, había... por amizade, por amizade... Eu era... eu era socio, (()) por ser o mozo da fundadora, dunha das fundadoras que daquela era a miña moza. E, si, éramos, oito ou dez, si. E nós (()) todo o traballo.

A: Si, pero ao final, por desgracia, non pudo durar moito, non? Ao final tres anos... e con esforzos.

B: Eu bueno antes falábache e tal, unha das... falábasme de cando eu empecei a sentir...

A: Si, a necesidade de falar galego.

B: Aí no ano, vamos a ver. No ano... no ano... pode ser hai vinte anos ou así, eu empecei, escribía, eu escribía moito, moito, moito relato en español e un bo día cambiei, pois vou escribir en galego, Entonces... estudei galego pola miña conta, primeiro déronme unhas clases aí (***), precisamente, os cursiños de galego que se dan... foi no ano noventa e... sete, nove. Estamos a falar de vinte e dous, vinte e tres anos, o cursiño de galego que había, non sei, espera que che perdín. Non sei que fixen aquí.

A: Sigo por aquí, non sei, o mellor pechaches algo...

B: Xa vexo, xa sei que sigues por (()) E... que che ía dicir eu?

A: Non, os cursillos de galego, que dixeches, nos anos 90 ou por aí, non?

B: Aqueles que fixera con (***), si, porque falara a miña muller empresa, a empresa esta de esto era no 98, entón fixen unhas oposicións. E como había que ter os cursiños de Galego, fixen os cursiños con (***). Aproveitei para logo, pois, interesoume o galego e empecei, empecei a escribir, bueno, empecei a escribir en...

A: A escribir en galego, no?

B: Empecei a escribir en galego, si, de feito, teño o unha... teño unha novela publicada, auto-publicada, non novela, contos, contos, (***), auto-publicado, se queres mándocho nun...

A: Si, si, por favor, interésame. Eu tamén escribía, eu tamén escribía, vou falar en pasado, porque dende que estou na universidade (RISAS) deixei de... de ter creatividade, pero...

B: (()) un libro de contos, (***), tou rematando outro, teño dúas novelas, e en galego, en galego. Por que escollín o galego? Porque precisamente por eso, precisamente por eso, porque considerei que era unha especie de obrigación. Non son... non son o Cervantes da lingua de galega nin... nin Castelao, nin Rosalía. Pero son dunha terra donde... aquí, bueno, (***), non naceu en (***), como sabes, pero... a familia é de, de (***), a cabalo entre (***), e (***). Moitos anos viveu meu fillo antes de (()), chovendo ela foise bañar. Entón...

A: Entón a escritura levoute a...

B: Non, non, digo, a terra de (***), a terra de... aquí, (***), está, está aquí. Naceu aquí (***), (***), naceu aquí, en (***), quero dicir, estamos aí á beira. (***), que era un facha de coidado, na miña opinión. E escribía en español, pero, bueno, tamén é (***). É una vila así, moi, moi estraña, e (***), ten moita industria, industria creada por (***), e o tema dos escritores en (***), hai moitos. Home, un dos premios, un amigo meu é premio, premio Xerais de... de novela, do... Non se che sona, (***)

é o actual presidente da (**), que está facendo unha labor cojonuda, por certo, en favor da lingua, leva xa doce anos. Eu queríache dicir que si, que eu empecei a escribir galego hai bastantes anos por eso, porque me atacou o tema, porque estaba preocupado polo galego, fíxenme despois..., non che dixeran?, militante do Bloque, non exactamente por algunha das ideas políticas, senón sobre todo polo galego, porque é o único partido que realmente defende o galego e necesitaban cartos. Entón pois hai que colaborar. E colaborar economicamente, necesitan cartos. O Bloque non ten deudas cos bancos, nin unha. Nin un peso. Pagámolo nós todo. Non teñen nin unha. Nin unha deuda económica (()). O que pasa é o que pasa. Pero a razón de meterme no bloque foi precisamente esa. Pero meterme como simple membro sin actividad personal ningunha, eh? Yo ni estoy en grupos nin nada de nada. Simplemente axudo economicamente porque é bonito, asisto a tódolos días de..., o dezasete de maio, a concentración que fan en Santiago. Sempre somos os mesmos. As mesmas caras. Pasa que algúns levan ós fillos, van levando ós nenos. Eso é bo. Pero somos catro gatos. E bueno, eu sigo sendo pesimista [*córtase*], non che vai axudar moito..., bueno si, axúdache no sentido de que hai xente coma min, pesimista. Pero si alguen é opitimista con respecto ao futuro do galego, pois unha de dúas, ou viven nun país diferente ou estache contando un conto.

A: Non, a ver...

B: Na miña opinión.

A: O certo é que vas a certos sitios e non escoitas galego, non? Iso é certo, e máis nas cidades. Non sei se é a mesma impresión que tes ti.

B: Si, si, eso é certo, o das cidades é...rigurosamente é certo, nas cidades fálase menos galego que no medio rural. Iso xa es mui certo. Non en tódalas cidades, en algunhas non é o mesmo Lugo que Vigo. Vigo amigho, Vigo é a hostia hablando español.

A: Ou Ferrol.

B: Ou Ferrol, si. Mesmo A Coruña. Sin embargo, Lugo é máis..., fálase máis galego.

A: Onde cres que se fala mellor galego? Se se pode dicir iso.

B: Fálase mellor galego, por suposto, eso en todo Lugo, en partes de Orense tamén y a min gústame oílos falar aos que falan galego ás veces, gústame oílos falar porque non ten nada que ver co castrapo que che dicía eu que falamos por aquí. Y non sei, eu son pesimista, non che podo dicir outra cousa. Non lle vexo futuro ó galego. E ogallá fora de outra maneira, pero non o vexo. Non o vexo, vexo a inmersión... Como che dicía antes, a inmersión hai que votala, hai que votar á xente que a poida imponer. Este país, Galicia, non está por ese tipo de votos.

A: Antes mencionaches que chamácheslle ao galego que se fala no entorno no que vives un “castrapo indecente”, non? Sabes que hai persoas que pensan que mellor un castrapo que non falar galego para nada? Ou que opinas ti desas ideas?

B: Si, pero eu non estou de acordo con iso. O castrapo non é máis que unha..., na miña opinión hai unha escala, un escalón ou chanzo, que vai entre o castelán e o galego, e ese chanzo cada vez aproxímase máis..., o castrapo cada vez aproxímase máis ao español, ao castelán. Iso é unha opinión miña, unha... (()) o castrapo cada vez é máis español.

A: Iso queres dicir..., cando falas de...

B: O castrapo é unha mestura indecente do galego e o español, pero a tódolos niveles. Non só... Non é o mesmo a sintaxe castelá que a galega, hai diferencias curiosas. Y estamos a sintaxis totalmente española, castelá. Ahora mesmo (()).

A: E en relación a esto que acabas de dicir, non? Que é certo, non? Ese continuo que vai dun extremo vai ao outro e despois está este castrapo.

B: O castelán ten por cento de galego e o galego puro serían o por cento castelán e hai entre todo unha escala que vai entre o por cento ata chegar ao cen por cen de castelán. Estámola recorrendo, non sei se estamos no cincuenta, no trinta ou no setenta, pero estámola recorrendo cara o castelán. Ese castrapo, chámolle castrapo indecente, pois efectivamente é un castrapo e cada vez se asemella máis ao castelán. Pero opinión.

A: Si, si, pero é do que estamos, iso é o que me interesa, interésanme as túas impresións, interésame as túas impresións e que comparto e moitos sentidos.

B: Ás veces non digo “en mi opinión”, “na miña opinión”, ás veces non o digo, pero tes que sobreentendelo, todo o que estou dicindo é a miña opinión, non pretendo ter a razón.

A: Non, non, non, pero...

B: Hai xente que pensa doutra maneira, o que acabas de dicir é certo, que ao mellor, hai xente que pensa que é mellor falar castrapo que non falar, que falar castelán, pois eu, pois bueno hai xente que opina así, efectivamente, hai xente que di que non imos perder o galego porque temos a Portugal aí ao lado, bueno, pois moi ben, é unha opinión.

A: Si, si, por suposto, hai opinións para todos.

B: Sabes que hai un movemento que, dun galego que se asemella máis ao portugués, o lusismo ou como queiras chamarlle.

A: Si, o reintegracionismo.

B: E Nós, o Nós Diario, non sei se... pódolo recibir online.

A: Si, si, leo ás veces algún, si, algunha das... si.

B: Aí hai de todo, galego da academia de aquí, da academia de (***) e hai ese galego aportuguesado, o lusista.

A: Que opinas dese movemento reintegracionista?

B: (()) que non é posible perder o galego. Non vexo eu que teña relación nin que sexa certo pero hai quen o di.

A: E que opinas da xente que fala nese galego que algúns chamanlle reintegracionista, algúns chamanlle galego internacional? Que impresión tes?

B: A ver, eu teño amigos... Teño un amigo que é académico da galega [apelido do amigo incomprendible] non sei se che sona, é do meu tempo, estuvemos xuntos no colexio (***). El foi por letras despois, estudiou en (***), estudiou en (***) e logo en (***), porque alí había un profe que lle interesaba, que era galego, e por eso en (***). Bueno. Outro amigo, presidente da Fundación (***), conteiche antes, está a facer moito polo país. Cando eu digo país, refírome a Galicia. Eu son independentista, para que quede claro. Non teño (()) en decilo, tampouco ando cun cartel dicíndoo...

A: Pero é como te sintes, si.

B: Para que quede claro, economicamente son independentista, porque (()). Catro mil trescentas cincuenta e nove empresas galegas cambiaron o domicilio fiscal a Madrid, eso é unha salvajada. Da cartos pa nós é unha salvajada. Este (***), que é o presidente tal, pois tamén fala o galego académico, o galego da Academia de tal. Os outros..., solo coñezo ao dono, a un dos donos da imprenta que me publicou o libro, o primeiro libro de relatos, non coñezo a moita xente e as Jornadas que se dan entre estos, entre algún deles e o académico (***) sobre certas palabras que discuten... Non sei... En definitiva, coido que a situación non ten remedio, son pesimista. Serei sempre optimista, pero son pesimista, non vexo tal, por eso estou [córtase]... Fago todo o que está na miña man, non podo facer máis.

A: E que che parece por exemplo as persoas que... Xa nos adentramos máis no tema así...?

B: Faleiche dos médicos dos hospitais antes, pero o mesmo digo dos médicos da..., iso pódello dicir (***), o mesmo che digo dos médicos do centro de saúde de (***). Agás un, os demais falan español. As enfermeiras, en xeral, son máis galegofalantes, en xeral.

A: E por que é así? Cres que é polo nivel...?

B: Non sei cal é a razón, será porque elas están máis en contacto co enfermo, sobre todo no hospital, co enfermo na cama. Hospitalizado. Galicia é unha zona rural, sobre todo... Inda que hai un millón de persoas nas sete cidades, somos dous millóns setecentos mil. Y están en contacto constantemente y si non falaban, terminan falando. Falan en galego, a maior parte das enfermeiras falan en galego. Íache dicir algo máis, fóiseme o santo ó ceo.

A: Si, os médicos quizais, do centro médico...

B: No, no es... Si, no centro médico de (*nome municipio*) tamén falan... Bueno, algúns con todo o motivo, agora hai unha señora, que é a miña médica, precisamente, que é castelá, non... Non lle podes obrigar a aprender o galego. Pero enténdeches perfectamente, eh? Ten reunións así con xente que fala galego e ela contesta en castelán pero..., nin pon mala cara nin..., simplemente non o fala.

A: Ti fálalles en español, quero entender, non? Á médica.

B: Si. Pero si está a enfermeira dela e están as dúas, á enfermeira fálolle en galego e a ela fálolle en español.

A: É algo bastante común e normal.

B: Para ela é normal, o sea, non se molesta nin lle pasa pola *cabeza*, pero ademais seguro, vaya. É unha persoa normal, non é destes que se cabrean, aí en Santiago este verán houbo casos de multa, porque as cartas..., algunhas cartas estaban en galego, en restaurantes, quero dicir, as protestas así de casteláns, supongo que de madrileños, que son a hostia cando andan por aí. Bueno, que máis?

A: Si, íache preguntar, que xa estamos entrando nos últimos temas, non? Que xa non me fai falta preguntar porque xa me fuches

B: Non teñas prisa porque temos, se en lugar de seis e media son as sete ou sete menos cuarto tampouco pasa nada eh!

A: Non, non, non te preocupes que ahora mesmo se che ensinara...

B: Ahora mesmo son as seis.

A: Son as seis eu con... Podemos falar quince minutos máis porque xa estou acabando, porque me interesa, porque aínda que che parezca ou non, se che ensino o guión fúchesme falando que xa non me fixo falta nin preguntarche porque xa me fuches contando certas cousas que tiña apuntadas. Pero interésame falar contigo, falamos antes, non? Dese continuo entre o que vai o castrapo, falar máis español, falar máis galego. Tes unha conciencia de escoitar a xente que cambia de lingua, non? Que está falando en español ou fala en galego e nalgún momento cambia de lingua? Non sei se..., es consciente disto? Ti mesmo? Que ao mellor falo ti nalgunha ocasión ou algunha persoa que coñezas?

B: Noto unha cousas curiosa, que non sei se te refieres a eso ou non, de calqueira maneira voucho comentar. Unha cousa curiosa. A experiencia adoita ser no hospital. Y é que a unha persoa empezas a falarlle galego mentras che toma por un..., teñen a manía de se falas en galego eres un paleta de hostia que non tes ni puta idea de nada, que eres unha persoa inculta, eso tamén está aí, eso está aí, eh? É dicir, eu teño estado nunha máquina y eu falar galego coa persoa que me estaba atendendo, un técnico, non era nin enfermeira nin médico, chámolle técnico. A máquina de facer..., non sei que hostia me estaban facendo, y eu falaba en galego. E a tía, ao eu falarlle en galego, pois debeu pensar que era unha persoa moi inculta e empesoume a berrar, pero a berrar como se eu fora xordo, non berrar de cabreo, senón berrar como se eu fora xordo: “Enrique, mira que...(())” simplemente porque eu falaba galego. Hasta que nun momento, eu falando, tranquilo, falaba tal. Entonces deuse conta dunha cousa, que o meu galego era un galego así que non era o que ela pensaba tal. Entonces empezouse a darse conta de que eu era un tío máis ou menos culto. Entonces cambioume ao castelán. De inmediato cambioume ao castelán. Xa non quixo saber máis do galego. Deixoume de berrar e cambiou ao castelán.

A: Interesante.

B: Eu seguíñ falando galego. Ela nalgún momento determinado deuse conta, claro, emprega as expresións que non son habituais. Igual dixen habituais, esta mesma expresión, “emprega esa

expresión”. Se a tía oe esta frase dirá “hosta quieto, este non é un labrador de non sei donde”, tal. E nese momento empézache a falar español.

A: Curioso, non? Que é como que...

B: No, no, que a ver por que carallo fala o galego, é como si a xente de carreira non puidera falar galego. E a min eso é o que me cabrea.

A: Entón era como..., cambiou ao español como marcando a súa autoridade? Non entendo ese cambio, non?

B: Eu non entendo ese cambio, non. Como que eu o entendo doutra maneira, como que estás falando o galego por fastidiar, como que ...

A: Ah, vale, vale. Como unha provocación ou algo así?

B: Non sei, non sei. Non sei exactamente o que é, téño claro pero non sei expresarme, a ver, como que... Como que estou falando galego a propósito, como que se da conta de que eu estou falando galego a propósito para defender o galego. Dáse conta e entón cambia ao español. Lle estou dicindo “por aí non me vas levar”.

A: Vale, vale, que é como que non quere entrar... Como se pensa que é un xogo, non?

B: Iso eu noteino máis veces, noteino máis veces con médicos, con algún médico. Que vou falando galego e o tío empezar a falar galego, pero cando se daba conta de que non era o típico galego, perdona polo de típico, eh? Non me malinterpretes.

A: Si, si, tradicional, digamos, podemoslle chamar así.

B: Si, bueno, que tiña..., que falaba o galego culto, por dicilo dalgunha maneira, con todos os paréntesis que lle queiras poñer. E nese momento empezaban a falar tal. Como dicindo, “eres un impostor, estasme a falar galego pero ti en realidade es un tipo culto y polo tanto vouche falar español”. Unha reacción que noteina varias veces. A explicación a que che acabo de dar eu, pero pode haber máis, eu non estou na cabeza da xente.

A: Si, si, pero esa idea é interesante, non? A do impostor, non? Como se a lingua pertencera a certas persoas, non? En certo modo. Porque é como..., a figura do impostor.

B: Si, a certo nivel cultural, si.

A: E antes mencionaches...

B: Eu estaba fóra e non, e non, é que eu non estaba falando o que tiña que falar.

A: Si, si, interesante, non? Porque é a idea tamén...

B: Xa pasoume varias veces e si ti tes a ocasión pódelo recuncar tamén, pódelo vivir.

A: Si, bueno, a miña experiencia é ao contrario, non?

B: Ti vés algo por España?

A: Si, claro, o máximo... Estiven agora un mes de vacacións.

B: Ah, no vrán?

A: Si, e a miña experiencia é... Nos médicos, meus pais non estudaron, meus pais son falantes galegos e...

B: Ah, meus pais tampouco estudaron.

A: E si que teño esa experiencia, ao contrario, de meu pai, ou miña mai, de cambiar ao español para falar co médico. Non sei se esa é algunha experiencia que... Non é o teu caso, pero..., outros casos que poidas coñecer.

B: No, eu négome. En caso de que o médico fálame español, eu fálolle en galego. E el sigue falando en español e eu sigo falando en galego. Hai algúns que cambian, pero a maior parte non o intentan. Siguen falando español y eu en galego.

A: E cres que a xente, por exemplo como os meus pais, persoas sen estudos, do rural, sen formación ningunha, cambian ao español porque pensan que van..., non sei, porque o médico fala en español teñen que falar en español? Cres que iso pasa tamén?

B: Eso pasa, evidentemente eso pasa. Fálanlle en español (()), pero estámonos poñendo no..., estamos opinando sobre o que pensa a xente, isto...

A: É peligroso (RISAS).

B: Eu..., non cho podo decir. Que pensará a persoa que falando habitualmente galego, habitualmente, chega ao médico, pero non só ao médico, senón ao médico, ao enxeñeiro, a non sei quen, mesmo ao farmacéutico... Eu fixen Farmacia tamén, non..., xa cho dixen me parece.

A: Si. Pero nunca exerciches, non? Ou...

B: Si, pero nunca exercín de farmacéutico. Pero díxencho por algunha razón, bueno, aparte de presumir... (RISAS).

A: Non, para nada. Si, pero simplemente pola biografía, pregunteiche eu que estudiaras.

B: A razón non a sei. O feito é real. Hai xente que cambia. Pero cambian comigo. Que hai xente que cambia comigo, cando me ve ou cando empeza a falar comigo cambia ó castelán y eu por jode..., non, por jodelos non, eu falo galego, entón volven a cambiar. Cambian, cambia, efectivamente. Cambian con xente que pensan que teñen un estatus..., non sei se superior, é que é moi difícil meterse na cabeza da xente que actúa así e adiviñar por que o fan. Son especulacións.

A: E que sensación tes cando ti fas ese cambio? Pensas que esa persoa quedou como..., non sei como dicilo. Acabas de dicirme, esa situación, estás falando, venche unha persoa de..., que normalmente fala galego, pensa que porque es unha persoa que estudiaches intentan falar contigo en español, ti respondes en galego e esa persoa dalgún modo, poido imaxinar-me, non sei, como que está aliviada, non? Non sei como expresalo.

B: Non, porque ademais eu adoito facer o seguinte: preguntolle “non sabes falar galego?”; “Si”. “Pois sigue falando galego, hostia, por que carallo cambias de...”. Dígollo así con toda a cara. Entonces si, poñémonos a falar galego.

A: Pero iso tamén con persoas que...

B: Ou dígolle “mira, eu prefiro, se non che importa, prefiro falar en galego, ti falas galego?”, “si”, “pois eu prefiro falar en galego, se non che importa” e non lles importa e falamos galego. Pero eu acostumo a adiantarme, é dicir, non me quedo con que me falen en español, coñecendo á xente, nótollo no acento, nótollo. Ou coñecéndoa. Entón [se corta]. A veces estamos de coña “pero ti eres de Madrid ou...?”.

A: E reaccionan con sorpresa ou...?

B: “É que eu son de tal, eu son de (*municipio de Galicia*), eu son de (*municipio de Galicia*)...”. Entonces por que hostias me falas en madrileño?

A: (RISAS) Si, pode ser, claro, unha situación en certo modo cómica, non? Porque non se esperan esa reacción...

B: É cómica, pero eu iso si que o fago con frecuencia. Logo a xente que xa me coñece pois xa non me fala en español. E teño amigos que falan solo en español.

A: E ti con eles en que falas?

B: Ah, en galego.

A: Hai algún ámbito na túa vida, aparte da familia, que acabas de mencionar, no que fales en español? Ou nalgún ámbito? Ou non? Refírome en Galicia, por suposto, se vas fóra de Galicia hai que falar outras linguas, non?

B: Na miña casa sucede que a min escápanse palabras en español se estou vendo a televisión en español, porque a Galega non a vexo, ou case non a vexo, é difícil, por programas que hai, bueno. Se vexo a televisión española, a seguinte frase escápaseme en español e non o podo evitar. Non o podo evitar. Ou estou lendo un libro en español, porque teño unha biblioteca de libros en galego bastante gorda, pois catrocentos exemplares ou así, pero eu non os vou ler des veses. Y si estou lendo español é probable, y a miña muller pásalle o mesmo, miña muller se acaba de falar coa nai por teléfono ou coa irmán, que agora mesmo foi buscar á irmán... Ah, mira, unha pandilla, miña muller que fala galego, miña muller ten unha tenda de muebles y o noventa por cento da xente que entra alí fala galego. O noventa polo menos falan galego. Bueno, pois miña muller con todos eles fala en galego. Ela no che se lle pon a falar español, fálalles galego e fálaos bastante ben, non...

A: E contigo en que fala?

B: Sin embargo, se nos oyes falar escarállaste de risa, ten moita coña, porque pode ser unha frase en galego, un párrafo en galego, o seguinte en español, o seguinte en galego e o seguinte en español. A razón non a sei. Se estou falando..., se estamos, o que acabamos de dicir, coño, se estou lendo un libro en galego ou español, que é o máis habitual, agora mesmo estou lendo un libro de [nome incomprendible], do autor inglés este... , non sei se che sona, de humor. Ao estar lendo unha tradución ao español pois a min escápaseme o español. A primeira frase que digo é en español. Case sempre, non sempre. Case sempre. Se non teño tempo..., é dicir, se e inmediata, en español, se é unha pregunta , en español. Logo cambio. E a ela pásalle o mesmo. Por eso che digo, que é gracioso escoitarnos falar.

A: E cando hai..., esperemos que non haxa moitas, pero se hai unha discusión cal é a lingua?

B: Eu falo galego, cando me cabreo falo galego.

A: Porque aí é o que din, non? Que cando te das nun dedo coa pata da mesa ou cando discutes ou cando te enfadas é cando sae realmente o que tes dentro, non?

B: Coñezo a teoría, coñezo a teoría, pero galego. Normalmente galego. Pasa que tampouco é unha cousa habitual, namais que por chorradas.

A: Por suposto, si.

B: No, teño setenta e sete anos e despois de case corenta e sete anos casados... Discusións poucas.

A: Sempre pode pasar, si.

B: Non, si, discusións hai, pero por chorradas.

A: Bueno eu poido contar a miña experiencia persoal, eu, bueno, digamos, o meu mozo é alemán, nós falamos normalmente en alemán, pero se hai un momento de enfado, de algo que require unha discusión e demais, falamos en inglés porque resúltanos... a min resúltame moito máis rápido pensar, digo e digo algunhas palabras...

B: Fixeches tradución e interpretación?

A: Non, non, non, fixen comunicación e literatura. E agora estou con lingüística. Bueno, son, fixen, a miña carreira non foi...

B: Onde estudaches galego?

A: Realmente, a carreira non a fixen en galego. Eu estudiei en Madrid e despois formeime realmente porque tampouco hai tantos cursos de formación de ensino de galego bueno, non existe realmente ensino de galego como segunda lingua, aparte que fagas filoloxía. E formeime co ensino de español. Pero bueno, a vida levoume polo galego pero sempre me interesou, si que, especialiceime no máster fixeno en literatura. Especialiceime, traballei con... bueno, con (***), coas obras de, as obras de

(***). E bueno, a verdade foime levando un pouco as circunstancias, non? Sempre me interesou moito a sociolingüística do galego e agora traballo tamén pois ver a pragmática do galego.

B: Hai moito interés na universidade en Heidelberg polo tema do galego? É dicir, tes alumnos?

A: Si, si, bueno, eu agora xa non me...

B: E que son fillos de emigrantes?

A: Non, para nada. Eso é o que se espera, que sexan, que sexa alguén con interés familiar, para nada, son estudantes. Eu agora... eu agora non dou clase en Heidelberg, encárgome da coordinación, hai un lector que dá as clases de galego, eu dou clases en Viena. Todo...

B: En Viena?

A: En Viena, si. Traballo en Heidelberg, si. Todos os meus alumnos son austríacos.

B: En Viena en Austria?

A: En Austria, si.

B: Quédache cerca?

A: Bueno, ese é a parte boa da pandemia, que non teño que viaxar porque facemos todo online, facemos todo online, pero si, non me queda tan lonxe, como, non sei, como ir de Galicia a Madrid, máis ou menos, máis ou menos, lévame... eu fun en avión en unha hora e media, unha cousa así, tamén hai un tren que lle leva seis, sete horas, si. E bueno, todos os meus alumnos, exceptuando... tiven unha excepción unha vez, pero todos son alumnos sen ningún tipo de vínculo con Galicia. Son estudantes...

B: Como nace ese interés por Galicia?

A: Por las linguas románicas, normalmente. Pois son personas que xa normalmente falan outra lingua románica ven no galego unha forma de expandir coñecementos e falar outra lingua románica. É xente con moito interés. De feito, unha das preguntas que me fan sempre nos cursos é por que se fala tan pouco galego en Galicia. Ou experiencias que tiveron. Eu mandei a varios estudantes, bueno, eran todas rapazas, a Galicia a facer o curso de verán que hai en Santiago.

B: En Santiago?

A: Si, hai un curso de inmersión lingüística e sempre veñen as mesmas historias de ir comprar ou ir ao banco ou ir a calquera causa por Santiago e que como saben que son estranxeiras non lles queren falar fálalles directamente en español, non? E eles din "eu quero falar galego que veño practicar galego" (RISAS). E iso, si, o perfil non é para nada o que se espera espérase que son persoas que veñen dunha orixe migrante, dos avós que migraron a tal, pero non son estudantes normais alemás, austríacos sin ningún tipo de vinculación con Galicia. Simplemente gústalles aprender unha lingua nova e bueno, e fan traballos de investigación sobre galego. Tivemos hai pouco un traballo sobre marcadores discursivos, comparando o galego co alemán. En fin, moi interesante eu aprendo moito máis do que lles poido ensinar eu, porque ese interés que teñen. Xente con moito interés. Estou encantada, é un pracer, é un pracer ver...

B: Pois alégrome. Mira, falaches agora dos bancos y efectivamente, o empregado de banco, o oficinista, é outro dos tipos que fala habitualmente castelán.

A: Ou notarios, por exemplo, ou...

B: Si, rexistradores...

A: Avogados.

B: Non se che ocorra falarlles en galego.

A: E ti cando vas a un avogado ou notario ou a un banco tamén lles falas en galego?

B: Si, eu solo lles falo en galego, que chamo... Como me fale en español un..., eu non son de Madrid. Ou que di “eu son de Vigo”. A min un rapaz de Vigo, nun banco, díxome que nunca falara galego na súa vida. Claro, eso tampouco o podes culpar, pero teño aguantado algún..., quero chamar ao director, hai certa confianza con el, e dicirle “pero que coño estás a facer, o realmente importante, se ti entra aquí, fala galego, carajo, e tedes aí de seis persoas solo me fala galego (***)?”. “Si, tes razón”, e cambiaron. Y cambiaron. Fóronos cambiando. É que non che tiña sentido, concho.

A: Como cambiando? Trouxeron outras persoas para traballar aí ou...?

B: Trouxeron, si, trouxeron. Coido que parte da culpa foi miña. Si, si. E ademais deume a razón o director daquela.

A: Pero xa hai moito desa conversación? Xa hai tempo diso?

B: Desa charla? (()). Cando Abanca comprou..., non sei se che sona Abanca.

A: Si, si, claro.

B: Un banco galego. Foi os que compraron a Caixa Galicia. Pois pode haber catro, cinco anos. Non hai máis. Cinco anos, arredor de cinco anos. Si, si, teño moita confianza co director, temos moita porque el falaba sempre en galego, sempre. Ademais un bo galego. Y un día díxenllo, pero que carallo tendes aí, macho? Non sei si me oyes, óyesme?

A: Si, si, perfectamente. Si, entón foi unha chamada de atención, non?

B: Non, non unha chamada de atención, porque eu non podo obrigar á xente a falar galego se non sabe falar.

A: Si, si.

B: O que fixemos foi ir cambiando á xente.

A: E cres que..., claro, a ver, tamén é un servizo público, non? Unha persoa...

B: Claro, claro. É que non ten sentido que lle fales, se a xente fala maioritariamente galego, non ten sentido que lles fales en español. Ah! Vouche contar de cando me vacuneí, vacunámonos na (***). Unhas fileiras, unhas reas de xente... Todo cristo falaba galego na fila, na fileira. Estábamos falando con outros en galego, alí non había español por ningunha parte, algúns habría, pero o noventa por cento e seguro que máis estabamos a falar en galego. E chegamos alí y a enfermera que nos fai pasar para ordenarnos falándonos en español. Dixe eu “señora”, protesteille, “señora”. Díxenlle o que che acabo de dicir a ti, “a maior parte dos que vimos aquí falamos galego e usted chega co seu español” e di unha enfermera que estaba atrás “aí, aí, aí”, xa dándome a razón a min. Cambiou. Cambiou, empezou... Claro, eu son dos que non se cala. Pero...

A: Bueno, pero es a minoría. Ou que pensas?

B: Claro, claro, pois o que acabo de dicir eu, xente coma min pois non hai moita. Eu son dos que non cala.

A: E paréceme ben.

B: Estou moi calado por moitas cousas, xa che digo que son independentista, pois xa me contarás.

A: E que opinas..., eu creo que xa...

B: Eu son independentista por razóns económicas. Y culturais, claro.

A: E que opinas..., xa do último que che...

B: Y porque estuwen un trimestre en Madrid y solo..., non sei ti... ti eres moi nova y eso es diferente, pero naquela época so oín insultos, pola miña condición de galego. De química de las macromoléculas aquela xente non tiña nin idea. Pero de insultos sabían a hostia. O conto da escaleira é unha estupidez. O conto da escaleira que se di dos galegos, si subes, si bajas...

A: Ah, xa, xa, xa

B: Iso é unha estupidez. Os galegos falamos tan claro coma calquera. Ou tan pouco claro, pero como calquera. Non somos diferentes. A cantidade de cousas que se din en Madrid dos galegos..., mándame Dios. Ti xa sabes quen foi Quevedo, foi Lope de Vega, Mariano José de Larra, todos eles madrileños e mira o que escribían dos galegos, auténticas barbaridades. Pois o madrileño (()), o madrileño este castizo, cañí, este que ten los toros como interés de bien cultural, Madrí, los toros, a tourada. Ben de interese cultural que non é unha coña, hai que ter, non se, non se limitan a ter touros. Ademais numeraron os toros ben de interés cultural. Esa xente, o Madrí castizo cañí, esa xente insulta aos galegos pero... todo o que queiras. Non sei se a ti che tocou vivir algo deso ou non. Canto tempo estiveches alí? Estiveches moito?

A: Tres ou catro anos. Si, por aí, si.

B: Non viviches eso, non viviches nada deso?

A: Non, realmente non, pero eu creo que os estereotipos tamén os levamos nós na cabeza. Eu acórdome cando empecei a estudar...

B: Dígoche o madrileño castizo cañí. Porque en Madrid tamén hai moita xente que son fillos de galegos, fillos de tal, fillos de cual que son madrileños de unha xeración ou dúas. Esos son diferentes. O madrileño que eu chamo castizo cañí, o de sete xeracións, o madrileño, madrileño, ese tipo é un fillo de puta, na miña opinión.

A: Bueno, é que o que acabas de dicir e tes toda a razón que por exemplo o significado de galego no dicionario cambiárono fai uns anos que era un sinónimo de tonto.

B: Pero costou traballo cambialo, eh?

A: Si, si, que é algo alucinante.

B: Tuvérono aí, coño, xente de pouca tal. Eso si, poñían en certos países latinoamericanos, non sei que país era. Mantivérono aí... ahora quitárono, efectivamente.

A: Pois si, a verdade é que...

B: Home, oyes ao director de cine este tan laureado. Un que estaba levando os cartos a un paraíso fiscal, como se chama este? Almodóvar. Descubreuse que estaba levando os cartos, que levaba os cartos, o Almodóvar e dixo un día que parecíamos, chamoulle a alguén “analfabeto gallego” e eu mirara daquela e contestáralle que en Castilla la Mancha o (()) e en Galicia 1,9 era xustamente. Pero o tipo tiña aos galegos coma analfabetos. E unha tipa, unha tal Díaz, que é política.

A: Ah, si, a de UPD.

B: Esa tipa dixo tamén unha barbaridá sobre os galegos.

A: Era de... Como era? Era de Rajoy.

B: Rajoy no se que (()) no mal sentido.

A: Es usted muy gallego pero en el mal sentido de la palabra. Si, si.

B: Xa me contarás, que carallo significa eso. O dicionario, pero non foi a última, a última é unha de... Hai pouco, moi pouco, alguén dixo, insultando chamando galego. Galego o que? Temos aí unha publicidá que nos fan.

A: Ben o sei, si, si.

B: E eu participo moito en chats de ElDiario.es que somos 70 mil socios neste momento. Non dependemos do (()) está en español. Teño unha discusión aí da hostia, porque teñen unha idea aí de Galicia totalmente despistada. País pobre, inculto, somos a octava, a pesar de todo, somos a octava comunidade por PIB per cápita. Manda collóns! Encima de Asturias, de Valencia, de Andalucía, de Canarias, de Extremadura, de Castilla la Mancha, bueno, hai... hai 9 debaixo.

A: Si, si, pero está aí, é como interesa esa imaxe.

B: Por último... este estudo que fai o COS sobre o Bacharelato, sobre os rapaces...

A: Ah, o informe PISA, si, non? Ou non é ese?

B: O informe PISA do dezaioito, creo que o do dezaioito é o último, ou do dezanove. Galicia estivo en primeiro lugar e sabes que non puntuou o tema da comprensión lectora porque pillaron aos de Madrid facendo trampas ou algo raro pasou aí cos de Madrid. Pero Galicia quedou en primeiro lugar. Sacamos catorce puntos ao segundo, Castela e León en ciencias e quedamos de segundos detrás de Castela e León con catro puntos. É dicir, catro, cinco puntos, de primeiros. Culturalmente tómannos por tontos, somos pobres, somo... Teñen unha idea de Galicia que é a hostia. Bueno, cando queiras.

A: Non sei, non te escoitei o último.

B: No, no, que eu non teño présa, pero...

A: Non, pois mira, quédame só unha pregunta porque quedou así colgando e falamos así dos estereotipos galegos que vamos son tamén un tema que poderíamos tamén estar moito tempo falando diso, non? Porque eu creo que é como con interés, de interese ter esos estereotipos aí, pero iso é a miña opinión, non é importante.

A: Pero... quedoume pendente o tema de..., o que falaches do banco, da túa experiencia no banco, de que ese servizo de atención ao cliente, non? Pero que pasa por exemplo, como ben sabes, no SERGAS os médicos, e tamén hai moitos médicos no sistema español por necesidade de médicos que veñen de..., sobre todo de países de fala española, non? Pero por exemplo en Cataluña si que hai unha obriga de ter un nivel da lingua se queres optar a un posto público. Pero en Galicia é un mérito, non é un requisito. Cres que debería haber ese requisito ou deberíamos deixar como está..., que prime a parte médica?

B: Penso que debería haber ese requisito en todo o que signifique atención ao público. En tódolos postos que leven consigo atención ao público. Ten menos sentido en postos de oficinista, de interior, que non teña nada que ver con eso. Ahora, sanitarios, avogados, todo o que leve consigo algo de xente no servizo público, na privada non te podes meter. Pero xa che digo, todo o que conleve atención ao público por suposto, debería ser un requisito sine qua non. Non un mérito, senón un requisito. A miña opinión.

A: Si, si.

B: Ao mellor tamén a túa, non sei... Pero se tes que atender a xente que fala en galego, coño, non andes... Os médicos, o dos médicos é importantísimo, coño. Dar confianza, non... Porque obrígalos a falar a eles en español..., é como poñerlles un escudo, é unha cousa..., quítaslle cariño á relación, non?

A: Digamos, a parte persoal cres que se ve afectada?

B: A parte emocional vese perxudicada, si, claro, o médico ten que dar confianza. Y ten que aproximarse ao paisano e se o paisano está... Se xa os médicos presumen de tal, se inda por riba o paisano te ve nun pedestal alá na quinta hostia pois non... Creo que si, creo que debería ser un requisito. Todo o que sea atención ao público tería que ser un requisito, non solo o médico, que tamén, sobre todo probablemente, pero todos, todos. É dicir, notarios, é dicir... Atopeime o outro día cunha notaria de (***), bueno, de (***), en (***). Ela falábame en español e eu faláballe en galego. Curiosamente a miña muller faláballe en español, tragou por aí. Y o que nos leva as contas da tenda, o negocio de muebles, falaba tamén..., tamén cambiou, que sempre fala galego, aí cambiou. Pero eu seguinlle falando galego e a tía entendía perfectamente se quería, se non que me preguntara, contestáballe en galego.

A: Bueno, (***), creo que o podemos deixar hoxe aquí, pero de verdade, moitas gracias por todo do que falamos hoxe. Vamos ofrecéchesme moitas máis ideas que teño que darlle unha volta das que pensaba recibir, así que agradézocho moito, polo teu tempo e polas ideas e podemos falar outro día. Si?

B: Mira, vas a volver a chamar ou no?

A: En canto a esta entrevista, eu douna por finalizada.

B: Eu xa che dixen que non tiña problema a este horario máis ou menos.

A: Vale, pero podemos falar ao mellor dalgún tema concreto.

B: Tesme que avisar para estar, eu leo poucas veces o correo (()).

A: Perfecto, bueno, estamos en contacto.

B: Se queres volver a chamar tes que avisar. O que vou a facer é mandarche... Les moito? Les?

A: Menos do que debería. Menos do que debería porque leo máis ben traballo. Pero mándamo, mándamo.

B: (())

A: Si, claro.

B: Vouche mandar un arquivo por correo electrónico. Non sei se en pdf ou noutro. Seguramente che mandarei o pdf, non sei como está, e a carátula do libro. Aí na carátula tes a miña biografía.

A: Perfecto, moi ben.

B: E xa che digo, se tes que volver a chamar.

A: Avísote. Perfecto.

B: Avísame antes para que eu esté preparado, o que non sei é como poderías avisar.

A: Si, bueno, en principio eu creo que teño todo, pero se fose algo concreto eu... escriboche un correo ou chámote ao teléfono directamente e vemos cando podemos falar.

B: Podes chamar polo teléfono polo Whatsapp. O Whatsapp é gratis?

A: Si, si, tamén, si, si, si. Podemos falar así tamén.

B: O que queiras.

A: Perfecto.

B: Bueno pois nada.

A: Bon fin de semana.

B: Bo fin de semana e que o pasedes ben por aí.

A: Que che aproveiten o camarós.

B: Estás en Heidelberg? Estás en Heidelberg ahora?

A: Si, si, si, estamos por aquí. Pa empezar o curso. Bueno, un pracer (***), foi un auténtico pracer falar contigo.

B: O mesmo digo. Estamos en contacto. (***), si, (***), xa non me acordaba do nome. Perdóname.

A: Mándame logo iso e estamos en contacto.

B: Si, bueno, non cho mandarei hoxe nin mañán (()). Mandareicho... escribereiche un correo, pa avisarte.

A: Moi ben, un pracer.

B: Cortas ti? Corta, corta.

A: Si, si, boa fin de semana. Ata loguiño.

B: Igualmente.

Interview: Informant 6

Date and place of recording: 26/10/21, coffee shop

Format: Face-to-face

Total length: 46:18

Total words: 7228

Speaker A (Interviewer): Researcher

Speaker B (Informant): Female, 39 years old, higher education, urban, pharmacist, Spanish speaker

Language of the interview: (+) Standard Galician (A), (+) Standard Galician (B)

B: Son o bicho raro da miña familia, porque toda a miña familia fala galego, o sea faláronme galego desde que nacín, que hai moitos casos de que ao mellor falan eles en galego pero ao neno cando é pequeniño falábanlle en castelán, o sea, coñezo casos así, na miña familia falan todos galego, avós, pais, todos, e eu como na guardería á que iba falaban castelán, e miña nai di debía de ser tamén de ver os debuxos cando era de que solamente había na primeira ou tal, salinlles falando castelán e dicían “esta nena de donde saleu, falando castelán”.

A: Pero bueno iso e máis habitual, non? Ese cambio nos nenos, non?

B: Si, pero bueno, xa che digo, é que na miña familia nadie fala castelán, son eu a primeira, entonces dicían: “esta nena cando empezou a falar, empezou a falar en castelán”, era en plan, “de donde saleu?”. Pero falo, ou sea, deféndome perfectamente en galego, entonces non teño ningún problema de si me falan en galego responder en galego, e despois eu son farmacéutica. E traballo nunha farmacia, claro, de cara ó público. Entonces claro, alí a mayoría da xente vén xente mayor, fálache en galego, e eu fálolle en galego a todo o mundo, o sea, non teño ningún problema de falar nun ou noutro, pero por exemplo con ela, ela tamén fala castelán, somos amigas, entonces váisenos a falar ao castelán, pero non...

A: Bueno é interesante, non? Porque ahora sin pretendelo teño a referencia de (***), que falei con ela máis ou menos, e... podemos falar un pouquiño máis diso. Bueno, vou mirar a hora para que non se che...

B: Nada, eu teño a unha menos cuarto, así que non tes problema, o sea, e é aí no centro de saúde o sea que non... non hai problema.

A: vale, perfecto. Entón naciches aquí en (***)?

B: Si. Máis concretamente son de (***), da (***), de (***), que é donde é o dos (***).

A: O dos pementos. Si, si. Vale, e cantos anos tes?

B: Trinta e nove.

A: Vale, si, si estiveses xuntas na escola pois si. E bueno estábasme comentando, non? Que normalmente falas en castelán e ese cambio foi na escola, entón? Na guardería.

B: O sea, eu non son consciente. A min polo que me contan eu nunca falei galego desde pequeniña. Cando empecei a falar, empecei a falar en castelán. Entonces miña nai di de que tuvo que ser como referencia de ao millor deso, de ver os debuxos na tele, ou así, e despois xa fun de moí pequeniña, porque meus pais traballaban, tuven que ir á guardería, e a guardería á que iba eu era... falaban en castelán porque eran de (**) os donos da guardería.

A: Aquí en (***)?

B: Si, aquí en (***). El era médico entonces claro, destinárono para aquí e a muller tiña, bueno, infantil imagino ou o que fora e montou unha guardería, entonces falaba en castelán. Entonces eu

seguín falando en castelán e a miña relación coa miña familia é: todos falan en galego e eu respondo en castelán.

A: Bueno, si, a verdade é que hoxe os nenos é bastante o que se ve, non? Bueno, isto está funcionando? Ah, vale, si, é que lle está dando o sol en non vexo a luz. Vale, eh... Entón na casa víano como algo normal? Simplemente contestábanche en español e continuaba non?

B: Claro, eu falo, pero a día de hoxe aínda, eu falo en castelán e toda a miña familia fala en galego. A ver, evidentemente de estar aquí hai moitas expresións que a mi automaticamente sálenme en galego porque claro, son expresións de aquí e meto polo medio... expresións en galego ou así...

[Fragmento falando sobre cambiarse de mesa polo ruído]

A: Entón os teus pais de pequena en ningún momento intentaron... *[interrupción da camareira]*. Eh... vale, digo que non intentaron en ningún momento dicirche... non correxirche, pero dicirche “con nós fala en...”

B: Non, non (RISAS), deixáronme tal. Por exemplo, meu irmán, claro, cando el era pequeniño, empezou tamén a falar en castelán, pero bueno, decían meus pais “claro, ten á súa irmá que fala castelán de referencia, tal e cual, na guardería tamén lle falaban en castelán...”, pois tal, e sin embargo un profe, cando era xa en infantil ou tal díxolle “(***), tes que intentar falar un pouquiño máis en galego e tal non sei que”, entón como ese profesor lle falaba en galego e o motivou así de “veña, polo menos nunha clase, a parte da de galego e tal, cando fagamos xogos ou tal tes que intentar falar un pouquiño máis en galego” e tal e cual, e cambioulle o chip, o sea, marcouno para ben ese profesor, e empezou a falar en galego, desde aquela, e meu irmán é galego falante, ou sea, sigo sendo a día de hoxe a única que fala en castelán.

A: Acabas de dicir algo muy interesante, non? O de “marcouno para ben”, non? E dicir, que consideras que é un cambio positivo?

B: Si, si, si.

A: Gustaríache que tiveras ti tamén un profesor así de referencia?

B: Si, porque aparte, claro, o sea, levouno como, non foi muy impositivo, porque ao millor si eres pequeniño e che din “non, fálame en galego, que tal” ou máis impositivo pois igual como que che bloqueas ou que che costa máis, pero como que o foi levando, era un profesor xove tamén, e como que o foi levando así de “veña pois vamos neste xogo pero tes que falar en galego, tendes todos que falar en galego”, así como motivándoos para tal, entón quedoulle ese e cambiou completamente o chip, pero xa che digo, con cinco anos ou unha cousa así, cambiou tras!, automaticamente, da noite para a mañán empezou a falar galego e sigue a día de hoxe.

A: Pero é interesante, non? Como pode marcar tanto ese ámbito educativo, porque na casa os pais eran os mesmos, non? (RISAS).

B: Sí, claro, na casa eran os mesmos os que falaban en galego. E os avós, o sea, todo o seu entorno fala en galego. Porque xa che digo, eu teño tido coñecidos cando era pequena deso de que os pais falaban entre eles en galego pero á nena falábanlle en castelán. A min nunca me fixeron, o sea, meus pais nunca consideraron facer esa distinción, meus pais falan en galego e falan en galego, si teñen que falar evidentemente con alguen de fora desenvólvense perfectamente en castelán ou si teñen que viaxar, pero non, nunca me fixeron una distinción a min... non, somos galegos, falamos en galego...

A: Que non había nada que chamase a atención, non?

B: Nada. Eu son a rara. E despois eso, no noso grupo de amigas temos amigas que falan en galego habitualmente e nós que falamos habitualmente... E ves o noso grupo de WhatsApp e é una mezcla de galego con castelán con...

A: Si, con normalidade.

B: Totalmente.

A: Como tamén o vivín tampouco me chama...se fose de fóra chamaríame a atención pero si, claro, no grupo sempre hai, non hai un cambio realmente, senón que o raro sería, o que chamaría a atención sería o cambio, non? Non esa mezcla. E tes fillos?

B: Estou agora embarazada.

A: Ah, bueno, felicidades.

B: Gracias.

A: Bueno, entonces podemos falar como algo en futuro, non? Cando ese neno ou nena...

B: Nena.

A: ...nazca, crees importante o falarlle en galego, ou crees que sería bastante raro no teu caso? Bueno, non sabes, porque...

B: Claro, non sei. Sei que non vai ter problema co galego porque eso, na familia falan galego e vanlle falar en galego. Que pasa? Que o meu marido tamén é castelanofalante, tamén é de aquí de (***) e que tamén o mesmo, cando ten amigos e ten coñecidos que falan en galego, el fálalle en galego, pero bueno, de comunicación. Penso que como temos o chip de falar entre nós en castelán creo que me vai salir o castelán. Pero bueno, estou tranquila porque sei que todo o mundo lle vai falar galego e si me empeza a decir algo en galego voulle seguir, porque de feito, eso, os nenos de... os fillos de amigas e así que falan en galego eu interaccioño con eles en galego normalmente, xa que me están falando en galego pois eu sigo en galego. Que ao mellor me gustaría falarlle eu máis en galego? Si. Que ao mellor téño como que plantexar? Tamén. Pero bueno, claro, pero me imagino que por inercia, no entorno de casa de estar os dous falando en castelán, que me vai salir o castelán, pero non sei, eh? E todo é propoñerse tamén.

A: Si, si, pero bueno, é o que dis ti, non? Que se esa relación vosa sempre foi en castelán pois será un pouco raro. Teríades que primeiro facer vós o cambio, porque non pode ver que os papás falan en...

B: Evidentemente

A: Si, si, pero bueno, como consideras a situación actual dos nenos? Porque vese que os datos oficiais non son moi positivos, pero non sei a túa impresión aquí en (***)

B: Pois a ver, vexo que é máis do que lle... que imitan máis, o sea “imitan”, si os pais falan en galego, que eles falan en galego, pero que si os pais falan en castelán, por exemplo eu vexo, bueno se xa lle fixestes a entrevista a (***) sabes que ten dous nenos, e a nena, (***) que é miña afillada, ela fala en castelán e as súas amiguiñas falan en castelán. Pode haber algunha que fale en galego e tal. Que despois (***) comenza a falarlle en galego ou ten un montón de contos en galego e lemos contos en galego? Si, pero de entrada nese grupiño tal. Na xeración de meu irmán, sin embargo, a maioría aplastante dos seus amigos falan en galego. Raro é o que fala en castelán, entonces supoño que dependerá da influencia das casas e según, xa che digo, meu irmán está facendo doctorado, será da túa idade, imaxino, ten vinte catro anos, e claro, hai agora xeracións aí que me perdo polo medio de que non controlo, pero por exemplo a de (***) que ten cinco anos, xusto o seu grupiño falan en castelán.

A: Si, que todo dependerá, non?

E despois eso, como che digo, pois os nenos das miñas amigas que falan en galego falan en galego eles. Supoño que é máis influencia da casa.

A: E da escola, non? Tamén do que falabas antes.

B: Pero bueno, na escola eu penso que hoxe en día fálase máis galego do que cando nós íbamos á escola. Eu cando iba á escola todos os meus profesores falaban en castelán. Todos, salvo o profesor de galego ou algún profesor puntual e tal, falaban en castelán. No colexio. Despois xa no instituto si que xa tuven un pouco de todo, xa había profesores que falaban en galego, por exemplo tuven bioloxía, túveno en galego, ética túvena en galego, matemáticas tuven en galego, pero era porque era co que se desenvolvía o profesor, non era como reglado ou normalizado. Sin embargo cando

estudiou meu irmán si que estaba xa como máis xeralizado que os profesores, a ver, podía haber algún tal, pero que falasen máis en galego. Entón non sei...

A: Si bueno, que pode haber un pouco de todo. Ti criácheste aquí nunha aldea ou aquí no centro urbano?

B: Na aldea. E na aldea todo o mundo fala en galego.

A: E ves esa diferenza aínda hoxe?

B: Si

A: Muy marcada?

B: Si, e tamén por exemplo aquí no pueblo é eso, pues como o caso de... (***) é do pueblo, súa nai si fala en castelán. E o de meu marido tamén, na súa casa falan en castelán, meus pais, seus sogros, pero por exemplo na aldea si que me coincidía de que había xente que falaba galego, e aparte o “ghallegho”, sabes de tal? E despois como que non querían que o fillo falase nese galego, entón falábanlle en castelán. E despois tamén... Si, a ver, eu penso que de influencia máis da casa, pero bueno, na aldea todo o mundo fala en galego.

A: O “ghallegho”, non?

B: O “ghallegho”.

A: E despois tamén esa relación, que si que mo comentan, bueno, non me fai falta preguntalo porque tamén o vexo na casa, inda que non sexa de aquí, de aquí a (***) tampouco hai tanto, pero si, a relación esta do galego que por exemplo estamos falando agora e realmente o que escoitaría na túa casa ou na miña. Crees que iso pode tamén resultar, non vou dicir un problema, pero algo que distancia un pouco ós falantes, quizais? Non sei, como o ves ti? Por exemplo o galego que se fala na Televisión de Galicia, que é o típico que se di...

B: Claro, a ver, o galego normativo paréceme que é imposible de que sea o galego común. A ver, eu por exemplo, ou meu irmán ou eso, claro meus pais xa din, eles falan o “ghallegho”, a ver, procuran intentar ou corrixir ou tal pero bueno, sállelle a “jota” ou sállelle a gheada ou así pero porque claro, porque eles tamén cando estudaron, na época na que eran os meus pais o galego quedaba de reducto nas aldeas, porque estaba mal visto falar en galego, estamos falando da época do franquismo, última época do franquismo e de todo, entón claro, era o de tal, como di miña nai “non tiñamos a oportunidade de que nos ensinasen o galego ben falado”, por así dicilo, era o que se falaba na aldea. Agora cando eso, como nós xa empezamos a falar, aínda que estábamos oíndo, xa na escola che ensinan o galego, pois xa procuras non meter, que ao mellor eso, hai palabras que ao mellor metes igual ca “jota”, que metes ighual o tal, pero bueno, procuras mais tal. Meu irmán non fala o galego normativo pero si que fala un galego máis eso, máis respetuoso, non ser tan marcado ou... Penso que agora como na educación está máis instaurado o galego pois si que se fala o galego sin ser tan cos... o sea cos seísmos e os gheísmos e todo eso.

A: E crees que por exemplo un galego normativo na aldea como que non encaixa ou que pode resultar...

B: Pode resultar raro. Creo que hoxe en día xa tamén xa están máis acostumados, eso, pois de ao final estalo oíndo na tele, a ver, a Galega nas aldeas vese moito. Entón eu penso que xa están como máis tal, que o principio si ti chegas falando tal din “ai, mira esta que fina como nos fala”, pero despois ao final acábaste acostumando a ese sonidiño pero bueno, aínda así hai expresións que ti escoitas en galego, o sea na TVG, que non as vas dicir no teu día a día.

A: Sí, eu sempre digo o mesmo, bueno. Eu dou clases de galego pero a estranxeiros e sempre lles digo “o galego que estou falando eu agora ou que estamos falando nós agora non é o que vou a casa” porque se non, non formo parte dese grupo, non? Son unha persoa de fóra que...

B: E despois claro, á parte de que en Galicia despois hai distintos tipos de tal pero aquí ninguén lle chama garfo ó tenedor, ou culler á cuchara, aínda que estés falando ghallegho de tal é “pásame a cuchara” ou “pásame o tenedor” ou “pásame o cuchillo”. Aí a mezcla esa que é inevitable, que bueno, que é o galego máis común que se fala.

A: E qué opinas da xente... Ti es máis dos que pensan que hai como dúas vertentes de pensamento, da xente que di que da igual o galego ou ghallego que se fale, o importante é continuar falando galego, ou ese grupo de personas que din non, a ver, se estamos, o que acabas de dicir, unha mezcla de... o que ten que continuar é o normativo e temos que traballar nesa línea, non? Calidade? Cantidade?

B: Penso que máis cantidade que calidade, creo, porque a ver, eu polo que vexo no meu día a día, ou sea, o normativo é moi bonito sobre o papel, nas clases, na tal, pero no teu día a día é que non se usa, entón si lle obrigas á xente igual lle trastocas máis de ter que falar o normativo a deixalo falar como falan. Que si, que deberíamos corrixir cousas? Seguramente. Pero penso que é millor de que se continue polo menos co que xa se ten e que non é que fora... que ven de dous días, é que ven de moito tempo atrás e despois é eso, ao mellor aquí si que se di “tenedor” pero ao millor estás nunha aldea de (*cidade galega*) e si que lle chaman “garfo”, ou lle chaman... Bueno, despois claro, hai distintas zonas de que lle chaman... Entón penso que é máis que se siga falando a non intentar corrixir, e que despois é eso, penso que as novas xeracións, a base de que nas escolas e en todo está como máis instaurado xa che vai saíndo moito máis ese galego, inda que non acabes ao final hablando... falando normativo normativo, porque eso, porque ao final tes a influencia do teu entorno, pero si que se vai como corrixindo. [*Interrupción polo ruído das obras*].

A: É interesante o que acabas de dicir, non? Porque co teu traballo tratas moito con xente maior, claro, estás sempre en primeira liña falando sobre todo con xente maior, non?. E antes mencionaches, non sei se estaba gravando, que esa xente maior fala galego, a maioría.

B: A mayoría aplastante.

A: Tes a impresión, por exemplo, que intentan ao mellor cambiar a falar castelán contigo ou non? Ou xa porque xa te coñecen non...

B: Non, eu penso que ó millor co... bueno non sei pero ao millor a nivel de outros pois ao millor si se dirixen a un médico que van a un hospital igual si que intentan cambiar de tal, porque non sei, como que... pero como que a farmacia como que a teñen aí de punto de referencia cercano e non se plantexan de... non, ti eres a que estás aí a man para calquera dúbida e fálanche no que eles se expresan habitualmente, o sea nunca tuven a sensación dese cambio, ao millor noutros ámbitos, eso, de que pensan que van ao hospital a ver ao médico non sei cantos e se poñen nerviosos de “a ver se non me vai entender” ou calquera cousa así, pero na farmacia non, a verdá é que non tuven nunca a sensación de que cambiaran de “neniña, explicame isto que non sei, e isto outro que tal, e como teño que tomar...”, o sea non.

A: E ves esa, digamos ese comportamento natural deles tamén cos teus compañeiros, da igual que sexa muller, home, maior, máis novo, da igual, non? Non hai un...

B: Si, si, si.

A: E os teus compañeiros tamén intentan ou, non sei se son falantes de galego ou non...

B: Por exemplo... Somos tres farmacéuticas: a miña xefa fala galego, pero fala “ghallego”, ela é de Muros e fala e aparte como di meu marido e tal, nótaselle o acento de Muros e tal e a veces se mete conmigo, porque ao mellor digo algunha expresión así e tal e di: xa se che pegou de (***), eso é moi de (***), e tal, e digo eu “o que?”, “sí, así como fixeches a expresión esa é moi de (***),” e eu “bueno, pois non sei”, claro de estar xuntas e tal. E despois a outra compañeira que tamén é de aquí de (***), bueno é da aldea de aí de (***), pero bueno, tamén é de aquí de (***), e tamén, fala en castelán e é como eu, ao mellor entre nós falamos castelán, como ao millor de repente vimos de estar atendendo a una persona falando en galego e seguimos a conversación nós falando en galego, pero si que fai o cambio coma min. E a miña jefa xa che digo, fala en castelán si é alguén de fóra que lle fala castelán, senón ela... e aparte fálalle o “ghallego”. É o que lle sale.

A: E con vós tamén?

B: Si, si, e con nós por suposto. É o que lle sale, é no que ela fala.

A: Si, pero ás veces os entornos laborables pois pode haber ese cambio, non? Ao millor de...

B: Si, pero non, xa che digo, ela aparte é de... non intenta de tal, ela fala o “ghallegho”, a ver, si pode tal, pero como xa lle sae de ser falante dese galego non lle sale falar o normativo, por así decilo, sáelle o que fala ela.

A: Si, si, o normal, no?

B: Si, e de cara ó público ela atendendo fala exactamente igual.

A: Vouche mencionar, estou pensando, improvisando sobre a marcha, unhas afirmacións, bueno, afirmacións, frases que se poden escoitar ás veces relacionado coas linguas é demais. E dime que che parece, non? Qué opinas delas. Por exemplo: quen fala castelán cun forte acento galego ten menos posibilidades de éxito, ou posibilidades de, non sei, de...

B: Paréceme unha tontería, porque a ver, eso, eu sendo castelanfalante todo o tempo, eu cando saio de Galicia todo el mundo me di “gallega”, e digo “si”, e non... sabes? Ao contrario, enorgulléceme de que inda que sexa que falei sempre castelán, de que teña ese acento galego que me distingan de ser galega, sempre digo “si, son gallega”, non... eu non o vexo como algo negativo, para min desde logo non, para min é algo positivo que me distingan de...

A: Unha marca de identidade...

B: Pois si, son de Galicia, sin problema ningún, é máis, orgullosa.

A: Quen fala castelán é máis realista ou práctico có que fala en galego.

B: Totalmente indiferente, totalmente.

A: Pero es consciente que hai... que estes pensamentos existen, non?

B: Si, pero que non... que non lle encontro sentido, sabes? E despois é máis, pode ser tal pero cando ves pois eso, noutros sitios, ou non sei que, digo eu ó contrario, nós temos que sentirnos orgullosos porque realmente nós temos... xa partimos de dous idiomas, o noso cerebro xa está como máis desenvolvido a entender tal, que non un pobre madrileño que solamente coñece o castelán. Para min é algo súper positivo e súper enriquecedor, ou sea, véxoo como algo muy positivo. O de que teñamos un idioma propio, o de que... e de que se fomenta o seu uso.

A: Si, antes mencionaches por exemplo a túa naturalidade, dependendo do que che falan pois ti contestas no que che falan, non? Normalmente. E ves que ao millor hai xente que non te coñeza de día a día, porque os teus amigos xa saben todo, a túa familia e demais, que ao millor intentan cambiar por ti? E notas que forzan ao mellor falar castelán contigo ou con, non sei, co teu marido...

B: Non sei, o sea, non son consciente. Si pasa realmente non son consciente deso.

A: Antes si que mencionaches brevemente que as veces si que te das conta que cambias, con esas expresións típicas e demais.

B: Si, si. Un montón.

A: Es consciente noutros momentos no que si cambias o galego espontaneamente, non sei si es consciente, en que contextos, non sei, en que momentos?

B: Depende do momento, por exemplo, hai veces de que, de entrada, como a miña dinámica na farmacia de que veña xente maior que sexa deste entorno e que fale en galego, eu de entrada fáloles en galego e ao millor quen me está vindo pois é una persona de fóra que me empieza a falar en castelán e dígolle “ah” e continúaolle en castelán. Non sei, non... E das expresións xa nada, sei que hai... que eu falando castelán pois hai determinadas palabras que de telas tan inculcadas na casa de que se din en galego, que as meto no galego, sei que estou metendo unha patada, pero que me sae, por exemplo eu non digo “cerrar a porta con chave”, eu digo “pechar a porta”, inda que esté falan... o sea estoy hablando en castellano e digo “tal, no sé qué, pecha a porta”, e sáeme así. Entonces non sei, son aí un pouco bicho raro, sempre digo de que mezclo bastante, pero bueno.

A: Es bilingüe, non?

B: Si, pero bilingüe moitas veces sin totalmente a propósito sin ser consciente. Sae. Desto de estar oíndo e son palabras que che quedaron así como metidas, polo que fose.

A: E por exemplo, ves que o teu marido é distinto nese sentido ou...?

B: Nese sentido si. Eu penso que claro, que é da influencia de que el, seus pais, si que falan en castelán e falaron sempre en castelán e eu teño influencia de que meus pais sempre falaron en galego, entón claro, por eso eu meto palabras como moi típicas de tal no meu falar en castelán normal que el non as mete.

A: E cos teus pais por exemplo sempre fala tamén en castelán, non? Non é que intente ao mellor...

B: Non, despois eso, ao millor eso, no medio da conversación tamén pois lle sae unha expresión en galego ou tal falando cos meus pais, pero de entrada si, fala en castelán.

A: Vale, pois podemos entrar agora no médico, porque antes si que xa falaches un pouco do médico, que realmente é o ámbito no que me centro, non? E agora imaxínome que terás que ir máis a miúdo do que ibas antes. Tes un médico aquí en (***) e... Non sei, co teu médico falas en castelán, non?

B: Si, aparte de que a miña doctora é de fóra, é de (***), é (***). A ver, agora leva moitísimos anos e todo, que o principio, claro, á xente chocáballe un pouco porque claro, era (**) pero a típica (**) así como máis seca falando e tal, e cando aterrizara aquí en (*nome municipio*) eu era máis pequena pero oías o runrrún de “ai, esta doutora, esta tal, claro, non sei que”, e nada, entón ela sigue falando en castelán e eu falo con ela en castelán, pero tamén agora xa o outro día inda me fixo gracia porque esta buscando unha cousa que non encontraba e salta “me cago en la cona” (RISAS). Fíxome tanta gracia, porque lle saleu tan tal, “me cago en la cona, donde me metieron no se que”, e fíxome mogollón de gracia.

A: Tiña máis forza, non? Dicir...

B: Si, si, si, díxoo aí cunha intensidade e eu estaba alí sentada, rinme e xa me fixo así como “bueno, acábaseme de ir un pouco...”. Bueno, fíxome gracia, aparte cheguei á casa e comenteillo a (**) en plan “ai, mira que me rin hoxe coa miña doctora”.

A: Bueno, pero tamén é unha forma tamén de... Claro, está adaptada, non? E ao final ao escoitar... Pero ela sempre fala en castelán, non? Da igual quen veña á consulta.

B: Si, ela fala en castelán. Entende o galego, porque eso, cando ten... o sea, si van meus pais ou calquera á consulta, meus pais fálalle en galego, evidentemente, ao millor ó principio si ela non entendía igual... Non sei porque non son consciente de tal, pero ao millor de dicir pois “non entendo”, ao millor, ou dicir tal e intentar explicarlle o que lles pasaba, imagino ao principio de todo de todo, pero eles falan en galego e ela en castelán.

A: Con normalidade

B: Si, con normalidade.

A: Si, eso si que me, o que me... Estoume acordando que si que me comentou (**) que cambiara bastante o centro médico, que agora case todos falan en castelán, que creo que hai un médico que fala en galego, algo así me comentou, e que antes... Ti tamén viches ese cambio? Non sei se es consciente.

B: Non son tan consciente, porque de casualidade na miña historia médica, por así decilo, a pediatra que tuven cando era pequena tamén era de fóra, a ver, que se casou aquí e os fillos son de aquí e todo de aquí e tal, pero era de fóra entón sempre falou castelán, e claro, como eu sempre falei en castelán... Pero bueno, miña nai falaba con ela en galego, a min nunca me chocou ver ese triángulo de falar en distintos idiomas. E despois claro, cando din o salto do pediatra ó médico de cabeceira, con catorce anos ou máis ou menos, non sei, tocouse xa de que estaba recén aterrizada esta que inda sigue sendo a día de hoxe a miña doctora que tamén é (***), entón non...

A: Vale, vale, entón a túa experiencia está un pouco...

B: Si, a miña experiencia cos médicos é que son os dous castellanos.

A: Que tamén é casualidade, non? Porque un sitio pequeno...

B: Si, si, a verdá é que si.

A: Bueno, casualidade... Antes máis, non? Pero agora hai bastante médico... Claro, fan falta máis médicos e veñen moitos de fóra.

B: Si, hai máis médicos de fóra e hai moito... Teño unha prima que é médico en Urgencias no hospital de (***) e ela é galegofalante. Ela fala galego habitualmente, iso si lle vén una persoa... O mesmo, si lle ven alguén que lle fala en castelán ou de fóra, pois ela fálalle tal, pero se non ela de interacción no seu día a día o que lle sae é o galego. Entónces eso, de si lle veñen compañeiros pois ó mellor de que veñen puntualmente, vén moito latinoamericano ou así, pois claro, non lle queda máis remedio que falar en castelán con eles por tal, pero si, ela no seu ámbito tamén, cando teño quedado algunha vez con ela a tomar algo ou así, hai compañeiros que lle falan en castelán que ao mellor son de aquí pero falan en castelán, como sería o meu caso, e eu con ela falo en castelán, e ela fala en galego connigo, o sea... E no seu ámbito do traballo tamén igual, salvo eso, que sepa que é de fóra entónces si, pois fálalle... Pero ela eso, atendendo, de entrada, ela sempre fala en galego.

A: As dúas non sei si sodes do mesmo tempo, estudiastes as dúas...

B: Non, ela é de (***), por exemplo.

A: Pero en Santiago estivestes as dúas, claro. E o que si é certo e que a presenza do galego na universidade, en concreto na Facultade de Medicina, non é tan ampla, ou como foi a túa experiencia na de Farmacia?

B: Na Facultade de Medicina non sei, na Facultade de Farmacia a maioría aplastante si que falaban castelán e despois si que tiña uns cantos profesores que si que falaban en galego, e despois había profesores que falaban en galego pero daban a clase en castelán e despois tuven un par de profesores que falaban en galego e daban a clase en galego. Eu aí pensaba, a ver, por exemplo, é que tamén había cousas, por exemplo, é que dicía, en vez de dicir, claro, o que falamos todos é “oído”, ela dicía “ouvido”. Claro, a primeira vez que escoitas “ouvido” estando tomando apuntes é en plan... Pero non me pasaba a min, pasáballe ó resto dos meus compañeiros vindo de distintos sitios e moitos sendo galegofalantes en plan de... tal. E despois claro, vías xente que era de fóra que os vías tirándose dos pelos, entón dicía eu claro, entendo que si, que falen galego e tal, pero non sei, terías que ter un pouco máis de, non sei, igual sensibilidade ou explicar u pouco, sabes? Non entrar a saco falando nese galego súper normativo, porque si para nós a veces había palabras que nos costaban, para máis, eso, tendo en conta que na universidade pode haber xente doutros sitios. Non sei, era así un pouco si pero non, sabes? De enténdoo, pero ao mesmo tempo tampouco o entendo, sabes? Porque si eu fose a Cataluña e me falasen todo en tal tampouco diría eu... Arrecarai, é como un sobreforzo. Non sei, aí si que é un pouco máis... Non sei como valoralo, sabes? Vía o lado positivo de si, e no seu idioma e...

A: Un pouco controvertido, non? Un pouco controvertido saber...

B: Si, pero por outro lado pensaba, eu que sei, tamén é un pouco inxusto, non? De estar con ese... Porque xa che digo, nós a primeira vez que escoitamos, o sea, o de “ouvido” porque me veu agora á cabeza e tal, pero como eso había outros tal, e por encima falando de cousas do corpo humano que non... sabes? Que nunca lles tiña asignado... Se sempre o aprendeches en castelán e como que o tiñas moi así de tal, pero a primeira vez pasou de mirarnos así todos e de repente di “ah, vale”.

A: Si, é o típico vocabulario que tamén na casa non lle falamos de xeonllos, falamos de rodillas, é certo. Pero por exemplo neso que acabas de comentar, na formación é unha cousa, non? E despois, que opinas que por exemplo os médicos, bueno, todo o personal sanitario, do SERGAS, por exemplo, o galego a día de hoxe, bueno xa o sabes, non é un requisito fundamental, senón uns puntos extras na oposición. Cres que é unha decisión... No teu punto de vista, eh? Que esto simplemente son opinións...

B: Creo que, si, que debería non ser puntuable, senón ser un requisito. Porque é eso, estamos falando de que vas a estar atendendo á xente, pódete vir un señorino, unha señorina dunha aldea ou sin ser dunha aldea, con ochenta e algo de anos, que toda a súa vida falou en galego e que non vai saber falar castelán, e non vai saber explicarse o que lle tal, entón polo menos, inda que a outra

persona non lle responda, o sea, non che digo que me teñas que responder en galego, pero o que si que o entendas. Paréceme básico e fundamental neses ámbitos, porque é eso, porque vas a estar en contacto vale, pois una persona moza si que che pode ó final tal, pero un médico, ou como nós no noso caso, pero bueno, un médico que estás ao final vendo a un volume moi grande de xente moi mayor, esa xente moi mayor a maioría fala galego, entónces que a entendan. E si que debería ser de que polo menos si que tuvesen un coñecemento para poder... Non que lle esté o médico e lle diga “señora non la entiendo, que le pasa?”, que inda por riba a pobre muller ou pobre home inda por riba de estar malo ou estar tal que teña que estar como... Que se lle cree esa ansiedade de “non me está entendendo e eu non sei explicarme doutra maneira”. Penso que si, por exemplo cando teñen salido tipo como polémica, de “nas Islas Baleares van a esixir o tal”, eu digo, paréceme ben. O sea, vale, non che digo que me fales en galego, porque vouche entender. Quen diga que en Galicia non se entende o castelán é mentira, porque estás rodeado de castelán por todas partes.

A: Si, non e un vasco, non? Que non é que...

B: Claro, pos a tele e ves castelán, o sea, quen diga que non entende o castelán, é mentira. Despois costarache a ti máis falar ou non falar, non? De estar acostumbrado. Pero entendelo, enténdeo todo o mundo, e quen diga... Pero polo menos que eso, no caso do médico que che entenda. O sea non que che responda, pois ti responde no teu idioma, evidentemente, pero entende á persoa que che está falando. Paréceme, sobre todo neses casos que son importantes, paréceme si que moi importante, sabes? Que si que debería ser requisito.

A: Antes dixeches unha palabra que creo que é moi importante, non? Porque creo que aquí é como que si falas con certas persoas e como si é blanco ou negro, non? Pero ese término medio é de sensibilidade, non? Ser consciente, que é o que acabas de dicir, o perfil perfecto de señor de ochenta e pico de anos que xa vai con medo, non? Xa non é unha cuestión de entender, senón esa sensibilidade, ese señor vai querer expresarse no que lle sae, non?

B: No que lle sae, no que se sabe... E non que inda se vexa na situación de “non me está entendendo e eu non sei decilo doutra maneira”. Porque eso, si a calquera de... A ver, igual a min non tanto, pero ao mellor xeración de meus pais ou así, inda que saben falar perfectamente o castelán, ao principio é como de “cambio o chip”, non? E despois xa lles sale, pero no momento ou tal... Pa máis eso, para unha persoa que nunca na súa vida... Si, ve a tele, ve a tele e entende o castelán pero de aí a ter que desenvolverse a falalo, supónlle un esforzo, é como si a nos de repente nos mandan falar, inda que entendamos o inglés de que os estamos estudando, sóltate a falar en inglés. De entrada vaiche... Igual non é tanto o contraste, pero si que lles supón un sobreesforzo, e se xa están nerviosos ou se xa están de que se encontran mal é como... penalízalos inda por riba. Pois non, sabes? O que está ao outro lado se está pagado, si é do servizo... Si vas ao privado, pois vais ao privado, pero si é do servizo público... Debería entendelo. Penso, eso si que o penso.

A: Por exemplo, tes algunha vez que che teñan contado teus pais algunha situación que tiveron incómoda ao mellor en algún servizo público, incluso concretamente no médico? Non sei si es consciente, dalgunha vez que che puideran dicir...

B: Non, non son consciente agora, agora non me dou conta. Pero ao mellor como eles non teñen ese problema de cambiar de tal, pois igual tampouco non eres tan consciente de eso. Non, non me dou conta.

A: E por exemplo, cres que no hospital é distinto? Antes si que mencionaches que no hospital ao mellor a xente intenta máis falar castelán, non sei se...

B: A ver, non son consciente de vivilo, pero si como de que tes... Agora igual xa se cambiou algo pero de, falo de moitos anos para atrás, como de que a xente importante, a xente que lle poñías o “Don” diante como que le era máis respetuoso falarlle en castelán que non falarlle en galego, que o galego era, claro, o que se fala na aldea. Entónces ó que é “Don” hai que falarlle... Eu penso que cando, que fai anos si que había máis ese cambio, agora como que se ve máis normal, pero despois si é de que eres capaz de falalo, si xa non eres capaz pois... Ou si, ou tes visto... agora non sou consciente realmente de contarche ningún caso así, pero ao mellor si de ver a algunha xente maior de ver esforzándose intentando falar o castelán que dis ti “da igual, non...o sea”.

A: Pero en donde? Non sabes, non?

B: Teño como esos flashes, pero non che sei ubicalos agora donde, pero si, como de eso. Ahora por exemplo, pero pasa no mesmo... Cando, fai anos, cando era pequena, o farmacéutico era “Don Farmacéutico” de tal. Hoxe en día como... que haberá xente que lle siga gustando ter ese rol de “Don” e “eu son aquí tal”, pero hoxe en día é como máis campechano, máis interacción, máis de ti a ti, máis tal, ou polo menos claro, nós no noso caso que somos así entonces ves que a xente vai con outra confianza e xa non che é o “Don” ou “Doña” ou non sei que, xa é “vale, si, eres farmacéutico, pero eres unha... sabes? Estás aí e eres unha máis”. Xa non hai esa como, esas distincións de clases, igual xa non hai tanto, pero fai anos si que había distincións de clases, si.

A: Si, en certas...

B: Si, en certos ámbitos si.

A: E eu creo que xa podemos logo acabar, ademais dentro de dez minutos tes a cita e xa pasou o tempo moi rápido.

B: Ai si! Eu falo, falo, falo.

A: Si, o das entrevistas sempre e como ao principio como máis raro e despois ao falar o tempo pasa máis rápido, pero bueno. Para rematar, non? Cres que habería algo en canto a atención no sistema de sanidade, bueno, ti coñeces moi ben, a farmacia e médicos e hospitais e demais, algo que cres que debería cambiar en relación á comunicación? Bueno, antes mencionaches que debería ser un requisito e...

B: Eso si, paréceme fundamental e bueno, sabes? Optas a unha plaza aquí, vale, moi ben, pero eso, ter un mínimo, xa non che digo ter un nivel avanzado de tal pero si un de defenderte, de entender, sobre todo de entender, paréceme o máis importante, máis de que ti poidas despois falar ou non falar, pero que si que comprendas. Pero bueno, penso que, o polo menos de cara a fóra a imaxe que tal é, agora o SERGAS, as notificacións envíanchas en galego, é como que está máis protocolizado, e despois no día a día ti vas a o hospital e haberá quen che fale en castelán e haberá quen che fale en galego, pero bueno, de cara ao público e de cara a fóra é como que está moi institucionalizado o galego. Pero bueno, eso, personalmente si que penso de que sería algo positivo cando, a ver, eso, tendo un idioma pois que entendas porque sabes que vai a haber xente que se desenvolve nese idioma. Se xa é o idioma que hai e eres de Castilla, pois xa non hai volta de folla, xa é o que é. En Andalucía vale, poden ter o seu acento cerrado pero ao final é o castelán. Pero eso, nós, cataláns, ou valencianos, ou mallorquíns, que si que temos un idioma e que si que hai una poboación que si que o fala, enténdeos.

A: Exacto, si, si, se eu estou dacordo...

B: É eso, e aínda que me parecera un sobreforzo, de que eu mañán fora a traballar alá. Vale, pois, non me quedaría máis remedio de que poñerme as pilas pero intentar, porque sei que eso, que me vai venir xente falando en tal. E non me daría o corpo de dicir “mira es que no te entiendo, ¿me puedes hablar en castellano, por favor?”. No sé, puff. Non sería capaz de decir eso, e sobre todo sendo dun sitio no que xa temos un idioma, eso xa para min sería impensable, non? Pero eso de... esfórzate, pois se vas a un sitio, vale, eres de Madrid, ben estupendo. Pero si sabes que vas a un sitio donde teñen outro idioma, interésate un pouquiño. Eso, o que falamos, a sensibilidade.

A: Si, creo que é a palabra clave de ter en conta. Bueno, pois moitas gracias.

B: De nada, non sei si che sirveu. Eu falei, falei, falei...

Interview: Informant 7

Date and place of recording: 26/10/21, social center

Format: Face-to-face

Total length: 54:12

Total words: 8710

Speaker A (Interviewer): Researcher

Speaker B (Informant): Male, 61 years old, Secondary education, rural, sport instructor, Galician speaker

Language of the interview: Traditional Galician (A), Traditional Galician (B)

B: ...E logo a nivel de (***)... eu traballo con nenos. A xente maior fala moito o galego aquí, a xente da rendonda, do entorno. Pero no pueblo deixa moito que desear, e os nenos é raro, raro, raro, raro un neno que fale galego, moi raro.

A: Entonces ves que vamos atrás?

B: Vexo máis atrás, si. Unha cousa é... si as raíces, un pueblo que olvida as súas raíces..., mal asunto, non vai ben. E non fala, a xente non fala, non fala... Aquí no pueblo, eh? En general os das aldeas si, pero no pueblo en si... Parés que si lle da máis..., non sei, e o galego non se debía deixalo nunca. E os rapases é moi triste eh, cos nenos é moi triste.

A: E por que cres que está pasando isto?

B: Porque a xente..., porque somos, eu que sei, pasa porque creo que somos, non sei, é que non sei, cre que somos máis importantes falando castellano, é que non sei. A xente..., é que non entendo.

A: Entón, por exemplo, ti cando eras ti cativo a hoxe, cambiou moito ou como o ves?

B: Si, ho! Nosotros falábamos moito galego, o galego moitísimo.

A: Perdón ti cantos anos tes?

B: Sesenta e un

A: Sesenta e un, vale, pa facerme simplemente... Bueno, eh...

B: Pero daquela aínda había eso de..., antes aínda tiña a xente aínda tiña eso de “somos eh..., somos..., o castellano, que somos tal”, pero agora temos, xa somos adultos, e xa debíamos de... Pois non, se fala o castellano moito. E os nenos, xa che digo eu que asombrado cos nenos. O galego... O castellano case todos.

A: E por que cres que se fala máis, que é a familia...?

B: Pois será porque o falan na casa e no colegio falarán, falaranllo na casa, que sei eu? Non, porque eu vexo xente, mesmo na familia, que vexo que..., non todos eh?, que os pais falan o galego pero os rapases falan o castellano. Non entendo.

A: E no teu caso, ti tes fillos?

B: No.

A: Non tes fillos, vale. E na túa familia...?

B: Na miña familia meus irmáns falan o galego. E os fillos tamén.

A: Os fillos tamén, vale, entón no teu entorno... E ti criácheste... Bueno, poido tutearte, non?

B: Si, si, si, home, solo faltaba. (RISAS)

A: Bueno, teño que preguntar. Criácheste na aldea ou aquí no pueblo?

B: Na aldea, eu son de (***), aí a dous quilómetros. Pero dependemos moito de..., aquí viñemos moito.

A: Aquí viñas a escola e todo isto, non?

B: Nós viñemos ao colegio alí cerca do instituto, pero víñamos aquí o instituto, por exemplo, antes o instituto era aquí.

A: Era aquí?

B: Si. E a xente falaba máis o galego. Ahora non falan...

A: Xa non é...?

B: Non é moi habitual, non? Non é habitual. No pueblo vesino, e xa che digo, eu os rapases..., eu doulle actividades aos nenos, falan o castellano. E xente que é da aldea, eh? Que te quedas estrañado. Falan o castellano. Non sei se llo peghan..., se llo peghan no colegio uns a outros, se na casa o... llo din..., se o falan...non sei. Non lle vexo moito futuro ó galego, non.

A: E que cres que, non sei, que se podría facer, logo?

B: Home..., a xente cando non sinte... E o galego síntese aquí, non levándoo na matrícula do coche, levando a pegatina alí... non, o galego síntese aquí. E eu vén unha persoa de fóra e eu trato de que me entenda pero tan pronto digo “enténdesme o galego?”, fáloche galego, a min falar o castellano cóstame, cóstame un montón.

A: E por exemplo, cres que (***), non sei, cando vas por aí por outros pueblos ou vas a..., cres que aquí e distinto ou é igual?

B: (***), entre ti mais eu, (***), é así un pouco... A xente vive no aire. Penso que... ves á xente, e mais ao millor hai xente de fóra aquí en (***), ao millor, e mira que coñósome a todo o mundo, pero ao millor á xente de fóra e cóstalles traballo falar, saludarte. A xente ten ese..., realmente teñen un pouquiño de..., non sei como explicar, eu non me explico moi ben pero enténdese, non? Son...

A: Si, si, eu ben te entendo o que queres dicir.

B: Son...

A: Ao mellor porque a situación económica aquí é mellor ou...

B: E coidao que eses que presumen ao mellor había que ver na súa casa o que comen, eh?

A: Non é unha cuestión de cartos, non?

B: Non, non. Porque hai xente que un... xente que é... Pero non sei, é dicir, ao ser de pueblo teñen outra... E eu levo toda a vida aquí, eh? E sei, conoso o noso pueblo como o conoso.

A: Bueno aquí hai moita industria, non? A situación...

B: Si, pero a xente que vén é xente que o mesmo vén de fóra e vai vivir aquí xa (***)... xa é outra cousa, xa mesmo é a xente, ten... A ver, eu falo con todo o mundo e fálame pero son un pouquiño... Como se lle chama a eso? Como se chama eso? Como se chama?

A: Non sei.

B: Chámaselle a eso, non sei como se chama...

A: Que son máis finos.

B: Eso, esa é a palabra.

A: Ou que queren selo.

B: Esa é a palabra, e se encontras con outra xente que é un pouco tal diche o mesmo, vaiche dicir o mesmo. Pensan que son... Porque ademais aquí todo, depende todo de (***). As aldeas do arredor dependen de (***), e cae todo aquí, aquí todo. Pero eso, ti vas ao parque, pero ti pasas da tarde polo parque, non se oe falar o galego.

A: Si, si, nos nenos non. Non, non.

B: Pásate polo parque a ver se oes falar o galego, non se oe o galego.

A: Si, hoxe mesmo estaba tomando un café e a mai si que falaba galego e o cativo díxome a min “Hola me llamo (***). Pareceume moi... Non me fixo falta escoitar moito máis.

B: Si, ti vaste á tarde cos nenos, falan o castellano. E eu fállolle o galego a todos. E lle digo cousas..., digo algo..., unha vez dígolle “qué unha pirica?”. Ti sabes o que é unha pirica? Igual ahora chámanlle doutra maneira. Unha ouvella.

A: Unha ouvella, vale.

B: Pero de aquí, aquí dise así.

A: Aquí dise así. Non tiña nin idea.

B: Chámanlle pirica. Fágholle cousas, xoghos que fasíamos antes, que nos fasían aos rapases, “Este queixo queixolán, esta boca...”, ao mellor agora é doutra maneira, e non saben. E estráñanse. E iso fasíanolos a nós pri... Cousas que non, non sei. Pérdese, estase perdendo. Pero pérdese en general en todo, eh? En todo se perde. E a nosa terriña non a merecemos, xa falando do aspeto, non a merecemos na naturala, a naturala que temos aquí non a coidamos. No nos merecemos este país. Este país, este pueblo cólleo outra xente, noutro sitio, co que hai aquí que aproveitar... pfff

A: Tes de todo aquí: cultura, natureza... De todo tes!

B: *(En voz baixa)* Non se aproveita.

A: É unha pena, ho!

B: É unha pena. Eu vivo aquí e... que é a villa de (***), pero...

A: Levas toda a vida vivindo aquí.

B: Mais eu vivo..., eu son de aquí de dous quilómetros de aquí.

A: Si, da aldea de...

B: Si pero vivo noutra aldea, comprei unha casa noutra aldea aí, pero dependo de aquí porque yo te lo dije, traballo aquí, traballo aquí de monitor no Ayuntamiento de deportes. Amás eu son a persona máis indicada para ver eso porque aí todo o mundo..., doulle gimnasia a terceira idade, a terceira idade fala o galego. As mulleres mayores, si, falo con elas todas en galego. Pero tamén son todas de fóra. Do pueblo...

A: Xa non?

B: Xa non veñen tantas, porque teñen que xuntarse cas outras e son máis...

A: Curioso, non?

B: Non sei, sabes? Hai de pueblo moi pouca xente.

A: Como que non queren...

B: Ao mellor teñen máis nivel. Non sei. O pueblo é un pouco de ideal, (***), é un pouco de ideal. Paréselle, eh?

A: Ah, bueno. De parecer ao que é...

B: Non estou falando en contra do meu pueblo, é o que vexo.

A: Non, non, ben sei o que..., non o vexo como una crítica vexo a túa impresión.

B: E dóeme, dóeme que os nenos, ti sempre estás co mesmo, falan na televisión lle preguntan á xente en galego, xente que dis ti..., e contestan en castellano, me cagho na tos. É que nos da verghonsa falar o galego. Se son as nosas raíces.

A: E que opinas por exemplo, agora que mencionaches a televisión, o galego que se fala alí e o que se fala...?

B: A ver, eu acabo de contestar unha alí (())... son ghrupos que teñen de..., é un grazas. A min tampouco tanto..., a min ghustame o galego, eu falo o galego que me ensinaron toda a vida. O que falei na aldea toda a vida. O que falei toda a vida foi o galego de toda vida, falo. Eu tampouco quero falar exquisito. Falo o que me ensinaron, o que falei na aldea. E o que é..., a ver, home, oes palabras moi bonitas cando falan. Pero o galego así, bueno, se é ese o que hai que falar pois xa lle temos que facer un... O importante é que fales o galego, punto.

A: Entonces non é importante que..., hai xente que opina que hai que conservalo e é importante a calidade, non? Máis que a cantidade.

B: O importante é sintilo. Non hai máis, o importante é sintilo.

A: Estou de acordo contigo.

B: Sentilo, non é... A min non fai falta levar unha bandeira, no... Eu síntoo aquí. Eu oigo a ghaita galega e emosiónome. Iso é o que eu quero, as cousas hai que sentilas. Non disir... Eu son así desa maneira.

A: Si, si. O que é un, ao final, a identidade dun.

B: As raíces non se poden... Cando un pueblo perde as súas raíces... Mal asunto. Iso non vai ben.

A: ...Estame picando, perdón.

B: Podes quitala un pouco, se queres abro a ventana, si quieres.

A: Non, e que non sei que teño aquí que me está picando. Non te preocupes. Eu ben me aguanto.

B: É ighual que eu... Eu o que digo é que o que falo é o que vexo. Pa un é distinto pero pa o... Parece que están porriba nunha nube.

A: E aquí no concello por exemplo, traballas aquí e eu tamén escoito, non? Que moitos traballadores falan galego porque teñen este traballo, pero realmente fóra non o falan, non? Como é o día a día no concello en canto ás...?

B: Se falamos do concello tamén hai moito castellano, no? Se vas alá, alí se fala moito castellano. Alá no... como se chama?, alí donde é o... Porque este é un apartado.

A: Si, o centro... si.

B: Aquí é o de deportes e aquí cambia todo, pero alá fálase moito. E fálase..., en general fálase moito castellano. Dos traballadores que somos, galego falaremos moi poucos, moi poucos.

A: E a xente que... Contigo se falan castellano normalmente, contigo tamén falan castellano?

B: Si, si.

A: Non intentan...?

B: Eu non me achegho a onde eles e me da “teño que falar o castellano”, eu falo o que falo. Eles falan o castellano. E no ayuntamiento pasa o mesmo que no pueblo, tamén hai alghúns que teñen...

A: Máis nivel.

B: Máis nivel, aquí é moito un pueblo de nivel. Pero algún vaslle mirar a cuenta corrente e vaslle mirar o que come á hora de comer...

A: Entonces o que me queres dicir é que...

B: Moita aparencia.

A:...hai xente, si, que o castellano tamén é parte de aparentar?

B: Si, aparenta, si, non é aparentar, son... O galego no sinten, no sinten. No sinten a..., non sinten, no sinten.

A: E houbo algún momento no que te sentiches... incómodo, poido dicir discriminado por falar galego? Algunha situación que te sentiras que te trataron peor, ou?

B: Non, a ver, durante a miña vida vas medrando, tuveches inseguridade en moitas cousas, non solo non galego, en moitas cousas tuveches inseguridá. Eu son unha persoa que ando moito de chándal, antes vir ao pueblo de chándal... andar de chándal. Ahora impórtame un bleo. Explicome?

A: Si, si. Que vas evolucionando, non?

B: Uns tardan máis, outros tardan menos. Mesmo na..., eu xa falando doutra cousa [ri], na misa eu antes era un..., tiña medo da igrexa, o padrenuestro, padre lo otro... E eu doume conta de que iso é todo unha farsa. Pero evolucionas. E me fixo moito dano eso, pero evolucionas. Pero agora xa teño moita seghuridade en min, teño moita seguridade, a min falo o gallego onde teño que falalo, e vou ao médico e non vou onda o médico e lle digo... falo ghallego eh? Ó médico e onde vaia. Eu en Galicia, falo galego en todos laos. Ao médico ou vaia onde vaia, pero hai xente que vai ao médico e xa fala o castellano. Entonces eso.

A: O teu médico fala en castellano?

B: Penso que si. Si, si. Como non vou moito pero creo que si.

A: Bueno, iso por sorte, que non tes que ir.

B: Si, non, porque eu fago deporte e teño salú, teño boa saúde, pero vou pouco. Creo que fala o castellano, si. Fálase o castellano moito. Moito e ves de fóra xa... E vas ao pueblo aquí e vas a calquera sitio e se fala o castellano. Un pueblo que é..., non deixa de ser unha aldea este pueblo. Fálase o castellano moito.

A: Por exemplo...

B: Ti ves aquí e hai xente que por exemplo, a pregunta que me fas a min, pero ao mellor a xente fala castellano por eso, ten medo que... Esa pregunta que me fixeches a min... eu teño seghuridade, pero outra xente no. Fala o castellano.

A: Eles pódense sentir máis incómodos, non? É o que me queres dicir?

B: Si, ao mellor porque hai xente que non ten esa seghuridade neles, veñen ao pueblo e teñen..., entendes?

A: E como era antes cando eras un rapaz...?

B: Eu recordo que falei sempre o galego, acórdome.

A: E nunca tiveches ao millor..., eso si que mo comentou outra xente, non? Daquela viñas ó pueblo e viñas tal...

B: Eu non teño moito detrás..., eu non me acordo de moito, pero no me sentín nunca..., no noto que me sentira... Non. Eu sempre falei o galego. Sempre. Eu siempre falei o galego, siempre.

A: Nunca houbo ese momento...

B: Eu non me acordo, é que non me acordo, porque tampouco teño moito... De antes non teño moito, menos se é unha cousa... que non me acordo moito, pero eu non sentín eso de que me sentira discriminado, no.

A: Bueno, de iso acordaríaste seguramente, porque eses recordos son...

B: Si, se eu acórdome de..., acórdome do bo e do malo, deses detalles, de todos. Cada un dálle..., cousas que ao mellor non fixeches ben e disen “mira esto”, e “non estiven ben aquí” e eso si acórdome de todo, eso sí.

A: No, diso seguro que te acordarías, non?

B: Si, pero non me... Non porque siempre falei o... Siempre o falei.

A: Antes mencionaches..., a pregunta é: cres que se podría usar máis galego en (***)? En que ámbitos, onde? Pero xa mo contestaches antes, en tódolos lados, non? Ou algún concreto que digas... hai xente que me falou dalgo en concreto, por exemplo da Iglesia, alguén que me falou máis do médico, alguén que me falou máis mesmo do concello. Non sei se hai algún sitio onde digas ti “deberían falar máis galego”. Non sei se é o teu caso.

B: É que deberían falar galego en todos lados. Deberíase falar galego en todos lados. Deberíase falar galego. É que non sei. Síntense inferiores? Deberíase falar galego. Porque xa che digho, son as nosas raíces, non se fala. Pero en ningún sitio aquí en (*nombre municipio*). Nin no médico, nin no ayuntamiento. Ti vas ao ayuntamiento e diríxeste á xente e diríxense en castellano. A xente..., os que están alí en castellano che contestan. E vas abaixo e contéstanche castellano. Vas a un bar e case oes falar o..., vas a un comersio, castellano. Esa é unha cousa que hai de atrás, que o pueblo vas ao pueblo... Somos.. Ó pueblo hai que ir “vestido”. Eu veño ao pueblo de pantalón corto se fai falta. Viño como estou. Pero a xente vén ao pueblo e ten que vir...

A: É como... o galego é o chándal, non? (RISAS)

B: Non sei se me estou explicando.

A: Si, ben, estoute entendendo perfectamente.

B: E eu non sei si serei como meu pai. Meu pai viña sempre..., tiña as sapatillas de abrigo e estaba na casa no bar e viña ao pueblo a calquera sitio e as sapatillas ao mellor son algo que colles de teus pais tamén... entendes? Iso tamén seghún a casa.

A: Pero aos teus pais tampouco lles importaba, non? Non se sentían...

B: Meu pai tamén moita seghuridá, si.

A: A palabra clave é seguridade, non? Se tes seguridá...

B: Non hai máis... É seguridá. Eso tes que ter seghuridá, ti se non tes seghuridá... Si ti dis que falando o castellano te vas sentir... se te sintes... Eu antes de vir a (***), de chándal, acórdome da época antes, viñante “vas de chándal”, era chegar ao pueblo e veñante “eu che estou disindo, estouche disindo o que é”. E agora me importa un bleo, vou de chándal.

A: Si, a mi sempre me dicían na casa meus pais “así te ven, así te tratan”, non? Sempre me decían iso.

B: Pero eu teño seghuridá en min e... A min... Xa a miña muller di “ti andas sempre con...”. Eu ando como..., eu non teño que andar como un... Non teño que aparentar.

A: Hai moito aparentar.

B: Apariencia en general, en todo. A aparencia é en general. E (**) é un pueblo de aparencia, buf! Moita aparencia.

A: Moito máis que noutros sitios?

B: Si. Noto un pueblo... Non sei como será noutros sitios pero nótoo un pouquiño... Subidos, están subidos, están nunha nube. Non sei se che disían eso os outros, eh? Non sei se che dirían o que che estou desindo eu, non sei se se asercarían moito.

A: Bueno, houbo comentarios de todo tipo, non?

B: Conoso moito o pueblo. Eu conoso moitos do pueblo, moitos. Levo toda a vida aquí.

A: Si... Mira vouche ler unhas afirmacións, non? que a veces dinse do galego. A ver que opinas delas. Non é para nada unha opinión propia, eh? E di, “quen fala castellano cun forte acento galego ten menos posibilidades de éxito”.

B: Quen fala...?

A: Co acento, non? Que cando, si por exemplo vas a unha entrevista de traballo e tes un acento moi marcado ou falas galego, tes menos posibilidades de ter éxito ou de que te collan ou algo parecido, non sei que opinas diso. Hai xente que o pensa.

B: Moi triste, moi triste polo que está... Moi triste, o que está aí si valora eso é moi triste. Parésememe moi triste eso. Que á persona tes que valorala..., dependendo de que fale castellano que non fale..., pa un traballo terás que valorar como é a persona, se a persona tal. Se a persona... Non sei si me expliquei.

A: Si, si, ben sei o que queres dicir, si, si.

B: E iso, é independente que se fale galego ou castellano. Terás que... Falarás seghún...

A: Non ten que ver isto, non?

B: Penso eu, eh?

A: E “o galego é a lingua da aldea e o castellano da cidade”?

B: Si o castellano é da cidade? Non...

A: Fálase máis castellano nas cidades? Cres que é así ou...?

B: Si, un pouco máis castellano nas cidades fálase un pouco máis, si. Nas cidades fálase máis castellano. Pero depende en que aldea, eu nas aldeas veciñas da miña redonda fálase moito o galego, eh? Na miña. Nos entornos fálase moito o galego, moito. Onde se fala o castellano é aquí. Fóra fala a xente moito galego, pero é o que dis ti, pero os rapases falan o castellano, eh? Ti vas á tarde onde son eu, alí en (**), non vivo alá, pero a aldea de onde nasín, hai un parque alí moito tal, alí se fala o castellano os rapases...

A: Xa chegou á aldea, non? E os nenos por exemplo, ti das os cursos ós nenos, non? E ti sempre, acabas de dicir, que sempre lles falas en galego... Ves que os nenos nalgún momento, non sei, ao mellor con máis confianza contigo, fálanche galego ou non? Iso non pasa

B: Non, non, connigo hai dous ou tres que falan o galego. Xa falan eles porque na casa lle falan. Pero falan o castellano e eu fálolle o galego.

A: Eles non intentan cambiar contigo?

B: Non, non. Hai rapases... Agora á tarde teño un ghrupo de dezaseis, dezasete e todos o castellano.

A: Si, eu teño dous sobriños tamén pequenos e dinme que lles da vergonza falar galego.

B: Esa é, eu creo que esa é a palabra, non sei a palabra verghonsa... non sei o que é. O que lle inculcan, o que ven, non sei. Algho mal estamos fasendo, nós, os adultos, algho mal estamos fasendo, algho mal estamos fasendo para que sea así. Non ten que sentir vergonza de nada, tense que sentir vergonza se anda fasendo o mal pola vida, pero se andamos ben pola vida non temos que sentir vergonza de nada. Non temos que sentir... É malo, pero eu creo que é unha tradición de atrás eso. Eu vouche dicir unha cousa, que non sei si está ben o está mal, si é unha cousa miña: cando na

televisión... Eu aí si me sinto, cando fan así un comentario, así falando así en galego “ñeñeñe falamos o galego”, cando falan así, me doe na alma, me doe.

A: A burla, non?

B: Non sei se o fan en burla ou en tal, me doe, me corroe aquí. Non sei se ao mellor estou equivocado, non sei se ao mellor e... A ti que che parece que é eso?

A: Home, pois a min non me senta ben, claro, porque o que estás falando é que somos incultos, que non sabemos falar.

B: A min me corroe, me corroe, e apagho a televisión e si tal lánsoche unha zapatilla, me doe.

A: Por exemplo, non sei se viches hai pouco en MasterChef, non sei se sigues o programa este dos cociñeiros.

B: Non me ghusta, si, non me ghusta.

A: Pois xusto pasou isto, non sei se o viches...

B: Non o vin pero a min corróeme, eh?

A:...que puxeron, facían coma un xogo e dicían “tenéis que vender los percebes como si fueseis gallegos”, entón dicían: “son os percebes, e non sei que non sei canto...”.

B: Si os oio xa me doe.

A: E houbo moito... claro, porque estás metendo as..., dicindo que son...

B: Si, cando falan así aquí me doe na alma, buf! E xa ves que non son ningún exquisito falando galego, non son ningún exquisito. Son eu.

A: Si, pero é todo o que acabas de dicir, que ó final quen es é que es, e o que falas e de onde es. É como se alguén dixese que (***) é non sei qué.

B: Pero é o que dis ti, o que che dicía eu antes, eu aquí cheguei a (***) e a min..., é que xa tes un caché, na calle todos temos un caché, e eu se fálanche de (***), (***) é ese jubilao, (***) é... ten un xenio que se apura pero é sano. Eso é o que temos que ter, é o que tes que ghanar. Non tes que... Eu con falar castellano non son máis importante ca outros. Eso é o que tes que ganar ti, tes que ganarte ti, non... esas cousas, eu non sei, eu...Véxoo moi mal todo, moi mal.

A: E que opinas por exemplo... Seguro que coma min escoitáchelo ti tamén, non? E...

B: Que hora é? Que non... Que hora é?

A: Si, son as dúas menos vinte cinco, cando te tes que ir?

B: No, no, no, porque creín que tal, oín barullo e xa crín que tiñamos que serrar, non, non, serran as dúas e media, non, nada.

A: Ah, vale, eu cando te teñas que irte dimo, eh?

B: Eu no meu traballo... Son jefe eu, non son o jefe eu?

A: (RISAS) Mandas en ti.

B: Porque cumplo co meu, entón non teño... Podo faser..., podo estar aquí. O meu compañeiro que debe estar alá, (***), podo estar aquí que non me di nada. Porque son... Cando hai que faser o meu, faghoo, non teño problema ningún.

A: Perfecto, eu estou aprendendo moito, así que seguimos falando... Temos que aprender moito de ti, creo. Con esa seguridade creo que...

B: Tasme emocionando porque na vida pasa moito eso, di moita xente “ti si tes un fillo serías un pai...”, porque din, tes tanta seguridá e tes as cousas tan claras... Pero costoume eh? Costoume.

A: Non é dun día pa outro.

B: Si, porque tuven moita seghuridá e tes inseghuridá, porque vas medrando e hai esto que está ben, esto que non está ben, e agora teño unha seghuridá tremenda en min. Das dudas solusiónaas. As dudas que me surgen trátoas sempre de... E teño compañeiros e teño amighos meus que din “ti xa sabes por onde tes que salir”, e sales porque ves, eu que sei, porque ves... Eu estou en contacto con moita xente e eu teño moita xente ao meu cargho, entonces eso dáche seghuridá, dáche... E ves que a xente como conose... A xente conose as mesmas e este... Este sei de que pé coxea, vés onde hai carencias, donde no hai tal, ves donde hai este..., o home de peso este... Na terseira edad teño cincuenta mulleres e homes ao meu cargho, na chave..., hai un ghrupo de chave que teñen ahí unha ligha montada de maiores, teño outros cuarenta. Entonces tropesas con eles, tropesas cas nais dos rapases e ves, e os anos vanche dando, a vida vaiche dando...

A: Vas aprendendo a ler á xente, non?

B: Detrás do mostrador apréndese moito.

A: Desculpa, vou...

B: Nada, tranquila.

A: Entón, claro hai xente que non ten esa seguridade e seguramente che pasaría nalgún..., coma a min, escoitaches algunha vez pois á persoa que ao mellor vai a algún sitio e empeza falando castellano e despois cambia e volve outra vez... Vivíchelo algunha vez, ou que pensaches, ou...?

B: De min? En min?

A: Si. Ti non pero, víchelo?

B: Si, ves a xente... Eu na xente noto eso, ves a xente, ves a xentiña que lle costa traballo moitísimo e ponse a falar o... Que é moi, que é ghalleggho, ghalleggho, ghalleggho e chega a un sitio..., xa os que están alí deberían darlle seghuridade á persoa, “fala como..., déixate de... tranquilo”, deberían darlle seghuridade e eles falanlle o castellano. Non sei por que e iso, eu non sei, eu creo que deberíamos darlle seghuridá. Teño un homiño na chave, mayor, que estivo en Fransia toda a vida. E fálache o..., fala..., pensa que é ghalleggo, ghalleggo, ghalleggho pero fálache o castellano así e chámache a atención, no sentido que fai... Pero ves que un home que é ghalleggho auinténtico, é ghalleggho auinténtico pero ten esa... Como estivo en Fransia fálache o castellano, tiñas que oílo, fálache o castellano dunha maneira así... Chámate moito a atención, pero ves que é natural, é ghalleggo. Non fala porque se sinte tal... Porque el é así, tuvo, non sei, estivo na emighrasió alá en Francia e eu que sei. Pero é ghalleggho, ghalleggho. Pero chapurréache así unha cousa. Ten o seu sentido tamén, eh? Pero ves que é ghalleggho.

A: Sería interesante escoitar... Falar con el. Non sei cando tes ese grupo de...

B: Téñocho mañán á mañán.

A: Mañán?

B: Á mañán teño, e ademáis é un home de por aí non sei se terá sesenta e algo de anos.

A: Bueno se veu outra vez... Imaxino que estará xubilado, non?

B: Si, si, ven, ven, mañá á mañán teño o grupo que veñen xogar á chave e ven alí e fálache. Escóitalo falar si...

A: Bueno non sei se... Se che importaría que viñera.

B: Si, ho! Máis chámochos se queres e lle digo que lle queres facer unha entrevista, si queres chámochos.

A: Vale, pois non sei... Bueno, xa falamos despois e veño mañá... Se vou estar toda a semana aquí.

B: Si, pois eu mañá pola mañá seghuramente... Ao mellor cádralle ben, pero se lle digho eu que veña dígholle... dígholle á muller aí “dille a (***) que veña por alí a falar...”. Pero dá ghusto oílo. Non dá ghusto. Que che fala pero ves que non...

A: É interesante, non?

B: Si, pero non che fala porque é o que dis ti, sentirían antes esa cousa así alá... Falando alá en Frania ao millor, non sei, ten ese... Pero ves que non fala por...

A: Vai cambiando porque lle cadra así.

B: Si, pero eu tería a miña curiosidade e díxenlle “que raro falas”, hombre, porque é raro, pero ves que... Ves que é un hombre sensillo, humilde, unha persona humilde.

A: Bueno, pois pásome mañá pola mañá a ver se quere falar connigo.

B: Si, si, fálache.

A: De emigrante a emigrante.

B: Si que che fala, fálache, e fala moi natural. É un homiño que...

A: Eu xa che dixen que eu estou en Alemania e estou alá...

B: Pero que estás, estudando a carreira alá?

A: Non, estou traballando alí na Universidade, e xa levo alí cinco anos.

B: Unha da universidá falando cun chaíñas aquí. Sabes que é un chaíñas?

A: Non (RISAS)

B: Un chaíñas é un ninguén, sabes?

A: Ah, pensaba que era un mote. Perdón, si, si, claro.

B: Unha da universidá falando cun chaíñas.

A: Boh! Veño...

B: Pero neso teño seghuridá, antes viña un...

A: Que tontería!

B: Si, pero eu a ti díghocho en cachondeo.

A: Si, si.

B: Pero antes eu vía un profesor, a min pf. Vía un médico, pf. A xente mesmo, pf. E digho, pero si non sondes nadie, mecagho na tos. Ahora digho eu a min, pero si onde está e nun, é nun onde está todo.

A: Eu veño dunha familia de labregos, eh? Da aldea. Pode ser que ao mellor hai xente á que lle chama a atención, non?

B: Si, o oír “aquele é médico” é “aquele sabe máis ca min”. Por iso me sentía...

A: Máis pa’ baixo, non?

B: En cambio agora síntome aí arriba.

A: Si ao final non e...

B: Síntome aí arriba pero non... Pero os pés no chan. Non sei si me explico, síntome aí arriba pero os pés no chan. Non sei si me explico.

A: Si, si, sin...

B: Non me sinto aí arriba e cando a caída, pum! Explícome?

A: Sabes donde estás pero non te deixas...

B: Sei onde estou e sei onde quero chegar.

A: Iso é o máis importante aínda. Que hai xente que non sabe moi ben... Pois mira, xusto do médico é o tema no que me centro e..., como se fala co médico. E antes mencionaches que, bueno, non vas, por sorte non vas moito por alí, pero cres por exemplo que aínda hai eso que acabas de dicir, non? Que o médico é esa persona que hai que falarlle con outro...?

B: Si, si, si...

A: Máis con xente maior ou con...? Cres que a xente nova fala un pouco máis de igual a igual ou non?

B: Non sei, aí non... Pero os maiores xa falan porque, a ver, porque é eso que teñen de antes. Non sei se me... Xa o teñen de antes, pero os novos xa van porque xa o teñen asumido, non sei se me expliquei.

A: Que xa o ven como algo normal ou...?

B: Si, si, xa o falan eles, non é... eles xa falan o castellano, entendes?

A: E cres... Bueno, ás veces terás que ir ao médico ao mellor e por calquera cousa, non? Ves que, así como teñen comentado outra xente, non?, que o centro médico aquí en (***) en concreto cambiou bastante e que agora por exemplo a maioría dos médicos xa falan castellano, que antes non era tanto así... Non sei cal é a túa impresión.

B: Falan o castellano, si. Eu o meu meu fala o castellano, si. E en general falan o castellano.

A: E cres que coa xente maior cambian ao galego ou eles mantéñense...?

B: No, eles mantéñense. Eu fálolle galego e eles fálame o castellano. O meu, eh? El fala o castellano. Pero o mesmo está aí, o problema xa está aí: si eles que son os que tiñan que ter seguridade, pero se non o cren, non falan. Se eles non o cren, se non o cremos, non o falan.

A: E todo o tempo estamos vendo que o que me estás intentando explicar, non? É que é un tema de clases, non? Que parece que esa clase...

B: Si, aquí en (*nombre municipio*) hai moita clase. Aquí en (***) hai clases buf! Este é un pueblo clasista, moito. É de clases, (***) si.

A: E bueno, eu non sei se sabes que por exemplo os médicos, non? cando van facer a oposición, antes, hai uns anos, si que tiñan que pasar un examen de galego, non? Pero hoxe en día non é un requisito, senón que lles dan uns puntos extras, pero que non teñen por que pasar o exame, non? Que opinas sobre esa situación? Que un médico pode ser funcionario, médico...

B: A ver, mira o que che vou dicir eu. Por ejemplo, os cataláns, por ejemplo.

A: Aí si que hai que ter o...

B: Escoita, está ben que defendan o seu. Pero a un médico hai que valoralo polo médico que é. E se o médico quere falar o castellano, que fale o castellano. É que a min dame igual no que me fale, porque si non o cres me da igual que fales o que queiras. Non sei se me explico.

A: Pero enténdelo...

B: Pero entendelo deberíano entender. Eso tamén é preocuparse. Encima se... E se eu vou pra outro sitio, se eu vou pa Cataluña, preocuparme un poquiño, preocuparme, tan siquiera preocuparme. Non sei se me explico. E se me vou po País Vasco, preocuparme. De integrarme. Non sei si me expliquei. Integrarme.

B: Si, si, perfectamente.

A: Ahora, unha persoa que valga, ter que saber todo pa aprobar algo, me parece moi triste, porque a unha persoa hai que valorala polo que desempeña. O que desempeña e así e todo. Ao mellor paresen contradicións, non sei se me...

A: No, no, no, entendo por donde vas, si.

B: Eu se vou pa outro sitio terei que preocuparme. Pero que se me valore polo que son, pero eu teño que preocuparme, xa por respeto. E se vou a túa casa terei que tratar de...

A: Saber como... Si, si, que ao mellor vas a unha casa e non lles gusta que entres cos zapatos, non? (RISAS) Pois tes que sabelo.

B: Tes que ir alá e involucrarte, tes que preocuparte. Terás que tal. Ahora, ven un de fóra e falarlle o catalán e non te entenden a min tampouco me parece. Eu non sei se son contradicións pero eu... Se que estou dicindo, se son contradicións... Pero a min é que os extremos non me gustan, non me ghustan os extremos.

A: Iso é o que che iba a dicir, o que entendo do que estás dicindo é que unha cousa é respetar, unha cousa á valorar, o que dis ti, que por moito que forces aquí non entra, pero tampouco chegar ao extremismo de... meter a política no medio, non?

B: Non, non, a min a política, os extremos non me gustan, en ningún sitio os extremos. Non me ghustan os extremos. Entón terás que, se eu me vou para alá pa Cataluña, e se vou para País Vasco, terei que tratar de preocuparme un pouquiño, de involucrarme con eles.

A: Xa, xa.

B: E aquí a xente que ven tamén, pero aquí xa non temos nin eso.

A: A política, dis?

B: Non a política, xa nós non cremos neso.

A: Xa non defendemos, non?

B: Explícome? Deféndenos catro, catro. Pero ese catro son tamén extremistas.

A: E que opinas sobre o papel do nacionalismo, da política...? Cal é o papel ou que están facendo para...? Cres que están facendo algo ben para o galego? Ou cal é a túa opinión?

B: A ver, os do PP fan para... Os de dereitas falan eso do galego pero non cren, explícome? Fálano por desir tal, non cren. E os outros son tamén demasiado exagherados. Non hai término medio. Non sei si me explico.

A: Si, si, que non hai término medio, é o que me queres dicir.

B: Non hai término medio, o que pasa é que abunda máis... Somos un pueblo, nós, Ghalisia, somos unha cousa que debíamos sentir a nosa terra, debíamos sentila e non... Noto que..., que en general somos sempre sumisos, moi sumisos. Non sei se me explico.

A: Si, si, totalmente. Que é unha cousa histórica xa, que está aí xa...

B: Que os cataláns, ben ou mal, pero defenden. Queren defender eso. Que é moi exagherado? Si. Pero nos somos catro. Son catro, e ese catro tamén moi no extremo. E ao mellor os que estamos no medio, ao mellor fasemos máis que os que están arriba.

A: Bueno, pero volvemos ao tema da clase. Os catalás que sempre falaron catalán son clase alta, e aquí non era o caso.

B: Tamén? Si, alá si?

A: Alí si, historicamente por iso... A clase alta é a clase que... é o prestixio, non?

B: Pero nós ese prestixio non temos.

A: E ao contrario, aquí os que mandaban eran os que viñan de Castilla e os... E teus pais e meus pais eran os que...

B: Si, tes razón, non pararon eso. É verdá.

A: Claro, si ves á xente “bien”, que fala... Se aquí a clase alta falase galego, os que vimos da aldea tamén viríamolo ao millor... O que dicías, non? Sa seguridade de... Si, si. Pero bueno, estou ao mellor meténdome demasiado.

B: Non, non, está ben. Eu político non son, pero véxoo. Ghústame o que é ben e o que está mal, eu non estou en política. A min non me ghusta a política. Pero sei o que está ben e o que está mal e é razonar un pouco. Agora é sentido común. As cousas teñen que ter o sentido común. Se non hai sentido común non... Pero aquí xa falla en general todo, fallan os valores nas personas, falla todos. Nos nenos non hai un compromiso, non hai, porque arriba non... Estámolo facendo mal os adultos, os adultos estámolo facendo moi mal, eu vexo ás criaturas... Que mal vamos. Pero en general xa non... En todo. Non se sinte.

A: E ti ós nenos por exemplo teslle dito algo ou simplemente...? Non sei, ao mellor que che din algo e...

B: Eu cos nenos párome moito, cando hai detalles así de... Mesmo cos profesores, eu digho pa min, os profesores dirían “dar unha volta por alí, andar por alí e non ir pa tomar o café”, de andar polo recreo e ver como se cose, como se fai, os rapases que fan, que non fan, meterse no mundo deles. Eu surgen conflitos e eu aí é cando estou con eles a falar, e dígholle “e esto, e esto...”. E eu sempre estou do lado do pobre, do débil sempre. Porque o rapas sabes que... e aí. Agora hai rapases pequenos que eran rebeldes que agora teñen vinte e pico de anos e cando me ven: “teño moitos recuerdos de ti”, e emosiónome. Porque párome moito neso moito, moito. E párome. Na discriminación, nos problemas, nos... Párome moito, moitísimo. Porque é a base, é o futuro. E non nos paramos, cos rapases non nos paramos. Pensan que os nenos non teñen problemas e que non son... Os nenos teñen moitos problemas. Porque eu os tuven e non tiven esa suerte, non tive esa suerte, moitas veces porque meus pais tiñan que traballar, traballar para non... Entendes? E non tiñan esa oportunidade tampouco, entendes? Se pararse con nós, non tiñan tantas..., tiñan moitos... Pero fixérono moi ben con nós, fixérono moi ben. Cos seus..., pero hai que aprender, eu aprendo deles. E o que ten o un no outro... se evita.

A: Sabían educar pero claro, non había ese tempo para escoitar, non?

B: Pa escoitar.

A: Teñen sorte logo os cativos contigo.

B: Din eso.

A: Estou totalmente segura. Bueno, chegamos xa á última parte que quería falar contigo, vai tamén relacionada co que falamos dos médicos aquí no centro médico: é distinto ao que pasa no hospital? Non sei se tes esa experiencia, non? De ir ao hospital e non sei, facer algunha proba ou calquera cousa... E no hospital, fálase máis galego, menos galego...? Cal é a túa impresión?

B: Pues non me dou... Alí a xente que di que os médicos... Quen dis ti, os...?

A: Si, si, bueno, médicos, personal...

B: Digo que o personal si, algún fálache galego, algún fálache o... Si, non é... Si, algho de todo, si. Non é tanto coma aquí. Parésume, eh? Non sei, tampouco é unha cousa que... Non che podo...

A: Non pensaches niso, non?

B: Si, non pensei.

A: Pero bueno, ti vas ao hospital e como me dixeches antes, non cambias en ningún momento, ti vas co teu e...

B: Eu fállolle, eu falo o que sei. Non é o mesmo que vaia ao médico a... Se teño que ir ao médico a Madrid. Alí terei que...

A: Claro

B: Pero se vou aquí é normal que... Vindo connmigo aquí terás que...

A: E tenche pasado ao mellor algunha experiencia...?

B: De parte miña sería un... De parte mía poñerse a falar castelán a unha persoa de aquí, sería unha falta de respecto... Non sei, non sei se falta de respecto, sería algo, unha carencia. Eu falar o castellano a unha persoa de aquí? Ti estás aquí e vasmе dicir a min que che fale o castellano a ti aínda? É o que faltaba.

A: Si, é como unha forma de...

B: Home, xa é o que faltaba, poñerme a falar aí o castellano. Vasmе impoñer ti inda a min? Tampouco se trata deso, eh? Eu fállolles e eles non me din nada, pero aínda por riba me vas impoñer porque ti seas médico e vou falarche castellano por... Non, ho. O que faltaba.

A: Si, pero bueno, eso normalmente por sorte non pasa, non?

B: Eso é a *seghuridá*.

A: Si, si, esa é a palabra clave de hoxe. A seguridá, non? Si, si. E agora claro, hai tamén o tema de que hai carencia tamén de médicos, veñen tamén moitos médicos por exemplo doutras partes e a maioría sudamericanos, non? Porque teñen máis facilidade polo idioma e demais. E tenche pasado algunha situación na que hai un médico ou unha enfermera, non sei, que sexa de fóra, e houbese algún tipo de problema de comunicación ou algo ou non?

B: No, tampouco me cadrou, non me cadrou. Pero outra cousa. Ves, porque aquí hai rumanos, hai de todos lados, e ves que falan, e falan... e falan porque o que se fala é o castellano, se faláramos gallego, falaban gallego. Falan o castellano. Non sei se me explico.

A: Que chegan e aprenden castellano, non?

B: Entendes o que quero disir? E o que deberían aprender é o noso. Pero eso é porque é o que hai na calle, non é culpa do que ven de fóra, é o que hai na calle. Non sei se me expliquei.

A: Si, si, si, perfectamente. Que ao final é o que ven, que como se poden adaptar na sociedade e din bueno, pois vou aprender castellano.

B: Ves que falan, estaban hai un pouco alí falando e falaban castellano. Fálano porque é o que..., que van a falar se non lles falan o galego? Falan o castellano. Non sei si me expliquei.

A: Si, si, totalmente. Si, que ao final é o que ven e é o que fan, non? E xa para acabar, en canto a, non sei, por exemplo nos médicos, non? Que se podería cambiar pa que fose, digamos, a comunicación mellor? Non sei se tes algunha idea, por exemplo, estou pensando en... pra pedir cita, por exemplo, non é tan fácil pedir cita por exemplo en galego ou non sei, algunha idea que teñas.

B: É o mesmo cando te chaman, e eu paso totalmente, chámate polo teléfono tal, cando cámbiaste deles e chámante ao millor e “queres en galego ou en castellano”, xa non tiña que ser pregunta, xa non tiñan que... E máis a de R, por exemplo, xa non tiñan que disir... Fala o gallego, tiñan que falar o galego xa de arriba. Tiñan que falalo xa. Non é... Por que falan o castellano? Eses son de por aquí, seguramente, serán de aldeas. Por que falan o castellano? Porque falábanllo na universidade, logho. Porque de onde ven eso? De onde ven eso? É o que che dixen eu, non queremos o noso. Queremos

catro, eses catro pero que despilfarran parriba, que son “os galegos...”, entendes? E ao mellor son máis gallego que eles, non sei se me explico. Entonses, se non creemos no noso, non podemos, non pode ser. Isto non ten..., non lle podes botar máis, non lle vas botar máis.

A: Cres que non ten solución?

B: Non ten, non ten solución.

A: Vamos a pique?

B: Pero ti non o ves? Ti non o ves?

A: Si, o dos nenos é bastante preocupante, certo é.

B: Entonses que podes facer? Se os de arriba... E os nenos non teñen culpa do que fasemos os adultos. Os nenos son vítimas, son vítimas. Se os adultos non... Faláranlle como lles falo eu, todos por aí... Pero na escola fálalle o castellano e os profesores tamén... O que dixemos antes, non hai seguridade. Por que os profesores non falan o...?, a maioría dos profesores son da aldea coma nós.

A: Si, que foron estudar e volveron, claro.

B: Por que? Por que?

A: *Seguridade.*

B: Porque esa era a juventude, non sei, pero si eles non teñen seguridade, non cren neso, pois eu non... Galicia somos un... Temos unha terra que aí, mi madriña, que terra temos aquí. Pero non... Nós non, non sei se é a palabra, non cremos nela, non temos o que merecemos. Non merecemos o que temos. Non merecemos o que temos. Non merecemos, non somos dignos desta terra, non somos dignos.

A: Si, podemos quedarnos logo con esa idea final, non? É pesimista pero bueno, en certo modo realista, non?

B: Non merecemos o que temos, somos uns, sempre fomos uns... sumisos. Non merecemos esta terra que temos, esta terra cóllena, non sei se os noruegos ou por aí, os noruegos e os suízos e por aí, esto fan unha... Se a destruímos, se a destruímos, eu alí en (***) de onde era eu, eu me bañaba no rego alí, bebía aghua dese rego.

A: E agora xa imposible.

B: Vas por aí e papeles por aquí, por alá... Non nos merecemos isto. E nadie pon... Os políticos aquí entran, entran e non se preocupan do que se teñen que preocupar, se interesan personalmente por ter un sueldo. Os políticos (()) pero non meten por arreglar isto. [Susurrando] Así levan toda a vida aquí e outro ano, outro ano, sempre o mesmo. Siempre o mesmo. Siempre o mesmo, non hai, non se evoluciona, non.

A: Promesas, non?

B: Si, pero non nos merecemos isto, home. Digo de merese non nos merecemos esta terra. E non sei alá Alemania como será, ti estás alá non sei como será... Pero non nos merecemos isto. E (***), o que tal ten (***), mi madriña querida! O puente de aí hasta (***) que ten dous kilómetros ou así era un puente romano. O taparon todo. Eso, eso aquí era un...

A: Que pena, non? Que pena que teñamos que...

B: Que pena, eu xa che digho, Ghalisia... Temos unha terra, mi madriña que terra, non a coidamos. Moi triste.

A: Haberá que...

B: Ti veslle solución a eso? Que solución lle ves ao gallego, que solución lle ves?

A: Non sei que dicirche

B: Ti querías que che dera a solución, non?

A: [Risa] Eu non sei cal é, non sei, sinceramente non sei. Eu, por exemplo, dou clase de galego alá...

B: E moi triste que chegues a Alemania con esto e digas eso alá, dirán os alemáns...

A: Eu teño mandado aquí alumnas que tiven, alemanas, e viñan aquí aos cursos a Santiago e viñanme contando historias: “pois mira, intentei abrir un... Pagar unha cousa no banco, faleilles en galego e claro, como tiña acento xa tamén estranxeiro contestábanme en castellano”.

B: Pero non da ghusto oílos así?

A: Si.

B: A unha persona de fóra non da ghusto oílos.

A: De fóra, si, si. E dicíame, contábame esas historias, non? Que elas querían practicar galego e...

B: Sínteno os de alá e non o sentimos os de aquí.

A: De alá, si, si. E volvían decepcionadas porque querían falar galego e non podían.

B: Aí chego eu, é moi triste que vaías alá e vaías contar esto que estouche disindo. Moi triste. E non é triste eso que teñas que ir alá a falar disto? E vou falar eu da miña terra, non é falar mal, é o que hai. É triste que vaías alá e teñas que disir... Sinto verghonsa, sinto pena, sinto tristesa, que vaías alá a Alemania e teñas que disir isto. Sinto moita tristesa.

A: Bueno, pero hai que contar as cousas tamén, o primeiro paso creo que tamén é contalas, non? Porque se o ocultamos...

B: Tes que contalas, pero é moi triste que teñamos que ir a disir que o noso que temos aquí... Aí que patrimonio que temos aquí e o que tal temos aquí! E o patrimonio xa en lingua e todo eso. E que teñas que ir alí a desirilles que non o queremos... E que dighan alá e non queremos eso.

A: Tes toda a razón. E que non sei que dicirche porque tes máis razón que un santo. Non che podo dicir nada máis do que non é. Pero...

B: Téñoche un compañeiro aí que si queres tamén é coma min... Pero ese é máis..., ese é coma min galego, pero é máis...ese é... Ese é bravo. Pero si queres éche interesante que falaras con el.

A: Bueno, pues pódemolo, si, si.

B: Dígholle eu... Chámoche despois eu, ti vas a estar toda a semana por aquí?

A: Si, toda a semana estou.

B: Pero ese é bravo, eh?

A: É bravo? Vou preparada (RISAS).

B: Como di o outro, é a miña mosa. E andamos sempre xuntos e tal. Pero el é máis...El non ten...

A: Non queda no medio, non?

B: Non

A: (RISAS) Vale, vale.

B: Pa xa buf! Pa aquí puf! E palá...

A: E palá tamén...

B: Si, pero el é bravo, entonses...

A: Vale, pois se queres falar con el e se veño mañá xa pola mañá... Bueno vou parar isto.

Interview: Informant 8

Date and place of recording: 27/10/21, social center

Format: Face-to-face

Total length: 1:09:20

Total words: 11474

Speaker A (Interviewer): Researcher

Speaker B (Informant): Male, 78 years old, secondary education, rural, mechanic (retired), Galician/Spanish speaker

Language of the interview: Traditional Galician (A), Traditional Galician/Spanish (B)

A: E cando se uniron outra vez, volveron outra vez a Berlín. E nós na embajada de alí de Bogó. Había que ir pa alá, che pagaban todo o transporte de Bogó a Berlín, levaban todo pa alá, pero eu fixen un pouquiño o remodeleón e díxenlle Pero (()) en Berlín. Porque (()) unha rapaza, porque estudou arquitecta, estudou en (()), en (***). E o rapaz tamén ingeniero industrial, tamén estudaron os dous en (***). A filla agora está en Berlín, está en Hamburgo, está aquí agora, porque nós temos aquí tamén unha aldea de turismo rural aquí en (***), unha aldea aquí cerca de aquí a tres kilómetros. Moi importante, veñen moitos alemáns tamén aquí a... (()) de aquí.

A: De vacacións, non?

B: De vacacións, así é, de turismo e todo. E despois fun a Berlín, pero a Berlín dixen "Eu non quero ir". Entón antes ía un pouquiño así... estaba daquela o ministro, un ministro moi bo (()), Matutes, e dixo el "Que ten usted?", "Teño cincuenta e oito, eu non quería ir a Berlín, que quería ir pa miña terra". Entón el díxollo "Mira, hazle un plan bueno, hay que indemnizarle porque se marcha a la embajada", me indemnizaron algo e mandaron pa aquí en dous anos, como se estivera traballando, pa pensións e esas cousas e con sesenta xa me jubilei.

A: Aos sesenta.

B: E entón xa non fun a Berlín, porque se vou a Berlín páganme todo, pero dentro dun ano quero virme pa España e non me dan nada.

A: Como? Perdón, ves pa España e...

B: Se por exemplo vou pa Berlín, boto alí un ano, e despois quero virme definitivamente, non me dan nada por devolver nin nada e así aproveitín a ocasión e collín... nos endenizaron, déronme dous anos como estivera traballando, pa pensión e xa cheguei aos 60 anos e xa me jubilei.

A: Claro, no, eso foi un... algo...

B: Si, pois foi Alemania para mí, foi un país moi bo. Cando marcheí había unha disciplina, despois xa perdeu moito, eh! Porque Alemania, ultimamente, todo o mundo ten dereitos, dereitos, dereitos e non hai obrigacións e entón... En Alemania daquela era todo máis recto. Porque o meu fillo agora está de (()) en Suíza, e alá... Estuvo en Alemania, pero foi facer en Suíza proxecto fin carreira.

A: E alí quedou.

B: E xa (()), xa leva alí vinte. dous anos, está de director dunha empresa moi importante. E eso, entón, a Suíza é moito aínda máis recto que Alemania, a disciplina de Suíza é moito, moito máis cara tamén. Porque está en Zúrich, en Zúrich, é unha ciudad cara tamén. Pero bueno, tamén gana.

A: Si, ben, ben o... Pois ben, se queres explícoche o que podemos facer.

B: Si, si.

A: En primeiro lugar, como todo é legal, vou gravar o que vamos falar, por suposto, non vou poñer quen es, nin nada. Isto é totalmente, vas ser o informante número oito e así vai aparecer en todo.

Eu estou facendo a tesis alí en Alemania, estou investigando como falamos aquí en Galicia, non? Como cambiamos de español a galego, se vamos ao médico que facemos, se vamos ao concello que facemos e todo iso. E estou facendo o estudio aquí en (***)

B: E o que che digo eu, nos nosos tempos aquí nós as escuelas tiñan prohibido dar o galego, pois nós o galego que temos, temos a (()) de nosos abuelos, de nosos pais, que nos gramaticalmente, autograficamente... leo e entendo ben, pero non estou cen por cen para desenvolver. Pero bueno, como digo, eu fun a Alemania falando galego, e alí os galegos entendémonos ben. Alí en (***), estiven primeiro cerca de Hamburgo, ano e medio o contrato, e despois xa me cambiei a (***). Alí había máis familiares meus. E alí vivimos, creamos o Club Galicia de (***), fixémoslo nós, equipo de fútbol, de baile, de gaitas, e tuvemos alí en (***), daquela cando había, despois empezou a vir os políticos, un traía, dicía unha cousa, o outro decíache outra, a xente se empezou a descontrolarse como está agora ca política, que non é tal. Entón o centro está medio, como dicía agora, medio escagallado alí, entón solamente van alí ao ber e algo así, a colectividade xa hai... pero non hai moito e así, pois bueno, sigue ti.

A: Pois vouche dar... simplemente é para utilizar a gravación, tesme que firmar, se pode ser, douche unha copia, para que teñas todo no...

B: No, non hai problema.

A: Entón o nome, que non o vou utilizar, pero é para...

B: O meu (***), (***).

A: Vale, (***).

B: (***)

A: Nunco o escoitara ese... Vale, pues eu xa firmei, se me podes votar unha firmiña aí, e despois douche esta copia, para que vexas o que firmaches, que non... Simplemente que o vou utilizar a gravación, e todo vai ser anónimo...

B: Moi ben, non, non hai problema, non hai problema.

A: Pero bueno, a universidade, hai que facelo así porque...

B: Sí, claro, claro, claro, claro, claro, claro, claro.

A: Vou poñer tamén, o móbil, este a gravar, este tamén, por si acaso, lle pasa calquera cousa, despois non me acordo. Vale, e... Ben, entón levas vinte anos, non?, de volta aquí, en (***).

B: Si, levo.

A: Encontráchelo moi cambiado, ou.. ou como cando te fuches a...?

B: Bueno, o retorno, é un cambio moi brusco, como está alá situación e aquí entendes? O servizo alá funciona, 100% bastante ben, e aquí encontras... bastantes dificultades para moitas cousas, entendes? (())

A: Como o que? Non sei, como...

B: Por exemplo, a seguridade social, alá tiñas o médico de cabeceira. Queres falar en castellano ou en gallego?

A: No, no, como que teñas máis cómodo.

B: A min me da igual. Pues allá tenía el médico, por ejemplo ibas al médico y el médico te mandaba ya a un especialista directamente. Entón, nun par de días, tiñas a solución do problema que tiñas. Aquí non, vas ao médico, che manda unha espera ao hospital. Mandan... Dentro de dous ou tres meses, xa che mandan pa facer as pruebas. E despois, aínda a saber o médico, pa saber o resultado, botas medio ano, pa sacar un diagnóstico, dunha enfermidade, que pode ser grave, ou pode ser máis levadeira, entendes? Entón o problema que hai é eso... E despois os colegios alí funcionan moi

ben. Outra cousa é que alí aos pais, se queren estudar unha carreira, aos pais case non lles costa nada. Porque alí lle dan, non é unha beca, é un sistema de... alí chámase (()). Danche o crédito a ti, fanche falta trescentos, catrocentos ou quinientos euros todos os meses e o goberno cho dá. Agora, tamén che exigen en dous anos coa carreira chegar aquí, se en dous anos a carreira non a levas aquí xa te botan fóra da universidade, xa te botan fóra da universidade, entendes? Sabes que unha asinatura podes supendela unha vez, danche unha segunda oportunidade, non che dan máis (()). Xa tes que realmente, irte pa fóra. E vexo que é buscar a xente que ten interese e que se sacrifica pa eso. Aquí non, aquí un chaval vai a universidade. A beca xa lle costa case a matrícula da universidade, que lle dan e despois teno que manter o pai e en cambio alí non. Alí os rapaces... unha xa se acostumbran eles a manejar o seu capital que teñen disposto. Entonces cando acabe a carreira, teño que devolver este, cando teño carreira, teño que devolver o outro, entendes? Porque eu díxenlle aquí ao meu sobriño. Non é o mellor que vos dean así a cousa. "Ah, e acabo a carreira, e xa teño ao lombo un crédito pendiente" Si, díxenlle eu, está moi ben. Pero teu pai (()) estivo aí catro, cinco anos e (()). E ti "Papá vou pa' Barcelona" e teu pai se non aforrou cartos queda aí pasándoo mal. E verdá ou non é?

A: Si, si, así tan claro.

B: E dígolle así, moitos é así, entonces o sistema que teño, cousa principal. E como eso, eu que sei... Outras cousas, vale, o que é para ir a administración pública alí... matricular un coche, vas ti mesmo, dar de alta un coche. Vas ti alí, rapidamente, colles un papel, despois xa te levas o seguro e o papel e xa te levas a matrícula. Aquí, sin encambio pa matricular un coche. Tes que meter unha gestoría, senón, vólveste tolo. É outra cousa que non funciona, enténdese así. E como eso, moitas cousas máis, pero bueno.

A: Pero aínda así, valeu a pena, volver ou?

B: Bueno, é que aquí, se tes unha pequena pensión, e tes a casa e tes esas cousas a calidade de vida aquí, é mellor que a de alá. Alá é moi directa, moi as cousiñas (()), moi controlada, entendes? E agora, eu que sei, os que fomos palá nos nosos tempos, pois tuvemos cousas que... apoyaron moito o cambio da divisa, porque eu, cando fun pa Alemaña, estaba un marco alemán a catorce pesetas e chegou a poñerse a 90. E iso aquí ao cambio dábanche un montón de cartos máis, entendes? Entón, é o que che movía moito a facer aquí unha vivenda, comprar un piso e esas cousas, entendes? E eso é así.

A: Si, a verdá, moitas cousas que se botan de menos.

B: Si, no, no, claro, e máis claro, os gallegiños queremoslle á terra, queremos ir pa aquí e a facer o (()).

A: E cóntame un pouco... faláchesme antes do centro este galego que fundáchedes, no?

B: Si.

A: E... contame como, como foi esa idea e que fixestes alí?

B: Mira, os que fomos a Alemaña de aqueles tempos, oíamos unha gaita gallega doíanos a cariña, e iso que aquí, como estamos agora, que Alemaña, xa non é... Emigrar a Alemaña xa non é emigración. É outro lado, puesto de traballo.

A: Totalmente.

B: Non é como antes, non é como o que marcha para lá, para ir para Argentina, botaba alá 30, 40 ou 50 anos, non podía ir aquí.

A: Non volvía, xa.

B: O daquí era outra cosa... son traballos desplazados. Desplázaste a Alemaña a traballar, pero non é como a emigración. Pero... os principios foron así. Entonces alí non en (***) "Coño, que hai rapaces e a ver se os integramos un pouco na cousa", e entonces creamos alí o club gallego de (***). (()) os pais, que partaban para formarse a sociedade, (()) catro pais e agora os nais van tódolos fines de semana, unha vai facer unhas tortillas, outra vai facer unha empanada, outra vai facer unha rosca e outra cosa. Levabas alí e solamente costaban o que ibas traer, a materia prima, o

traballo de facelo o non. Entonces aquilo vendíase, cacho de tortilla, cacho de empanada, cacho de (()). Outro facía os callos e outra cousa. Entoncez eso que daba pouco a pouco fomentando para crear o equipo de fútbol e máis o equipo de baile e esas cousas alí. Pero nós facíamos torneos de fútbol con equipos de toda Alemaña, algún de España alí, entoncez aquel día facíamos pulpada, facíamos sardiñas, facíamos todo alí, entoncez era unha cousa moi ben.

A: E había moita xente que era... que estaba neste club ou...?

B: Ai éramos, éramos moitos. Alí en (***) éramos moitos gallegos, moitísimos. Na miña familia por exemplo éramos, primos matrimonios, polo menos os doce. Entoncez apoiámonos uns e outros, para ir para alí, outro vai para alá... E despois un quixo facer un equipo á parte, o outro outra parte e empezou o político a vir, a política, subvencións pa uns, entoncez agora está medio desfeito aquilo, pero bueno. Porque os que iban con ganas de emigrar, iban con ganas de traballar, e esas cousas, entoncez, querían pasalo ben, facíamos festas alí moi ben e como eso moitas cousas máis. Pero bueno, foi un país que eu aprendín moito del, como disciplina, e orden así bastante. E hoxe aquí estou contento tamén, retornei aquí, creamos aí unha aldea turismo rural moi importante, aquí en (***), que se ves aquí un día (***). Pos...

A: (***)?

B: (***). Se ves aquí en internet, (()). Alemáns, suízos, e...alemáns, suízos, americanos, veñen grupos bos. Temos un (()) un nove coma cinco por Booking e por esas cousas.

A: Non, iso vamos, seguro que ademais coa facilidade de lingua, non? Cambia a cousa.

B: Claro, si, si. Pero claro, alí tamén outra cousa boa que hai cos rapaces así, o meu neto..., teño agora dous netos, un de catorce e outro de doce, pero xa che falan agora..., están en Suíza, pero xa che falan catro idiomas. E dislle, ven aquí o máis vello, e dime "abuelo, yo el gallego lo entiendo todo", se está en la conversación que estamos nós e entende todo, eso "ahora hablarlo me cuesta un poco más, pero yo lo entiendo todo lo que habláis, eh?" Porque tamén fala francés, fala inglés, fala italiano e máis o español, que alí tamén vai a unha escola española alí. Unha cousa que hubo alí ao principio, en Alemaña, foi co rapaces que iban aquí, alá no 70, 75, pois alí había colegios españois, e dábanlle todas as asinaturas tamén en español, porque os rapaces non sabían alemán, e despois xa foron máis integrados, e cando veu o socialismo, e esa cousa, xa dixo que había sacar as escolas, que había en espanhol, había que sacalas. Entón dixo, "solamente vamos dar clases pa lengua e cultura en España nada máis, lengua e cultura española" e deso porque as matemáticas xa as daban en alemán, e xeografía, todo... e física xa a daban alemán, entoncez así pero un alemán controla moi ben ao rapaz, entendes? Unha cousa que hai aquí eu digo xa é moito, pero se o teu rapaz, porque hai rapaces que son super desenvolvidos, teñen un coeficiente intelectual moito máis avanzado que outros, en alemán o que fan é... primeiro catro anos me parece que son dos seis, aos nove ou dez, van todos xuntos ao colegio, pero aí xa clasifican cada rapaz cal é a súa (()), este rapaz que ten aquí, vai a outro colegio despois e vai co do outro colegio, ca mesma súa coeficiente intelectual, entoncez ese rapaz, nin vai aburrido, nin perde, nin vai forzado.

A: Xa vai cos seus, non?

B: Vai co seu grupo e así tal, entoncez hai rapaces que teñen a reacción, moito máis tardía, e despois... tamén poden recuperar despois, entendes? Entón ven así e din "Pero eso é discriminar ao rapaz", pero o rapaz teu se cadra vale para calquera cousa, pero pero pa eso non vale moito e vai forzado, e aquilo que vai perdendo o tempo, é verdade?

A: Si, si.

B: E entoncez eu digho, pa min eso (()) é discriminar ao rapaz. Non é discriminalo, o teu rapaz, vai con outro, nin el se sente o burro da escola, nin se sente nada,

A: Nin se aburre.

B: Entón eu son dos que digo que está ben que fan así, e así.

A: E ti xa fuches casado para Alemaña?

B: Si, fun de casado, que eu que digo eu agora a emigración agora e claro, e cando fun para Alemania de casado fun eu máis a muller (()), pero había que ir con contrato.

A: A muller tamén é de aquí?

B: É de aquí tamén. Xa tiñamos un rapaz de un ano e medio, que a min doeume moito, deixar o rapaz aquí, quería e marchar pa Alemania... botei alá un ano, pero bueno, foi o ano máis difícil que botei. Despois xa naceu a rapaza alá e despois xa levei os dous e "Para alá levas ao rapaces?", "Lévoos pa onda min pa alá. Se están enfermos sufro eu con eles, que aquí tal e tal". Pero cando fumos da emigración, mandábanche un contrato, pero primeiro facíanche un control sanitario, aquí primeiro en (***) de todo, de como estabas de dentes, como estabas de corpo, se tiñas algo nun pulmón, algo de manchas, facíanlle a cousa. Algúns familiares meus tiñan ao mellor un catarro, dáballe un pouco de mancha no pulmón e en Alemania eso do pulmón o revisaban e daban (())... A mín déronme o okei, pero ao cabo de tres meses máis dixeron en (***) xa pasou, agora ten que ir a Madrid, e de (()) nun tren pa ir pa Alemania. Chegamos a Madrid (RISAS)... e a miña muller (()). "Ven aquí, non estará embarazada?", "No sé, sabía que estaba e sabíaos meses, que iba case pa tres meses" e dixo "Pois o neno non pode ir pa Alemania", "Non pode vir a muller comigo pa Alemania, pois aí está o meu contrato, lévao de volta pa Alemania que eu teño aquí un pouco de cartos en Madrid e aínda vou de volta pa casa". "Pero por qué, no puede hacer eso, ya están esperando por usted para Alemania con el contrato y lo echa todo abajo", "Pois se non ven a miña muller comigo eu tampouco non vou". Estuveron dos días pa... falaron entre eles, a comisión alemana quería tal, díxenlle "Mira, pa traballar la embarazada no...no puede ir. Embarazada ya ahora, llega allí embarazada y ya, pero si usted quiere, le pago a usted el billete y va con usted. Llega allí se presenta a la policía que tiene contrato, pero que fue así, era un..." Entonces a levei por a miña conta para alá, se non dixeron "Eu vou de volta, non vou pa Alemania". E entón si, aceptáronme esa e foi a muller comigo, e estivemos alí, despois naceu a rapaza e despois levamos ao outro pa alá.

A: E xa estivestes alí os catro alí.

B: Estivemos os catro alí, si, si, os rapaces tamén estudaron dos carreiras moi boas, a rapaza é moi intelixente, porque fomos a reunión ao colegio e díxome "La única chica que en la historia del colegio", porque alí hai unhas asignaturas troncales, máis fuertes que si ou non tes que collelas, a Abitur que lle chaman alí. Entón a que collía matemáticas, xa non collía física, xa non collía (()) e rapaza "Yo cojo las dos, matemáticas y física" e tocou dúas matrículas (()) (RISAS) Foi a única alumna, a única alumna, que no colegio que collía as dúas asignaturas que nadie quere e sacou dúas matrículas. Sacou unha carreira moi boa de arquitectura, é arquitecta, que foi a que fixo a nosa remodelación aquí dos (***). Está agora ela aquí, veu o outro día, bota aquí dos semanas, porque veñen grupos americanos, e ven ela algunha vez aquí. E así e entón e chegabas alá, que outra cosa que ibas e xa ibas, xa ibas con contrato, donde dicíanche mira, o seu xefe xa ten que darlle, no contrato vai ganar estes cartos, ao chegar tenche que dar un anticipo, pa que usté, pa que usté empece a comprar as cosas, despois tenlle que dar unha cociña e unha habitación pa dormir. Entón xa ibas alí un pouco, (()) porque Franco daquela desían que foi malo, pero el enterouse que alí había xente que dormía debaixo dos puentes. E dixo "No, o que vaya pa Alemania pa traballar, con contrato legal, lo que se va ganar y le dáis esas cosas." E despois xa empezaron, eu xa fun dos que fixeron xa eso. Despois ao acabo de medio ano, ou un ano xa se cerrou emigración pa Alemania tamén, veu a crisis do petróleo, no ano 72, 73, entón xa había así... pero bueno levamos a cousiña pa diante así tirando, que era o principal.

A: Si, si, si. Coñezo bastante esas historias, meu pai tamén foi pa Suíza ano 71, así que foi xusto no mesmo tempo.

B: Si foi naquela, depois (()).

A: Pero non botou moito tempo.

B: Pero botou moito tempo teu pai alí en Suíza?

A: Pouco... foi deses que iban, sabes? Deses que iban temporales.

B: Ah, temporales, deses que iban a construción.

A: Meu pai foi albañil, entonces iba nove meses, volvía.

B: Pero é de por aquí teu pai?

A: Eu son de (***), eu son de (***).

B: Ai alá de...

A: (***)

B: Si que agora o meu fillo ten alí un proyecto, que van facer un proyecto moi grande, que el traballa nunha empresa de enerxías renovables e todo en Suiza. Antes era (***), pasou a (***), e agora (***). E teñen alí no Puerto de (***). Quere montar unha torre desas altas para facer un aerólico alí. Estaban a ver se (()) do puerto, do fóra, a un sitio para poñer a base, para puñer alí a (()). Hai unhas empresas de aquí que o queren comprar, pero andan negociando agora coloquial. Pero que pasa? Que as (***), hai medio ano, dixo que había que desmantenar todo e así, en cambio, está lavando carbón agora, carbón outra vez, pa poñer a andar outra vez. E díxome o fillo "Papá (()) aquel sitio, para almacenar el carbón, cargando en camiós de los barcos, pero ahora viene otra vez el carbón. Primeiro íbamos a cerrar," e agora non saben...

A: Non saben, si, si, ben cho sei, ben cho sei. Está a cousa...

B: O meu rapaz está (()). Ven moito a... ten aquí un equipo traballando ca Xunta a ver se consegue o sitio para enclavar a un clavo alí, unha torre desas moi altas...seiscentos quilovatios de corrente agora, non sei canto é moito.

A: E volvendo a cando chegastes vós a Alemania, íbache preguntar, por exemplo na casa, cos teus fillos falásteslles en galego ou en español ou que facíades? Como facíades na casa?

B: Bueno, entre nós falábamos moito o gallego, entre a muller e eu e eles tamén o collían, pero con eles como iban tamén a o colegio español e esas cousas pois falábamos tamén español, entendes? Falábamos español e tal e... A miña filla non, di "no, no, voy coger francés e tal" e díxenlle eu "no, francés cólleo". Pensoulle que era fácil pero o francés..., díxome ela "es más difícil casi que el inglés". Para un que non é nativo de alí. Si pero como é románico parésenos que é fácil, pero tamén ten bastante complicación esas cousas. E nós falábamos na casa, entre nós os primos e todas esas cousas falábamos moito o gallego.

A: Pero con eles en español.

B: Pero con eles en español, si. Con eles en español, e... Pero después fueron un pouco cogiendo e falan o aquel como... O meu fillo hoxe en día fala seis idiomas ou sete, entendes? E máis fas unha carreira, pois alí se cadra, alí todo o mundo xa sae con tres idiomas da escuela, como mínimo tres. Pola nosa parte xa tiñan o español. E despois tamén xa unha filla tamén estivo con proyectos moi importantes en Italia, tamén xa sabe o italiano. Despois estivo en Brasil tamén cos proyectos, tamén xa fala..., co ghallego e xa con tal, e disíalle todos os seus amigos de alí "pero ti vas a Suráfrica e encontros cos portugueses e entendes portugués", porque en Suráfrica hai moitas empresas que eran portuguesas que antes estaban en Mozambique e cando foi da independencia, unhas empresas moi importantes, botáronas fóra e arranxaron alí, agora foron a Suráfrica a montar..., teñen alí unhas empresas moi grandes. Que a eles a base dos seus proyectos faina a construción. E dixo "esta vai alí, fala o portugués, vai a Italia e fala o italiano, vai a..." (RISAS)

A: Adáptase a todo.

B: "Vai a Cuba, fala o...". Si, no. Pero bueno, tamén gana cartos, tamén se gana moito alí en Suíza. E teño dous netiños que tamén lle encanta vir aquí. Ven aquí e "abuelo, yo cuando venga...", "es que en Suíza la vida es muy aburrida" (RISAS)

A: Préstalles logo vir?

B: Oh, si, bueno, aquí tamén veñen de vacacións. Que alí claro, levántanse as sete da mañán, sete e media pa ir ao colegio, despois do colegio atópase unha actividá, outra, outra, están todo o día líaos por alí e aquí veñen pasalo ben.

A: E despois dixeches antes que se divirten tamén que din que entenden o gallego perfectamente falando...

B: Ah, si, non, eles entenden... “yo hablarlo me mete un poco..., pero falo, home, falo que ten que ver”. Si, si, yo te hablo en alemán, te hablo inglés, te hablo en italiano... Porque alí teñen o italiano como terceira lingua alí en Suiza tamén. Entonces dígolle eu bueno..., pero está...

A: E que che parece, por exemplo, que aquí, sin ir alá, pais que teñen fillos aquí e falan entre eles tamén en galego aquí e aos cativos fálánlles en español, que che parece? Paréceche que..., non sei, que opinas diso?

B: A ver, eu digo, familiarmente debería falo o galego. Despois xa metiéndose con outra xente e tal podía levar a conversación en castellano, ou así porque claro, a xente que non o entende. Pero os que entendemos, xa che digo, nós non tivemos gramática gallega ningunha, pero a través do meu abuelo, a miña abuela, miña nai e esas cousas conservamos aquelas cousas e un pouco que les, un pouco tal, que lendo enténdelo ben todo, non? Pero claro, gramaticalmente estás un pouco fóra de..., da cousa, e ortográficamente tamén, tes fallos. Non se practica tampouco. Eu leo e tal e moitas veces si, sei, e tal, pero non me poña a escribir. Eu vou pa ochenta anos, que vas facer?

A: Bueno, pero iso é tamén normal, non? Porque a escritura, se na escola non vos deron iso, pois é normal, non?

B: Por eso, non, non, a cousa é que no noso pueblo nunca nos dixeron... a cultura que tiña o pueblo, non? Hoxe en día (*nome municipio*) ten moitas cousas que ti desconocías de antes. Porque non che daban a cultura da túa región e esas cousas. Sabías un pouquiño aquelas cousas e tal, bueno, pa os maestros tamén era difícil de aquela, porque había rapaces, cando eu iba a escola aquí, había rapaces desde seis anos hasta catorce no mesmo grupo e o profesor tamén daba o que podía, tiñas unha enciclopedia que alí estaba todo agrupado naquela enciclopedia, non? E esas cousas. Despois eu tuven suerte, que eu fun para (***), estiven nun colegio interno de Salesianos cinco anos. Desde quince ate case ata os vinte. E foi onde eu practiquei a mecánica bastante forte e eso me dou vida en Alemania. Porque en Alemania ti vas e non sabes facer de mecánico... Nada. A min desíame o mestro “mira, (***), (***), ves este coche o que ten que está fallando? Ten aquí unha cousa, *reparieren, reparieren*” e eu reparaba e probaba. *Probieren. Gut, prima, wunderbar, wunderbar!* E leveille alá moitos coches porque había moitos españoles, principalmente gallegos, porque en Alemania tiñan unha visión moi ben da xente, do que estaba no seu país acostuada a facer. Primeiro estiven alí nun pueblo que se chama (***), cerca de (***), un pouco pa diante hasta alá onde empeza o (***), que entra hacia (***), o canal aquel do (***), o río (***), pa alí. E alí hai moita fábrica de conserva. Entonces eles que viñan “bueno, queremos gente pa conserva”, e viñan daquí das Rías Baixas, de aí do Grove e por aí, así. Máis pa acá un pouco de (***), hacia (***), e por aí hai as minas de carbón e aí hai unha maioría, todo é asturianos. O sea, iban collendo á xente da región que estaba acostuada a facer cada traballo.

A: Ti vas chamando e ven...

B: Si, mira, mandamos alí..., pero queremos xente daquela región que quera ir pa Alemania. E buscaban á xente daquela región. Entendes? Andábase máis ben (()) de traballo.

A: Si, e pois chamas, tamén ven un primo teu, un veciño...

B: Claro, despois chaman a un, chaman a outro... “Vente pa alá” e foron levando xente e alí en (***), pois había un grupo de aquí do Grove, Sanxenxo, de Tui e por aí, pero así a tope, a tope. E estivemos alí tamén un tempo. Despois eu tiña en Alemania máis... miña nai estaba alá con miña irmán daquela e (()) “Por que te marchas?”, “Mira eu márchome porque teño dous rapaces pequenos e... alá somos máis familia” e no Kindergarten un día collía miña irmán a un outro día collíao outro e as mulleres tiñan un pouco máis de libertá pa facer algún traballo, era independentemente, entendes? Un pouco máis de traballo e entón foi así a maneira e ir tirando e... pero ben, eu quedei alí moi contento. Despois díxome o jefe “Pero por que marchas?”, xa me pagaba tanto coma os alemáns ou máis e díxenlle “Mire, eu quero ir pa... eu aquí estou moi ben e estou moi contento”, pero entón era un pueblo pequeno alí cerca de Hamburgo e entón marchinme pa (***). E entón alí había máis traballo. Alí as mulleres nas casas traballaban e máis gañaban cartos. Entendes, entendes, entendes?

A: Si, si...

B: Porque alá os servicios en Alemania páganse ben. Tanto unha costureira, como unha limpiadora, alí páganche a cousa...

A: Apréciase todo, non?

B: Apréciase. Non, non está discriminada por ser unha limpiadora ou ser... no, no, no. Entonces alí tal. A miña muller tamén cosía moi ben e ás alemanas facíalles un traxe, as alemanas viñan onda ela. Tiña así traballo a montón na casa...

A: Aínda hoxe, aínda hoxe... Unha costureira...

B: Alí, Frau (***) como lle chaman alí, chámanlle polo nome do home si. "Frau (***) mira e usted que fai e tal, pois mire isto é moi importante así e tal" e ela aínda se acordan dela hoxe moitas. Alí os servicios páganse, alí os servicios nunha (()) nese sentido discriminada. Os alemáns saben que os servizos hai que pagalos. E aquí están acostumados a non, e ten o albañil, e o albañil se o albañil aquí ben preparado e dentro que pasen tres ou catro anos moito máis que non hai albañil. A xunventú non quere aprender esos oficios.

A: E fan moita falta, claro.

B: Eso, pero eso é o malo que aquí ven todo mundo "Ah, non teño nota, bah métome a forestales ou métome a ingeniería de montes" e despois pero se non hai traballo, señor

A: Está mal visto, facer un... si, é unha tontería, total

B: É unha tontería, non vas ter saída

A: Mellor ser un fontanero bon...

B: Efectivamente, si, pero aquí no, o fontanero na construción e hoxe en día pero hoxe xa se empeza aquí a xurar aquí hoxe en día os albañiles, aquí o que é bo gana cartos tamén. É que é que non os hai e máis agora cando marchen agora dentro 10 anos máis os que veñen atrás ningún aprende, ningún...

A: É que non hai...

B: Pero na Alemania a formación lévana moi ben. En Alemania por exemplo un chaval que quere estudar... digamos... mecánico de coches, automoción, moi ben, dinlle, vale usted vas a un taller, mira, dixo el si "eu douche o traballo a ti de aprendiz aquí" dos anos e medio ou tres, depende, sobre dos anos e medio, tres é o aprendizaxe de mecánico de automoción. Ben agora usted ten que a escola, vai a escola que (()) traballo que damos aquí, entonces está a escola de acordo co taller o rapaz vai ou medio día a clase ou depende pode ir dos días a clase, dos días ao taller o rapaz combina a teoría coa práctica a mitad dos rapaces xa quedaban empleado na empresa onde facían o aprendizaxe o jefe xa sabía este rapaz ten iniciativa, ten ganas de aprender e ten ganas de seguir adiante, entón xa quedaban a mitad deles empleados pero aquí hoxe venche un rapaciño "Mire eu (()) de mecánico de coches, eu estudei isto" e dille o jefe "Home e que sabes facer?" e dille "bueno eu sei máis ou menos o que é un motor do coche, sei que é unha roda...", "Bueh, pois ven, ven a probar unha semana", "Bueno e canto me vas a pagar?". Primeiro proba un pouquiño a ver se sabes que se cadra tesme que pagar ti a min que non sabes facer nada. Eso é o malo, entendes? Entonces está aquí a cousa... Entonces o rapaces botan aí tres anos estudianto unha formación e despois van traballar pa (***) ou pa outra fábrica así a meter o material. Non é solución pa ningún. En Alemania pasa igual, hai que sacar este ano, non van meter cincuenta ingenieros porque non vai haber plaza pa' eles, collen corenta ou trinta.

A: Os que fan falta.

B: Os que van a surtir aos que van jubilarse e entonces xa sabes que un porcentaje vai traballar. Tamén che exigen levar aquelas cousas, non? Porque un dez por cen ou así hai que botalos que non cheghan á margen de aprobar as primeiras asignaturas e xa te botan fóra. Entonces collen o mellor, entendes?, porque o meu fillo, veu paquí, no, no, no, non veu paquí, cando acabaron en Alemania, tamén fixeron en Alemania a selectividad para estudar aquí en España se quería. Entonces veu

daquela a Esperanza Aguirre cando era ministra de cultura, e veu Alemania, e (()) co embajador e díxolle, díxenlle eu "Mire, os meus rapaces, queren homologar o título en España, como xa teñen español e esas cousas, e pónenlle un montón de trámites", "¿Qué trámites le ponen?" "Mire esta cousa, primeiro que a tradución do título en alemán ao español, pon tradutor jurado, reconocido por España, polo ministerio le vale oitocentos euros." (()), e díxolle o embajador que eu estaba con eles, cos dous na feira do Libro en Frankfurt. Díxolle "Esperanza, yo conozco a estos chicos, los hijos deste hombre, tienen unas notas maravillosas en Alemania. Dale o título, porque si van para España es una riqueza, sin costarle nada (()), pues dale el título." E dixo, "Pues sí, pues mira" entonces díxolle o embajador "Bueno los papeles se los traduzco yo del alemán, en la embajada que hay traductores", pero as tradutoras, digamos, términos técnicos non sabían, por exemplo, unha (()), como digho eu eso en español, o alemán, e entonces díxolle, (***) que é o meu fillo, "Hazme tú la traducción que eres bilingüe cen por cen de dos idiomas, hazme tú la..." e firmoulle o embajador os papeles e aos poucos días tiña xa o...

A: Tiña listo todo.

B: Tiña xa listo (()), e xa tiña os títulos tamén en español. Outros andan así, se é que non buscan solucións fáciles.

A: Complican as cousas.

B: Complican as cousas, moito, moito, moito, moito. E eu dicía "Eu tiven suerte porque tiña esas cosas", pero tanto ela tamén, tamén en o título xa en España da arquitecta. Xa me conecían de todo, entonces a nosa obra de aquí dos (***) xa a fixo ela tamén. Se vas por alí un día e tal...

A: Haberá que velo, ten que estar... bueno, ei de ver as fotos, despois...

B: Si, mira as fotos aí, miras aí internet, pos (***), pon aí, máis o idioma que che fale, está máis (()) a miña filla estes días, se queres tamén falar con ela tamén fala.

A: E cóntame, desde que te fuches de aquí de (*nome municipio*), volviches..., claro, son trinta anos, que son bastante tempo... Dixéchesme trinta anos, non? Do setenta...

B: Si, do setenta e un ao dous mil un.

A: A dous mil un. Xusto trinta anos.

B: Vinte nove anos e medio, non chegou ben aos trinta, pero vinte nove anos e medio.

A: (RISAS) Telos ben contados, non? E notáchelo moi cambiado? Por exemplo, cres que a xente... Como estou concretamente estudiando se se fala máis galego ou menos galego, ti que impresión tes? Desde que te fuches a cando volviches, como encontraches...? Viches que os cativos falaban menos galego, igual, ou..., cal é a túa impresión?

B: Bueno, aquí..., unha impresión..., aquí houbo un tempo que falalo gallego era bo, pero hoxe en día xa están escapando do gallego entre familiares e xa falando máis ben o castellano, e digo eu "home, eu non sei, falarlle os dous". Pero houbo un tempo que falábase máis o gallego. Pero agora xa empesa aí xa saltándose ao castellano moitos. E tal, falan familiarmente, digho eu "ao rapás fálalle o gallego, o rapás xa aprenderá o outro tamén, concho", e tal. E iso é o que eu notei de diferencia. Daquela falar galego era ser da aldea, ser brutiño. Despois viñas ao pueblo e era "é da aldea, é da aldea". Pero hoxe en día nas aldeas, como lle desía un a outro "mire, antes nas aldeas íbamos cas vacas. Pero hoxe en día vamos as universidades". Hoxe en día nas aldeas hai xente tamén preparada, non é coma antes, entendes? Antes había..., pa subsistir había que estar na aldea. E do campo, das vaquiñas, as galiñas, a cousa, e non... Foi a nosa sobrevivencia que tivemos. Traballar a leira e o que tiña leiras vivía ben. Traballaba de sol a sol, pero tiña galiñas, tiña ovos, tiña o porco, tiña... Todos comían. Pero o que non tiña leiras...

A: Xa.

B: Tiña que ir alí a axudarlle a aquel home un pouco, e dáballe un cesto de patacas, que non había cartos daquela... Dábanche algo así pa sobrevivir.

A: E no pueblo era máis de castellano?

B: E no pueblo, no porque os señores... Pero é o que digo eu, no pueblo... Aquí había xente moi rica no pueblo. E hoxe en día son os pobres. Porque os netos “non, meu abuelo ten, meu abuelo tiña caseiros por aí que lle traían a metade da cosecha pa eles, trigo, centeno...”. Meu abuelo tamén estivo onde está o campo de golf agora aquí no val de (*nombre de municipio cercano*), foi o caseiro. E alí traballamos toda a familia. Pero había porcos, había vacas, había queixos, había vacas, había todo. A metade da cosecha, parte da cosecha había que traerlla ós donos do terreno. E eso. Pero vivíamos ben, vivimos ben e non... E no pueblo claro, víñanlle os caseiros, traíanlle a cosecha, comían, comían, pero claro, non se preocuparon nin por estudar nada. E hoxe en día as casas deles en (*nome municipio*) están caendo a trasos. Non son capaces de arreglala. E si (*nome municipio*) foi un pouco parriba foi xente que veu das aldeas con iniciativa de poñer algo no pueblo. Pero o pueblo está estropeado porque eso, de catro o cinco familiares grandes, cada un por aquí e por acá, hoxe en día inda están embargados moitos que non pagan nin a contribución de moitos edificios de (*nombre municipio*).

A: Si, que eran outros tempos.

B: Eran outros tempos. O sea, eu son dos que digo..., a xuventude, pequenos, hoxe está moi mal acostumbrada, eh? Hoxe en día din os rapaces de pequenos “quero esto, quero lo otro”... Nós daquela era “mamá, eu quería unha pelota de ghoma” e non se pode, había que facela de trapo, xogar con trapos. E iso che da un pouco de aliciente, dicir, se ghano cartos e esas cousas pois lógrome. E vouche a traballar. Pero se o que ten hoxe en día, nah, estudiando ata os dezaioito, vinte anos. E digo eu “e que estudiache? E agora non queres traballar?”. Fáltalle a ilusión e... Ilusión por emprender unha vida para ter algo millor. Non, hoxe queren vivir a vida e esas cousas, entendes? E daquela querías ter unha casaña, querías ter esto, querías ter o outro para ter algo millor.

A: Xa non hai ese...

B: Non hai ilusión que hai! Sabes por que? Porque non pasaron falta de nada. Nós na falta da infancia, home, fame non pasamos moita, un cacho de pan de millo había, un cacho de chourizo da abuela, un cacho de touciño tamén os había, non pasamos fame. Falta de moitas cousas si. Pero tiñas ilusión por millorar. Pero hoxe traballar aquí de mecánico de coches, “que va, eso es moi duro”, traballar de albañil na construción tampouco, é duro. E así, en cambio hai que fomentar esto, se non esto o país vai a, vai traer marroquines ou portugueses...

Mira Portugal, foi un país que hai trinta anos, Portugal estaba moi baixo, pero hoxe Portugal colleu, chegou, non tiña xente moi preparada cando entrou na Comunidade Europea, pero viñeron intelixentes de Alemaña, de Holanda, de por aí, e dixeron “O país hai que fomentalo” e pum, pum pum e Portugal está a altura de España, ou máis que ten unhas cousas moito máis organizadas. Pero aquí todo mundo “Eu sei, eu sei”, pero señor, hai que traballar en equipo. Porque en Alemaña a xente traballa moi ben en equipo. Por exemplo, hai que arreglar esta casa, pois reúnense, aquí abaixo hai que poñer un bar, un comercio de roupa e xa vai o proxecto feito con esas iniciativas e cando se acaba o edificio a traballar. Aquí faise unha tum tum para arriba, agora córrase o baixo a ver se alguén o compra en cambio en Alemaña levan máis ben esa distribución, entendes? E coma eso, moitas cousas máis, que non...

A: Non es moi positivo nese sentido, non?

B: No..., agora xa che digo, agora tal como está a política aquí, a cousa, como está a cousa, porque a xente que traballou toda a vida para ter algo e ter un patrimonio, hai que pagar impostos, pero non pagarllos a aqueles vaghos e maleantes para que lle den os votos, para eles estar sentados no asento, entende? E eso non... eso non pode ser, eso hay que mentalizalos, pero que... “Non, non, a todo o mundo una paga”. Veña a pagharlle a luz, a pagharlle a... pero se non quere traballar, non están enfermos. Eu digo, un pai que ten fillos, que non ten traballo que lla dea, pero un rapaz con vinte, vinte e catro, vinte e cinco anos, unha pagha, unha pagha, agora vanlle pagar a habitación, vanlle pagar a casa tal. Digo eu, pero o rapaz que? En Alemaña tes unha cousa, tes tamén axudas, pero en Alemaña dinche “Bueno, usted ten cuenta no banco?”, “Si”, “Pois cando adjunte a cuenta do banco, o fondo que ten, dámoslle a axuda”. “Ten coche?”, “Si”, o coche costa cartos, véndeo, e se quere axuda non pode ter coche, entón a xente... Pero aquí andan... A axuda pa’ (()) os coches, non ghanan nin pa eles. Mantéñennos os pais na casa e eso non é solución ningunha, entendes? Vai, colle un traballíño, xa le.. amárgalle a vida ao patrón, pa que o bote, se lle pode fastidiar unha indemnización, lla fastidie. (()) outa vez ao paro... axuda, axuda, axuda e iso non leva a ningunha parte, non leva a ningunha parte.

A: Nese aspecto, non estás moi positivo e cres, por exemplo, que o futuro do galego tamén vai na esa línea, ou que opinas sobre o futuro que ten, que ten o galego, porque outra xente coa que falei, pues non, bueno... xente máis positiva, ou xente que pensa que vamos por mal camiño, ti que pensas?

B: Pero que... a nivel de traballo?

A: Si, do futuro que vai ter... No, digo, digo a lingua, o que falamos... como ves, no futuro, porque hai moita xente que di, por exemplo, que os nenos cada vez falan menos galego, e que...

B: (()) falan cada vez menos galego. Eu o galego... eu digo, para, familiarmente, si, pero despois para nivel mundial non tes saída ningunha, non tes saída ningunha. Podes (()) da cultura dela e esas cousas é importante, que foi o que nos faltou a nós de pequenos porque non nos deron cultura ningunha de Pardo Bazán, nin de Rosalía de Castro, nin deses non nos deron unha, nin das (()) e agora leo un pouco, e sei un pouco, un pouco, pero nunca nos dixeron desto, nin do outro, pero... eu que sei... eu digo, a cultura é moi básica, pera a cultura... se non tes outra rama de saída, o pasas mal, todo que estude a cultura pásao mal, porque non hai, non hai fondo pa eso, entendes? E aquí... mira de cultura, moito falan, falan, falan, pero despois, non onde hai que sacar, racionar o presupuesto, é na cultura, e a cultura non dá, e van a outras cousas, entendes? Entonces aí, perderase moito, perderase moito deso. E a lingua... home, a min gústame falaba e disfruto co que eu falo. Ahora, cando teño que ir por aí (()) estou perdendo moito o alemán, porque a Alemania eu fun para aprender un pouco alemán, pero, tiña cando iba eu, a muller embarazada, xa tiña dous fillos, xa tiña... xa quixen ir á escuela pero... ao o primeiro me era, sobrecarga. Eu traballaba 12 horas na fábrica, en esa cousa... porque eu iba, "Pero usted vai enfermar", "Eu veño a Alemania, se a miña neta a cumpre en dous anos, non boto tres, nin catro".

A: E ao final foron trinta...

B: E iba ca...(()), pero despois viñeron os rapaces, estaban tan ben alí e tal, despois collín un puesto na Embajada de España, moi bo... que eu viaxei todo Alemania de punta a rabo eh! Porque eu tiña que andar cos embajadores todos, cos Reyes, cos de España, con todos os ministros e todos tiven que andar eu con eles todos por Alemania. E foime ben (()) "Mire eu xa estou cansado de Alemania e quero ir a España" pero...

A: Na embaixada, logo ben, non?

B: Moi ben, aínda hoxe eu levei grupos de aquí de (***), recíbeunos o embajador, que estivo comigo, en... en (***), pero non era embajador daquela, era secretario da embajada. Estaba, daquela, a embajadora en... en... en Viena. Alí. Entonces, fixemos unha ocasión, que fomos aquí co cura de (***), fomos a... a Hungría, a Budapest. Eu non pensei que Budapest era a ciudad que é... unha ciudad marabillosa, é preciosa, que eu non pensei...

A: É moi bonita, é...

B: Eu non pensei que tiña... Budapest esa cousa, depois viñamos, estuvemos unha semana alí en Budapest, depois viñemos a Bratislava, unha cidade pequeniña, moi bonita tamén, Bratislava, e depois viñemos a... outra semana botámola en, en Viena, en Viena. E alí estaba o embajador, recíbeunos alí, díxenlle eu "Señor (***), viene un grupo mío tal", recíbeunos nos alí, bah, a min e máis á muller xa nos nos conecía de (***), xa había doce anos que marchara da alí el, recíbeunos alí de marabilla, de marabilla. E os (()) despois fomos, hai catro anos, tamén fomos o grupo mesmo aquí de (***), co cura, e fomos os mesmos, entonces, recíbeunos outros, tamén estuvera en (***), comigho, (()) embajada, e depois era, foi... xa era embajador en Berlín, pero depois o trasladaron, hai un par de anos, trasladárono de embajador para... para Bruselas, pa Comunidad Europea. Tamén nos recibeu alí, quedou a xente de (***), encantada. Tamén, foi o honor, que nos recibeu... Pero claro, tes que deixar, donde estás un bo currículum, pa que a xente te aprecie. Porque eu estaba na embajada, conecía a todo (***), de punta a rabo, e dicía, viñan estes novos, que eran de (***), os rapaces, con trinta e tantos anos, trinta e cinco. "Mire, (()) lo que necesites aquí, de información, (***), te lo va a dar". Un fontanero, moitas cousas facíaas eu, e tal, (()). Pois xa andaba, e despois (()) estímulo por eso, xente hai máis de vinte anos que falo con eles, embajadores, teño... que... teño o que quero con eles... teño o que quero con eles...

A: Os galegos tiñan boa fama logo. Tiñan boa fama daquela os galegos, de traballadores...

B: O gallego, claro, é xente que ao que está un pouco preparado, deféndese moi ben, (()) van un pouco de catetiños e van, pero é xente, moi dócil, e moi, adaptacióne moi ben aos traballos mandados. Alá en Alemania, o que queren en Alemania é xente que ti... eu estiven en varias fábricas, tamén e que che parecía... Alí a fábrica, por exemplo, non din hai que facer unha remodelación. E dille o que teña unha idea que nola dela, eu dáballe ideas "Mira, pa aquí é mellor facer un mútil que máquina pa aquí e tal". Dabas tú a idea, non che deixaban a ti facer o experimento, pero a idea, xa a recoñecían a ti. Ti facías un planiño do que querías facer e eles a levaban ao equipo técnico, despois sacabas a (()), Fulano de tal dou unha idea moi boa pa tal, despois dábanche unha revista da fábrica ou o que sea e recibe un premio por dar esta idea tal, tal, tal, tal, o que non che deixaban a ti era facer experimentos a ti. Eles vían a idea, a idea todo. Entonces non é como aquí. E aquí, por exemplo, un home, un mecanizado, tornero un fresador, ou calquera cousa, dislle a un "Mira quería facer eso", "Ah, eso non vale pa nada", pero colleu a túa idea, e despois lévaa como se a fixera el.

A: Claro, si, si.

B: E eso dislle, pero ti, cabrón, dinche eu a idea (()) e eu son o parvo. Non, en Alemania non, en Alemania. E entonces ti senteste animado. Vou facer esto porque me dan un mérito, que che merece. Entendes? E aquí non, leva o encargado o que leva a fama e o tío que lle dou a idea é parvo, non é así. E iso é unha cousa moi boa, moi potente pa xente que ten iniciativa a crear cousas, entendes? Eu fixen alí pa fábricas, moi boas, aínda che digo, cousas moi boas. En talleres de coche tamén estiven dez ou doce anos e tamén dicía "Mire e por que non facemos así?", "Moi ben, moi ben" entón (()). Alí o que non lles gusta é que ti fagas experimentos porque aquí a veces nas fábricas dicía "non fagas eso que eso é unha seguridade", aquí na (***) matouse un amigo noso, habrá... inda estaba eu en Alemania, era mecánico tamén, entón había un túnel así, donde pasaba a madeira, onde facían a astilla, facía a astilla (()). Claro, é un túnel moi largo e de vez en cando unhas partes, teñen unhas portas que mira, teñen unhas portas que se levanta e miras o que hai debaixo, se hai alguén atrancado, pero (()) posto un detector que estaba levantada, aunque o outro lle dé á máquina, non... á máquina non anda, pero como fallou, fixéronlle un puente aí, (()) e vai o outro e doulle á máquina e triturouno como se fora unha astilla. Pero eso en Alemania non cho deixan facer, eh, a máquina párase anque sea unha semana, pero esto non mentres non funcione correctamente, no hai...

A: A seguridade é o principal.

B: A seguridade é o principal. Entón non queren riesgos, pero aquí arriégase moito, (()) toda a xente aquí á máquina, facémolles aquí un puente e xa sighe traballando, bueno é igual, alá eso non che deixan.

A: Mira, agora falando dos servizos e demais, íbache preguntar... Como valoras, por exemplo...? Bueno, antes xa falamos diso, díxechesme que había cousas que non funcionaban do xeito que funcionaban alá, non? Pero por exemplo, en canto a... Ti cando vas, por exemplo, aquí ao concello ou... Hai algún sitio donde vaías que vexas que..., que prefiras falar en castellano ou ti falas sempre en galego? Como fas?

B: Non, eu, según vexa a persona que ven, fale en castellano ou en galego. Eu non, eu vou ao ayuntamiento e fálolle en galego aos que o falan. Agora, non sei.

A: Como che cadra, non?

B: A min como me cadre, eu dame igual, se vexo unha rapaza (()) pois fálolle en castellano ou así. En alemán non.

A: En alemán aquí moito non, ou? (RISAS). Pero se ves por exemplo que... Non sei se te entendín ben, non? Por exemplo se ves un rapaz ou rapaza que é máis novo, ao mellor fálolle en castellano ou non ten...?

B: No, eu fálolle... Se é a rapaza de "ti es aquí?" "si bueno, como lle vai á túa abuela, ao teu pai?" e tal, fálolle en gallego. Se é conocida. Agora, se non é conocida é "mira, tú quén eres, eres de aquí o no?", entón entro na conversación. Pero despois según vaia a cousa fálolle en castellano ou gallego. Si, si.

A: E no médico, por exemplo? Non sei..., tes un médico...?

B: No médico, eu que sei, fun aínda a (*nombre ciudad más cercana*) a facer unhas probas e tal e fállolle en galego. Tamén me entende, non me din nin “fáleme castellano” nin nada. Pero eu teño, dígame “entenderame ou non me entenderá?”, entón non sei. Ao mellor preguntarlle “queres que falemos castellano ou galego?” tamén che cae mal facer esa pregunta, non?

A: Mellor directamente fálaslle en castellano?

B: Se miro que tal, falo castellano, falo... si, pero... Si, eso si.

A: E pensas que ao mellor que che van a entender peor ou...?

B: Claro, claro, dixeron “ao mellor agora non está ben o galego ou algo así e tal”, pero bueno, o noso galego non é cen por cen perfecto, pero entendémonos ben. Como dixeron eu, non nos deron galego na escola, pero a través das costumbres e dos aqueles nos defendemos. Nos defendemos e entendemos cen por cen.

A: Pero bueno, o que queres dicir é que por exemplo no hospital é distinto a aquí ao centro de saúde? Ou é igual?

B: Igual.

A: Aquí no centro de saúde en que lingua che fala o médico?

B: Eu empezo a falarlle en galego, se ela me contesta en castellano pois fállolle castellano, pero o demais... Porque hai xente, home, digo eu, a cultura está ben, pero hai xente que ven, colle unha plaza aquí, non sabe o galego, tamén é falta de respecto que tanto, tanto... escudarse nos idiomas, tal. Non sei.

A: E que che parece iso, que por exemplo pa ter unha plaza aquí...?

B: Teñas que saber o galego?

A: Non é obligatorio saber galego. Danche uns puntos na oposición pero non é obligatorio.

B: Eu creo que iso é moi cerrado, eu creo que aí non debían de meterse tanto neso, debían dar máis libértá á xente que falara no idioma que se defende. Pero no, estamos con estas cousas, con esto que non leva a ningunha parte. Pa min, home, a cultura tamén é a cultura galega, pero pa entendernos ten que haber unha cousa homogénea pa todo o mundo que non hai aquí en España, aquí en Europa. Falamos sinco, seis idiomas, e que? Non somos a Unión Europea? Pois collede un idioma universal? Queres poñer o esperanto ou poñer o que sea, un idioma un pouco..., que teñamos todo o mundo. E non cheghan á solución, cada un defende os seus intereses e demais...

A: Cres por exemplo... Que intereses cres que teñen na Xunta ou... Cres que están facendo un bon traballo pa manter o galego ou...? Que opinas diso?

B: Bueno, eu creo que si, que están facendo pa conservar un pouco a nosa tradición e a nosa cultura de aquí, non? Agora, saída pa fóra? De pouco che vai valer. O outro día vin un rapaz que é de (*nombre ciudad más cercana*) e quería estudar, bueno, avogado pero quería ir á escola diplomática e veu o pai onda min e díme “mire, mire, sabes francés?”. “No, un pouco de inglés”. Pois a diplomacia, hoxe día os diplomáticos o seu idioma de entenderse é o francés. A nivel, digamos, industrial e esa cousa, o alemán é unha base moi importante no mundo hoxe en día. Alemán e inglés so os idiomas casi a nivel industrial o que máis se defende, entendes? E eso vale moito. Porque o meu fillo despois fixo un máster en Barcelona en a [nombre da institución incomprensible]. Estaba xa na empresa que estaba en Suíza e... e entón el tiña unha rapaza tamén suíza, traballaba en (***) alí e ela quería vir, que a empresa a mandara a Barcelona, pero a jefa de marketing en seguros e entón medio veu pa Barcelona a (***), unha compañía moi boa e era a súa moza. E dixo “Mire, yo quería facer en Barcelona un master en dirección y dirección empresas en Barcelona, pero allá es difícil de entrar, eh”. E díxolle o embajador, que morreu o pobre é da miña idade, morreu agora, despois de luchar doce anos cun cáncer de pulmón, un embajador marabilloso. Daba gusto, que home marabilloso era. E díxolle, (()) “Allí van muchos diplomáticos, también a dar clase de empresas allí a la (()) de Barcelona”, alí non collen a calquera eh! Tes que ter unhas notas. Inglés, e o nivel de inglés xa... Entón díxolle, díxenlle eu “Voy a gravarle”, mandáronlle un test “Para que explique la cosa a ver como habla inglés, como esas cosas que yo no cojo a ninguno”.

Mandoullo e díxenlle, "Mire, mándelle a pregunta ao de Barcelona o diretor a ver se..." e dixo "No, no, una de las mejores notas que tal es ese, que cuente ya con la plaza que empieza", porque lle dixeran á empresa, mira, dixo, "Papá, la empresa me paga al master, costáballe as clases cada mes 2.500 euros."

A: Si, que non era...

B: E podías facer tres partidas ou facelo todo continuamente e como viñamos a Barcelona, díxenlle, "Mira, habitación, a casa xa lla paghan á moza, entónces...", pero a empresa estúvole pagando o que valían as clases, dous mil catrocentos euros todos os meses as clases. Depois estivo tamén en Chicago de intercambio, tamén con (***), viñeron alá e tal. E despois tamén estivo en Pekín, en China, que a miña filla tamén estivo alá co seu home, tamén ingeniero, na empresa esta... na Airbus. O Airbus, teñen en Toulouse, teñen en Hamburgo e teñen aquí en Sevilla, produción, pero completan todo en Francia, en Toulouse. E alá os chinos déronlle, fixéronlle un presupuesto moi bo, todo o costillaxe dos avións en aluminio, o costillaxe das cabinas e eso. Pois entónces, claro, querían mandar para alá ingenieros para levar o control na produción, pero traían pa acá, estiveron alá tamén igual a cinco anos en China, tamén falan chino. E ela alá non traballou, pero despois estivo (()) alá en China, e el, traballando alí, e xa che digo, e ben, todo. Pero o meu fillo, despois (()) e hoxe, claro, despois a empresa díxenlle, "Papá, tengo empresas aquí que me andan buscando". Díxenlle eu, "(***)", a empresa, che estivo pagando dezaioito meses, o curso intensivo que che vale o máster." E a empresa dixo, "Queda aquí con nosotros que vas a estar muy bien" e leva con esa xa vinte e dous anos. Mándano por aí a proxectos importantes. Pero bueno, é o que hai, hai que moverse. Mira, todo que un tesón, nesas preocupacións no tren, no...

A: Mira todo o que empezou nesa (()) no tren... Mira donde acabou, cos dous fillos dando voltas polo mundo.

B: Daquela, daquela, daquela, o ano que botei en Alemaña, sin o rapaz, que cheguei e saqueillo á miña soghra, o rapaz, porque miña muller eran cinco mulleres todas na casa, miña muller era a máis vella "E o rapaz na casa, alá vaino pasar mal", Dixeran eu, "O rapaz ven, o rapaz tal, o rapaz nada", porque despois estás aquí e Alemaña un neno agora, se ven pa aquí, dicía a abuela, tíraa ao río [rinse], porque tiña dous anos e medio daquela. Cando marchou tiña ano e medio e cando e cando (()) a rapaza que tiña seis, sete meses. (()) vanche vir teu pai e túa nai cunha nena, tal, "se ven aquí tíroa ao río", cousas dalí do (()).

A: Que curioso, non? Porque aprendeu realmente, cando empezou a falar, falaba alí cos teus sogros.

B: E dixo el, "Aún me acuerdo hoy la primera palabra que aprendí en Alemaña", non sabes cal é? (RISAS). Metémolo na ghuardería e cando ven da ghuardería, a profesora díxalle "A ver [non se entede], recoger" (RISAS)

A: Esa foi a primeira.

B: "A primeira palabra que aprendí era recoger"

A: Unha palabra importante pa saber...

B: "Yo vi que recogían"

A: Eu metía pa aí.

B: E, si, si, si, si.

A: Que interesante, non? Que rápido se adaptan, os nenos, no? Daí da aldea de (***) á guardería alí. En un momento...

B: Si, daquela empezou como había tamén guarderías en español solo. Pero nós mandábano comer. Cando o mandaba comer e díxenlle mire, había que comer, non lle preocupaba, porque ao comer na casa, na casa comía, pero na guardería non lle iba, non lle iba, e oblihábanos a comer e devolvía, pero é así.

A: A ver, hai que empezar... Todo é empezar, no? E adaptarse...

B: Eu o que vexo... eu estiven en... nos salesianos, pero eu creo que a enseñanza de antes iban máis positivo (()) como disolver os problemas. Antiguamente nós íbamos alí no colegio, os salesiano, bueno, "Hicimos una excursión a (*cidade galega*). A ver, paramos alá nas Pontes e por alá. Venga, hai que hacer, hoy, unha redacción del viaje que hemos hecho" e tas tas tas tas facías unha redacción. "Bueno, mañana hubo un... O equipo (())e tiñamos un pase para o fútbol sempre, para o deportivo."

A: Alí nos salesianos refíreste? Cando estabas en (***).

B: En (*cidade galega*). "Vistes o partido de fútbol?, por mañana hai que facerme unha redacción del partido de fútbol como es", "Hoy supongamos que se murió el padre de un amigo tuyo. A ver, escribe unha carta de pésame como se escribía". E tiñas que romper ti a cabeza de donde buscar cousas. Pero hoxe pensan que co ordenador, pensan que hoxe en día internet, xa buscas... O outro día veu unha rapaza con dezasete anos "Abuelo, es que yo no encuentro nada en internet de como hacer un estudio sobre a emigración, como é. Me puedes explicar?", "Mira yo estuve en emigración, pero si quieres voy aquí a junto (***) y a junto (***) que estuvieron allá y te pueden (()) unha cousa". Pero unha rapaciña de 17 anos, "Yo no encuentro nada en internet" é moi fácil así pero despois pásache eso e eres un ser inútil, é verdad?

A: Si, si, si, que antes había que... bueno, no fai falta ir tan atrás, cando eu era nena tampouco tiñamos, tiñamos que ir a bibliotecas, sacar os tomos das bibliotecas.

A: Pero é que unha vez dicíalle un netiño "Abuelo, en tus tiempos, no había internet, no había móvil y no... y como hacíais las cosas?" e dille o abuelo "Con la cabeza".

A: Con la cabeza (RISAS).

B: É verdad ou non é?

A: Pois si, hai que aprender... Tes que ter memoria, claro.

B: Esto é unha cousa moi boa, un móbil é unha cousa para solucionar moitos problemas. Pero se tes alí (()), vas aí e sacar sacas a solución, pero o principar é saber usar dentro ti. Tes a idea túa dentro, como agora moitas, axúdache a moitas cousas. Tanto a mecánica como se hoxe en día hai, pero esa rapaza veu con 17 anos dixo "A emigración hoy en día puedes ponerle, puede ser por dos motivos, por mejorar la economía para mejorar tu nivel de vida, o por cousas políticas", que miraches, que (()) desto e rapaza colleu un pouco de idea e dixen eu "De pouco máis podo axudarche". Entonces colleu un pouco de idea, pero non tiña idea de nada. Entonces o rapaz, estúvenlle falando un pouco do que era.

A: Dásme algún consello pa miña vida emigrante? Que consello me darías?

B: Bueno, primeiro, elevar unha meta a cumprir. Despois esas metas, co tempo ves que alcanzaches, pero estou ben aquí, non vou pa onde estea mal, porque eu tiña xente que me dicía "(***), se estás ben en Alemania, déixate estar". Eu marchei de aquí pa Alemania montabas calquera chiringuito pequeno porque así é que había aquí en (***), (()) aquí co alcalde de (***), e botei tres anos traballando terrenos (()) e despois a final de ano..."Ah no, tú no eres socio, tú vas a tener un buen sueldo" e díxenlle eu "Como? Levei tres anos non me vas dar tal", marcheime pa alá. Entonces foime moi ben, dicíame "(***), onde estas ben déixate estar". Daquela cando fun pa Alemania eu quería facer unha casiña, ter unha nave pa traballar de mecánico aquí que daquela facíanse cartos, un pouco, non había tantos impuestos como hai agora. E despois vin que o rapaz ao estudar iban ben e dime "Mira, (***), aquí entre os impuestos e todo, ghánase ben e entónces... non, enténdes?" os cartos que tiña pa montar aquí unha empresa comprei unha casa en (*nombre ciudad más cercana*) na parte vella, a rehabilitamos, pero díxenlle á filla "(***), la casa está muy bien, pero mi círculo de amigos no está a (*nombre ciudad más cercana*) y yo para anda por la calle, perdido paquí e palá, non tal, tal..." E entónces temos alquilada, viven alí dous chavales que están facendo un máster tamén en arquitectura e viven alí dous arquitectos, están encantados. A casa tamén ten un diseño moi bo. Fíxoo a rapaza cando terminou a universidade, tiña que facer un proxecto. Estuvo aquí en (*nombre ciudad más cercana*), aquí de becario aquí e xa veu a casa e dixen "(***), compré una casa", "En donde?", "En un callejón que pone (***)", "No me digas? Allí aquella pa hacer tan bonita?" e fixemos aí... e vin coa idea de os cartos, vina anunciada, "canto vale?", estaba en ruínas eh! 34 millóns de pesetas daquela e díxenlle eu "No, no, é moi cara", "Déame unha oferta", tiña ghanas de

vendela. Díxenlle, "Mire, eu podo pagarlle en marcos alemáns, e o (()). Doulle 20 millóns de pesetas", "No, dé algo más", "No, no, no, la semana que viene ya me marchó y si quiere hacemos un compromiso y tal" (()), xa me chamaron "Mire, venga para acá" e botáronma ao lombo.

A: Ah bueno, de vinte a treinta e catro... cambia a cousa eh!

B: E despois fixemos (()) rehabilitala, foi a rapaza xa, tiña en (*nombre ciudad más cercana*) rapaces do Consorcio (*nombre ciudad más cercana*) e fixeron a rehabilitación un pouco tal e quedou ben. Entón eu te digo, ti... a meta está ben cubrila, pero se (()) que teñas a meta, ves que non ten moita saída, non ten moito futuro, como dicíame un home a min "onde esteas ben, déixate estar". Se estás ben en Alemania, o rapaces ben ben, entón eu ía botar catro, cinco anos e botei trinta. Porque os rapaces estudaron, e pagaban por estudar... Porque en Alemania é outra cosa, o rapaz, fanche un estudio, se levas toda a carreira ben, o cincuenta por cen do diñeiro que che deron xa queda pa ti é fondo perdido. Se dan, por exemplo, unha carreira trinta mil euros, quince mil, se ti fuches notas normales, devolves a mitá nada máis, quince mil euros. Ahoa, se quedas entre os vinte primeiros, xa devolves un dez por cen ou un quince por cen. E se quedas entre os seis primeiros, non devolves nada. Entón se fomentas á xente, para que vaya a grande.

A: Para que traballe.

B: E despois dinche "Usted ahora ten que pagar quince mil euros, ou doce". Pero se o pagha agora, dunha vez, (()) a dez mil euros. Entón hai xente que pide un crédito e xa liquida ese préstamo co (()) que chaman en alemán. Entón danche... senon vai estar paghando cando poida, cando vaia ganando. E vexo que é unha saída moi boa, porque anima a cousa.

A: Si, tes razón. A día de hoxe a verdade non te anima.

Interview: Informant 9

Date and place of recording: 27/10/21, sports hall

Format: Face-to-face

Total length: 32:25

Total words: 4492

Speaker A (Interviewer): Researcher

Speaker B (Informant): Male, 65 years old, primary education, rural, construction worker (retired), Galician/Spanish speaker

Language of the interview: Traditional Galician (A), Mix Traditional Galician/Spanish (B)

B: ... siempre fuera, sabes?

A: onde estiveches? En Francia, dixéronme, non?

B: En Francia si. Yo he estado vinteocho anos alá. Casi...

A: Son anos, non?

B: Si

A: É bastante tempo.

B: Yo estudié alá e...

A: Ah, tamén estudar?

B: Si, yo estudié alá, he ido a la escuela alá porque yo marché, tenía *sinco* años.

A: Ah, cinco anos. Vale, vale.

B: Yo te estoy enrollando...(())

A: Prefieres que fale en castellano ou...?

B: No, no, no, a mi me es igual.

A: Da igual, no?

B: A mi lo que me molesta es que yo cuando hablo con gente dísenme “ti no eres de aquí”, a mi ese punto me molesta algo porque yo soy de aquí. É bo. Yo el *asento* no lleigo... no é manera de presumir ni má ni menos, é que yo soy así. El *asento* no lo puedo cambiar.

A: Entonces fuches con...naciches aquí en (***)?

B: Si, yo nasí en (***)

A: E teus pais eran de aquí os dous?

B: Si, eran de... Mí madre era de (***), non sei se *conoses*, (***)

A: Non.

B: Y mi padre eran de... (())

A: E pasaches alí canto anos, trinta anos?

B: Veintiocho años. Marché, tenía *sinco* años.

A: ¿Cinco años?

B: Que me llevaron mis padres.

A: E volviches con trinta e algo de anos, non?

B: Sí, volví aquí, sí.

A: E que foi, por traballo ou por...?

B: No, por... ha sido más polos *rapases*, porque tengo los dos, una *rapasa* e un *rapás*, *nasieron* alá. Y después me he dicho tengo que escoger entre España y Francia, no voy a estar viviendo en los dos lados, y por los estudios dos *rapás* que querían estudiar me he dicho “cojo las maletas y me vuelvo otra vez a España”. Lo problema que pasa a todos los emigrantes, si no nunca más vuelvo. Y vine y traje los rapases, que querían seis y sete anos pa poder ir a la escuela aquí.

A: Así creo que se vai escoitar un pouco mellor. Entonces pensabas que a vida era mellor aquí, non? De... para os rapaces.

B: Si, no... lo que no quería era estropearle la escuela, si querieran estudiar, o escoger en Francia o aquí, porque me molestaba que yo no pude estudiar, que ellos no lo...pudieran. A lo me he dicho escojo Fransiá o aquí y después pues me escogí aquí y he dicho “me voy a España”, me desidí y después tes que aguantar, no puedes volver a marchar.

A: Decisión tomada e hai que... Pero a decisión cres que foi boa? Volver? Ou non? Ou pensaches algunha vez “hai que volver a Francia”?

B: hubo un tempo que si, porque la verdá a mi entre cambiar dun estado, de un nivel de vida, rebajar bastante, después me he dicho “ahora que los rapases están indo a la escuela tengo que aguantar”, e tan ben que mal aguanté, bueno eu non tuve problemas de traballo, aquí nunca... Sempre encontré traballo... Las condicións, ti sabes ben que si has estao fuera, no son iguales que un país como Fransiá ou Alemania a aquí.

A: Non, claro, cambia a cousa, non?

B: Alá tes que luchar bastante menos, porque ti sabes ben que hai más ayudas... Non sei si es eso que queres que hable, eh?

A: Si, si, totalmente.

B: Hay más ayudas, aquí en España ya por tener rapases no te dan nada, como alá te dan una ayuda para el alquiler da casa, si pidías un crédito al tener rapases te daban más... Le ayudaban más a los rapases, que aquí hubo que luchar más, bom, yo no estoy muy contento, a mi me é outro nivel de vida y aquí é un nivel de vida más relajada, alá é más un nivel de vida traballo, casa, que ya no puede salir porque los precios son... Ti lo sabes ben, que en Alemaña vas a tomar algo... Yo non soy moito de bar, me vas a tomar algo, non te puedes juntar catro o cinco, si no cada un tendría que pagar o seu, si no si lo haces varias veces no te llega a nada. Hay su contra y su...

A: Si, ten a súa parte boa e mala, non? Entón cando ti viñeches para Galicia, teus pais estaban alí ou xa estaban aquí?

B: Non

A: Porque tiñas trinta e algo de anos os teus pais...

B: Mis padres... perdón, te corté la... No, no, te corté yo a ti. Yo cuando vine, mis padres tamén tenían ghanas de venir y han dicho “bon, é a ocasión, si ti marchas nosotros marchamos tamén”, porque mi padre ya estaba jubilao y él ha dicho “yo me marchó a España, tengo la casa y con la pagha que me dan de Fransiá...”, que la jubilación fransesa equivale a moito más que la jubilación española, que siempre volvemos al punto...

A: Si, económico, ¿no?

B: Económico. Y nos venimos. Y al venirnos nosotros mis padres vinieron un mes o dos después de nós, con mi hermano.

A: Érades dous irmáns?

B: Si, dous hermanos y dúas hermánas.

A: Catro? Catro son...

B: Si, si, catro. Y mis hermanas quedaron alá.

A: Ah, quedaron alá?

B: Si, están viviendo en Fransia, una que ya se ha hecho francesa y la otra vive en Fransia y ven aquí de ves en cuando, tiene aquí una casa en (***) y ven aquí, y así.

A: E a qué te dedicaches na túa vida?

B: Aquí?

A: Si.

B: Aquí me dediqué a estructuras metálicas, soldadura, toda esas cosas. E tamén flotadores pa las bateas empesé... Bon, más o menos como lo que hasía en Fransia.

A: Lo que había, non?

B: Si, lo que había. Todo o ramo del metal.

A: Ramo del metal, vale. Y ahora mesmo cantos tes, se podo preguntar?

B: Ahora tengo sesenta e sinco.

A: Sesenta e cinco.

B: Vengo de haserlos.

A: Cántame un pouco cómo foi ese momento de volver outra vez para... Porque acabas de decir que son moitos anos que levas... trinta anos aquí, non? E dixéchesme algo bastante interesante, non? Que me decías que te sigues sintindo un pouco... Ao mellor entendino mal, pero que sigues sentíndote un pouco de fóra, non?

B: Si. No, bon. Yo no me siento de fuera, la gente muitas veces cuando me dicen “advertimos del asento” e todo a mi me duele un poco porque, la verdad, si habemos sido emigrantes tuvimos que luchar por la vida económica, que antes no había trabajo en España e todo eso.

A: E sigue sendo así, que pensan que polo acento, por falar de...

B: Si, (()), si no me incorporé ben, vengo al sentro, todo ben, no hai...Y traballo nunca me faltó...

A: Bueno, iso é o principal. E salud creo que tal...

B: No, no, salud, bon, tamén ben, pa ser un ancián.

A: Buenos, todos acaban tendo alguna cousa. E cóntame, dixeches que tenías dous fillos, non?

B: Como?

A: Tiñas dous fillos? Ou entendín mal?

B: Si, un hijo y una hija, si.

A: Eles naceron aquí, non?

B: Non, non, *nasieron* en Fransia.

A: Naceron en Francia, vale, vale. Y a túa muller é de aquí ou é francesa?

B: Es de aquí.

A: De (***) tamén?

B: Si, y también vivió conmigo (()). Yo no quise decir... No quise la inmigración, como hace moita xente, pa ghanar cartos. Yo viví la inmigración viviendo como calquera francés. Tenía mi coche, tenía un piso bastante bo... Vivía en el medio de..., vivía una vida más o menos como aquí.

A: E como conociches á túa muller, foi alí en Francia ou...?

B: Non, ha sido aquí en (***), en el combate naval...

A: Ah, de vacacións, foi de vacacións?

B: Si. Yo tenía en la idea, me he dicho, bon, como todos los rapases, “me voy a casar”, y me he dicho “bueno, cuando encuentre a alguien que me ghuste, me caso”. Y la encontré, después vine de vacacións a verla y nos casamos.

A: Dábatche igual que fose francesa, que fose...

B: Ah, si, me daba igual.

A: Porque pensabas que... Escoitas ás veces que de emigrantes, non?, que querían solo unha galega... quedarse...

B: Non, non, a min me era ighual, non miraba a la nacionalidad ni nada, miraba a la muller por si mismo, que me ghustara, que se adaptara a un nivel de vida que...

A: E estaba contenta con irse a Francia?

B: Si, ha estao contenta, si, porque ha sido la manera de tamén dir a la escuela en Fransia, que ella como no sabía hablar el... he ido al ayuntamiento, había cursos de francés, todo. Ella vivía una vida tamén... vivíamos relajados. No era disir que era todo o diñeiro, nosotros lo vivíamos más... Por eso que tampoco no hemos hecho la América aquí en España como se suele, nosotros vivimos tan ben alá que aquí.

A: Si, que non, os cartos non é todo, non?

B: Non es todo, non.

A: E cos vossos fillos en que falastes sempre, en español, en castellano, en galego, ou...?

B: Alá hablábamos casi que todo francés.

A: Cos nenos tamén?

B: Si, le enseñábamos un poco el español, *me* (do adversativo *mais* francés) casi todo francés. Y ahora aquí o malo que tenemos, yo lo conoso, que estamos hablando todo español.

A: Cos nenos, no? Bueno ahora xa non son nenos, son grandes.

B: Si, cos hijos, que ya ten tu edad, ten trinta e algo años... *Me* ten niños pequeños y no le hablamos o francés y yo noto que é unha parvada. Que no...

A: Cos netos, no?

B: Si, cos netos. Que non lle enseñamos... la cosa esa.

A: E vós, entre a túa muller e ti, falades... mezclades todo ou español?

B: No, no. La verdad, otra parvada tamén, que hablamos que español.

A: Castellano, vale.

B: Si, y eso podíamos hablar un poco menos.

A: E bueno, cos fillos tamén e cos netos tamén en español.

B: Si, si, hablamos todo español.

A: Todo español, vale. E que opinas, por exemplo, bueno, acabas de dicir, non? Que che parece unha parvada. Cres que sería... Se puideses volver atrás falarías máis con eles, non sei, ou coa túa muller en galego? Cres que sería mellor?

B: Si, si, sería mellor. É, bon, ha sido unha parvada mía, un error que cometimos y ahora a los sesenta e cinco anos no puedes remediar.

A: Ahora non podes volver atrás, non? E por que cres que... cal é o motivo de que cres que é un error?

B: Como?

A: Por qué cres que é un error?

B: Porque saber hablar o francés siempre é unha ayuda, porque si o pai... Si yo hablara francés más con mis hijos, mis hijos hablarían cos fillos del y sería otra formación tamén pa la escuela, porque ahora sabemos que vivimos en un mundo que si no tes algo de estudios no... No hases nada.

A: E cres que importante que os nenos aprendan galego?

B: Si, tamén lo veo importante, todo lo que sea de estudiar, de aprender, yo lo veo importante. Mismo que yo no lo he hecho, por ser abandonao, porque mis padres también me mandaban a la escuela, *me* yo nunca quise seghir la escuela, a los dieciséis xa empecé a traballar...

A: E teus pais contigo en qué falaban? Falaban tamén en español contigo?

B: Si, mis padres nunca hablaron moi ben o francés.

A: Pero sempre en español, galego non?

B: Gallego no. É, como se dise, o gallego que se habla aquí, sabes? Que non é o gallego...

A: Pero con vós, digo cos catro irmáns sempre en español?

B: Si.

A: E por qué cres que facían iso en Francia? Porque vían que era máis fácil para vós ou...?

B: No lo sé, la verdad é que nunca...

A: Nunca preguntaches.

B: Nunca preguntei.

A: E que cres por exemplo..., por aquí podes..., eu dou un paseo por (***) e vexo por exemplo pais que entre eles falan en galego pero aos nenos fálalles en español. Cres que está ben feito?, cres que non deberían facer así?, cal é a túa opinión?

B: Yo penso que o meu opinión tenían que enseñarle las dúas cosas... O gallego tamén y el español, porque o ghallego, yo pensó que un día si quieres algo de situación, o algún traballo ou algo millor, tes que saber o gallego, porque moitas veces te piden o diploma de ghallego. Tí que estudiastes o tes que saber, que siempre...

A: Xa, pa ir ao concello, e pa ir a... Si.

B: Xa está, si. Ou pa pidir un traballo na Xunta, moita xente ten que tener o curso de gallegho. Y pa conseguir un traballo tes que mirar todas las posibilidades que te puede reunir esa... esas cosas.

A: E como cres... Desde o teu punto de vista, como cres que é a situación do galego hoxe en día? Boa ou non moi boa, regular...?

B: A situación del ghalleggho es boa, bon, está bastante ben, me tiña que haber, yo penso, más... consiensiarse más el Estao, que el Estado español la verdad que yo moitas veces, vas a disir que no es el tema...

A: Totalmente o tema, si.

B:...pero yo no me explico como, comparado a Fransia, que Fransia está viviendo con tantas ayudas, y se sale en la vida y aquí en España, que hai moitas menos ayudas y que el Gobierno se sabe [incomprensible polo ruído]. Eso encuentro algo... un pouco... no sé, no soy político, *me* no encuentro moito...

A: Cres que por exemplo non se fai suficiente para o galego? Desde a Xunta?

B: Si, yo penso que si.

A: Que non? Que non se fai?

B: Non, que no se hace, porque... Y después yo no soy tanto de libros ni de... Yo veo que no temos una cosa que es que ya no se ayuda al ghalleggho. Las herencias y todo eso. Porque Madrid ten moito menos, paghan menos que nós, y si estamos, si somos todos españoles, teníamos que tener todos la misma formación, tanto en Madrid que nós. Por que nosotros tenemos que pagar un veintiún por sien y en Madrid pagarán un non se cuanto, un dose ou... No es normal, yo no lo veo normal, no sé ti.

A: No, no, a ver, teríamos que ser todos iguales, non?

B: Todos los españoles somos españoles, non? Los derechos son para todos ighual.

A: E que che iba a comentar... Cres que ti cando vas aquí en (***) e demais, cres que se fala máis español, máis galego ou por igual?

B: No, yo pienso que o ghalleggho non se habla moito, que se habla más el español y que o ghalleggho no... Se habla pero más con nesesidá.

A: Por necesidad? E a que te refires con necesidad?

B: Por nesesidá por disir... Yo tengo gente que tuvo que entrar en la Xunta y tenía que tener el diploma de ghalleggho. Si no no puedes entrar. Son cosas que llaman, que te piden pa tu porvenir en la vida, no sé...

A: Vale, que é máis por conseguir ese traballo que máis por unha necesidá... social, digamos.

B: Si, aí está.

A: Na calle e todo fálase máis español, non?

B: Si.

A: E cres que por exemplo... Como ves o futuro dos nenos? Acábasme de dicir que falan máis español... Como ves o futuro da nosa lingua?

B: Yo no lo veo tan ben, yo penso que tenían que hablar más, yo lo veo mal porque tenían que haser una... Que el ghalleggho si no... La verdad, la gente ghalleggha yo creo que sempre estuvo ahí luchadora, somos gente moi... E tamén teníamos que buscar la lengua, tamén yo penso que es algo principal tamén en nuestra manera de ser y si queremos ser, como se dise, independientes, lo que sea, tenemos que hablar un poco, forsarnos más, mismo que yo ahora...

A: Bueno, as túas circunstancias eran distintas, non? Non é alguén que estudiou aquí e que viviu aquí toda a vida, non? E en donde cres que debería traballarse máis por falar máis galego, donde cres? En que sitios?

B: Yo penso en todos lados, en las empresas, en todo. Sea hablar más gallego, más... Que ahora no sé, hablamos menos... más un español, no sé. (()) Como era emigrante ven aquí y sabe hablar ben de Fransiá, sabe hablar español e ven aquí e habla francés. A mi eso me saca de quisio, porque si no supiera, yo le diría, hombre eso qué é, *me* si saben por qué non lo hablan?

A: Segues falando francés aquí? O non tes oportunidade?

B: Cuando encuentro una persona con que hable francés, hablo algunas veces francés, yo había hecho aquí un curso a las noches aún de francés, que non me sirvió, *me bon*, francés turístico. *Me* yo iba... Me era una manera de volver a hablarlo.

A: De reconectar, non? Un pouco con...

B: Si.

A: Cal consideras para ti, digamos, sempre temos aquí unha lingua, no? No corazón. Algo que temos ahí... Para ti cal e esa? O español?

B: Si, más o español.

A: Pola casa, non?

B: Si.

A: Y cando vas aquí o médico, por exemplo, non? Está aquí o centro médico y... en qué lingua che fala o médico, en español, en galego?

B: Hablan más en español. Yo penso que los gallegos aún no entramos en sacarnos adiante co gallego. Y amás ahora el gallego, ti miras a la televisión, te pon palabras que nunca tienes oído del gallego, que ti dise “nunca lo oí”.

A: Sínteste estrañado cando ves a televisión, non?

B: Si.

A: E que opinas, que cres, ese galego... ?

B: [Comezo incomprensible], mismo esa televisión que te enseñan las palabras de que eran, lo que... yo lo veo muy ben, é solo que... Yo penso que o gallego, nosotros mismos somos moi abandonados.

A: Somos moi...? Perdón?

B: Moi abandonados. Non queremos... Un mínimo esfuerzo.

A: Mínimo esfuerzo en...

B: En la lingua, en todo...

A: Refíreste a..., non sei se te estou entendendo ben, mínimo esfuerzo en falar galego ou en falar galego ben?

B: En falar gallego. Después o ben vendría después, al hablar ya verías lo bo y lo malo. Si todo el mundo hablara ben, te podía disir esto lo estás pronunsiando mal, e ti terías que comprender, y la próxima a mellorar, *me* si todo el mundo lo hablamos chapurreao, nada puedes aprender.

A: Bueno, iso é unha boa idea, non? De ver... Pero para iso cal sería a solución, nas escolas, ou...? Cal cres que sería la solución?

B: Las escuelas y tener profesores que sepan ben, no un profesor que digha “estou aí por ir a ghanar un sueldo”. Que eso pasa tamén moito. Y de haber profesores de ghallegho que enseñen ben, que estén ben formaos, que sepan...

A: Que animen, non?

B: Que animen ó rapás, que sepan disirle... Un profesor tamén é una persona que ten que tener moita, non que de estudar, saber coger un rapás, levarlo polo camiño sin castigo e sin nada, *me* haserle comprender que é o camiño...

A: E por que cres que agora os rapaces falan menos galego? Por que cres que pasa iso?

B: Yo penso que é algo de no ya... de moitos anos atras y sighió así y hasta agora no se nesositaba tanto, agora se está nesositando... Yo creo que no sé si quererá marchar [Referíndose a unha terceira persoa na sala]

A: (***), queres que nos vaíamos, logo? Queres que nos vaíamos xa, ou...? (()). Si, cinco ou dez minutos máis.

C (Terceira persoa): Que tal, (***), estás cómodo? É boa xente, é boa xente.

B: Que?

A: Que é boa xente.

B: Si, no, yo estoy pa responder.

A: Estame contando moitas cousas interesates.

A: É moi boíño.

A: Hai que escoitar máis á xente...

A: Á xente maior, non?

A: Á xente maior, é xente que sabe cousas. Y... Íbache preguntar, bueno, díxechesme que no centro médico falan máis español, non?

B: Si, si.

A: E nótase que cambiou, que antes falábase máis galego, menos...?

B: No, yo penso que agora sempre se ha hablado un poco el gallego, está volviendo, *me* no vuelve con fuersa, vuelve a un gallegho algo abandonao, no é o gallegho que disir... que vuelve con fuersa.

A: Cando falas de galego abandonao, refíreste a mezclar...?

B: A mesclar, si.

A: A mezclar. E...

B: Y yo penso... Perdón, te corté.

A: Si, no perdona, iba a de...

B: No, no, te corté yo.

A: Si, dime, dime, que che parece ese... Por que é así, por que cres que é así?

B: No sé, un penso que estamos sempre volvendo ao que te había dicho antes, el gallego somos algo abandonaos, cando tenemos algo ya no buscamos tener, coneghir más, y en la lengua es la misma cosa. Tanto que nos llegha pa vivir o algo, non nos preocupamos por la lengua, que pa nosotros penso que... Estamos pensando que é unha... que non nos sirve de nada.

A: Que non valoramos o noso, non?

B: Que non valoramos o noso...

A: Si, eso xa mo dixo outras personas, non? Que somos..., que claro, igual que non valoramos iso, pois non coidamos o que temos de paisaxes, que non coidamos o que temos doutras cousas. Non sei se é a túa idea, o que queres dicir, non? E íbache preguntar tamén: notas diferencia, por exemplo, comparando algo que acabamos de falar, o centro médico aquí e por exemplo vas a (*nombre ciudad más cercana*), mesmo, ao hospital... É distinto? Fala a xente distinto, fala máis español, menos?

B: No, yo penso que es ighual, todos os centros médicos van polo mismo camiño...

A: No hospital igual, non?

B: No hospital ighual.

A: Cres que se fala menos galego, máis galego...?

B: Non, alghún hablan gallegho, *me* otros ya totalmente... que no. *Me* también hai que mirar que la gente que traballa no son todas las veces de Ghalisia, donde hai médicos puede haber médicos de Madrid, o enfermeros, o... Y no, aún no se habla moito el ghallego.

A: E qué opinas, porque sabes que, agora que estás mencionando, non?, de médicos que veñen de fóra, sabes que aquí en Galicia se queres ter un posto no SERGAS, non tes por que... Facer un examen de Galego non é obligatorio, senón que da puntos, pero non é algo que...

B: Si, si, da puntos, si.

A: Non é algo que te quite, non? Podes seguir sendo médico sen ter iso. Que che parece iso? Debería ser obligatorio ou cres que...?

B: Non, ser obligatorio non, porque pensándolo ben, un médico se se basa na lengua también está ben, se basa mejor en lo que el desempeña co pasiente, como o trata, como todo, y toda persona en la vida ten que tener... Si lucha por algo, de ayudarle a... Que no sea tampoco, como se disir..., que por no tener o coso de ghallegho que...

A: Si, que se deberían... A prioridade é que sexa un bo médico, non? Que da igual...

B: Aí está.

A: Vale, vale. En xeral, cres que hai algo que debería millorar na comunicación, por exemplo, cando vas ao médico, hai algo que cres que debería millorarse?

B: No, yo francamente he ido... Yo he ido poco al médico, *me* últimamente tuve que ir por motivos de corasón y tuve... No tuve queja, la verdad tuve bos médicos y enfermeras, (()) personal, que como nunca he estao de ir al médico siempre me hasían... he dicho “cuando voy a ir ahora, que voy a encontrar?”. No, la verdad no tengo queja, son gente bastante educada, que falta un poco de..., en el servicio un poco de saber llevar las cosas, organizar, *me* eso no es culpa de ellos, eso es culpa de la direción, todo eso. Y yo penso que están muy atrasados, toda esa gente.

A: Atrasados de organización, non?

B: De organización. Yo no digo los médicos, eh? Porque yo veo casos que ti disen que estamos... que no hay... ves que non hay moita xente y después hablas con un médico y dise “no, *me* si nosotros estamos esperando, que queremos consultar a la gente antes para no tener nuestra lista saturada”, a lo que dises “son dos cosas que no van juntas”. Será la administración que está enredando todas las cosas, y eso está mal también. Yo pienso que cargar a la gente muitos pasientes é malo, *me* también dejar ir la cosa y no coger las veces y después dárselas todas de golpe a un hombre, también penso que é un “handicapo” para o pobre hombre, que era mejor si a un medico tal, darle catro, sinco pasientes, lo que sea, y al día siguiente tenerlo, no darle veinte de un gholpe, no sé... Como la medisina moitas cousas así...

A: Entendo o que queres dicir, non? E por exemplo cando hai... Non sé se é o caso deste centro médico, hai médicos que son de fóra ou... enfermeras ou...? Non hai xente de fóra, non?

B: No creo, porque yo la verdá empesé con un médico y tuve la suerte que después ahora é una médica, son de aquí. Y la enfermera y... Bon, no sé si será de fuera yo... A mi lo que más miro, que me traten ben. Yo sé respetarlos a ellos como lo que son y nada más.

A: Bueno, pues eu creo que podemos... Dasme algunha recomendación como emigrante?

B: Cómo has dicho?

A: Algunha recomendación como emigrante vivindo fóra?

B: Non, recomendación non... De non se desanimar, que puede cambiar un pouco la vida *me* que hay que luchar por eso. Que o dinero no es todo na vida.

A: No es todo, no? Hai cousas máis importantes.

B: Y el emighrante ten que mirar que, si ten rapases, de ayudar a los rapases, no disir, a mi nunca me ghustou el emighrante que está trabajando en Fransia y están los rapases y la muller aquí en España, a mi pa eso... Yo pa eso ya abandonaba, no... Yo quiero tener os rapases al lado mío...

A: O principal a familia

B: ...que son pequeños, y la muller al lado mío. Que ghane más, que ghane menos no...

A: Que a vida e moito máis, non?, que iso.

B: Que la vida también se vive una vez.

A: Ai, si. Non volve, eh? (RISAS)

B: E disfrutar de toda esas cosas y no... El dinero no es todo.

A: Bueno, alegroume moito falar contigo, (**). Un placer.

Interview: Informant 10

Date and place of recording: 27/10/21, social center

Format: Face-to-face

Total length: 36:36

Total words: 3283

Speaker A (Interviewer): Researcher

Speaker B (Informant): Female, 38 years old, higher education, urban, factory worker, Spanish speaker

Speaker C (Informant's son)

Language of the interview: Spanish (A), Spanish (B)

A: Mira, te explico, estoy haciendo el Doctorado en Alemania y estoy analizando cómo se habla en esta comarca. Entonces, para ello, estoy utilizando, estoy realizando una encuesta con mucha gente y entrevistando a un grupo de personas de distinto tipo: gente mayor, gente joven...Y hablando con (***), le decía que sería muy interesante hablar con alguien que viniese de otra parte, otra parte de España o incluso del extranjero. Él me dijo: “mira, justo tengo un amigo que ha venido de (***). Entonces me resulta interesante, no por cómo hables, sino de tu impresión de cómo habla la gente o si fue fácil para ti aprender el idioma o no... Ese tipo de preguntas. Importante. Todo es anónimo. Vas a ser el informante 10 y no voy a utilizar tu nombre ni nada, simplemente pues voy a explicar que eres un hombre de tal años y demás. Y para ello, necesito grabarlo. Vale, importante, para grabar necesito tu autorización para utilizar la grabación, simplemente te doy una copia y yo me quedo con otra copia. Básicamente, lo que dice es que te he informado de todo el estudio, que es anónimo y que solo lo utilizaré para mi tesis doctoral. Simplemente si me dices tu nombre.

B: (***)

A: Con dos “e” al final.

B: No, (***) –deletrea- y ya está.

A: Vale, ¿y el apellido?

B: (***) –deletrea-.

A: (***), vale [Firman]. Bueno, esta es tu copia, simplemente para que estés informado del estudio. Vale, ¿cuántos años tienes?

B: 38.

A: ¿Y has estudiado en (***)?

B: Sí, Educación Física.

A: Educación Física. Esto sería el equivalente a una carrera aquí, como una Licenciatura, ¿no?

B: Sí.

A: Y ahora mismo, ¿en qué trabajas?

B: Trabajo en una fábrica más hago sustituciones en Correos.

A: Entonces, ¿cuánto tiempo llevas aquí?

B: ¿En Galicia, o en España en general?

A: En general, en España, en Galicia...

B: En general, en España ya va a hacer diecisiete años.

A: Diecisiete años. Ya son años, ¿no? ¿Qué viniste, por estudios o por...?

B: No, vine en principio para ganarse un poco de dinero en Andalucía. Y después... me cambié de... de sitio porque un tío mío estaba aquí de comercial en una fábrica de máquinas de aserraderos y entonces vine a junto de él. Y después conocí a mi mujer y ya me quedé (RISAS).

A: Y ya, el amor te llevó a quedarte.

B: Me atrapó [más risas].

A: Y que tal es...¿Estuviste viviendo aquí en (***) o siempre en (***)?

B: No, estuve en (***) hasta hace año pasado.

A: ¿Cómo es (***) para vivir?

B: Es un pueblo pequeñito, es... muy cómodo para vivir.

A: Y aquí en (***), ¿cuánto tiempo llevas entonces?

B: En (***) llevo... catorce años. Bueno, un año en (***)).

A: Entonces, encantado aquí. Tantos años ya son muchos años...

B: Son muchos años. Casi siempre estuvimos aquí... no cambiamos mucho de vivienda. Ahora estamos allí en (***). Como nos gusta...

A: ¿Y con tu mujer que llevas todo este tiempo desde...?

B: Conocimos en... A lo largo del primer año de estancia aquí en Galicia, que es cuando yo conocí, y en 3... meses o así, y ya pronto fue la boda. No tardamos mucho...

A: Bueno, cuéntame, primero estuviste en Andalucía y allí me imagino, pero ¿aprendiste español ya en (***) o fue aquí en España?

B: No. Fue en España.

A: Llegaste sin saber español.

B: Sí, sin conocimiento de... español, castellano. Y nada, poco a poco, iba aprendiendo.

A: ¿Con cursos o con...?

B: No, con libros y con...

A: Ah, tú solo. Bueno, eso tiene mérito, eh. Aprender así, sin ayuda.

B: Sí, bueno. Yo siempre digo: el secreto para un idioma hay que vivir en... otra región, porque cada región tiene sus dialectos, sus... cómo decir, bueno, viene siendo dialecto todo. Todo lo que se habla en otro territorio... hasta que se convierte en idioma.

A: Sí, que el truco es estar viviendo en el sitio y...

B: Sí, estar viviendo y hablando, perder miedo en hablar porque por mucho que estudies, si no sabes...

A: Sí, está claro, esto es como saber la teoría del coche, pero no conduces (RISAS).

B: Qué te voy a decir a ti, si estás en Alemania. Bueno, por mucho que... Hay gente que pillá, tal, y sabe utilizar... pero más pronto y más fácil, yo creo que es vivir dos o tres meses y bueno, estudiar unas cuantas palabras que se utilice al diario y ya... se puede...

A: Y entonces, aprendiste español y después, ¿cómo es tu vida con el gallego, con el español...? Entiendes perfectamente el gallego, me imagino.

B: Sí, también hablo y tal, pero... me es más cómodo hablar en castellano porque en casa, aunque sea mi mujer gallega, hablamos en castellano.

A: Con tu mujer, entre vosotros en castellano y ya veo que con el niño también en castellano, ¿o le enseñas ucraniano?

B: Lo intento, pero él... más bien cuando habla con mi madre, porque mi madre evidentemente no sabe hablar ni castellano ni gallego, pero con él habla lo que puede y yo entre traducir y tal... Pero él va pillando palabras y ya lo... está sacando por él mismo.

A: Pero cuando estáis solos, intentas, ¿no? Hablar con él...

B: Intento. Pero él, si no explicas ni intentas, o sea, si no te pones a machacar, no... no es capaz. No entiende. Si estuviera a diario hablando en casa, cambiaría la cosa. Si fuera mi mujer... también hablaba ucraniano o que fuera ucraniana, sería diferente.

A: Sí, sería algo distinto.

B: Y él habla en cole, como habla en gallego, viene, pero después automáticamente cambia el chip, en unos minutos...

A: Pero con su madre, por ejemplo, si están solos, ¿hablan en español o en gallego?

B: Empieza en gallego y acaba hablando en... castellano.

A: ¿Y te resultó al principio complicado o te adaptaste bien?

B: No, me resultó más complicado en Andalucía que aquí. Porque aquí, cuando llegué, nada más pasar Los Ancares (RISAS) ya lo vi verde, lo vi... lo vi naturaleza, lo vi vida. Y allá en Andalucía es todo muy *desiértico*. No es que no me gustaba, todo tiene su encanto, pero aquí es más cercano a mí. Lo vi..., bueno, la gente también está bien allá, pero las montañas y todo eso, me gusta más.

A: Y la gente te recibió bien aquí, ¿no? ¿Distinto a...?

B: Bueno, no te creas que muy distinto, lo que pasa que allá también hay buena gente (RISAS). Buena y mala gente hay por todas partes, pero al llegar aquí ya lo vi... más cercanía. La gente de Galicia son muy... muy cercanos, eso quería decir que...

A: Y veo que, bueno, por lo que ha mencionado (***), imagino que al principio, claro, llegaste aquí, intentaron hablar contigo siempre en español, ¿no? ¿O te hablaron directamente en gallego?

B: Bueno, depende. La gente que es más de... de los pueblos pequeñitos de alrededores, como no debían de hablar mucho castellano y les resultaba más fácil hablarme en gallego. Pero no había problema, que yo pronto me adapté. Como idioma son muy parecidas, y cuando se habla de una cosa o de otra, yo intentaba sacar las palabras que no entendía preguntaba.

A: Entonces, ya desde el principio, con naturalidad, ¿no?

B: Sí, no, no, no tenía mucho problema. Además..., los amigos y todo... ya pronto lo cogí. Me adapté muy rápido aquí en Galicia.

A: Me comentó (***), por ejemplo, que a veces mezclas, ¿no?

B: Sí, mezclo idiomas porque como no.... Estoy a diario... aparte..., para hablar en un idioma muy limpio, yo qué sé, hay que controlar muy bien. Y si en un territorio mezclas los dialectos, hay palabras... (RISAS) que se usan así... bueno, parásitos, que están siempre en la boca, entonces vas mezclando.

A: Pero habrá cosas que te salgan en gallego, ¿no?

B: Sí, sobre todo... ahí jugando fútbol y... en el trabajo también.

A: En el trabajo también, en el trabajo se suele hablar gallego en el trabajo?

B: Sí, casi todo suele... suele ser en gallego.

A: ¿Y qué cosas se te ocurren así que te salen...? Que tienes que decirlo en gallego y no puedes decirlo de otra forma. ¿Expresiones?

B: Sí, expresiones. Casi siempre... expresiones que... que te salen sin pensar, yo qué sé, jugando fútbol o... También me hizo mucha gracia el idioma gallego. Hasta ponía las películas americanas cuando pone traducciones en gallego, me resulta...

A: Sí, como Terminator y todo esto, ¿no? (risas). ¿Me puedes poner algún ejemplo de alguna expresión que digas en gallego? ¿O no se te ocurre ahora?

B: Sí, bueno, lo que me resultó... (RISAS) muy gracioso cuando lo puse, precisamente en la película creo que era de Terminator, dijo: “Ven pa’ cá, merdeiro, que vouche partir o cu” (risas)

A: Y ese tipo de expresiones, ¿jugando al fútbol también te salen?

B: Sí, bueno, no tan... no tan brutas, pero, yo qué sé, jugando siempre, aparte hay gente muy graciosa. También a veces... lo mismo, gente de aquí también mezclan idiomas intentando hablar conmigo y a veces hay cosas muy... muy llamativas y muy graciosas.

A: Pero así algún ejemplo que me puedas poner no se te ocurre, ¿no?

B: Ehm, es que ahora no... no sé, eso tiene que salir con naturalidad. Yo qué sé, una patada, “vouche dar una patada”, o no sé qué.

A: Sí, sí, claro, eso tiene que salir en el momento expresivo, ¿no?

B: Adecuado, sí.

A: Y tú ves ahora que él (tu hijo) se va a la escuela y se aprende los dos idiomas. Por ejemplo, tu hijo entiende perfectamente los dos idiomas. No sé si la familia de tu mujer habla gallego normalmente.

B: Son muy raros porque... las hijas hablan castellano y los padres hablan en gallego. Pero, sin embargo, la tele y todo lo ven en castellano, ¿no son muy... no son muy sabios? “Galleguistas”, como nacionalistas, para hablar así muy tal. Pero como son de por aquí y... se pega todo...

A: Y por ejemplo, ellos con tu hijo, ¿hablan más en español o en gallego?

B: [Pregunta a su hijo] ¿Con qué te habla abuela, en gallego o en español?

C: En español.

A: En español. ¿Y tu abuelo?

A: Y contigo, por ejemplo, sus padres que hablan gallego normalmente, ¿también cambian o ya están acostumbrados?

B: Ya están acostumbrados, no... no cambian. Ellos, según le viene, así me hablan.

A: Y al principio, intentaban ¿no?

B: Intentaban, intentaban cambiar, y lo mismo hacían, y... lo mezclaban, pero ahora ya, como soy... como ya soy, como si fuera de aquí, entonces ya...

A: Claro, eres uno más, ya no hay problema.

B: Sí, lo mismo pasa en trabajo y...

A: Ya estás superadaptado, ¿no?

B: Sí, ahora ya no... no hay ningún problema.

A: ¿Y qué opinas por ejemplo...? Seguramente conocerás algún caso de padres que entre ellos hablan gallego, o hablan gallego normalmente, pero a sus hijos les hablan en español porque creen, no sé, que es una mejor idea. No lo sé. ¿Cómo ves esa situación o qué opinión tienes sobre ello?

B: Nah, yo creo que si más idiomas se hablan es mejor pa' todos, tanto con padres... Para cuando una persona más idiomas hable, enriquece más.... Es mi opinión, que enriquece a todos, es mejor pa' todos. Que, si más idiomas se hablen, ya sea gallego o aunque fueran dialectos, como si fuera valenciano o... Si más hablen hijos, los padres o lo que sea, cualquier persona, a más idiomas, más... enriquecimiento pa' todos.

A: Y cuál es, por ejemplo, ¿qué impresión tienes del gallego aquí en esta comarca? Crees que... porque ya llevas muchísimos años. ¿Creas que se habla más ahora?, ¿menos?, ¿lo mismo?, ¿o cómo ves, qué impresión tienes al escuchar a la gente?

B: Yo creo que... Hablan bastante. Pasa que a veces vamos allí a la zona de (***) y me da impresión que ahí hablan más. Más gente, o simplemente no... no intentan cambiar (RISAS). Vamos ahí, que tiene mi mujer una amiga, y... allí hablan, parece que todos, no cambian. Y aquí está mezclado todo.

A: Aquí está mezclado, pero ¿en qué sentido?

B: Hay alguna gente que habla en castellano..., otra en gallego, otras... Pero bueno, igual es conmigo. No lo sé. Pero bueno, según estoy escuchando por ahí por el súper que (***) va conmigo, también algunos hablan castellano, otros en gallego...

A: Y crees que por ejemplo ahora que vives en una zona más... Entonces, crees ahora, cuando escuchas a la gente, ves que aquí hay más mezcla, dices. Y crees que por ejemplo se habla más en... Tú vives en una zona rural ¿crees que se habla más que aquí en el pueblo?

B: Yo creo que... por aquí por la zona de (***) yo creo que más o menos.

A: ¿Igual?

B: Yo creo que más en alrededores habla todo el mundo en gallego. Y aquí más... ¿Sabes? Yo creo que... eso tiene que ver algo con mi historia, como en todos los sitios pasa. Eso... lo utilizan. Hasta en mi país hay problemas, los políticos cuando no tienen de qué hablar, siempre se excusan en los idiomas. Enfrentan la gente.

A: Me estabas comentando algo muy interesante porque la situación ves parecida a tu país.

B: Sí, con el idioma. Porque en mi país es casi... cincuenta por ciento y cincuenta por ciento habla en ruso y en ucraniano. Entonces, políticos intentan utilizar eso como... como una... arma... política. Yo qué sé. Unos defienden que hablan en ruso porque ya hablan en ruso y no hay que promocionar ucraniano. Y los otros, que son muy nacionalistas, intentan castigar por no hablar. Entonces yo creo que es una etapa que tiene que ir poco a poco.

A: ¿Y crees que la situación aquí en Galicia es parecida a las luchas políticas?

B: Puede ser. Puede ser... Pasa que aquí es... como más reducido, más pequeño todo, que no dan mucha...

A: Entonces aquí, ¿qué papel puede tener la política?

B: Muy importante. Muy importante porque es como un comodín. Si no saben por qué discutir, discuten por idioma.

A: Por idiomas, claro. Al final más que unir para separar, ¿no?

B: Claro, más bien para separar.

A: Esos son los intereses, ¿no? Separar a la gente.

B: Sí. Porque yo creo que, ya te dije antes, que si más... idiomas se habla..., mejor pa' todos.

A: Tienes un niño pequeño y lo ves con otros niños pequeños y demás. ¿Crees que los niños hablan menos gallego ahora?

B: No, no creo que... Intentan. Intentan hablar, yo creo que sí, y eso está muy bien.

A: Igual, ¿no? Dices los niños

B: Sí, yo creo que cada uno... los niños son muy inocentes y hablan según escuchan. Pero no creo que haya algún...

A: ¿Y en el grupo de amigos, por ejemplo de (***)?

B: Hablan unos en gallego..., otros en castellano... Pero no hay tampoco... mucho problema y mucha discusión en tema. Pero está bien que promocionen. En el cole, por ejemplo, profesores intentan o hablan, o deben de hablar en gallego, que estamos en Ghalicia. Pero no olvidar otro idioma, porque es una pena. Una oportunidad pa' todos hablar... dos idiomas sin hacer mucho esfuerzo.

A: Cierto es, no? Y más oportunidades también, claro. ¿Y piensas que hay algún ámbito o algún sitio donde debería hablarse más gallego y no se hace? ¿O no?

B: No, yo creo que se hace bastante. Intentan hablar. Gente de aquí... habla bastante. Yo creo que...pero idioma, es mi opinión, el idioma son como unas modas. Históricamente, por ejemplo, aquí si los ricos hablan castellano, gente intenta hablar castellano. En Cataluña ese problema no existe porque todos ricos, burgueses y todos estos hablan catalán. Por eso hay tanta moda en catalán y es mucho más fácil promocionar que aquí en Ghalicia. E aquí, más bien hablan Galicia rural que Galicia en las ciudades.

A: Sí, acabas de describirlo perfectamente. Es un tema también de clases, ¿no?

B: Sí, todos mundos quieren ser... no sé, yo qué sé, quieren ser... no es ricos, de nivel por encima de media. Todo mundo quieren ser, yo qué sé, tener tractores, coches, yo qué sé, aquí en el rural.

A: Entonces la lengua es como una forma de...

B: Sí, de intentar parecerse.

A: ¿Eso pasa también en (***) o no? ¿Es así?

B: Sí, también, claro. Lo que pasa que allí era hecho artificialmente. ¿Por qué? Porque la gente rural llevaron... gente de ciudades ucraniana llevaron o a rural a Siberia pa' poblar... montañas y todo. Y en lugar de esta gente, trajeron... forzaron a los ucranianos. Que hablan en ucraniano. Entonces en las ciudades se habla en ruso y en los pueblos o ciudades más pequeñitas, ucraniano. Entonces, claro, la gente de ciudad como tiene más oportunidades, desde mi punto de vista, en cualquier lugar, entonces...hay gente de ciudad que aunque no fueran rusos intentan hablar ruso. O compañías que tienen amigos y...

A: Y es curioso cómo puedes ver esa comparación, ¿no? Tan clara.

B: Sí, es lo que..., o sea, cosas que vas analizando.

A: Sí, sí. Me lo estás explicando y estoy pensando lo que dices, no? Galicia es como la misma situación pero en pequeño. Y te iba a preguntar en concreto en el médico cuando vas al médico. Yo estoy analizando cómo se habla, pero en concreto me centro ahora en el ámbito médico. Qué pasa con los médicos, sobre todo con otras personas mayores... ¿Tú has tenido alguna vez algún problema de comunicación con los médicos?

B: No, ninguno, de ninguna manera. Porque si hay una palabra muy puntual... en gallego yo pienso que hay médicos también... todo viene del latín y utilizan que son casi lengua muerta pero internacional. En medicina porque todo viene en latín, entonces... si de alguna manera no pueden o no saben explicarse, utilizan el latín o simplemente te van señalando.

A: Entonces, en cuanto a los médicos, dices que los términos son similares y es más fácil.

B: Claro... aparte hasta fácil con... con idioma de mi país.

A: Y al principio, no sé si tuviste que ir al principio al médico, ¿o utilizabas el inglés o por señas?

B: No fue un médico pero cuando llegué, intentaba zafarme en inglés aquí en España. Muy poca gente habla inglés aquí en España. Pero bueno, algunas palabras... no es que hable yo tampoco tan... tan abiertamente, pero algunas palabras...

A: ¿Y por ejemplo los médicos aquí sin problema? Te hablan en español o incluso en gallego, ¿no?

B: Sí, no... no se paran en ese tema. Intentan sacar problema para mi idioma.

A: Lo importante es sacar la consulta, ¿no? Vamos que lo principal es lo que es, y da igual lo que tenga que hablar, el idioma que sea, no? Y en el hospital o es igual o ves que aquí... en temas de idiomas.

B: Yo pienso que es lo mismo. No se paran en ese tema. Pienso que los... médicos de aquí son bastante inteligentes y tal para saltar de un idioma pa' otro porque aquí casi todo mundo habla en dos idiomas. No supone ningún problema pa' ellos ni pa mí, pasar de un lado pa' otro.

A: Lo importante es ser práctico y sacar todo adelante, ¿no? Vale. No sé si me he dejado algo, creo que lo podemos dejar aquí. Más o menos hemos tratado todos los temas que tenía que tratar. Muchas gracias por tu tiempo.

Date and place of recording: 27/10/21, coffee shop

Format: Face-to-face

Total length: 53:13

Total words: 9689

Speaker A (Interviewer): Researcher

Speaker B (Informant): Female, 23 years old, higher education, urban, master student (teacher), Spanish speaker

Language of the interview: Spanish (A), Spanish (B)

A: Y bueno y ahora estoy acabando de recoger los datos, tengo ya bastantes encuestas y a parte estoy seleccionando ciertas personas de todas las edades para que me hablen cómo se habla en la comarca, qué impresiones tiene del uso gallego y es interesante ver la postura de alguien más joven. Has nacido aquí, ¿no? En (***).

B: Sí, sí, yo llevo toda mi vida aquí (RISAS). Muy contenta ¿eh?

A: Y tienes veinte e tres, veinte e catro años, ¿no?

B: Sí, veinte e tres años.

A: Y estabas haciendo el Máster de profesorado.

B: Sí.

A: ¿Y antes qué estudiaste?

B: Filosofía.

A: Filosofía.

B: En la Universidad de Santiago.

A: Podemos hablar un poco de ello, ¿no? También es interesante ver la presencia en la universidad del gallego y demás, pero podemos empezar por (***). ¿Crees que (**) es distinto o esta comarca es distinta o qué impresión tienes tú de cómo se habla aquí?

B: A ver, yo dentro de la zona de (**) así, toda esta zona que nos pilla alrededor no creo que haya mu mucha distinción. Sí que es verdad, por ejemplo, yo en el uso del gallego, ¿no? Eh, a ver, yo soy castellanohablante, pero mm sí que es verdad, o sea, que en (***), (***), por ejemplo, lo que es la parroquia, yo veo mucha gente que habla más castellano, de mi edad. Pero, si ya nos vamos a aldeas, en plan así, (***), (***), (**) pues sí que yo veo gente de mi generación que habla, que habla gallego, o sea, como que sí que hay una distinción. Pero después, del uso del gallego pues no sé, no te sabría decir.

A: Eso digamos de zona urbana- zona rural sí que lo ves, ¿no?

B: Sí, sí que lo veo

A: Y por ejemplo en la escuela, porque hace nada que estabas en el instituto, en la escuela, ¿ves que se habla más gallego, que se habla más castellano?

B: En el instituto, eh, más gallego, o sea, a lo mejor era por los profes que teníamos que también era un, no sé, profesores como que reivindicaban mucho el uso. Eh, después sí que había alguno castellano-*falante*, *castelano*, castellano hablante, pero era más porque a lo mejor no era de aquí, teníamos una profesora que era de Zaragoza. Eh..., y después en el colegio, en el colegio en el (***), que yo iba al (***), eh, sí que tal, yo creo que todas las profesoras que tuve, las tutoras que tienes

hablaban castellano. Eh, pero en el instituto no, en el instituto era como que (***) *fala galego*, como es que no, es que toda mi familia me hablaba en castellano entonces, pues al final es muy, más difícil hacer ese cambio para ciertas asignaturas y... así. Entonces no sé.

A: Entonces es interesante ese cambio de escuela a instituto, ¿no? Y tú crees que es de las personas que trabajan ahí, ¿no?

B: Sí, yo, yo creo que, es que no sé, no sé si es por la educación que esas personas tuvieron o no sé, pero es que yo recuerdo todas mis tutoras, además la última que tuve de quinto y sexto de primaria que era muy de la vieja escuela, de hecho, se jubiló cuando, cuando yo me fui o sea que, se jubiló hace un montón de años, eh, que era muy de la vieja escuela, muy, que era muy buena profesora, pero era así como un poco monja, por así decirlo, eh, no sé si era porque eran muy mayores o no sé. Pero después en el instituto sí que era como todos hablando gallego, vamos al (***) , vamos a hacer esta manifestación del uso en gallego en las aulas, no se sí, no lo sé el director es toda la, yo creo que casi toda la direc..., bueno lo que es la dirección del colegio hablaba gallego, entonces no sé.

A: ¿Y eso crees que en tu entorno caló ese mensaje? ¿Hay gente que sí que cambió al gallego o no lo has visto?

B: Pues, a ver, de..., de mis amigas cercanas, eh..., no, pero sí que vi a lo mejor gente, por ejemplo, tenía una amiga que..., bueno, que sí que hablaba gallego al principio en primaria, pero después como que fue cambiando al castellano y yo creo que después ya, al volver al instituto, volvió a cambiar al gallego. Entonces puede ser que sí.

A: Y en ese caso es bastante interesante, ¿no? Ver cómo ha hecho el cambio dos veces.

B: Sí, de hecho, tengo una tengo prima pequeña que está..., que tiene siete años..., y va al colegio ahora, al (***) y sus padres hablan gallego y claro, en el (***) eh..., pues es que debe de seguir hablando castellano todo el mundo, entonces los mezcla muchísimo y ahora tira más para el castellano, entonces, no sé en un futuro si tirará otra vez para el gallego, pero, sí.

A: ¿Y crees que ahora que mencionas tu sobrina de siete años...

B: Mi prima, mi prima

A: ¿Perdón?

B: Mi prima, es mi prima

A: Perdona. ¿Tienes la impresión de que los niños ahora hablan menos o más gallego?

B: ¡Ay!, es que, claro, yo no ando con muchos niños pequeños, pero yo creo que sí que hubo, hay una ola ahora de *neofalantes* de gente que hablaba castellano y que ahora está como hablando gallego otra vez, entonces, no sé. Yo creo que ahora los niños que están naciendo ahora a lo mejor sí que van a hablar más gallego porque hay una parte muy reivindicativa del uso del gallego, pero aún no lo sé. Espero, espero que sí. Aunque yo hable castellano es como, porque soy muy cómoda, o sea, soy muy cómoda, ¿no?, como que mis padres me hablan en castellano, mis abuelos también cambiaban cuando hablaban contigo, hablaban gallego en casa, pero después contigo hablaban en castellano por estos motivos así de la dictadura, entonces pues como que me cuesta cambiar al gallego. Pero, yo espero que sí, en plan que las nuevas generaciones lo hablen más que lo hablé yo.

A: ¿Entonces tus abuelos cambiaban con vosotros, pero también con sus hijos?

B: Sí, claro. Mi madre es, eh... castellano-hablante y mi padre también porque le hablaban..., obviamente pues por la época en la que se criaron, pues le hablaban ellos castellano para que después ellos hablasen castellano en el colegio y no tuviesen ningún problema, supongo, no sé, pero sí, y ahora dicen, mis padres dicen que ahora ellos hablan más gallego ahora en su adultez que cuando eran niños, que están hablando más gallego ahora que antes.

A: ¿Y por qué es eso? ¿Pero en que... o sea, con quién?

B: O sea entre que usan más el galle..., antes como que solo hablaban castellano y ahora sí que con ciertas personas sí que usan el gallego, no sé, es lo que dicen, yo es lo que he oído, o sea, lo que les oigo decir.

A: Con sus amistades.

B: Con sus amistades sí, con sus amistades, y que antes no..., no lo hacían, o sea, antes me refiero en su adolescencia y su y sus años jóvenes, ¿adultos jóvenes?, así.

A: Es como que hay un cambio con la edad, ¿no? No sé...

B: También supongo que haber vivido pues toda esa transición, la liberación y todo eso que no es lo mismo y que también mis abuelos a lo mejor se sintieron también más libres pues para hablarles castellano a gallego a otras edades, no sé.

A: ¿Y alguna vez habéis hablado esto en casa de tus abuelos o algo o no? Por ejemplo, no sé, de decirle a tus abuelos, “te entiendo, no hace falta que cambies conmigo”, no sé. Algún momento así...

B: Pues no, en plan no recuerdo eso, o sea es que no...

A: Con naturalidad.

B: Con naturalidad, sí

A: ¿Y hoy en día siguen haciendo lo mismo tus abuelos?

B: Se murieron entonces no... no pasa nada, pero sí, se murieron.

A: Disculpa, sí. Y por ejemplo existe también este debate ahora de qué gallego hay que hablar. Porque bien sabes no sé si, por ejemplo, en la Universidad en Santiago, me imagino que, bueno yo no he estudiado en Santiago, pero existe esos bloques que conoces. Un bloque que piensa que el gallego hay que continuarlo por una línea, otro por otra línea... ¿Qué opinión te merece esa situación?

B: A ver, en mi carrera no había, hablaban, la mayoría de los profesores sí que daban las clases en gallego, pero no había ese debate como externali..., o sea, como externo, pero sí que es verdad que algunos a la hora de dar clase tiraban más por un gallego más lusófono y otros pues un gallego más normativo, pero no..., no había ese debate. ¿Mi opinión sobre eso quieres saber? Pues... no lo sé, o sea yo creo que... mira, no lo sé, la verdad, eso no tengo opinión sobre eso. O sea, yo creo que simplemente hay que hablarlo y punto, que al final tampoco, o sea en el ambiente al final coloquial del día a día que es como se mantiene vivo un idioma pues da un poco igual como lo hables. Nadie va a hablarlo perfecto ni supernormativo ni pues al final hay sus vari... pues sus variedades dialectales y todo y lo importante es mantenerlo vivo y consumir la cultura, hablarlo y leerlo y todo eso. Entonces pues eso lo de... si es mejor uno más lusófono o más... o el camino que está siguiendo, que sigue ahora la RAG que es pues así más normativo, estandarizado pues se lo dejo a los ámbitos académicos un poco.

A: (RISAS) Sí bueno yo me refería a eso, a lo que acabas de decir, que hay gente que opina que hay que conservar, normativizar el gallego y otros que dicen que toda la vida se ha hablado un gallego coloquial o llámalo tradicional, como quieras, y que no pasa nada, ¿no? Pero hay gente que opina, estoy hablando de opiniones de otros, ¿no? Que debería conservarse, que como que se está perdiendo la calidad del gallego.

B: No, a ver, obviamente en el ámbito académico de tú vas a escribir un ensayo en gallego, estás hablando con un profesor o vas a hacer una presentación obviamente tú tienes que tener un gallego correcto eh... igual que yo no hablo de la misma manera en castellano con mis amigas que cuando estoy hablando con un profesor. Pero después, ¡joba!, es que, en la calle con tus amigos con tus familiares es que no te pones a pensar, “Dios, es que estoy metiendo aquí un *hiperenxebismo* o estoy metiendo aquí un un castellanismo”, porque es que, porque no lo sabes porque de toda la vida se habló así y eso no sé la riqueza del lenguaje está en eso. Igual que yo en castellano pues meto un montón de galleguismos, palabras y cosas así, pues no sé, no veo a nadie diciéndome, “¡Buah! Es que hablas mal el castellano, no sé qué”, que yo entiendo que también es diferente porque el gallego es una lengua minoritaria y eso, al final está oprimida por el castellano, pero no sé. Yo creo, lo

importante es hablarlo y si empezamos y si a una persona que no... *neofalante* le estamos diciendo “es que lo hablas mal, es que no sé qué” y siempre puntuando los fallos que tiene en vez de... de ver la labor que está haciendo, del esfuerzo, porque cambiar de idioma es muy difícil, o sea, cambiar tu idioma en el que piensas, en el que hablas, no sé, es muy difícil. Pues si estamos seguido puntualizando “es que lo estás hablando mal” o los fallos pues al final te echa mucho para atrás hablarlo porque te da vergüenza, porque dices “se va, me voy a equivocar, me van a decir esto de mala manera”, entonces no sé. Yo creo que el ámbito coloquial, obviamente pues se pueden corregir cosas de, mira, esto no es una palabra en gallego o lo estás diciendo en castellano y no en gallego, pero es que uff...

A: Sí, que no hay que desanimar a la gente.

B: Claaaro, que es como “ay es que puff es que esto colocaste mal el pronombre, es que esto no sé qué”, de tengo que... no, no voy a hablar como habla la Real Academia Gallega porque igual que no hablo como habla la Real Academia Inglesa o la Española.

A: ¿Eso te ha pasado a ti alguna vez hablando gallego o no?

B: Eeehh, no, eso no me ha pasado a mí, pero conozco a gente que le pasa a novo falantes o en las redes sociales, por ejemplo, en tiktok había un chico vasco que estaba aprendiendo, él vive en Donosti, ahí en... en Euskadi y está aprendiendo gallego por su cuenta, y claro hace contenido en gallego y la gente es como “oh, es que acabas de utilizar esta palabra mal” y es como deja al chaval que está aquí haciendo gallego que es que ni... ni gente gallega hace tik toks en gallego y él es como que está haciendo una labor cultural de... no sé. Y tenía una profesora, que ella no es de aquí, es (**), y nos daba, nos daba clase y ella siempre hacía el esfuerzo de dar la clase en gallego y escribir en gallego todos los mensajes.

A: ¡Qué maravilloso!

B: Sí, sí, maravillosa y ella muy buena profesora. Eh y una vez escribió un mensaje por el campus virtual eh sobre un acto de feminismo y así por las víctimas y un prof... y puso mal una palabra, no me acuerdo qué palabra era. Eh... y un profesor que... está un poco loco, la verdad, lo adoro, pero está un poco loco pues le le envió una parrafada diciendo porque “esa palabra no estaba bien, que no hablaba bien gallego” y es como pero que es una mujer andaluza que está haciendo..., que no lleva aquí nada y que está haciendo el esfuerzo de coger... Y que eso, que eso nadie lo hace, o sea, muy poca gente lo hace, es como, “pues vengo aquí, tenéis que hablarme castellano yo voy a hablar castellano y es que me da igual”. Eso es que muy poca gente lo hace y no se le valora el esfuerzo y no le estás corrigiendo de buena manera, estás aquí yendo de superior que tú naciste aquí, que llevas toda la vida estudiando gallego y le estás aquí haciendo a menos a una persona que acaba de escribir un mensaje perfectamente en gallego y una palabra. ¿sabes? Entonces eso me chocó mucho.

A: Como si nos equivocásemos nosotros.

B: Claro, es que puf, pero muy fuerte.

A: ¿Y qué pasó? ¿Ella le contestó o se quedó ahí?

B: Sí, creo que sí que le contestó y le había contestado muy bien. Le contestó que no era de aquí, que no sé qué... El profesor estaba un poco mal de la cabeza.

A: Y eso en la universidad, es una carrera que tradicionalmente es más en gallego, ¿no? O al menos esa es mi impresión.

B: Eh, pff, a ver, no sé, es que, claro, en filosofía es... muy pipa de la paz (RISAS), entonces... sí que, la verdad, la mayoría de los profesores, sí que hablan, sí que hablan en gallego y están pues eso muy... es que son muy, no son muy hippies porque no, pero son muy... nacionalistas, la mayoría son muy nacionalistas, gallegos, muy bien, no lo digo en plan despectivo, obviamente y sí, la mayoría pues dan el contenido en gallego y hablan. Obviamente si hay algún alumno que, la mayoría, si hay algún alumno que habla castellano pues le dan los apuntes en castellano, pero bueno, nunca, nunca hubo, o sea, de los alumnos de fuera yo tenía tres o cuatro compañeros que no eran gallegos nunca hubo una queja, nunca se quejaron de “ay, es que tenéis que dar la clase en castellano” porque obviamente no. Eeeh... entonces, por esa parte muy bien, no sé...

A: Nunca hubo esa petición, ¿no?

B: No, nunca hubo esa petición, pero sé de otras carreras que sí que hubo. Sé de gente, por ejemplo, de medicina, que... que venía de Andalucía, por ejemplo, y los profesores dando la clase en gallego, que tú como gallego estando en Galicia tienes eeehh la, o sea, el derecho de dar la clase en los dos idiomas y el alumno gallego tiene el derecho de recibir la clase en su idioma que es el gallego y que le parecía fatal, y es como, ¡joba!, pues mira que no hay carreras, o sea, mira que no puedes meterte en cualquier otra facultad de medicina donde no se habla gallego, o sea, donde no hablas gallego, no sé. Y al final tú sabes, tú cuando te metes en la Universidad sabes, te ponen en que idioma van a dar las clases y a veces te las van a dar en castellano, porque el profesor las da en castellano, y otras veces en gallego, pero no sé.

A: Sí, precisamente medicina, que tampoco es la carrera... creo que los datos son el dos por ciento o así de las clases se dan en gallego, así que justo...

B: Sí, sí, pero es que... me había contado una amiga de aquí, de (***), que está un poco como, ¡joba!, bueno, pues que se cambie de comunidad autónoma y se vaya a Madrid a estudiar, no sé.

A: ¿Pero ese tipo de conflictos son habituales en la universidad o...?

B: Mmm. Yo como... yo creo que en filosofía vivimos en una burbuja porque... también somos muy pocos alumnos... al final, también, al ser tan pocos, es que no es lo mismo ser cuarenta alumnos que ser trescientos.

A: Claro, sí, sí.

B: Entonces vivimos en una burbuja donde también los profesores tienen el tiempo de conocerte y de... y de darte una atención más personalizada si no eres gallego, entonces es distinto, entonces yo no sé en las demás universidades. Yo sí que, por ejemplo, veo en redes sociales muchísimo conflicto, o sea, aquí en Galicia después o... que se van a estudiar a Cataluña y es como, “es que me dan las clases en catalán”, pero qué te esperabas. Mi amiga se fue de SICUE a Cataluña, tengo una amiga que se fue de SICUE a Cataluña, y no se quejó, le daban las clases en catalán y no se quejó. O sea, no sé, pero sí que veo bastante conflicto en redes sociales de gente no gallega quejándose de que se dan las clases en gallego y de imposición del gallego y no sé qué. De mi experiencia no puedo hablar porque es que yo creo que en filosofía vivíamos en una burbuja totalmente.

A: Pero, esto de las redes sociales es muy interesante lo que me dices porque ahí todo el mundo se escuda en una pantalla y...

B: Sí. Yo, a ver, yo... mmm todo este debate tiene sobre todo lugar en Twitter porque al final a Instagram pues subes un poco..., pero en Twitter hay muchísimo así de “¡ay! Es que la imposición del gallego, no sé qué, Feijóo, que va a imponer el gallego”. Y es como Feijóo, imponer el gallego Feijóo, Dios mío (RISAS). Eh...y muchos de “no, porque es que yo como español tengo derecho a que me des la clase en español porque el gallego...” Mira, el gallego es co-oficial y yo creo que no saben lo que significa la palabra cooficialidad y es que los dos idiomas son oficiales y deberían estar al mismo nivel y no sé.

A: ¿Crees que están al mismo nivel?

B: A ver, en el papel, supuestamente están al mismo nivel, ahora, en la práctica está claro que no y no...no se produce ni se da la misma prioridad a la cultura en gallego o los productos en gallego que en castellano. No sé. Que ya digo es un poco hipócrita que yo hable de esto hablando en castellano.

A: Bueno, pero es tu...no sé

B: Es mi percepción, eeeh...no sé.

A: Puedes defender también el gallego...

B: Ya, pero está mal, yo soy consciente de que está mal defendido, o sea, que yo debería hacerme *neofalante* (RISAS) pero es que me siento, no sé..., igual que me siento, no sé me siento incómoda en el sentido de que...que es que me sale natural el castellano, entonces cambiar... me siento tonta

hablando, ¿no? Que yo sé que no tengo que sentirme así, que debería hablarlo igual, pero, no sé, me siento un poco tonta hablándolo, entonces no lo hablo, me siento rara.

A: ¿Hay alguna situación en la que sí que hables en gallego o ninguna?

B: Antes en clase, pero ahora, pfff, un poco a lo mejor en casa, alguna vez, alguna conversación, me tiene así salido de manera natural, pero si no... ya no porque...

A: ¿Con quién? ¿Con tus padres?

B: Sí, con mis padres, pero es que, por ejemplo, en la Universidad aunque den las clases en gallego pues tú al final tienes la libertad de tú entregar los trabajos en el idioma que quieras, entonces pues, yo controlo más porque, jo, consumes más libros en castellano y he leído en gallego, he leído a Castelao, he leído a Neira Vilas, por voluntad propia, que conste..., pero sí que es verdad que, pues al final la mayoría de contenido cultural que consumes es en castellano, entonces yo a la hora de escribir sé que voy a cometer muchas menos faltas de ortografía y de construcción y todo eso en castellano y que voy a estar más cómoda en castellano, pero soy consciente de que no debería estar defendiendo el gallego en castellano.

A: Bueno, pero defenderlo es el primer paso, así que (RISAS) que tampoco... no te creas que todo el mundo opina como tú.

B: Ya, ya

A: ¿Has escuchado alguna vez, no sé si habéis tenido ese tipo de conversación entre amigos o alguien que diga, no sé, no vale para nada o ese tipo de comentarios?

B: No, entre mi grupo de amigos la verdad que no, o sea, tengo un par de amigos... somos un grupo y hay unos que hablan gallego y después estamos otros que hablamos castellano y después pues tengo un amigo también por ahí... que solo es mi amigo, no es un grupo, es amigo de otro grupo, que también habla gallego, y la verdad es que nunca hablamos de eso, no tengo amigos que piensen así, por suerte. (RISAS) Voy a decirlo así.

A: (RISAS) Sí, sí, yo también pienso que es una suerte, ¿no? Pero es con naturalidad.

B: Sí, sí. La verdad, en mi vida cercana en plan de estar, por ejemplo, yo por ejemplo estoy en una banda de música tampoco me encontré con alguien en la banda de música que al menos abiertamente me dijese esas burradas. Entonces, no sé. Eh... conversaciones de tú a tú pues..., o sea, discusiones de tú a tú nunca las he tenido así en plan en mi grupo de amigos, pero sí que lo he visto mucho en redes.

A: Como lo que me has comentado de machacar a gente

B: En Twitter, el típico tonto este de “que hoy fui a clase, estoy en la Universidad de Santiago y es que me dan la clase en gallego y yo no lo entiendo porque no sé qué” y también obviamente con el catalán y con el euskera de “es que me parece fatal” y es como pues es tan fácil como coger y si vienes aquí apuntarte a clases y aprenderlo. Que es un idioma más que nunca viene mal saber otro idioma.

A: Sí, sí. Hay oportunidades también.

B: Y decir “es que si no enseñasen gallego pues podríamos aprender alemán, por ejemplo, y hablaríamos con más personas” y es como, ¡joba!, pues no sé, todos los madrileños o todos los castellanos deben de saber hablar alemán porque solo saben, solo dan español e inglés, pues yo no veo a la gente de Castilla hablando alemán. (RISAS) Entonces no sé.

A: Esos argumentos se caen por su propio peso, ¿no?

B: Es como “si no es que si no enseñasen gallego podríamos saber alemán porque el gallego es inútil y no sé qué, que no lo habla nadie” y es como, mira, todo idioma es útil, todo idioma sirve para comunicarse y da igual al final la cantidad de personas a las que llegue y si es tu símbolo de identidad, el símbolo de tu tierra... y no sé, no lo sé. El islandés lo hablan trescientas mil personas y nadie les está diciendo a los islandeses que aprendan otro idioma y que dejen de hablar islandés.

A: Ese es un buen ejemplo, ¿no? Vas allí y nadie te va a decir “no, hablamos en inglés entre nosotros porque el islandés no es útil, ¿no?” (RISAS). Solo es para nosotros.

B: Claro, no es útil.

A: Sí, sí, eso es un buen ejemplo. Claro, estás describiendo el ejemplo clásico. Todos tenemos amigos que hablan gallego, español, y bueno, castellano, y es natural. Porque eso lo dices fuera y no lo entienden. Piensan: ¿Cómo? ¿Que cada uno habla en su lengua? Pero es lo natural, ¿no?

B: Claro. Porque al final, aunque yo... mi lengua principal sea el castellano yo también soy bilingüe. Yo entiendo perfectamente gallego y yo, aunque... no me desenvuelva igual en gallego que en castellano porque nos pasa a todos... o sea, yo creo que, al final, hay una lengua predilecta en la que te desenvuelves mejor, aunque seas bilingüe. Yo, obviamente, entiendo todo el gallego y puedo hablarlo y tener una conversación en gallego. Pero, no sé, la gente... Al final en eso consiste ser bilingüe, ¿no? Poder entender perfectamente y también poder hablarlo.

A: Sí, pero al final tienes una preferencia, está claro.

B: Sí, claro, siempre, siempre.

A: Y te decía de los amigos, por ejemplo, que esos amigos tuyos que hablan en gallego... bueno la adolescencia siempre es una época en la que te descubres un poco a ti mismo y estás buscando tu sitio, ¿no? ¿Hubo alguno que cambió al castellano? ¿O no es el caso?

B: De mis amigos de ahora, yo creo que no. A lo mejor mi amiga (***) sí que, a lo mejor, cambia más. Depende. Bueno, ella normalmente habla gallego, pero sí que a lo mejor... tiene situaciones en las que sí que cambia al castellano pues... porque le sale, simplemente, pero no...

A: ¿Cómo cuáles? ¿En qué contextos?

No sé, si por ejemplo está en un ambiente a lo mejor en el que sí que predomina el castellano, le sale hablar castellano. Pero, por ejemplo, mi... su pareja, que también es nuestro amigo, eh... siempre, siempre habla gallego. A no ser que, obviamente, haya una persona que no entienda el gallego, obviamente. Pues ahí, por respeto a la otra persona, pues lo cambias. Pero, pero no. O sea, cambiar, yo creo que no, que no cambiaron ninguno.

A: Entonces, tienes la impresión... bueno, yo estoy haciendo ideas, pero no quiere decir que sea verdad, ¿no? ¿Crees que también existe un factor sexo? Que, a lo mejor, las chicas se adaptan más a la lengua que hay en el ambiente y los hombres menos ¿o no?

B: No, no. Yo eso no... no sé, no sé, espero que no, vamos (RISAS). Bueno, no lo estaba planteando de esa manera. En plan, estaba planteando como: mi amiga (***) que a veces cambia pero que normalmente pues... su idioma es el gallego y sus padres hablan gallego y su hermano creo que también, en su casa.

A: Y, por ejemplo, los niños. No sé si te lo he preguntado ya. ¿Ves que los niños hoy en día hablan menos gallego?

B: Sí, ya, ya me lo habías preguntado.

A: ¿Y los padres? Me tienes que disculpar, llevo tantas entrevistas hoy que hay cosas que digo: no sé si lo he dicho antes o ahora (RISAS). Sabes que también hay esos casos, que siempre los ha habido, ¿no? Y sigue habiendo. Padres que, entre ellos, a lo mejor, hablan gallego y a sus hijos les hablan en castellano.

B: Sí que era lo que pasaba. Les pasó a mis padres, que entre... o sea, mis abuelos entre ellos hablaban en gallego y después con ellos en castellano. Pues no, o sea, no. Yo tengo... ay, perd... me acabo de acordar de una persona que cambió al castellano y que ahora habla gallego, que es mi primo, que es el padre de mi prima pequeña, que su madre sí que le hablaba... le hablaba castellano porque mi tía... sus... mis abuelos le hablaban a mi tía en castellano. Y él, hubo un momento en su vida, eh... con sus amigos, eh... creo que todos sus amigos hablaban gallego y él ahora es totalmente *galegofalante* y solo habla *galego*. Solo habla gallego y le habla a su hija en gallego. Y su... su mujer

(sí, ahora es su mujer), también es *galegofalante* y hablan gallego los dos. Pero... eh... qué es...cuál... ¿cuál era la pregunta? Lo otro de los...

A: Sí, que sigue existiendo esos casos de padres que hablan a sus hijos en castellano...

B: Pues es que eso no lo sé porque... joba, yo estoy con la gente de mi generación. Entonces, al final, yo no veo tanto de eso y a lo mejor en algún momento que empiece a dar clase, lo veo. Pero es que, de momento, pues... yo la gente que controlo es pues a la gente de veintipico años, a lo mejor diecisiete, diecinueve... por mi hermana. Pero no, a lo otro no te puedo contestar porque no lo sé.

A: Y tu hermana también habla normalmente en castellano, ¿no?

B: Sí.

A: La generación de hoy en día es más hacia el castellano, ¿no? O, al menos, es la impresión que tengo al hablar con la gente. ¿O sigue siendo un poco de todo como antes?

B: O sea, la generación de hoy en día ¿mi generación?

A: Sí, o la de tu hermana. Sí, esa generación de instituto...

B: Yo creo que sí, que hay más gente que habla castellano, a lo mejor, normalmente. Pero sí que creo que hay gente que se está haciendo muy... que está empezando a hablar en gallego porque yo creo que nuestra generación tiene una parte muy gra... una parte, a lo mejor, tiene mucha concienciación social. Entonces... no sé. A lo mejor por eso... yo es que veo muchos *neofalantes*, mucha gente que... tengo, tengo un amigo de la facultad (es que ahora me están viniendo las...) tengo un amigo de la facultad que en primero hablaba castellano y en segundo empezó a hablar gallego. Pues por eso, por esa conciencia de... uf, se está perdiendo, el nacionalismo que te atrapa, buah, una secta, no sé (RISAS). No, es broma, es broma.

A: Pero te chocó ese cambio, ¿no? Que llegue un día y te hable.

B: Sí. Y ahora es como que me habla castellano y yo digo: “Dios, pero ¿qué haces?” Pero sí, sí que choca al principio una persona con la que, obviamente, está hablando seguido un idioma y de repente te empieza a hablar otro y dices tú: “Pero ¿qué haces?” Pero no en plan mal, sino de: “Dios, ¿qué ha pasado? Aquí hay algo distinto”.

A: ¿Le preguntaste algo? ¿O fue natural?

B: Sí, sí que le preguntamos. Y nada, y dijo que porque sí y ya está. Y nosotros: Pues muy bien, bien por ti, en plan, habla lo que quieras (RISAS).

A: Pero es interesante ver, ¿no? Yo ya llevo bastante tiempo viviendo fuera y creo que, no sé, el cambio hacia el gallego... no sé si es mi impresión, como que se ve más en las ciudades. No sé si... Si estos casos, me estás hablando de (*nombre ciudad más cercana*) ¿no? De gente que va a la universidad y cambia ahí, ¿no?

B: Claro, también porque la universidad, al final, empiezas con 18 años y esa época pues, joba, en la universidad es que empiezas a desarrollar pues, a lo mejor, una ideología más fija en ti, ¿sabes? Vas... entonces pues como que vas cambiando, te vas concienciando y te vas formando y pues decides hacer cambios en tu vida. Que estos cambios también los puedes hacer a los veintisiete. Pero los dieciocho, los diecisiete... es como una edad súper clave.

A: Estás experimentando ¿no?

B: Claro, estás experimentando. Es como que te viene muchísima información, es como ¡Dios!, sales de tu pueblo, conoces a gente nueva, eh... profesores que...distintos, que te cambian la manera de pensar, sí.

A: Entonces hay cambios, pero para los dos lados, ¿no? En las dos direcciones. ¿O más hacia el gallego?

B: Yo en mi caso... yo... yo creo que la gente, no, yo en mi caso, he visto gente que está cambiando hacia el gallego. No he visto una reversión, o sea, una persona *galegofalante* que se haya vuelto... o sea, de esta gente que te estoy diciendo, que se haya vuelto totalmente caste... castellanohablante por... yo qué sé...

A: Para ir a la universidad...

B: ...Para ir a la universidad y ser más guay. Pero claro, te estoy hablando en mi caso, o sea, de la gente que yo conozco. Yo supongo que habrá de los dos, pero yo, de momento, solo he visto a *neofalantes*.

A: Sí, sí, pero bueno, lo que me interesa es lo que tú... tus opiniones. Porque claro, la universidad es un lugar, lo que dices tú, que estás en una edad muy de experimentar, llegas nuevo, conoces otra gente con otras ideas ¿no?

B: Claro, hasta Filosofía, todos la pipa de la paz... no, no, no (RISAS).

A: Y me decías, claro, que todos tus profesores en Filosofía, casi todos hablaban en gallego, daban las clases en gallego. Y después tú, por ejemplo, ¿los exámenes los hacías también en gallego o los escribías en español?

B: No, yo, al final, como me daban la elección... pues los escribía en español.

A: Pero ellos, les daba igual, ¿no?

B: Sí, les da igual. Es que, por eso, en el instituto como que estabas más obligado entre comillas, pues estaba más obligada como... a hacerlo todo en gallego, pero después como llegué a la universidad y, al final, en la universidad pues les da un poco igual lo que hagas... bueno, lo que hagas... Pues sí, fue como, ya está, escribo así y listo. Les da igual, pero ellos dan la clase en gallego y te dan los apuntes en gallego.

A: Y en el instituto, me decías, que había profesores que os animaban ¿no? Que te decían: “(nombre), fala más en galego”.

B: Sí, que yo ese mom... Yo, yo tengo que decirlo, que con 14 años me fastidiaba bastante. Tengo que decirlo porque era como: “Tío, ¿por qué en Historia tengo que estar yo haciendo el esfuerzo de cambiar el idioma?”. Me estaban seguido, “(***), fala galego, fala galego, (***)”. Y yo, como: ¿pero qué más te da? Si el tres... isi el siglo tres antes de Cristo era igual en gallego que en castellano! (RISAS). O la de Biología. La de Biología que, aparte me odiaba... nos odiábamos, la verdad, pero no por el motivo lingüístico, es que nos odiábamos. Me decía: “i(nombre), en galego! Si non, vouche a descontar”. Y yo era como: “Pues can y perro es lo mismo, a mí déjame en paz” (RISAS). O sea, en ese momento lo veía súper mal. Eh... pero bueno, la de Biología me lo hacía por fastidiar, eh, ya te lo digo, porque había otra gente que hablaba castellano y no le decían nada. La de Biología era totalmente para fastidiar, sí, ya te lo digo.

A: Otros eran para motivar, pero esta era para...

B: Sí, bueno, pero sí que, por ejemplo, (***) , eh... que es escritor, no sé si lo conoces, (***) .

A: No, pero lo voy a apuntar.

B: Fue un premio Xerais. Pues fue... tuvimos la suerte de que fue profesor nuestro en la ESO, eh... y sí que era pues como motivarnos, así... Es que hubo una generación de profesores que eran sobre todo los de principios de la ESO, porque eran estos que estudiaron magisterio y pueden dar hasta primero y segundo de ESO solo, y... y sí que estaban como súper concienciados todos, y todos, vamos, y hacían un montón de iniciativas maravillosas y lo hacían todo pues por el bien... no por andarte fastidiando a ti, sino por el bien. Pero la de Biología era para fastidiarme, que conste en acta (RISAS) Después había otros que les daba igual. Por ejemplo, los de Física o Química ninguno me... ninguno me dijo nada. Pero los otros, sí.

A: Pero es interesante, ¿no? Ver esa... Me gustaría mucho ver esa situación de los alumnos y los profesores ahí...

B: Sí. Aparte yo hablaba mucho en clase, entonces también era como la que más me lo decían porque...

A: Te hacías notar (RISAS).

B: Me hacía notar. Entonces era como: “ay, (nombre), fala en galego”. No lo voy a hacer (RISAS).

A: Y al final, bueno, sí, decías que lo hablabas, sí...

B: Sí, pero a ver, con trece años lo ves desde otro punto de vista, obviamente. Después, obviamente, pues crecí y ya lo veo desde otra perspectiva, pero con trece años era como que me estuviesen, seguido, diciendo en una clase de Historia que cambiase de idioma... yo era: pero ¿qué más te da? Entonces, ahora lo veo de otra manera. O sea, tampoco me lo tomaba mal pero solo la de... solo la de Biología.

A: Bueno, pero eso ya era de más...

B: Pero era... eso ya era personal. Era personal.

A: A esa edad también eres más tímido, estás como... no sé, menos seguridad, no sé.

B: Bueno, cuando tienes trece años eres un adolescente egocéntrico, eres un adolescente, o sea, no sé, la adolescencia es... complicada.

A: Sí, sí, totalmente.

B: Aparte también venía de Primaria, que siempre hablábamos en castellano, entonces pues también era como: pero déjame en paz, que a mí la señora esta me dejaba hablar castellano en todas las clases, ¿qué te importa a ti? (RISAS). Entonces también, a lo mejor, también se debe a ese contexto. A lo mejor, si hubiese estudiado en otro colegio en Primaria que los profesores hubiesen hablado todos gallego... a lo mejor yo estaría hablando gallego, no sé. Pero claro, todas mis profesoras de Primaria hablaron castellano. Yo creo que hasta gallego lo dieron en castellano, mira lo que te digo. O sea, sí, yo creo que hasta la clase de Ga... es que no recuerdo ninguna profesora mía hablar castellano ¿? (quería decir gallego). Obviamente, supongo que la clase de gallego la darían en gallego, pero es que era una clase. Después, Coñecemento do Medio, que hay que darla en gallego, o sea, la estudiábamos en gallego, pero en el libro. Pero después ellas nos daban castellano. Y así con todas las asignaturas, entonces yo no tengo recuerdo de mi profesora hablarme gallego.

A: Sí, esa situación también la he vivido yo. Que ves el libro en un idioma, habla en otro y dices: me estoy liando, ya no sé ni lo que...

B: Claro. Yo como estudiaba en gallego, pues al final sí que los exámenes los hacía en gallego porque te es... es más fácil...

A: El vocabulario...

B: Claro, el vocabulario, obviamente, no tenía que estar traduciendo. Entonces pues me estudiaba todo en gallego y yo los exámenes los hacía en gallego. Los que estudiaba en gallego.

A: Eso en Primaria ¿no?

B: No, y en la ESO. En la ESO obviamente los exámenes de Historia... A lo mejor, los de Biología dependía un poco del examen y del vocabulario porque es que hay palabras que son solo en gallego. Entonces, como no sabía traducirlas, pues te lo aprendes en gallego y ya lo sueltas, ya puestos lo sueltas todo en gallego. Pero sí, yo... a lo mejor Biología y Química no, pero después Historia, Geografía... y ya está. Y Matemáticas obviamente son números, entonces no vas a escribir (RISAS).

A: ¿Y crees que la estrategia que seguían tus profesores en el instituto, en el fondo, era la correcta? ¿O qué podrían haber hecho?

B: No...no lo sé. Es que... yo es que era muy cabezona. O sea, yo lo admito de... yo era muy participativa y muy buena alumna en cierto sentido, o sea, sacaba buenas notas, pero... (risas) pero

después era muy cabezona y era como: dejadme en paz, dejadme a mí hacer mis cosas. Pero sí que me parecían muy bonitas las iniciativas de... siempre estábamos como... obviamente el...el... eh... pues haciendo cosas por autores, y “vamos al *Correlingua*”, y “vamos a hacer este acto”, y “mira este libro que han sacado” ... Entonces creo que eso sí que era una buena estrategia. Y “vamos a hacer esta excursión a este sitio porque aquí vivió un autor de poemas y no sé qué” y venían escritores y... y, la verdad, eso estaba muy guay y es una iniciativa muy bonita. Pero también creo que, a lo mejor, no era lo mejor estarme seguido diciendo “(nombre), fala galego” pero es que tampoco sé qué podrían haber hecho aparte de decirme “te bajamos un punto la nota”, lo cual sería muy injusto. Que yo entiendo que en clase de gallego sí me dices “si no hablas galego, te suspendo” pero en clase de Historia no.

A: Entonces no sabes qué se podría hacer hoy en día para que los niños hablasen más gallego.

B: No sé. Yo creo que las iniciativas esas están muy bien, o sea, está muy bien lo de... intentar dar lo máximo posible en gallego, productos... ir a ver películas en gallego, que te vengan escritores gallegos... Sí, eso está muy bien. A mí no me caló porque soy... pero sí.

A: Bueno, pero hablas de forma positiva. Que yo creo que eso también es bueno, ¿no?

B: Sí, sí. A mí no me caló en el sentido de que yo seguí haciendo lo que me daba la gana (RISAS), pero eso sí que, eso sí que me parece muy bien. Es que hacíamos cosas superguay. Me acuerdo el día de las Letras Galegas uno que hicimos como una gymkana de un escritor y era... buah, maravilloso, la verdad. Yo lo recuerdo muy bien el instituto, ¿eh?

A: Veo que tienes más recuerdos buenos del instituto que de la escuela (RISAS).

B: No, o sea, del gallego sí. Yo en la escuela, yo en primaria me lo pasé increíblemente bien y fue la mejor infancia de la vida. Pero sí que es verdad que con el gallego pues lo hicieron muy mal los profesores, o sea, eran maravillosas todas las profesoras, pero no en ese tema. Que entiendo pues que a lo mejor también eran profesoras mayores, eran de cincuenta y muchos años, sesenta años...

A: La vieja escuela

B: Claro, entonces son de la vieja escuela, entonces posiblemente ellas tampoco hubiesen dado gallego en esa época. Entonces, pues, también les costaba, entonces... no sé... es como...

A: ¿Cómo ves el futuro del gallego desde tu perspectiva? (RISAS)

B: Pues no lo sé. Eeeeh... a veces veo a las nuevas generaci... a... cierta gente de mi edad que habla y digo “buah, que nosotros vamos a ser el futuro y vamos a ser los profesores de estos niños que están naciendo ahora”, entonces, claro... de cierta manera lo veo mejor, pero es que también hay otra ola de mi generación que se está radicalizando mucho... ya sabemos pa’ dónde, pa’ qué lado y a lo mejor... no sé... Con la gente con la que me junto lo veo mejor... que a lo mejor cuando estudié yo primaria. Pero no sabría decirte... también creo que Feijoo no hace mucho (RISAS) y no sé... Yo creo que no se apuesta por realmente decir “vamos a priorizar el gallego al castellano” porque al final en una *lingua*... uy en una *lingua*, en una lengua que... está oprimida tú no puedes darle prioridad a las dos porque hay una que ya destaca. O sea, el castellano obviamente no se va a perder y la gente no va a dejar de hablar castellano en Galicia, entonces, tú tienes que darle prioridad a la que está discriminada por así decirlo. Entonces, si tú no priorizas esas cosas y no estás bombardeando con contenido, con premios, con... vamos a priorizar todo eso, yo creo que al final no se va a hacer una diferencia. Si todo sigue en plan de “vamos a hacerlo todo *fifty fifty*, yo no cabreo a nadie”. Entonces, al final... estás haciendo que todo siga igual, tampoco... no creo que... nosotros vayamos a permitir que se pierda el gallego, pero... tampoco se está haciendo nada para que digan “pues vamos a traer a más hablantes, vamos a que estos niños, que al final son los niños pequeños los que van a hablar con más facilidad y los futuros hablantes, vamos a hacer que los niños eeh... consuman dibujos en gallego”. Yo creo que, por ejemplo, los dibujos animados estaban muchísimo mejor hechos en nuestra televisión que en la de ellos, porque yo me acuerdo del Xabarín Club, que es yo veía Xabarín Club, yo me acuerdo y ahora creo que está en la TVG2 que... ¿qué niño ve ahora Xabarín Club?

A: Si que lo apartan, ¿no? En la parrilla.

B: Sí. Entonces qué niño ve ahora Xabarán club. Yo me acuerdo de llegar del colegio y era como... pues a poner Xabarán y... claro, después llegaron Disney Channel y Clan y se fue un poco, y también ya Xabarán que lo apartaron. Entonces, por eso, esa parte lo veo mal porque hay que atraer, ir sobre todo... iniciativas con los niños, yo creo. Porque hay algunos que... yo ya soy un poco... yo no, pero a lo mejor, o yo sí, no sé, gente de mi generación que a lo mejor ya no vamos a querer cambiar de idioma, gente de treinta años o de cuarenta. Es que por los niños... ponedles ahí dibujos del Xabarán, buah, el detective Conan en gallego, que era maravilloso.

A: Sí, sí. Yo me he criado también con todas esas series, ¿no? Doraemon... Dragon Ball, bueno, esas series ya de años...

B: Yo veía Código Lyoko en gallego y yo me acuerdo que dejaron de... o sea, la primera temporada estaba toda en gallego y, de repente, dejaron de echarla y no hay segunda temporada en gallego y luego tuve que cambiarme a Clan TV y me horrorizaban obviamente las voces (RISAS) y yo, pero “¿esta gente quién es?”.

A: Sí, Xabarán Club hizo mucho por el gallego, porque era lo normal, lo escuchabas...

B: Claro, entonces pues, obviamente, si tú ves cosas en gallego pues es que es distinto, y si hay un montón de libros infantiles en gallego es distinto y novela juvenil, es que... al final, aunque no lo hables, pero si consumes mucho yo creo que al final te vas... a ir cambiando o los vas a como a compensar en ciertos ambientes o en otros, no sé. De alguna manera se va a conservar, pero es que ahora, por ejemplo, no sé, es que Xabarán está en la TVG2, yo alguna vez lo tengo puesto y ahí ver Dragon Ball, pero no es lo mismo que cuando nosotras éramos pequeñas, no tienen el mismo peso ni de broma, pero claro, la TVG2 no está...

A: Claro, si no le das esa importancia...

B: O... no pones dibujos animados a lo mejor más de actualidad... porque yo entiendo, es que yo lo veo y dijo “jobar, pero es qué va a hacer mi primera pequeña viendo Dragon Ball”, ¿sabes? Y... si después tienen Clan pues a lo mejor... productos que le pueden atraer más pues...

A: Claro

B: Entonces... que Dragon Ball no es pa’ niños pequeños (RISAS).

A: Sí que lo veíamos, pero no era lo más recomendable.

B: No, no, para nada.

A: Pero si es cierto, eso lo comento yo siempre, por qué los niños tal. Bueno, la escuela es un factor, la familia es otro, por supuesto, pero el consumo de entretenimiento es fundamental. Ya no es solo la televisión, pues ahora ya están con la PlayStation, foros en Internet, vídeos de Youtube, todo esto, ¿no? Pero ahí el gallego... A mí ya me pilló en otra generación, pero el gallego está ya como apartado.

B: Yo, por ejemplo, en TikTok sí que me salen y sigo a gente de mi generación, en plan dieciocho, diecinueve años, veinte... pues esa, mi quinta, por así decirlo, ¿no? Que sí que hacen contenido en gallego. Yo veo más contenido en gallego en TikTok que en Youtube, por ejemplo, y obviamente que en plataformas de streaming en plan Twitch y así. Pero, por ejemplo, en TikTok sí que veo un montón de gente que hace contenido en gallego en plan de maquillaje, de lo que me voy a poner hoy, porque aparte TikTok es a día de hoy una yo creo que es una de las redes sociales más importantes porque aparte son vídeos de máximo tres minutos que es que lo consumes superrápido. Entonces a mí esa gente que hace esa labor me parece maravilloso e importantísimo, pero, es verdad que hay muy pocos, o sea, hay muy pocos, tampoco es que sean muy conocidos, o *Dígocho Eu*, por ejemplo, sí que creo que fue algo que la TVG hizo muy bien, porque no todo el mundo era como...

A: Estoy de acuerdo

B: *Dígocho Eu* creo que lo hicieron muy bien, aparte está en todas las redes sociales, pero es que es solo eso. No hay como... vamos a hacer aquí... no sé algo más grande sobre todo en televisión, es que a mí lo del Xabarán me fastidia mucho (RISAS). Lo del Xabarán ...

A: Me uno a esa propuesta, sí.

B: Es que yo me acuerdo de tener cinco años y estar esperando en el cumpleaños que apareciese yo. No sé por qué, porque no era socia. Yo no era socia, pero tenía la esperanza de que...

A: De que algún día apareciese (RISAS).

B: Por arte de magia

A: Sí, sí. Me acuerdo de eso que es que como que nadie me había hecho socia y digo “¿alguien me puede hacer socia, por favor?” (RISAS).

B: Tío, porque al final los niños de cinco años no van a tener TikTok, o sea, no deberían estar viendo un montón de vídeos..., tener libre acceso a YouTube, algún vídeo sí, pero...Entonces, pues eso, la televisión o contenido para niños o libros infantiles... yo creo que esa labor falta mucho.

A: Y, por ejemplo, lo que dices de TikTok de chavales que hacen contenido en gallego. ¿Qué tipo de recepción tienen? La gente lo anima o ves comentarios...

B: En general, lo animan porque también llega a un público que es mayoritariamente pues obviamente gente gallega o que lo respeta. Sí que yo he visto algún comentario de “es que si quieres que te entienda habla en castellano” o “si quieres que tus vídeos lleguen a más gente habla en castellano”. Y esa gente responder “es que yo mis vídeos quiero que lleguen a la gente que hable gallego o que entienda gallego o que respete el gallego y me da igual que no le llegue a gente que no quiera saber nada de este idioma”.

A: (RISAS) Como tú. Si, si, digo como tú digo como el del comentario. Sí, sí.

B: Entonces se lo toman obviamente en ese plan y muy bien y siguen subiendo su contenido que a mí me gusta. Contenido maravilloso y ya está. Aquí hay de todo, hay contenido político, o ya te dije, una chica que hace maquillajes, yo no me maquillo, pero me gusta ver vídeos de maquillaje, hay otro chico que... se viste muy bien y se maquilla y que es maravilloso también. No sé, y el chico este que no es gallego, pero que es vasco que tiene su canal en euskera y tiene su cuenta en gallego y que también habla así de distintos idiomas y de distintos dialectos y eso está muy bien. Y bueno, poco a poco pues van consiguiendo su audiencia y yo creo que...

A: Pero eso es una iniciativa genial, ¿no? Ver que...

B: Que al final también no es gente diciendo “buaah, es que voy a hacer un vídeo en gallego para que la gente aprenda gallego” es como voy a hacerlo en gallego porque es mi idioma y lo que hago habitualmente, por qué voy a tener que cambiarlo en una red social si yo hablo en gallego día a día.

A: Sí, sí. Totalmente, que no es una reivindicación de...

B: Claro, no es una reivindicación de nada, es simplemente gente haciendo sus cosas en su idioma.

A: Sí, sí, totalmente. Y creo, no sé, al menos es mi opinión que por esa línea se podría ir... que sería una forma de llegar a las generaciones. Si ven que sus ídolos, entre comillas, ídolos a lo mejor no es la palabra, pero personas que...

B: Que les gusta y le entretienen

A: No sé, yo creo que es una idea que me quedo con ella, la idea de las redes sociales como fuente de fomento del idioma. Porque está claro que los niños de hoy en día o adolescentes no se van a poner a ver otros referentes, porque no le parecen unos referentes, pero TikTok o lo que sea sí, ¿no?

B: Sí.

A: Y, por ejemplo, bueno yo me centro en cómo se habla con el médico, te pregunto un par de cosas, aunque lo más me interesaba era esa perspectiva que ya me has hablado, la Universidad y las cosas que llegan a la gente joven. ¿Aquí en el médico, tienes la impresión de que se habla más castellano? Al menos es lo que me han dicho otra gente, que los médicos hablan más castellano.

B: Yo creo que castellano, sí, sí. Yo es que, a ver, yo voy muy poco, yo voy por suerte muy poco al médico, tengo que decirlo (RISAS). Pero yo creo que todos, mi pediatra hablaba castellano, mis dos

pediatras, dos médicos de cabecera también, y en urgencias las veces que he ido yo creo que también, o sea, yo creo que sí, que se habla muchísimo más castellano que gallego. O sea, no tengo ninguna duda en mi caso, vamos.

A: ¿Y crees que eso puede resultar, algún tipo... no digo para gente joven, a lo mejor para gente mayor, puede resultar...?

B: Sí, porque, obviamente yo creo que la gente mayor, sobre todo la gente de 60 años para arriba, pues obviamente hay un prejuicio y... y el médico siempre es visto como una figura superior y cosas así que posiblemente les dé vergüenza que el médico les esté hablando en castellano y ellos le hablen en gallego, supongo. Que obviamente al médico hay que respetarlo, pero que no es ninguna figura divina que te va a decir “es que habla castellano porque si no es que eres tonto, no hables como un paleta”, no sé. Pero sí, yo creo que sí.

A: Crees que eso aún existe, ¿no? en esa generación, pero en la más joven quizás no.

B: Hombre, yo dudo que mis amigos cambien de idioma para agradarle a un médico que les va a entender, obviamente, en ese idioma porque, hombre, supongo que la mayor parte de médicos de Galicia sabrán hablar gallego porque, aparte, supongo que será uno de los requisitos, ¿no?

A: Bueno, no es una obligación, de hecho, la cambiaron. Con el cambio de Gobierno también cambiaron, no es un requisito la mayoría lo tiene porque si eres gallego tienes el Celga 4 cuando sales del Instituto, pero te da puntos extra.

B: Sí, el C1 en gallego te da como, bueno al menos para profesores te da...

A: Para profesor es obligatorio, pero para médico no.

B: Ah vale.

A: Para personal sanitario te da unos puntos extra así que la gente normalmente lo haces un examen si no tienes el CELGA, pero si tienes los mismos puntos por otras cosas no pasa nada, no lo tienes que tener, ¿no? Esta circunstancia, ¿qué opinión tienes sobre ella?

B: Pues al final que es... que es una manera más de no, de no luchar por el gallego y de que la gente hable gallego, que al final la persona esta que venga de fuera y se saque el... CELGA este pues posiblemente dé la consulta en castellano. Pero, no sé, es una barrera más que estás dejando abierta para que la gente no haga un esfuerzo pues para aprender un idioma o por... continuarlo, supongo.

A: Que, aunque sea solo por una sensibilidad, ¿no? de ver que...

B: Sí, de pues..., Galicia tiene dos idiomas, que son el gallego y el castellano. Pues si quieres trabajar en Galicia o ser funcionario, trabajar de funcionario en Galicia pues tienes que saber los dos porque la gente tiene el derecho de que le atiendas en su idioma y punto. Pero... obviamente, se trata al gallego pues como un idioma secundario, es como un añadido, no es... Es que la gente gallega me va a entender en español y ya está.

A: Que no hay necesidad de...

B: Claro, es que no hay necesidad de hacer el esfuerzo

A: Bueno, pues si quieres nos podemos quedar con esta idea final, estoy muy de acuerdo con lo que...

Interview: Informant 12

Date and place of recording: 28/10/21, coffee shop

Format: Face-to-face

Total length: 1:05:43

Total words: 8291

Speaker B (Interviewer): Researcher

Speaker C (Informant): Female, 74 years old, secondary education, urban, housewife, Spanish / traditional Galician speaker

Language of the interview: Traditional Galician (A), Traditional Galician (B)

B: Pero ti fas as preguntas?

A: Si, si, claro, claro...pero non é máis que preguntas é un diálogo, que me contes...ao principio asusta un pouco pero despois xa se olvida que hai algo encima da mesa. Bueno, en primeiro lugar, quería preguntarche si prefires facer a entrevista en castellano, en galego...?

B: En galego, en galego.

A: En galego, non?

B: Non o falo universitario pero en galego.

A: Tódolos galegos son válidos.

B: Claro, eu teño o galego que aprendín de pequena, que me ensinaron.

A: Pódesme decir cantos anos tes?

B: Setenta e catro.

A: Setenta e catro... Case es da quinta de meus pais (RISAS). Que fuches, á escola, primaria...?

B: Si, primeiro fun á escola e logo despois fun a un colegio de monxas, un pouco. Non fixen bachiller. Estuven estudiando hasta os catorce, creo, e despois..., os catorce ou os quince, non me acordo moi ben. E despois pois nada, púxenme xa de oficial, de oficiala nunha peluquería.

A: Ah, mira, que ben.

B: E despois acabei facendo peluquería, pero facendo peluquería daquela que se fasía, porque daquela ibas a un curso e xa tiñas o título.

A: Si, bueno, hoxe é outra forma, pero máis ou menos...

B: Hoxe é outra maneira, bueno, está moi ben ahora, eh? Non como antes, antes calquera servía, non é así tampouco.

A: Si e ademais hai moitas máquinas. Moitas técnicas, non? Moitas...

B: Si e máis hai que..., tense feito cada barbaridad... Claro, porque ahora tes que estudar un pouquiño máis algo de química, algo de... Tes que ter unha idea.

A: Si, podes armala boa, non?

B: Podes armarla moi boa, deixar á xente calva. Pero bueno, tamén é verdá que non había tantas historias como agora, eh? Antes a peluquería era moi sencilla: era o tinte, era a permanente, era o corte de pelo e era o peinar-se todos os días cos rulos e eu era da época de que se poñían os rulos aínda e metíaste no secador e...

A: E a permanente e todo ese tipo de...

B: Pero despois cando me casei deixinlo. Eu son de (***), bueno de (***), e deixinlo. Despois xa me vin para..., caseime aquí en (**) e xa vin para aquí. E despois xa fixen de todo, xa fun secretaria e tiñamos un negocio, un taller, eu leváballe... O meu home tiña que viaxar moito e eu levaba as facturas, eu..., bueno. Despois xa fixen de todo. Despois máis tarde coa miña sogra..., tiña unha panadería e ela quería jubíllase e collémoslle a panadería de miña sogra e despois xa fun pastelera. Eu son moi adaptada, o que me boten.

A: Pero iso sempre é algo bo, non? Que un traballo novo...

B: Eu o que me boten, eu son moi activa e fago o que faga falta. Non...

A: Iso a verdade está ben. E con cantos anos viñeches para (***)?

B: Vinta...catro.

A: Xa é unha vida toda aquí.

B: Si, xa levo aquí..., mira, vai faser cincuenta anos agora.

A: Cincuenta anos.

B: Cincuenta...

A: É moi distinto (***)? Nótase?

B: Cincuenta, sesenta, setenta... Claro.

A: Si, son cincuenta.

B: Para o ano van a hacer cincuenta que me casei.

A: E é moito máis distinto (***)? que (**) ou...?

B: Si, completamente distinto, a min encántame (***), encántame, encántame (***), porque é unha vila moi así pequeniña, ves que antiga e tal. Pero claro, (**) son corenta mil habitantes ou trinta e tantos mil habitantes, é preciosa, en verano é espectacular. En verano ten a playa mesmo alí, (**) é outro mundo.

A: Claro, é outra... Máis grande...

B: É outro nivel. Pero bueno, mellor..., ten mellor comercio, ten mellor plaza, ten unha plaza que é un espectáculo ir alí os martes e máis os sábados, por exemplo, ten moi boas cousas. Porque é máis grande. Pero aquí (**) está moi ben, é moi íntimo, conocémonos todos... É moi bonito. Está moi ben.

A: Si, si, é a miña impresión. Non levo moito tempo aquí, pero é a miña impresión.

B: É así un pueblo que un encanto, ten algo de encanto. Ten cousas mal, pero ten encanto. A min gústame, desde logo.

A: Cambiou moito?

B: O que é o núcleo e despois o que é todo arredor ten unhas aldeas preciosas e máis (**) ten moita historia.

A: Iso está claro, tedes de todo.

B: Eu cando... Nós pasamos os veranos alí en (***), que temos alí un piso. E cando chegamos alí os primeiros días encóntrome rarísima. Non oigo falar estranxeiro... Alí hai moito turismo, moitísimo turismo, non? Pero máis turismo nacional. Veñen así algúns ingleses e tal, pero bueno. Pero bóto de menos, porque aquí con tanto peregrino é que parecemos internacionais. Ti poste alí nunha mesa da plazuela ou nun banco e oyes alemán, portugués, inglés... Eu que sei, é como moi

internacional, a min faime unha gracia eso! É que chego alí e digo “oye, (***), tú no echas de menos escuchar los idiomas?”. Porque ten gracia, meu home e máis eu falamos castellano. E mamá a pobre decíame ela “ai Dios mío, yo, eu non sei para que me matei a enseñarvos a falar castellano, chegades á calle...”, porque antes era unha verghonsa falar galego.

A: Falar galego?

B: Si, na miña época de pequena. Si íbamos a..., porque nós vivimos a dous quilómetros, nun pueblo que se chama (***), a dous quilómetros de (***). E dicíame ela “é unha verghonsa que vaiades a (***), e vanvos a chamar paletas, porque falades... E para eso mátoe eu en enseñarvos o castellano?”. Que che parece? Que era unha verghonsa falar galego.

A: Si, si, era, pero era así. Ao final o que dicías ti, non? De antes que te intentaban correxir e che dicían “non fales galego, non fales”.

B: Si, que é unha verghonza.

A: Ao final calouvos un pouco, non? Porque disme que...

B: Si, si, no, sempre estuvemos... Eu sempre creín que os galegos éramos nada, o que dixo a chica esa, eu creo que nos tiñan todos... Esa xueza... Eu creo que nos tiñan a todos daquela así. E ela non sei de onde sacou eso, porque vamos.

A: Si, da Galicia...

B: Quen me dera a min vivir en Muros! E a ela!

A: E a ela tamén, si (RISAS).

B: Por moito que esté en Marbella, mira ti.

A: Si, si, pero digo que ao final...

B: A min Dios me librara de vivir en Marbella. Preferiría vivir en Muros feliz e contenta. A non ser que en Marbella fora eu unha destas dos jeques, que me tuveran alí...

A: Ai si, daquela tamén iba eu.

B: ...de reina do mambo (RISAS). Pero como eso non.

A: Si, si. Pero dicíache o de calar... Antes dixéchesme por exemplo que o teu marido máis ti falades en castellano entre vós.

B: En castellano. É que nos sale.

A: Pero foi sempre así ou...?

B: Si, desde o primer momento. Porque tiñamos..., a ver, nós tiñamos eso de falar... Eu estou na casa e teño unha asistente, non? (***). Falamos en galego sempre. Sempre, pero xa é que che sale. E en este momento entra (***), e “ay, (***), viniste tal y cual...”. E el, “si, si, si tal”. E a min encántame o galego, pero sáleche. Eu creo que te acostumbas, non?

A: E pola calle ou...?

B: Ca xente?

A: Si.

B: Normalmente falo, si podos, en galego. A non ser que sea alguen que, eu que sei, que teña a costumbre de falar ou que me conteste en castelán, ou así. Pero eu si podos sempre en galego. E teño unha nora, faime gracia que mira... Eu teño dúas noras, porque meu fillo casouse, tuvo dous nenos e despois separáronse e agora ten outra. E esta que ten, (***), galeguista completamente, fala galego, sempre. E a outra nora igual. E fálalle aos nenos en galego. Bueno, pois os nenos contéstanlle en

castellano. Ten ao maior xa ten vinte anos e vamos, estudian a asignatura como se estudiaran inglés ou..., como unha asignatura máis de galego.

A: Entonces tes un fillo, non?

B: Teño tres.

A: Tres. E de nenos e demais...?

B: E despois outra cousa, mira, o maior, o maior tamén falamos castellano. Sálenos.

A: Con tódolos nenos, non? Na casa, no...

B: Eso, aos fillos e... E (***), que é a parexa, que é tan galeguista, pois ela débelle falar en galego, pero el sempre contesta en castellano. E aos nenos e todo. E despois teño á filla, que ela en castellano. Da noite á mañán sállelle. E se ten que falar galego fálao fatal. E despois teño o pequeno, pequeno que xa ten trinta e dous anos, pois o pequeno galego. É galeguista tamén pero moi galeguista, ademais fálao moi ben e escribeo moi ben. Ademais escribe moi ben (***). E cando fala coa súa nai fala en galego. Ou... en castellano. E é galeguista. E cando fala conmigo...

A: Claro, porque educáchedelos así.

B: Claro, non sei, é unha cousa que temos aí na cabeza. Eu fíjome e os pais, por exemplo, que ela é inglesa e el é galego, por exemplo, ou alemán ou alemana e se casan destes matrimonios mixtos, fíjome que na casa os nenos, si ela é alemana fálalle alemán aos nenos e si él é gallego fálalle gallego. Ou si é castellano parlante ou francés. Cada pai fala... É que o fan por norma e fan moi ben, eso non está establecido pero eu vexo que case todo o mundo que conozco fan eso, no, no no, eu na casa aos nenos diríjome a eles en francés, di ela. Ou en inglés, o idioma que teña ela como idioma materno. Pois a nos pásanos un pouco parecido, polo que se ve, porque dirigímonos aos netos... Eu diríjome aos netos, e iso que me enmendo moitas veces, que despois xa cambio. Pero se non, en castellano.

A: Sáleche así.

B: Sáleme. E sin embargo na calle, porque moitas veces (***) xa me di “por que te dirigiste a esta chica en gallego?”. E digo eu “porque é o noso idioma, (***)”. Le da rabia. Ao meu home dálle rabia. O sea, dálle rabia, non lle gusta que... “por que te diriges en gallego a esta señora?”.

A: El non o fai?

B: El non, el é... Sállelle de tal e fala galego moi ben tamén, pero...

A: Pero non cambia, quédase...

B: Non, non. Eu cambio porque me encanta. Non é por outra cousa. E non o fago como postura, como unha postura, no, no. Sáleme. Porque eu desde pequena, como dicía unha cuñada mía, “es que vosotras, por miña hermana e por min, miña cuñada dicía ela, es que vosotras pensáis en gallego, por eso os sale el gallego, y yo pienso en castellano”, porque ela acostumbrouse. É de (***). E agora é unha galeguista, galeguista me refiero a...

A: Defensora, si, defensora, si, si.

B: E fala moi ben e escribe moi ben en galego. Pero daquela sempre dicía “es que claro, a mi no me sale el gallego porque vosotras pensáis en gallego”, digo eu, eu non sei si penso en galego. Claro, porque esa é unha cousa que tes aquí para sacar as palabras, non? Eu que sei. Bueh. Así está. Son bilingüe (RISAS).

A: Si, si. Pero claro, iso é unha riqueza, non?

B: Quen me dera falar inglés o mesmo. O mesmo de mal que falo o galego que me dera falar en inglés. Oye, non hai maneira agora, eh? Como non se practique... Mira que eu de así cando tiña a peluquería de solteira iba a unha academia de noite, gustábame faser algo...

A: Íbache preguntar, por exemplo no teu grupo de..., imaxínome terás un grupo como de amigas, non? Típico de quedar ou de tomar café ou demais... Sodes máis de falar en castellano ou...?

B: Non, eu nós por exemplo co grupo que temos máis tal, eu co grupo que teño máis tal é cas compañeiras que vou a gimnasia de (***), no? Falamos en galego, sempre en galego. Sempre.

A: Notas que hai diferenza por exemplo de aquí do centro urbano, do pueblo, ás aldeas, ou...?

B: Si, no, no. Aquí máis finolis. Máis castellanos. Pero nas aldeas todo o mundo galego. Eu polo que conozco, eu creo que todo o mundo galego.

A: E porque cres que aquí no pueblo...?

B: Porque hai moito clasismo aínda, non sabes?, aínda hai familias desas que antes eran tal, e esas fálanche castellano todas.

A: Pero sigue igual coa xente de hoxe en día?

B: E coidado, eh? Que tratan... Eu creo que tratan de paletos aos que falen galego, algunhas das de antes. Aínda as hai, aínda as hai, eh?

A: E tes escoitado algunha vez algo..., algún comentario dese tipo?

B: Non, así que dixeran eso non, pero aínda ayer tomando un café ao saír do curso este, que non puideron polo curso, pois tomamos un café ao saír e faláron, de unha amiga delas que non vai ao curso, que dixo “si, si, como fulana, que le llama paleta”. Esa es unha paleta, a non sei quen outra, e digho “aínda, aínda, dios mío, aínda estamos con esas, aínda estamos...”. E que se crerá ela que é? Pero bueno, cada un...

A: E veuche á cabeza esas épocas, non? Xa está miña nai falándome...

B: Claro, digho “Dios mío... Xa estamos no século vinte e un!” (RISAS). E aínda hai xente así. Aquí, a ver, aquí, ao ser un pueblo pequeno, e tamén vouche dicir, esta xente así máis clasista e tal, tamén é verdade que tampouco saliron... Saliron máis de aquí..., sempre aquí eran eso, os señores e que? E que? Na. Entón...

A: Cres que a xente que saíu, que veu outras cousas...?

B: Claro, que están claro que... Eu creo que xa o ven distinto. Ao contrario, eu creo que hai xente que está orgullosa. De ser gallego e de falar galego e... Aí, eu para min que hai.

A: Como que ves un pouco máis de mundo...

B: Que van moi orgullosas, si, si. Pero claro cren que, porque é que aquí son alguen. E se sales pa fóra pois no. E se falas castellano e faste de finolis, e tratas de usté a todo o mundo pois...

A: Como que... Como que subes un pouco, non?

B: Eso es. Pero gracias a Dios, ou desgraciadamente, xa van quedando menos e mais non pasa nada. Hai de todo en todas partes. Eu quérolles igual.

A: E cres que agora, por exemplo, a xeración de teus fillos, e teus netos... Son distintos? Xa non teñen ese trato de xente de aldea...

B: Nada, nada, para nada.

A: ...xente que fale galego...?

B: Que va, que va! Fíjate na escola. Eu non sei ti no..., donde te educaches máis ou menos, pero por exemplo, si cando era a EGB había que tratar de usté a tódolos profesores, vamos, non se che ocorrira tal. Saliron do EGB, chegaron ao instituto e chegaron todos sorprendidos, os profesores foran quen foran e deran a materia que deran, de “tú”. Sempre de “tú” aos profesores e tal. E nós decíamos, que éramos así raros tamén, pensábase de aquela, e dicía “non ves? Ahora todos son

iguales”, porque antes cando viamos un profesor poñíámonos todos tal, pero agora xa danlle pola espalda, dinlle non sei que... Foi cambiando.

A: E cres que os nenos hoxe en día falan menos galego, máis, igual...?

B: Eu creo que máis, porque na escola estallle falando en galego os profesores todos. Polo menos á nosa neniña, que vai en primeiro de primaria, fálalle galego todos os profesores.

A: E ela tamén?

B: É que o lógico é dar todo en galego. E a asignatura de castellano, de lingua, de lingua. De lingua galega e de lingua castelán. Eso sería o lógico. Pero bueno.

A: Cres que sería a solución para que falasen os nenos máis galego?

B: Claro. Que é verdade que fóra de aquí tamén un neno que solo fala galego. Solo. Que o oye da mañán á noite, na escola que tamén lle enseñan todo hasta as matemáticas en galego, e tal e cual, que sale fóra de aquí, ou que vai, ou que quere ir a..., ou cando sea máis maior quere presentarse a unhas oposicións a non sei donde, ten que aprender... ser... Pero bueno. Que é necesario que conservemos, para min, o noso idioma. Vamos, é que choraría de pena si se..., si din non, eso fóra que non nos sirve para nada, fóra de aquí ou para un traballo. Non. Non é así.

A: Entón como ves o futuro? Es pesimista, optimista...?

B: Eu creo que..., a ver, máis ben pesimista, porque depende dos que nos gobernan. Que como o ven. É que hai moita xente que di que é como o latín, que é un idioma..., unha lingua morta. Que morta? Si todo, si o galego procede do latín. Deso nada. No... Temos que..., ao contrario, deberíamos de..., unha asignatura obligatoria. Digo eu.

A: Si, o latín, non?

B: Si.

A: Que ao final éche bastante útil pa outras cousas.

B: Claro. Si. E que entón, quéroche dicir que o galego deberíano aprender ben todos e o castellano tamén, porque fóra de Galicia, é coma os vascos ou os cataláns, unha vez que uns clientes nosos viñeron aquí de vacacións e viñan con dous nenínos, con dous nenos, un neno e unha nena, e a nena aún tal, pero o neno era un pouco máis pequeno, pero xa tería oito anos ou así. E cando estábamos no restaurante díxenlle eu “que?”, en castellano, claro, “Que tal? Fuiste a ver el mar? Viste los barquitos y viste...?” e dille el, foi correndo xunto a nai e dille “mamá, mamá, que di?”. Ou “que diu?”, non sei como se di en catalán. Non me entendía. E díxenlle “oye, los niños, os teus rapaces non van a poder salir..., bueno, habría que hablarles en castellano. Cuando salgan de Cataluña se van a sentir perdidos”. Porque la niña aun disimulaba un poco, pero el pobriño, hasta lo asusté, non sabía o que lle estaba dicindo. Non lle falei en galego, faleille en castellano. O sea que tampouco...

A: Cres que hai diferencias do que pasa por exemplo en Cataluña ou o que pasa aquí? Bueno, esta é unha boa historia, non?

B: Claro, porque a ver, tes que aprender o teu idioma, eso non o podes deixar, pero... A túa lingua. Pero tamén tes que aprender a outra.

A: Si, si, pa ser bilingües. Que ao final é o que...

B: Pa ser bilingües, que hai que selo. Non queda outra. Si non ou vives aquí e non sales máis de aquí...

A: Por exemplo, a túa neta que me acabas de dicir que lle falan sempre en galego na escola, despois cando chega a casa...? Non sei se é filla...

B: Se transforma. É filla da nena que solo fala castellano, da miña filla.

A: Ah, vale, vale.

B: E alí castellano todo, ela bota así algunha palabra en plan simpático en galego.

A: A nena, dis?

B: Si. “Avoa, que eso non se pode facer” ou “avoa, e ti que dis?”. Non sei que. Dime así, como chiste, como chiste. Pero claro, eu tamén, a verdá, me dirijo a ela en castelán. Non se lle pode pedir outra cousa. E os máis vellos, que están estudando xa na universidá, xa vai no segundo..., o máis vello que fixo vinte anos o outro día xa está en segundo de carreira. E saben o galego perfectamente, saben o portugués e saben inglés. Pois non hai maneira de dirixirse á abuela en castellano, a abuela con eles en castellano... E sin embargo a súa outra abuela e súa nai sempre se dirixen a eles en gallego. Pero xa lles sae de forma natural. É como te acostumbres.

A: Bueno, xa sabes que agora hai moitos rapades que cambian, non? Cando entran na universidade deciden empezar a falar... Bueno, seguro que o escoitaches falar, non? Os famosos “neofalantes”, que empezan a falar galego cando son grandes, non?

B: Despois, xa cando son maiores. E non queda ningún atrás, eh? Fano todos, verdá? Os universitarios sobre todo, que creías ti que non che falaban nunca en galego e agora de repente xa che ven falando en galego e tal... A min o que non me gusta é ese galego que hai medio aportuguesado.

A: Si, bueno, iso é un sector, non? De xente que...

B: Si, hai aí unha..., si. Non sei se son os galeguistas. Galeguistas, galeguistas. Non o sei. O caso é que vexo... Porque a ver, que decimos? Decimos así ou decimos andando? Decimos..., como din eles..., Galicia..., como lle chaman a Galicia?... Ah, e agora tamén hai o galego de moda, o das gheadas: “Ghalisia”... De donde son eu, da zona de (***), de (***), de (***), alí todo eran, a xente falaba con seseadas e con “ghe”: “collín o leghón e fun a...”, bueno, ao que fora, o “legión”. En outros sitios dinlle “a legoña”. E alí dicíanche o “legión” e dicíase así, con “ghe” e con ese case todo: “Vilagharsía”, “Vilagharsía”. Como se tivera jota. E eu dicía “Vilagarcía” (RISAS). Bueno, si, fun a “Vilagharsía”.

A: Non che parecía ben... E sonábache raro?

B: Sonábame raro “Vilagharsía”. Porque claro, eu cando o leo, leo con unha “g”. E agora estos...

A: Porque ti non tes ese...

B: ...estos todos, pois eso, faino con “gheadas”. Por exemplo, Ses, unha cantautora galega moi famosa, que é da zona de Bergantiños, da zona de aí de arriba, pois todas as cancións e todo o di con jota, con...

A: Coa gheada.

B: Berghantiños, berghantiñana, muller berghantiñana tatata.

A: Entón cres que o fai...

B: Sóname moi tal... Pero, un modismo, non? Haino que tomar coma un modismo.

A: Ti cres que o fai forzado ou faino natural.

B: Faino natural porque quere ela e mais porque queren moitos, como ela

A: Pero a ti non che quedou o seseo...

B: O meu fillo por exemplo... A min o seseo non, se ten que ser si e moitas veces sáleme, que conste, porque como o oín de sempre ás veces sáleme algunha cousa con “s”, algunha cousa que ten que levar unha “c” ou tal. Pero vamos, normalmente non.

A: Non é nada malo tampouco, é unha forma.

B: Non, é un modismo máis. Que máis dá?

A: Si, si, e que opinas por exemplo do galego que se escoita na televisión, por exemplo? Non sei se ves televisión.

B: Si, si, claro que si. Pois véxoo ben. Eu véxoo ben, gústame, non é... Ben. Teñen así algunhas cousas tal pero ben. Gústame, estou cómoda escoitando, sabes? Non hai ningunha cousa...

A: Non hai ningún momento que digas “que é esa palabra”?

B: Si, ou “onde van con eso?”, tal. E sin embargo, cando se oye a..., retransmíten algún partido de fútbol digo “ai Dios mío, (***), non..., voume pa a cociña, non soporto escoitar a este home”. Si, porque enfrentouse o... Di algunhas palabras tan raras, que o xogador x que non sei que é, que bueno. E di meu home “eu non sei de onde sacou este, de onde sacan estas cousas”. E algunhas cousas teño que dicir “que significa?” porque din unhas cousas máis raras... Non che podo dicir agora, non me acordo de ningunha frase, pero que as din así un pouco raras, si.

A: Si, que hai un momento que dis e..., si, que non sabes moi ben que é esa palabra.

B: Que é esa palabra? Non sei... Hai aí varias maneiras, por exemplo, en Marín, na zona do sur, fálanche o galego..., xa cho falan doutra maneira e fálanche casi cantando, “e logo ti viñeches?” [pronunciación esaxerada], “e logo ti a donde vas?”, e fanche así un requiebro no tono. É moi bonito, é moi variado, moi variado.

A: Si, a costa é marabillosa. A costa para o galego é marabillosa.

B: Si, pero danlle aí un..., no Grove, por exemplo, tamén. Pero bueno, a ver, está ben, está ben, daste cuenta cada... Mira, aquí mesmo en (***), a zona de (***), xa fala de outra maneira, o deje que teñen xa é de outra maneira, sabes? Xa, non sei como decirche, alargan un pouquiño as eses ou... Eu xa digo “ai, ti eres de (***), xa llo noto eu.

A: Xa llo notas, non? Esa diferenza...

B: Si. “Si, son de (***), e tal”. Cando ven así unha nova e tal e escóitao falar ya lle digho “ai, ti eres de (***). Si.

A: E dicho así con orgullo?

B: Claro, claro. “Notáchesmo, non?”. “Si, pola forma de falar”.

A: Que interesante, non?

B: Si, é que temos...

A: Márcase esa identidade.

B: Mira o que é (***), a comarca, que non é nada. E si é de (***), tamén lle notas, os de (***), tamén falan moi ben. E os de (***), dexan aí un rastreo, arrastran, arrastran, non sei se son as eses ou que, pero arrástranas así. E tamén quédache bonito. A min gústame. Eu estou cómoda falando galego e gústame que se fale galego.

A: Si puideras volver atrás cambiarías a forma..., falaríaslle ao mellor ós teus fillos en galego?

B: Corregiría á miña nai. E máis falaría eu cos meus fillos en galego tamén. Despois cando empezaron a EGB e todo eso xa era obligatoria a asignatura e mais eran obrigatorias..., hasta viñan as matemáticas en galego. E recordo que outras mamás protestaban “donde se veu as matemáticas en galego? Ata as matemáticas... Tamén que tal, e vólvense tolos os rapaces”, e tal, “é que a gramática...”, pero... E non pasou nada, o sea, era así, eran estos... Cando empezou. Mira antes, politicamente, antes politicamente en Galicia tínhamos os partidos centrais, era, antes era franco, despois de franco veu a AP, Alianza Popular, tal, e Fraga Iribarne foi un dos que fomentou, unha, a peregrinaxe, e tamén o galego, e Galicia, porque el foi ministro de turismo e fixo moito a favor de Galicia. Ti eres de aquí e sabes tamén, e queroche dicir que cando, bueno desvieime, ai desvieime, ai da política. E recordo que hubo un partido que se chamaba Coalición Galega.

A: Daquela, ao inicio da democracia.

B: Ao inicio da democracia, Coalición Galega, e alí falaban galego e querían que o galego tal, tal, que recordo que o meu home presentouse pas municipais de segundo, de terceiro ou de cuarto, do que fora, bueno dixéronlle “vas de tal tal e (***)”.

A: E de que partido?

B: Da Coalición Galega. Si, si. E despois a Coalición Galega, polo que sea, dilueuse e el xa non quixo saber nada máis, o sea que... Sin embargo fala castellano...

A: E con eles tamén... ou falaba o galego?

B: Non, non, falaban tamén, bueno, cando viñan os de coalición, o presidente e os..., e tal e cual, viñan e falaban en galego. Si, si. Non, el síntese moi orgulloso.

A: O teu marido cambiaba de aquela?

B: Non, non é que cambiara, pero aceptaba e quería, o que pasa é que fala así porque ademais o traballo del, sobre todo, o traballo del, xa de antes e agora, pois é para toda España, nos temos unha fábrica que fabricaba (()) pa toda España. Que fai el falando solo en galego, non sabendo...?

A: Claro, claro, hai que adaptarse a todo...

B: Ás circunstancias.

A: Sobre todo aos clientes, non?

B: Pero despois el en particular tamén lles gusta moito o idioma galego.

A: Si, si.

B: E outra cousa, por exemplo, ti tes que faser unha oposición no país vasco ou unha oposición en Cataluña permitiranche ou tes que estudar o idioma vasco ou o idioma catalán para presentarte?

A: Alí tamén tes que, se vas ser funcionario público si, si.

B: Fíjate.

A: E por exemplo unha diferenza que hai, por exemplos os médicos en Cataluña teñen que ter un nivel alto obrigatoriamente. aquí en Galicia non é obrigatorio, é un requisito, a ver, non é... É un mérito, non é un requisito. Danche puntos extras, pero se non os tes e tes puntos doutra cousa xa che...

B: Doutro lado xa che vale.

A: Normalmente téñeno porque ninguén vai... arriesgarse a quedarse sen praza polos puntos.

B: Por causa do galego.

A: Entonces o normal é se eres galego e estudiaches por exemplo no instituto tes xa un nivel alto, xa che dan automático, non? e se non se ves de fora e estudias, fas un exame na oposición e danche uns puntos extras. Desde o teu punto de vista cal cres que..., quen o fai mellor? Pois aquí ou en Cataluña que é un exemplo...?

B: É que a miña filla, eu non lle preguntei á miña filla, que gañou, acaba de gañar unhas oposicións pa non sei que do xulgado, non sei que cargo é, e presentouse e ganounas no País Vasco pa o xulgado e alá vai, non sei se marchou, se foi coller a plaza ou pideu excedencia. Entonces sinal de que se presentou, porque claro a xente preséntase se hai en Zaragoza unha oposicións preséntaste alí

A: Sabes que hai moita polémica diso, non? Da xente que di..., doutras..., doutras comunidades que di “claro eu non podo vir aquí e ti podes vir a Madrid”. Que opinas?

B: A traballar? Claro. Pois eu non sei, todo o mundo ten dereito, creo que todo o mundo ten dereito. Se ti vales, é que é curioso, que ao mellor ti non che chegaran os puntos pa gañar a oposición aquí en Galicia e te presentes no País Vasco ou a Cataluña que fijate que é outro idioma e tal e cual e que si que as ganes. Oye, merecéchelo, eu que sei, verdá? Eu creo que temos que ser...

A: E cres, por exemplo, que un médico tería que telo obrigatoriamente ou ves que o sistema aquí...

B: Bueno, o médico eu creo que agora vas ao hospital e xa eu creo que todos os médicos, enfermeras, todos, xa che falan en galego, eh? O médico xa se dirige a ti e... Excepto os máis maiores, os máis clásicos, eu creo que os demais diríxense xa a ti en galego, polo menos a miña experiencia, eu creo que si.

A: Hai ese cambio, non? Ves un cambio...

B: Si, que se fala galego tamén nos hospitales, moito.

A: Pero os de antes xa teñen outra...

B: Eu creo que os de antes que no, diríxenseche en galego, en castelán. Pero vamos, a tendencia, non sei se ti tamén o notaches, que xa che falan en galego.

A: Si bueno, e por que cres que... Si, a verdade é que si, agora que estou pensando pode ser, non? Esa diferenza de..., pola idade.

B: E por exemplo a min encántame cando o, sale alguen do goberno de Galicia a dicir algo na televisión polo que sea e xa o din en galego, xa ves que tal. E cando, por exemplo, Núñez Feijóo se está nunha conferencia en Madrid eu xa o encontro raro falando en castelán. É que está..., encóntroo raro.

A: Está...

B: Está noutro lado, porque sempre se dirige ao público, sempre se dirige en galego, aquí, sempre, sempre.

A: Cres que dende a Xunta se apoia o galego o cres que se podería facer máis?

B: Eu creo que se apoia pero eu vexo que..., non sei que lei houbo aí atrás que dicen que xa non é obrigatorio non estudar en galego, é que non estou posta, non sei.

A: Reduciron un pouco as horas, si, reduciron, meteron máis inglés e reduciron. Antes eran...

B: Claro, europeándonos un pouco máis. bah.

A: Que cres esa situación, como a valoras?

B: Por un lado está ben porque non vamos a vivir todos aquí de todo o que hai aquí. Hai que expandirse, pero bueno, ao mellor, non o sei, a ver, ao mellor, non o sei, non o sei, ademais non estou alá moi posta en eso, pero non sei que sería mellor. Bueno que sacaran algo de galego pa poñer máis inglés non está mal. Porque ao final o idioma que máis se fala disen que é o galego portugués, o que máis se fala no mundo, por Brasil e polos países... eu creín que o que máis que se falaba era o inglés. O idioma máis falado, bueno creo que o primeiro é o español e despois o portugués.

A: O primeiro é o chino.

B: Ah bueno é *verdá*.

A: Olvidámonos dos chinos...

B: Dos chinos, pero están aí, millóns deles.

A: Si, si, e despois o hindi, do hindú, da India.

B: Si porque tamén hai moitos millóns.

A: Claro, hai moitos millóns. Si, estou eu agora pensando nas cifras, si. O español 500 millóns en todo o mundo.

B: Fíjate.

A: Pero o inglés é distinto falar dos que o teñen como lingua nativa pero claro, inglés fálaos como lingua estranxeira, moitísimos millóns, todo o mundo.

B: Todo o mundo, en tódolos sitios. Vaías por Europa.

A: Pero o portugués é forte, claro, Brasil aí que son moitos millóns, e bueno cres que o galego axuda?

B: Os caboverdianos teñen xa así un pouco de dialecto pero falan portugués tamén. E hai moitas almas por alí. Fálase bastante o portugués.

A: Cres que hai conciencia, que a xente pensa que co galego pode chegar aos portugueses ou cres que non hai esa conciencia?

B: Eu creo que si, bueno a min encántame porque así cando vou a Portugal enténdome bastante ben, eu estou contenta.

A: Ti vas alí, falas galego e enténdente.

B: Si, máis ou menos, o día que pedín, xa hai anos, era meu fillo pequeno e o meniño estaba maliño de vomitar e tal e pedín unha manzanilla, estábamos en Lisboa, alí nadie me entendía. Díciánme “chá, chá” e eu “pos eso, xa unha manzanilla”

A: Non había maneira

B: “Té, té” e “no, té no, manzanilla”. “Chá, chá”, “que no, que si” pero que...

A: Pero tráema.

B: E despois díxome meu home, “muller pero non sabes que chámanlle chá”, “s”, “h”, “a”, “e”, ou “t”, “th” ou algo así, non sei, e como en Portugal bébese moito té que lle quedou así da época dos ingleses. Eu non quería té, sabe peor ca manzanilla. Total, que a manzanilla, ao final veu a manzanilla porque señalleille eu, o chico, señaloume “é ese? ah, chá” e despois díxome el “pero non sabes que é “chá”?”

A: Ahora xa non se che vai olvidar eh, xa vas...

B: Ahora xa pido eu “chá”.

A: E volvendo aquí a (***), cres que nalgún..., estou falando en xeral, tiendas, comercios, o concello, hai algún sitio onde creas que deberían falar máis en galego pa atención ao público ou cres que iso está moi estendido e non hai problema?

B: Pois eu creo, nos supermercados xa falan todo en galego, eu creo eh, eu creo, é que non me doou conta. A verdá é que nunca pensas en esas cousas, pero eu creo que xa todos, que a mayoría.

A: Que non hai xa esa...

B: No, é así, se veñen así xente que ten costumbre de falar galego que contestan todos en galego, todos os que despachan nas tiendas, nos comercios.

A: Si, eu creo que tamén nun sitio pequeno xa casi sabes, non?

B: Quen fala e quen non. Eu creo que xa está moi, eu creo que aquí está moi estendido o galego. Excepto iso que xa che comentei de ese nivel de idea tal, pois...

A: Un certo perfil, non? De xente ao mellor máis...

B: Claro, afortunadamente xa son menos os que din que os que veñen falando galego que son paletos.

A: Se vai cambiando a cousa por sorte.

B: A ver se non seguimos coma a xuíza esa, a de... de Marbella.

A: Si, pero iso tamén foi unha noticia, foi unha noticia negativa, pero tamén positiva que todos nos puxemos...

B: De punta. Decía eu dios mio quen me dera ter algún, que eu non son dos medios de tal nin nada, xa para poder largarme coa miña opinión. A donde vamos? Como vamos de hora?

A: Ben, si, podemos ir... Son as once.

B: Xa son as once.

A: Non sei se tes algunha ocupación...

B: Eu xa vou aproveitar

A: Cinco minutos máis

B: No, cinco minutos ou dez ou así para ti porque eu teño que ir ao centro social agora, ti onde quedaches coa túa...?

A: Teño que ir ao centro social.

B: Pois xa vamos

A: Que tes máis actividades hoxe?

B: Noo, hoxe non teño ningunha, por eso hoxe, pero os xueves é cando a dedico para estas cousas así de... hoxe non hai nada, non hai nada.

A: E íbache preguntar, xa pa acabar, eu estoume centrando moito en como é a comunicación cos médicos. Un dos ámbitos que normalmente falamos aquí. E ti por exemplo cando vas ao centro de saúde, como falas co médico?

B: Ca nosa..., ca nosa non me dou cuenta. Por exemplo, ali en recepción todos en galego. Todos. Todos en galego. E ca nosa..., eu creo que tamén así un pouco en galego, pero ela é moi así... Fala así como moi mimosiña, moi cariñosiña, entón todo é moito de "iña", "ai (nome con diminutivo)", a min dinme así, "ai (nome con diminutivo)". "No, no hagas eso", pero falo..., dimo en castelán. E di "ai (nome con diminutivo)". "No, tienes que tomar las pastillitas". Non sabes? Galeguiza o castellano moito. É moi así, moi amorosa.

A: E cres que é tamén para...?

B: Por intimidá ou..., non o sei. Pero eu vexo que galeguiza as palabras.

A: Pero mantense en...?

B: "Mira, te voy a recetar estas pastillitas, pero tómatelas, eh, (nome)? Porque si no tienes el colesterol tan alto", e así (RISAS). En este plan, que parece que che fala galego. Da forma tan cariñosa que cho fala, non sabes? Así tan amorosa.

A: Pero ao final é castelán pero...

B: Ao final é castelán así con dejes.

A: Pero ti sínteste cómoda?

B: Si. Síntome cómoda. É que non me entero. Ahora a repetir o que ela me di doume conta de que o di en castelán pero que lle da así ese xeitiño que temos...

A: E ti cando vas alí tamén lle falas en castelán?

B: Claro.

A: Claro, por inercia, non? Do que fala ela.

B: Claro.

A: E dáste conta que ao mellor nalgún momento cambias ou que ao mellor dis un...?

B: Moitas veces é que eu, yo que sé, por exemplo, alí eu creo que falo con ela..., eu creo que falo... Afortunadamente vou pouco, non? Pero eu por exemplo podo dicir no hospital, o meu reumatólogo ou así, fálame en castelán. E eu contéstolle en castelán. E podo meter así unha frase, pero outras personas que me chegan así de repente que o que sea, xa me dirijo a elas en galego, con naturalidad. Non vou forzándome aí de...

A: Inda que non coñezas a esa persona?

B: Eso. Xa me dirijo en galego. E dime despois meu home “por qué le hablas en gallego? Y el te estaba hablando en castellano”. “Porque, (nome), estamos en Galicia y somos gallegos”. Dígolle sempre o mesmo, “tamos en Galicia y somos gallegos, que manía de hablar castellano”. Sempre lle digo o mesmo. E el ten a cultura esta de (***), eu creo que está influido polo de “que paleta esta que fala galego”.

A: Ao mellor ven dunha familia que escoitou iso.

B: E eu cando oigo algo así xa o fago peor, xa...

A: É rebelde (RISAS).

B: Xa me rebelo.

A: Pero como eran... Os teus sogros... O teu marido que ven, dunha familia que ó mellor falaban en castelán...?

B: Si, miña sogra falaba galego con todo o mundo, falaba en galego, pero co fillo...

A: Que curioso, non? Pensaba que eran...

B: Non, porque tiña un negocio e aquí é o que hai. E falaba galego. Pero por exemplo con fillo e comigo, cos netos, castelán. Debe ser porque pensábamos que era máis fino, pero non o pensábamos, eso sale de forma natural.

A: Estaba metido aí, estaba metido aí non?

B: De forma natural, e punto.

A: Si, pero túa nai con vós sempre en galego.

B: Si, ela falaba galego pero quería que faláramos castellano. E eu por exemplo agora vou a (***), á miña terra onde nacin e con todo o mundo falo en galego. Falo en galego.

A: Claro, túa mai tamén tivo..., era doutra época, non? Que ao mellor tamén pasou algún momento...

B: Claro, ela pobriña, dicía ela “que verghonsa, si vamos a (***)...”. Ves?“Verghonsa”. Non dicía vergonza ou que vergoña, non. É “verghonsa”. “Que verghonsa si vamos a (***) e falades, e vos poñedes a falar galego”. Sempre dicía así.

A: Pero ela pasou..., tes conciencia que pasou algún momento...?

B: Ela cando era nova, antes de casar, era costureira e era das que iban a coser ás casas, ca máquina na cabeza, ca máquina de coser desas de..., tal.

A: Si, si.

B: E iba ca máquina a coser ás casas e eran casas de señores.

A: Ah, vale.

B: Moi importantes, entónces alí ela tuvo que ser fina si ou si.

A: Necesitaba, non? Necesitaba ese...

B: Tiña que ser fina si ou si.

A: Pa que n'a tratasen..., pensaba que iban tratala millor ou...?

B: Claro, non se pensa. Estás na casa dos señores, que os señores falan todos castellano...

A: É como ir ben vestido, non? Ou algo así, desa época de...

B: Claro, dicir... Claro, non vas a ir a tal sitio... Vas a un entierro e vas bien vestida ou vas a unha voda e vas moi ben vestida, iso xa che sale de forma natural. Non levas o pantalón vaquero.

A: Iso tenmo dito outras personas, non? Que ao final a lingua é como poñer o traxe novo, non? Algo así como daquela.

B: Claro, claro. Si, si.

A: Por sorte estamos cambiando, por sorte. Ou é a miña impresión.

B: E a miña tamén, eh? Ahora xa... Que ven aí esta xuventud toda, como o meu fillo, e as miñas noras e tal, que xa veñen falando galego.

A: Bueno, esperemos que o futuro vaia nesa dirección, non?

B: Eu creo que si, eu teño a esperanza de que si.

A: Que poderíamos facer?

B: Non unha obsesión que tal como os cataláns, que chegabas alí e estabas nunha ventanilla e contestábache en catalán. Eu dicía “mira, a min se me pasa eso, empézolle a falar así un castrapo ghalegho deses que non me entenda e a ver como nos entendemos, a ver como me despacha os billetes”. Porque hai algúns ou algunhas en Cataluña que non cambiaban. Olvídate.

A: Iso pasoume a min, si, si.

B: Non che cambiaban. Ti falándolle en castelán ou tal non che cambiaban, e eu digho “bueno, pois poñemos...”. Si supera inglés faláballe en inglés, pero claro, como eles teñen moito máis..., a educación superior á nosa, casi todos os cataláns saben francés pola proximidade á fronteira, sobre todo os da parte norte, e todos os cataláns saben inglés perfectamente. Calquera sabe inglés.

A: Si, que ao final... Pero si, a ver...

B: Cousa que nós esa cultura non a tuvemos, eh? Eu creo que aquí en Galicia estuvemos máis atrasados na educación. Non sei teus pais a formación que tiveron ou tal, pero...

A: Ningunha. Casa de labregos e... aprender o mínimo, non? Ao mellor aquí..., estoume dando conta que ao mellor hai xente que estudiou un pouquiño máis, porque claro, (*cidade*) está ao lado e píllache máis..., ao mellor había máis posibilidades daquela. Estoume dando conta que aquí...

B: Moita xente ten uns básicos.

A: Un mínimo... un mínimo hai.

B: Máis básico, si.

A: Por exemplo, meus pais acórdome que me dicían que iban á escola cando chovía porque non tiñan que ir pas vacas.

B: Claro.

A: Cando chovía pois mandábanos á escola pa que..., porque non podían facer nada na casa, pero... Si, eu doume conta que aquí é..., claro. Debía de haber escolas máis próximas e claro, era máis fácil mandar a alguén a estudar.

B: Si, e máis aquí, como... A ver, é unha zona industrial. Entonceis antiguamente había unha fábrica de piel aí Picusa, antiguamente, e unha azucarera, había... (()). E a xente ganaba o que ganara, o que fôra, e a xente iba a traballar e os que podían, mandaban os nenos á escola. Porque eu vexo que aquí moitas de (***) que non chegaron a estudar ningunha carreira, pero si que iban a (*cidade*) a estudar os estudos básicos, fixeron alí o..., o bachiller. Ou fixeron o bachiller superior ou...

A: Si, xa eran estudos.

B: E parece que non, pero daquela...

A: Si, era moito, si, si. Pola proximidade, creo que era máis fácil. Bueno, eu son (***), creo que xa o dixerá.

B: (***), ah, non, non sabía.

A: E claro, o máis próximo é (*cidade galega*), que está a trinta quilómetros, que xa non...

B: Xa, non é ao lado.

A: Xa non é ao lado, xa había que ter un coche, xa había que ter un..., xa é outra...

B: Ui, aquí houbo xente, que agora terá sesenta anos..., cerca dos setenta..., que aínda está... Por exemplo, aquí hai unha chica de (***) que estudiou en Santiago, fixo a carreira, fixo dereito e despois fixo..., é fiscal. Agora é fiscal en Madrid, xa hai anos, pero creo que aínda..., ayer aínda o dixeron as amigas e tal: “esta chica fixo a carreira indo e vindo, indo e vindo”, que o pai faltáralle e criouse cunha tía e ca súa nai e elas como puderon déronlle carreira á chica, solo tiñan esa. E digo eu “fíjate”, agora meu neto ten que... está estudiando, hai dous anos estuvo en Santiago, o primeiro ano de carreira estuvo en Santiago, con piso xa. E eu digo “bueno, mira, que aproveite, ten que ser independente”.

A: Cos amigos e... aprender un pouco..., si, si.

B: A vida... Ten que ser tamén independente, como todos. Pero ela, a carreira de dereito e iba e viña e iba e viña en tren. Pobriña, vivindo alí, tiña que ir a estación, chovera, ventara... O meu home...

A: O que algo quere, algo lle costa...

B: Claro. O meu home tiña que coller o tren de oito anos para ir a (***), que iba ao colegio (***), un colegio que había privado, e collía o tren todos os días, de oito anos! Hoxe non o concibo, porque a nosa pequena ten seis anos e vamos, non o concibo que tivera que coller o tren el solíño e iba e viña e tal. Agora non temos esa independencia. Pero non cabe duda que aquí había un pouquiño máis. Tamén hai moita xente das aldeas e todo que teñen estudiado, pero tamén hai moitas que nada, o básico, básico.

A: Si, pero bueno...

B: En general parece, verdad?, que...

A: Si, máis, máis... Si, si. Polo menos máis do que penso eu do meu entorno e dos amigos de meus pais e... Normal...

B: Si, en (***) pasaba o mesmo, cando eu era pequena... A ver, xa hai setenta anos, sesenta e oito ou sesenta e cinco, había dous colegios de monxas. Había o colegio este de (***), que era..., antes as monxas eran para as niñas, non había nenas e nenos, e o colegio de (***) para os nenos, e logo había outro colexio máis... E iban a Pontevedra, que eu tiña a vinte quilómetros e había tren... Sabes?

A: Si, estabades nun sitio así...

B: Bastante centrado. E eu non quixen... A verdad foi culpa mía, non... Os meus pais tampouco me enfocaron, porque meus irmáns estudaron todos e miña hermana fixo bachiller superior e despois quedou en magisterio... Iba facer magisterio e quedou no primeiro ou segundo curso de magisterio, non quixo máis. Porque ela quería facer enfermería, non quería facer magisterio. Como había que ir a (*cidade galega*)... E dixo meu pai “non, non vai ir a rapaza sola pa (*cidade galega*)” e meu pai non lle deixou ir. Porque daquela só había enfermería en (*cidade galega*). Ou veterinaria. A ela dáballe igual ou veterinaria ou tal... Pero veterinaria tiña que ir a (*cidade galega*) e para enfermería, tal... E papá non lle deixou e entón dixo ela bueno, pues magisterio, pero magisterio non lle gustou...

A: E deixouno.

B: E deixouno. Pero despois fixo (()) comigo. Porque eu tampouco podía ir a facer o curso á Coruña, que era moi pequena para meu pai.

A: Claro.

B: Tiña quince anos. E mira ti, como vai ir ela sola!

A: Ai, hoxe en día...

B: Entón ela, como deixou a carreira... E hoxe en día van, e veñen..., xa se desenvolven de marabilla...

A: Pero non hai distancias case, porque hai outra...

B: Si, hai outro nivel, pero daquela... tínhamos que dormir alí de lunes a viernes.

A: Claro, e ao mellor chamabas unha vez...

B: De lunes a viernes e os teléfonos había que ir a... Na casa había teléfono, pero... en fin.

A: Bueno, pois eu creo que o podemos deixar por aquí.

B: Eu creo que si. Eu se che servín de algo...

A: Totalmente. Moitas gracias.

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Format: Face-to-face

Total length: 53:54

Total words: 9911

Speaker A (Interviewer): Researcher

Speaker B (Informant): Male, 62 years old, secondary education, rural, bank employee (retired), Galician speaker

Language of the interview: Traditional Galician (A), Traditional Galician (B)

A: Aquí o vou subir... Ademais aquí escóitase ben cando fago as entrevistas. Nunha terraza e demais... Despois voume volver loca, despois teño que escoitar todo co ruído de atrás, non? Ben, pois vamos falar un pouco do que xa falamos de forma informal, non?

B: Si.

A: A min o que me interesa é ver cal é a situación..., como se fala nesta comarca e como é as túas impresións, tódalas opinións son válidas, estou falando con distintas personas, non? E bueno, podemos empezar..., cóntame un pouco: ti naciches aquí en (***) ou naciches...?

B: Eu nacín en en (***), no Ayuntamiento de (***), que é limítrofe con esto. E bueno, eu á escola xa sabes que daquela, bueno, hoxe non sei, supoño que non, pero daquela a escola era siempre toda en castelán.

A: Si, claro.

B: Despois nós seguíamos falando o galego porque claro, nas casas non falaba nadie castelán. Na igrexa e na escola é onde falábamos castelán. E bueno, eu despois xa fun pa (*cidade galega*), aí as clases seguían sendo en castelán pero bueno, seguíamos falando o galego cando podíamos. Eu sempre, dalgunha maneira, estiven vinculado ao galego, entónces bueno, eso sigue hoxe. E aquí hai xente, a ver, eu o que percibo é que cada vez hai un maior abandono do lenguaje, xa nas xeracións que veñen detrás, na anterior miña non, pero unha ou dúas despois por detrás xa a xente, non os pais, o sea, non os fillos, senón os pais tamén, xa salen en castelán. E claro, nas vilas ou donde hai un pouco máis tipo urbano, máis aínda acentúase máis a eso. Incluso a xente que vén de fóra tende a meterse máis no que se fala máis, que é o castelán. Entónces eu vexo que hai un predominio do castelán que non hai forma de eliminalo. Non porque ademais os rapaces unha vez que empezas a falar castelán cos teus compañeiros de pequeno é difícil que o deixes ao largo da vida, porque os teus compañeiros ou os teus..., van terminar sendo dese grupo, entónces claro, pa eles eso é normal. Non teñen esa necesidade de apegarse ao galego, non o ven como unha cousa... Saben que está aí e que..., bueno. Haberá xente que se involucre xa desde que naceu, pero... Ou cando teña uso de razón, pero a maioría pois eso, déixase levar e terminan facendo o que fan todos, que é falar o castelán, incluso un pouco se queres hai discriminación. Se te ven falando ao mellor o galego pois igual dalgunha maneira che apartan.

A: E cres que iso sigue pasando hoxe en día?

B: Si, si. O sea, o da discriminación non o sei, o de que o castelán vai ganando terreno cada día téño clarísimo. De feito é máis, eu a veces estou en foros de internet onde..., fala de aquí, pois de aquí de Galicia e o outro día falando... Bueno, eu son celtista, falando do Celta os comentarios que había, máis do noventa por cento eran en galego, perdón, en castelán. E eu preguntei, dixo bueno, que era o que os motivaba a falar en galego e ningún me deu unha resposta coherente. Bueno, que cada un falaba o que lle daba a gana, o cual está moi ben, pero que non entendía como sendo de aquí hai que facer os comentarios en castelán como se non entendéramos o galego ou non nos quixera, dalgunha maneira..., eso.

A: E cres que esa xente... Cal é a túa impresión? É polo medio? Porque parece que Internet e demais... Ou pensas que esas persoas tamén o farían así en persona?

B: No, eu creo que é un efecto contaxio, empezas falando cun grupo de xente, terminas tal e ao final tómallo como normal falar castelán. Efecto contaxio ou... Hai unha masa que se deixa... Lévese igual pa un lado que pa outro. Pero despois hai xente que xa si, vaise..., non sei como explicalo, vaise co grupo maioritario. E despois hai quen, quen rema no lado contrario, que somos os que falamos galego, pero eu creo que cada vez vai ser menos, non sei. Solamente a xente que o ten como bandeira ou aqueles que naceron con el, pero xa digo, os que naceron con el van morrendo, porque hai unha época de xente maior que o fala e vai desaparecer. Eu vexo que non hai relevo, non o vexo. A curto prazo non o vexo, non sei se despois a xente cambiará co tempo, pero... Non hai un..., pa min que non hai un sentimento de aquí de Galicia, sinceramente, que non hai un apego ou tal, que a xente que lle da un pouco igual ser de Galicia, que ser de Asturias ou ser de Madrid. Miramos outros modelos de país que non son o noso.

A: E cres que é algo aquí propio de Galicia ou que...?

B: Si, penso que si, penso que si que é algo propio de Galicia, é algo propio de aquí de Galicia que non sei si nos quitaron o amor pola terra neste tempo que pasou atrás, de moitos anos de ditadura, ou si xa somos nos así..., esa tendencia a valorar o de afora e non mirar o propio, non o sei. Eu creo que é algo de aquí, porque eu vexo que por exemplo os cataláns teñen o seu amor á terra, os vascos non falan euskera, non todos pero algúns teñen o sentimento, e aquí moito falar de bo marisco e tal, pero despois as cousas básicas como son o..., non sei, o idioma, as raíces e todo eso, eso creo que non está, non está en valor, non se pon en valor. Quizás teñen que vir xente de afora, xente incluso que non é de España, a vernos facer o valor que teñen as cousas de aquí, en moitos casos. É triste pero é así, a min parécemo.

A: E cóntame un pouco como era cando ibas á escola. Estamos falando da ditadura, non? Como era daquela? Ti viñas, ti criácheste nunha zona rural non?

B: Si, si. Totalmente.

A: Viñas do rural e que pasaba na escola?

B: Bueno, a ver, na escola basicamente pois bueno, na escola falábamos todos xa de principio en castelán. O de siempre, é dicir, despois claro, ese castelán como non había, digamos, sustento pa seguir con el, na cas falabas galego normal. Despois cando ibas a misa volvías a seguir falando castelán. Non había esa necesidá de aprender castelán porque xa o sabíamos. E o galego falabámolo porque era o que falaban todos, supoño que si outra xente, se na nosa casa, ou estuvéramos nun núcleo donde a xente falara castelán, seguiríamos falando castelán. Salvo que despois cando tuvéramos ao mellor as súas razóns, xa bueno non, o meu idioma é este. E bueno, a ver, nós vivimos nunha época bastante... No sesenta e cinco, sesenta e seis, que era cando máis ou menos eu podía, digamos, ter un pouco tal, eu acórdome que cantábamos... Bueno, esto xa é un pouco política, pero supoño que tamén ten que ser, cantábamos as cancións estas do *Cara o sol*, e toda esa historia, os maestros... E tamén sei, pero esto non o vivín eu en propia piel, senón que sei que hai xente que daquela non podía..., que eran zurdos e non podían escribir coa esquerda, que os machacaban, é dicir, dalgunha maneira pegábanlle ou dicíanlle á nai... Houbo xente que tuvo que aprender a escribir ca dereita, pero despois de toda unha vida, despois de ao mellor seis anos ou sete, e tíñanos como que os, non sei, dalgunha maneira os sentenciaban. Non é lóxico. Incluso tendo un informe médico de que tiña esa, digamos, ese problema ou como lle queiras chamar, seguían mallando neles. E poñéndooos..., apartándooos. E eu siempre tamén tuven..., a ver, creo que tuven algunha discriminación particular porque eu non é que fora inteligente nin nada, era un tipo normal, pero eu creo que redactaba bastante ben cando era pequeno, e acórdome unha vez un profesor que me dixo, que dixo? Medio me humillou. Non sei si sería por... Igual me vía muy espabilado o igual se vía que... Eu vin un desprecio, foi a única vez que tuven... E bueno, vía cousas que non me gustaban, pero que... Entendía que formaban parte do que tíñamos que facer. Non, sei.

A: E que che fixo ese profesor? Diante de todos... Decías que te humillara, non?

B: Si, si. Non, o que che digo, fixen unha redacción, eu creo que redactando eu era bo, non sei, pa min. E sígoo sendo hoxe, paréceme. Ao mellor teríame que valorar outra persona. Pero acórdome que me dixo “esto no tiene cuerpo”, tal. En plan..., pero en plan de decirme “lárgate de aquí que esto non... nada”. E non era certo eso.

A: Cres que era un motivo porque falabas galego? Ou...?

B: Non, non, porque fóra de alí, na clase falábamos castelán, non nos quedaba outra. Eu creo que o motivo sería que ao mellor non me veu a min moita tendencia. Igual me veu algo rebelde, non o sei. Ou que lle puxen alí na redacción, que eu xa non me acordo nin de que era, igual non iba polos cauces que tiña que ir. Entendo que ao mejor el veu algunha forma de rebelión alí xa nas palabras, entón... Despois si que tuven bos profesores. O último que tuven que era moi boa xente, tamén se che tiña que dar unha labazada dábacha, pero con aquel home aprendín eu a brujulear e a facer as cousas ben. Porque hasta aí os profesores, bueno, o primeiro que tuvéramos era un animalíño, un destes cunha vara a mallar en todos. Un desastre.

A: E bueno, vós xa falabades castelán dentro...?

B: Si, si, non quedaba outra.

A: Pero se non, correxíavos ou como facía?

B: Non che escapaba nada, eh? Non, porque vías, a ver, había moito medo, cando escribías con pluma se che caía un borrón xa había que ir chorando a onda el pa dicirlle “ai”, porque se non, leña que te criou, alí no... Digamos, o aprendizaxe era a base de..., o de “a letra con sangue entra” era mallao.

A: A disciplina, si.

B: Si, si. Eu acórdome que meu irmán que levaba moitas, tamén era un trallas de carai. Escribía con pluma e un día veu o maestro para arrearlle xa e tiña a pluma así e debeuno, non sei se foi pa protexerse ou algo, e clavoulle a pluma aquí ao maestro na man. Levou mais hostias que o carallo, pero o maestro marchou coa pluma clavada (RISAS). Si, facíannos moitas historias. E bueno, a ver, é unha época que por un lado era bonita, porque tiñas os compañeiros e eso, pero se empezas a ver cousas, si empezas a miralo con ollos de tal... E despois outras cousas, que os pais tiñan que levarlle..., as nais cada canto tempo pois matábase o porco ou calquer cousa había que ir alí e levarlle ó tipo e... historias. O do xamón, que dicían, iso é certo, e certo. E ben, eu os últimos anos vino moi ben porque o profesor sempre me daba moi boas notas, poñíame tal e sempre que falaba cos meus pais, meus pais vían contentos, claro. Era un rapaz que iba... E basicamente eso. E bueno. Hasta aí máis ou menos. Igual me acordan máis cousas, pero eso, a miña experiencia, os primeiros anos, terrible. Despois pois foi moi boa, moi boa. Estudiei un pouco, si estudiei, se despois fun a estudar foi porque o profesor lle dixo que eu tiña capacidades e tal e fun estudar, senón ao mellor si, ao mellor non, non o sei.

A: E como era...? Fuches pa’ (*cidade máis próxima*), non? A estudar...

B: Fun pa’ (*cidade máis próxima*) e fixen Maestría, que era o que é FP2. E botei alí cinco anos, despois fixen COU e despois a selectividá, que eu non era bo estudante, eh? É de dicir. Eu era un tipo que facía as cousas de... Eu era estudante do día anterior, de dicir, quedánme dous días pa estudar e non sei nada, bum, bum, todo xunto. E despois salía ou non salía. E claro, iso valeume hasta terceiro de maestría, valeume o de dicir estudio hoxe, tal. De aí pa adiante xa fun a remolque. A remolque, bueno, aprobando, un ano suspendín porque tampouco non fun nin a clase e... Que era o que contaba (***) , que despois o profesor doume un cero nunha asignatura, nin fun un día a clase nin nada. E hasta terceiro fun ben, en terceiro fun xa indo a remolque, agora deixo unha, deixo dúas, tal. Bueno, pero aprobeino. Despois fixen COU por nocturno, que tamén o saquei así a trancas e barrancas, e a selectividad xa non a dei aprobado. Entón prepareina, pero sin estudar, sin estudar un día. Eu á academia iba, pero despois de noite iba aos viniños igual e nada. E entón xa foi cando funme pra mili. Aprobei o COU, funme pa mili e xa despois empecei no banco e hasta hoxe, hasta que me jubilei. Estiven vivindo no País Vasco catro anos e despois xa me vin pa aquí.

A: E estiveches alí catro anos traballando, non?

B: Si, Si. Traballando en Bilbao, mesmo. No (()).

A: Iso é como o que falamos onte, non? Que fuches para alí e... Cantos fillos tes?

B: Teño un.

A: Un fillo, non?

B: Un.

A: E naceu alí ou...?

B: O fillo foi dar a muller a luz alá. Aquí, mellor dito. Pero despois estivo indo á escola e todo alí. Estuvo ano e medio alí. Catro anos..., foi ao segundo, si. Ano e medio. Despois xa nos viñemos. Pero o que me dicía (***) onte, claro, eu o euskera non llo vou a aprender, non o vai aprender, porque non llo aprenden de pequeniño. Podía aprendelo, pero non iba a ter continuidade con nós porque nin puta idea. E imáinate que veña o rapaz falando euskera un pouco que sabe e que eu non lle sepa dicir nin aita ni ama nin nada de eso. E claro, aprendémolle castelán, que lle íbamos aprender? Galego tampouco porque non vai pa escola..., casi sin falar e empezar alí a falar en ghalegho na ikaescola. E foi un pouco así. E el falou castelán... Aquí claro, aquí tíñao fácil, xa falaban todos castelán, non tuvo que preocuparse de aprender gallego nin nada. Falou castelán hasta os vinte anos. E xa se empezou a facer nacionalista, que non sei, xa tiña ideas de izquierdas, moi nacionalista, moi tal, o Bloque... Xa de pequeno. Entón un día apareceu na casa sin decirlle nada falando... A min víñame a risa, porque dicía “bueno este, que non sabe falar nada...”. Empezou a falar a falar e cada vez pois está máis..., xa usa o galego portugués ese de marras, *reflexóm* e todo eso.

A: Pero ao falar? Tamén falar?

B: Si, si, ao falar.

A: Pero sempre?

B: Si, si, ahora siempre. Porque ademais o grupo en que está alá, bueno, tamén sabe... Fíxo o CELGA... como se chama? O inglés fíxo o cinco anos na escola de idiomas. Inglés non sei se sabe falalo ou non porque non coñezo unha palabra de inglés. Eu a veces vacíloo “in the tren”, e din “cala a boca”. (RISAS) E sabe o CELGA tamén, ten o CELGA de catalán, e despois estudia así idiomas a el cando lle acorda, o italiano non sei se ten hasta terceiro ou así, e ruso, colleu... (RISAS).

A: E cantos anos ten agora?

B: Ten trinta e seis.

A: Trinta e seis. E a que se dedica?

B: Traballa pa Generalitat, nun departamento, pero non é, como che vou dicir, non tá alí, e non é... El non aprobou a oposición nin nada, está alí e leva catro anos ou cinco con estes Fondos europeos. Non sei en que traballa exactamente porque estivo facendo máster de..., o máster foi de urbanismo, ou de distribución de urbanismo ou algo así, non sei. Rollos del. E agora está alí nun departamento, pero eu exactamente non sei... Non, fiscalízalle os pagos... Fiscalízalle non, contrólalle os pagos que están facendo ese departamento, pa despois mandarllos á Comunidade Europea pa que lle dean os fondos, se llos dan ou non llos dan. E ténllos que cuadrar, claro, aínda que non...

A: E leva alí dixeches catro anos, ou cinco?

B: No, máis, leva sete, pero estivo traballando... El estivo traballando en..., estivo traballando primeiro na Generalitat noutro departamento, despois estivo traballando... Non, minto, estivo traballando, si, na Generalitat nun departamento, despois estivo nunha empresa de seguridade, destas de alarmas e todo eso. E despois estivo traballando pa Hacienda tamén unha temporada, de esto de cando, non sabes? Cando teñen que facer os tal. E agora está traballando noutro departamento, ou sea, nesa mesma zona pero noutro departamento. E como é técnico subíronlle o sueldo e todo eso. Antes estaba como auxiliar administrativo e agora está como técnico.

A: E cóntame, cando o teu fillo... Diciasme, non? Os primeiros catro anos, porque estabades alí, falábadeslle en castelán, non?

B: Si, si.

A: Despois cando viñestes pa aquí cambiastes ou como foi a cousa?

B: Non, non, seguimoslle falando castelán porque eu empecei a falar castelán.

A: Claro, xa era a costumbre, non?

B: Claro, é a costumbre, é dicir, nós falábamoslle castelán a el, cousa que tampouco non entendo hoxe, pero bueno, tal. Nós entre nós falábamos o galego, eh? É dicir... E dalgunha maneira eu creo que el o galego entendíao perfectamente, pero bueno, nunca o..., nin nos demos o paso pa que el falara galego nin el tampouco se preocupou de falar galego. Pero despois un día xa che digo, sobre os vinte anos ou así apareceu así falando o galego e xa non o deixou máis.

A: Galego-portugués, na casa.

B: No, no. Antes o galego..., falou o galego normal. Pero agora está... tamén teño un compañeiro que lle pasa igual. Fala galego conmigo, bueno, fala castelán, traballa na Xunta, pero el fala galego. O fillo creo que fala castelán tamén. E tamén estase aportughesando. “Bon”, non sei que... Que a min non me parece ben nin mal, eh? Dame igual. Pasa que eu non quero aprender agora a falar máis do que xa sei, co normal este que teño, que tampoco non é moi técnico nin nada, é de andar pola casa, arreglo.

A: E bueno, ese momento, non? Chega á casa, chámame a atención, non? Chega á casa con vinte anos e...

B: Moito. Con vinte anos que me apareza aí falando galego... Veume a risa, o primeiro foi a risa, díxenlle eu “pero non tes acento nin tes nada, ti que falas?”. E non houbo..., foi digamos un aterrizaje así forzoso pero que non..., pa el non lle supuxo ningún trauma, foi...

A: Pero onde fixo ese cambio?

B: Nada, nada.

A: Foi estudando, ou...?

B: Pois eu supoño que sería..., tamén el estivo metido en algo do Bloque, no tal, e claro, os do Bloque fálánlle galego, entón el un pouco dalgunha maneira tuvo que empezar a falar, aínda que non fora con nós, tuvo que empezar a falar eso. E veu que os compañeiros del todos os que iban falaban... Entón supoño, eu aquí estou fóra de xogho. Un pouco se ve o aterrizaje por aí.

A: Pola política?

B: Si, pola política, si. Por esnobismo, vamos, porque si falaba castelán que máis lle iba a dar? Pero bueno, tamén é... Non sería moi coherente que te hayas metido nun partido nacionalista e que veñas a falar..., eso.

A: Bueno, pero en certo modo, pa vós sorpresa agradable.

B: Moi ben, sorpresa agradable pa min moita, pero ao mesmo tempo veume á risa, porque dicía eu “non será un cachón...”. Eu pensei que sería unha cousa de dous días ou así, de dicir bueno, colleu agora por aquí, fala agora, pero non, non, quedou consolidado e moi consolidado. Ademais eu creo que este non sei se non... Ó CELGA non iría, pero non sei se o convalidou... Pode ser que lle convalidaran o CELGA, non sei porque despois el fai cursillos pola súa conta e riesgo e non che di nada, e non...

A: Non, se acabas aquí o instituto tes o catro xa, automático. Se fixeches o instituto, non che fai falta facer nada.

B: Pois, si, porque claro, ademais el as clases xa efectivamente eran en galego. Joe, pois non me dera eu cuenta deso. Claro esto foi ao revés: estudiaba en galego e falaba castelán. Os outros estudiábamos en castelán e despois falábamos galego na casa.

A: Si, é contradictorio, non?

B: Si, é contradictorio, moi contradictorio. Pero eu agora, a ver, teño conciencia de que é unha pena, que é non me gusta nada ter que, o sea, a veces... Eu estou nun foro que lle chaman “Humor en galego” e unha das condicións que hai é que fales en galego. E a veces entra xente falando en castelán. E bueno, chamámoslle a atención ou dicimos “mira esto, unha das normas...”. “Es que yo

no sé, estuve en el extranjero y tal”. Bueno, non sabes, pero se non tes tal pódeste, siempre podes estudialo a algún de fóra. E hai algún que o toma ben, pero hai algúns que parece que lle molesta. Se queres falar noutro foro hai cuarenta mil foros aí que falan castelán, non te veñas pa aquí.

A: E de que falades nese foro?

B: Ui, moitas cousas. Política, sexo tamén, porque falaron un día, fixeron una entrevista... Puxo un “bueno, que vos parece se metemos tal”, houbo abrumadora maioría, entónces bueno. É humor, sexo e política, entónces claro, normalmente é humor. Pero a veces alguén mete política, que é o que máis hai, política. E a min tamén me gusta máis a política, sempre me meto en política. Entónces xa ves a algún “bueno carallo bueno, xa estades coa política, se deixárades de non sei que...”. Mira, lete as normas, cando se entra nun sitio o primeiro é mirar as normas que hai, e despois falar. Porque está aprobado por maioría humor, sexo e política. Política e sexo. E bueno, eu pásoo ben, porque a veces a min a política lévame moito, gústame moito. Peleo moito. Peleo moito contra a dereita, e non... É maioritaria neste país e aquí máis que en ningún lao.

A: Aquí cres que é algo especial?

B: Si, si. Aínda sin saber moito, eu creo que a xente un pouco é tamén como a inercia, eso de falar o castelán. Porque eu creo que a política eu creo que o que hai que mirar son os feitos, non que ghane ou que non ghane. E os feitos son, aquí a dereita leva gobernando toda a vida. Houbo solamente un... Como lle chaman? Un lapso ou aí ou dous que non chegaron a nada. Tivemos que estar de puta madre, según os... Según o que hagan eles. Eu non vexo a Galicia punteira en nada. Véxoa como un puebliño bueno, ben, pero tampouco non é unha marabilla. Temos saltos de auga, temos muíños por todo o monte, pero temos a enerxía máis cara que nadie. De algo terían que valer que as materias primas nosas que temos aquí, algunha concesión tiñamos que ter. Pois no, non temos nada, non temos nada. Temos contaminación bastante e na máis.

A: E cal cres que..., agora que estamos falando de política, que claro..., cando se fala de idiomas hai que falar de política, non queda...

B: Claro, é que a política vai en todo.

A: Vai en todo, pero no tema de política lingüística claro, é fundamental, porque son as que marcan que se fai na escola, son as que se marcan as oposicións, son as que se marcan todo. E desde o teu punto de vista, cres que a Xunta está facendo suficiente para o galego? Non? Non sei cal é a túa, a túa impresión.

B: Eu creo que non, a ver, nin creo que fixeran tampouco outros moito se viñeran. O básico é facer o galego atractivo, e pa eso tampouco non pode un tipo estar falando na Televisión Galega en castelán, cando na Televisión Galega algunhas veces, e outras na Nacional, xa te... E ademais non o falan ben, é dicir, calquer político, normalmente de dereita, que ao mellor algún que non é de dereita tamén, pero normalmente a dereita mete gazapos. É dicir, se non sabes falar galego non o fales xa. Mal asunto se ti es un gestor público e queres promocionar un idioma non o sabes falar ben. Unha lingua. Claro, metes aí cousas, pronomes que non son, uns diante doutros, sinal de que non están acostumados a falar, é dicir, ese non predican coa gente, non falan. Entónces xa se lle ve de lexos que non..., o galego pa eles non é prioritario. Dino. Que non sei que, a lingua e tal. Pero non, non é prioritario, entónces se ti non tes amor polo que estás..., o que tratas de ensinar non sintes por el cariño xa non o pos ben, polo como che sae. E como che sale é de mala maneira. A maioría dos..., eu seiño, incluso dos de aquí, en canto poden escapar pa o castelán escapan, non hai máis. E ao mellor sin necesidá deso.

A: Aquí por exemplo no concello, refíreste.

B: No concello fáliche o noventa por cen... (()). Bueno, déixame pensar, bueno hai xente que conozco que fala galego, máis fala galego... A rapaza esta que nos está dando a nós o de voluntariado fala seimpre galego. Fala galego e ademais sabe o que fala e é consciente de que fala galego, non se mete pa nada no castelán. Pero despois a maioría da xente que hai aquí... (***) non, (***) fala galego coma min, pero despois os monitores falan do... Home, se teñen que chapurrear algo de galego, chapurréano, pero a relación diaria é de castelán. As rapazas esas de aí igual. (***) non sei, (***) non sei se fala ou non. E despois alá, a ver, que eu conozca, todos, os que son do pueblo todos. Quizás ao mellor quen fale galego é quen ten na aldea ou fóra de aquí... Non sei o alcalde, o alcalde

falará galego algunhas veces, outras non. E bueno, o que vive aquí no medio fala castelán todo. E bueno...

A: E cres que por exemplo..., bueno, disculpa que te interrumpín...

B: Non, non me interrompes, non... Se non me interrompes ao mellor non acabamos máis.

A: (RISAS) No, refírome que claro, acabas de marcar así un panorama aquí que claro, este é o servizo central para toda a xente que ven facer todo tipo de...

B: Si, gestión e todo.

A: Claro, a xente que e de aquí de (***) ten que vir aquí e estou pensando na xente maior, por exemplo, non? Cres que a xente maior, ao ver este panorama así, intenta falar en castelán ou...?

B: Non, non, eso téño claro, a xente que ten interiorizado o galego non fala castelán. É dicir, nun momento dado hai algún despiste, ao millor algún homiño ou unha mulleriña que cre que ten... Pero non, eu vexo que a xente fala galego e que o entenden perfectamente, porque estos ao final entenden o galego todos, eh? Mellor que eles ao millor. E falan. Bueno, falan o gallego que falan pero fálano. Si, si. No, ese aspecto de xente... De min parriba considero que home, salvo que sea de aquí do pueblo, pero a xente que ven dos arredores...

A: Non cambia en ningún momento.

B: No, no, non cambia. Incluso che diría que hai xente de aquí do pueblo que fala castelán, deses maiores, que tampouco non cambia. O que cambia é aquel que ao millor está por aquí e se lle falan galego, fala galego, si falan castelán, fala castelán, e si non lle falan nada, non fala nada. Xente... Pero xa digo, da miña idade, sesenta anos parriba, xente de afora, eh? Non digo xente de aquí do pueblo. Xente de afora non conozco, non me sona, ningún. Home, pode haber sempre un pailán, pero non... Non ves polo general.

A: E por exemplo, se escoitaras algo así, non sei se che resultaría chamativo ou...?

B: Escoitar a alguén que non é...

A: Non, estou pensando nun señor o unha señora que ven da aldea e...

B: Falando castelán?

A: Non, que fala sempre galego, que o notas, que o escoitas. Eu teño visto esas situacións, non? Entón é “bueno, si me puedes ayudar aquí, tal”, e despois danse conta...

B: Si, deso tamén hai, si, si.

A: Despois danse conta que ao mellor ti tes unha sensibilidade e dis “bueno, como lle axudo?”, e xa queda como aliviado, non?

B: Si, si, porque a ver, hai moitas veces que si, hai xente... Pero eu creo tamén que eso é o medo de antes, de... Ese é un medo que está metido na xente que aínda cre que vir ao pueblo a falar con Don Nonseiqué ou Don Nonseicanto, que hai que baixarlle un pouco a denia... Non, de esos quedan algúns, sempre hai xente que ao millor pensa que aí Don Nonseiqué, Don Nonseicanto, ao mellor é un pelagatos pero “Don”, el cre que debe chamarlle “Don”, entón ao mellor si que..., de “mire usted, non sei que, buenas tardes tenga usted”. O de antes. Alguén pode haber, pero a maioría da xente se ten información, home, a non ser que sea moi velliño, pero que teña información, de sesenta a setenta anos ou ochenta ten información e saben que eres un alcalde como podes ser un traballador de aquí, non hai aquel medo cerval que había antes que viña un tipo e hostia, “tenga usted”. Eso eu creo que...

A: Un alcalde, un notario...

B: Un ghuardia sivil, calquera, si, un maestro, que habíamos que andarlle buf, que *medaso*! Afortunadamente creo que niso xa se avanzou. Pero, bueno, hasta aí vamos ben. A ver ahora.

A: E os cativos como o ves? Antes xa o comentaches, non? Que ves que vai hacia o castelán...

B: Vexo, o que che contei onte, que non sei se acabei de contarcho. Eu teño un sobriño que aprendeu a falar ca tele e co tal e fala castelán. Supoño, non sei se os cativos falan galego na... Bueno, onde van, na primaria... Non o sei. Non sei que lle falan, pero está claro que el “papi, tengo nonseiqué”, bueno, fala un.... Fala moi ben o castelán, pero bueno. E despois teño outro que tamén falaba galego, os pais fálánlle galego, pero na escola fálánlle castelán e o rapaz, os amigos son casteláns e el termina falando castelán. E meu irmán, que tamén é bastante galeguista, díxenlle eu “ti fáláslle galego ao rapaz?” e dixo “e que lle vou falar lo?”. Aquí falamos todos, os pais e máis os abuelos. E eu de vez en cuando dime a muller “ti moito predicas pero cando estás cos rapaces fáláslles castelán”. A veces escápaseme. Cos rapaces, eh? Non con nadie máis.

A: Cos teus sobriños?

B: Cos meus sobriños. E el: “viste este dinosaurio?”, e eu “ah, si, el dinosaurio” e tal e díxome (***) “pero fálalle ao rapaz normal”. Escápaseme, a min escápaseme.

A: Bueno, pero xa o viviches co teu fillo, entón telo como ó mellor...

B: Si, si, pero... é verdade eu... Eso máis ben pa min penso que lle estou facendo un favor e non lle estou facendo favor ningún, pero... É coa idea de facerlle un favor, non coa idea... Pero escápaseme, aínda que... E sei que o entenden, sei que entenden perfectamente... Pero non sei, eu vexo que... Non sei, a ver, o da..., teño outro primo que tamén ten unha neniña pequena, primo no, o fillo dun primo, e o rapaz fala galego, pero a ver se despois cando empece... alá en Brión, a ver cando empece se non llo mandan tamén, non llo meten en..., non sei.

A: Como ves o futuro, logo?

B: Eu sinceramente como non haxa unha rotura aí polo medio do sistema, que alguén se empeñe en dicir “bueno, imos a falar galego na clase, e imos intentar falalo fora”, é dicir, que a xente que ten agora, digamos, o poder, a xeración que agora ten pode intentar algo polo galego, que faga algo. Nós xa non podemos facer máis, é dicir, nós somos xa unha xeración que pasou, e os que hai detrás son os pais os que teñen que educar neles. Se esta xeración digamos entre os vinte e cinco e os cincuenta non fai nada, esto desaparece. Dígoo sinceramente, eh? Eu que sei, unha persoa que agora teña cincuenta anos, xa o tiña que haber feito, non creo que si fala castelán agora vaia volver atrás. E unha que teña vinte cinco, se non empezou con quince ou así a falar o galego tampouco... Eu véxoo mal, sinceramente. Ojalá me equivoque, Dios queira que me equivoque, pero véxoo..., vexo poucas..., vexo grupos moi reducidos de xente que poida mirar por esto. Non vexo un... Hai moito potencial, pero realmente o que pode facer algo por esto son catro. E non van a levar aos outros, eh! Non van a poñelos. Non hai valor, o sea, non se ten por un valor a lingua galega, non o teñen coma un valor. Eu creo que pensan que si desaparece, que non pasa nada. Está aí como unha reliquia, de vez en cando bótase man para tópicos, para... “hai que roelo”, cousas desas, non sabes? Os tópicos que poñemos cando queremos... E vai quedar pa’ eso, testimonial. Como non veña un, xa digo, unha xeración de xente comprometida que diga “bueno, temos que ter tanto”, bueno, os profesores xa están, pero non sei, xente... No tema do fútbol, porque eu vexo a veces falar na televisión galega aos xogadores e Vigo, do Celta, e do Deportivo igual, e non hai un que colla unha palabra de galego na boca, eh? Nin un, eh? Nin un. Ves un ao mellor entre cuarenta, pero joder, é unha pena. En tódolos sentidos. Canta máis información hai, hoxe en día, canto máis debíamos de valorar o que temos é canto menos valor se lle da. Paréceme eh? A ver, é unha opinión que ao mellor despois non se corresponde ca realidade.

A: Pero é o que estou preguntando, a túa opinión, e moita xente comparte a túa opinión e...

B: A miña é negativa total porque vexo o desastre que hai aquí, vexo ós rapaces que joder... Nais que son nais xovenciñas, fálándolle ao rapaz xa en castelán, xa o rapaz podía aprender castelán por si mesmo na escola, pero se non o aprobas na escola, aínda fóra lle dan unha ración máis.

A: Iso velo, non? De pais que sabes que son galegofalantes e aos fillos fálánlles en... Inda o ves hoxe en día?

B: Si, si, moito. E máis despois vexo a parte contraria, vexo que os rapaces falan castelán, como o caso do meus sobriños, os pais fálánlle galego. Pero por exemplo eses pais ao mellor teñen que

modificar despois, cando o rapaz xa decida que quere falar castelán sempre, igual teñen que cambiar aínda eles, a falarlle a... OO dos rapaces, vexo xente que ven pa aquí pa o pueblo, de fóra, e o seu fillo non vai ser menos que o outro, sempre se van comparar con ese que fala castelán, entón ao final acabas falando sempre...

A: Entón seguimos outra vez con... Seguimos aínda con estes...

B: Con esa diferenciación, é dicir, que... Si, que ti falas..., o pailán ese fala galego pa alí e..., falas castelán e xa... Eu creo que a xente non son consciente, esta xente de aquí ten eso, eh? Non son consciente, quero dicir, falar castelán é dunhas personas máis finas, máis... Eu falo castelán, xa podo estar con este grupo. E eses que falan galego..., o galego... Igual é eso, eh?

A: Que haxa menos, un pouco, de...

B: Si, si, sigue sendo un idioma que non está valorado, é dicir, ti falas galego e sínteste... o sea, falas galego e sínteste. Pero é que esta xente pensan que non falar galego é... menos que o outro. Metéronos tal complexo no corpo que a xente agora está... Non lle da valor ao galego, é dicir, é un idioma inservible.

A: Si, si. Seguimos ano tras ano...

B: E ademais no foro que che digo eu dicían uns, “boh, tanto galego, tanto galego, pa que che vale o galego fóra de aquí?”, así deles, eh? Váleche o galego igual ca outro calquera. Home, non lle vou falar galego a un francés, pero tampouco llo vou falar ao mellor a un español.

A: Claro, si, si. Que a utilidade das linguas non é o que...

B: Comunicarnos, exactamente, comunicarnos. Pero tamén... É dicir, eu comunícome pero tamén defendo a miña lingua.

A: Si, onte dicíame unha rapaza “mira os islandeses, que son trescentos mil, falan islandés e non lles vaías dicir que a súa lingua non vale pa nada, porque...”

B: Non, non, porque teñen... Ese é o problema... Os cataláns teñen perfectamente claro que a súa lingua é a súa lingua. E téñena moi a gusto. Alí o pailán é o que fala castelán. Inda o lin o outro...

A: Iso ven de atrás tamén, porque a xente rica...

B: Exactamente, se falámolo todos e creemos nesto. Claro, porque home, igual se esas clases acomodadas empezaron a falalo..., había un cambio de tal, pero bueno, mal asunto se temos que esperar polos que teñen cartos para empezar a falar. Eu teño claro que eu, que a min non mo quita nadie, pero eu non lle vexo, non lle vexo opción moi boa a esto. Ao mellor, xa digo, son un pouco catastrofista, pero... Non vexo relevo. Xa non é que o fale ou non a xente, non vexo relevo. Porque aquí o gordo non o fala, entón os catro quedamos testimoniales, nós xa nada, pero os que veñan detrás, que son catro, non van a dar movilizado todo o tema. Irá cada vez perdendo falantes.

A: E que cres... A ver, falando nun mundo ideal, que poidésemos facer algo ti e máis eu, que se podería facer? Que medidas deberían tomarse pa que o galego tivese unha mellor situación? Por donde se podería empezar? Non sei.

B: Bueno, por onde se hai que empezar está claro, hai que empezar polos rapaces pequenos. Pequenos de todo. E lógicamente os educadores deles, que son os pais. Se o rapaz fala unha cousa e o pai lle vai falar outra, mal asunto. E ao revés, o pai fala unha cousa e o rapaz vai falar outra, tampouco. Non sei, o sistema non sei cal sería, non sei. Ao millor con campañas para incentivar o gallego, bueno o galego como dixo (***) á mañán, con campañas me refiero..., empezar estos... obrigarlle a estos organismos a falar en galego. Obrigarlle. Ser obrigatorio falar en galego. Fóra de aquí facede o que queirades, pero no voso tema, é dicir, profesores, ayuntamientos, organismos oficiais, en galego. Todos. Desde o primeiro hasta o último. Eso ao mellor sería unha solución, porque a xente tamén moitas veces móvese por imitación, é dicir, se este me fala en galego eu podo falar galego e un castelán vai alí á oficina e non, fálame galego tódolos días e ao mellor teño que terminar falando galego eu, e eso a base de ao millor un ano nin dous non, pero ao millor dentro de dez anos ao millor dicir bueno. Porque eso non se move tampouco de golpe. Como unha solución, non vexo outra, porque ti á xente non podes collela pola calle e dicirlle “oiga, fálame galego”.

A: E que galego? Tamén esa é unha pregunta, non? Porque temos o galego que aprendimos...

B: Si, pero hai... Eu xa digo unha cousa, eu non lle vou pretender que nadie fale o galego culto, eh? Porque eu tampouco xa non o falo. E máis fun ao CELGA pero non... Eu creo que o galego unha vez que o asumos como un idioma propio despois si que se pode ir perfeccionando, porque cando che sirve como vehículo despois xa tratas ti de buscar palabras. Eu por exemplo hai moitas palabras que as sei e a veces olvídomo delas, ou meto castelanismos, pero bueno, sei que os estou metendo e procuro para a próxima vez corregirme. Eu digo que unha vez que a xente empeza a falar, aí é a forma despois de ir entrando a... Igual non sei se o CELGA sería obligatorio... Bueno, obligatorio nada, porque pos unha cousa obligatoria xa a jodeches. Non sei se sería conveniente ao mellor meterllo aos rapaces... facer CELGA pouco a pouco. Fano? Cando acaban xa teñen que saber en teoría, non?

A: Si, tes un nivel, non tes que facer... Pero si. En teoría tes que telo, non? Pero...

B: É que eu non vexo sinceramente, como non sea con campañas publicitarias grandes e obrigando dalgunha maneira tamén aos organismos, que son os encargados da lingüística e todo, e metendo cartos aí tamén eh? Hai que meter cartos. Hai que incentivar á xente, non sei como, pero incentivar a que esto é unha cousa nosa, é de todos. É como si nos levan o mar pa alá pa as..., non sei, onde sea. O mar todo Dios está contento con el. Con galego creo que deberíamos estar igual, porque se non temos unha cousa que nos identifique a todos, non somos..., xa non somos un pueblo, somos... Se perdemos unha das raíces fundamentais dunha cultura, como é o idioma, eu creo que non... Estamos condenados a ser un Castilla e León máis. (RISAS)

A: Asimilación, non?

B: Si, si, porque a ver, temos Cataluña e Euskadi e Galicia, e son nacionalidades históricas. Por algo será, por algo será que somos diferentes. Non o sei.

A: E por exemplo dicías o de... Bueno, os criterios, non? De ter unha certa obrigación a coñecer polo menos, saber falar e demais... Por exemplo, nun dos ámbitos, que é o médico, non? Que seguramente estarías pensando ao mellor tamén nese ámbito, porque é importante.

B: Pois tamén, tamén.

A: Bueno, ben sabes que aquí en Galicia pois non é un requisito, é un mérito, que cambia a cousa e cambiou no ano... Cambiou co Gobierno que temos agora e pasou a ser puntos extra e non unha...

B: Unha obrigación, si.

A: Un requisito pa ter un posto no SERGAS, non?

B: Si.

A: E que che parece esa situación? Por exemplo, en Cataluña teñen que ter o nivel alto se queren ter un posto, non?

B: Pois eu paréceme que habría que volver por aí tamén, é dicir, dalgunha maneira estamos procurando... É dicir, con esas incentivas tamén..., que os de aquí terían máis posibilidades. Que non habría por qué. Pero mellor será un médico que sea da nosa, digamos, de Galicia, que ten máis posibilidades de aprobar o CELGA, que non un que veña de fóra, e si ven un de fóra que se preocupe de ter os mesmos niveles... Porque as mesmas competencias, como lle chaman? As mesmas competencias médicas teñennas. Suponse que ten que ser un bo médico e tal. Bueno, pois as competencias pa Galicia teñen que ser tamén facer un..., saber o idioma. Saber o idioma e maneja-lo, claro, non é dicir “seino e despois vou falar castelán”. Paréceme que sería ben, sería ben igual.

A: E que pasa aquí, por exemplo no centro médico aquí de (***)?

B: No centro médico, bueno, eu non noto..., a ver, falan en castelán, o no, os rapaces de afora falan normal. Despois o médico noso era..., tuvo un jaleo tamén grande, eu non sei... Debía ser de Asturias polos apelidos, (***) (***) se apelidaba, tiña así un apelido así redundante. E falaba castelán, tamén. Pero bueno, nunca houbo problemas pa falar... Eso si, que no o detecto, é dicir, a xente exprésase perfectamente en galego e o médico entende perfectamente en galego.

A: Pero eles non cambian.

B: Non, non. Eles poden botar alí cincuenta anos. Ao mellor dinche así algunha frasiña de vez en cando básica ou un abecé, pero no, non cambia. Non cambia pois eu...

A: E por que cres que pasa nese ámbito?

B: Eso si que non sei. Eu non che podría dicir por que pasa, sei que non ceden das súas... Eu un pouco equiparo xa igual ca xente de abaixo, eh? Teñen aquel idioma, parécelle que o idioma galego é un pouquiño máis menos... Un pouco por dicir, bueno, estamos nun, como lle chaman? Bueno, o que é os médicos. E aí eu supoño que a maioría ou..., non sei, non digo o cen por cen pero pouco menos, falan castelán seguro. Poucos haberá que falen galego. Entonces bueno, seguimos falando. Agora, se a min me digan “bueno, teño que saber o CELGA”, saber o CELGA non, ter un nivel de galego..., eso, e me obligan a usar, igual despois xa non falo tanto... Despois de estar todo o día falando cos paisaniños, igual despois vou restándolle protagonismo ao castelán, sobre todo sabendo que ós outros médicos tamén lles pasa igual. Digo aquí en Galicia, eh? Entonces en un ano, dous, tres, cinco, eso vai caendo no subconsciente e dentro de dez anos ao mellor médicos que veñan xa falan galego porque xa lle é máis cómodo non ter que andar... Digo eu, non sei, ao mellor non, ao mellor engáñome.

A: Cres que é importante, por exemplo, vai un señor ou unha señora maior..., cres que... Moitos son galegofalantes e cres que...?

B: Que si usar o mesmo idioma que eles...?

A: O médico, que é algo tan personal, tan...

B: Si, si. Si porque ademais a mulleriña ou o home ou quen sea seguramente está..., quere expresar algo que ao millor non dá co tema, pero se llo falan en galego e o outro escoita, pode chegar á conclusión de onde vai por conforme fixo a frase, non? Cando en castelán ao millor non hai un sinónimo deso, do que ela quere expresar. Entonces si, si porque se ti mallas no galego sabes por donde van..., quero dicir, a frase se a constrúes en galego, o que che falta ao mellor eres capaz de construílo tamén aínda que non cho digan.

A: Ademais algo tan...

B: Si, tan personal.

A: ...Tan urxente. O sea, estache doendo algo, non?

B: Si, si, queres sacar algo de ti que non llo vas a dicir a calquera. Si, si.

A: Non é facer un trámite de...

B: Si, non é ir a firmar un... Si, é posible que si. Eu creo que do que falamos paréceme que si, que obligar. Obligar non sona ben, pero obligar ao final, porque non queda outra. Os organismos públicos. A Iglesia se quere que fagha, pero tamén debería obrigalo, porque se cobra once mil millóns de euros ao ano dos..., dos presupostos, debería de achantar tamén co que lle digan, supoño que si, pero... Organismos públicos e pouco máis, despois á xente non lle... E despois de que nos organismos públicos se fale, porque eso ten moita repercusión, non? Cando empezan a falar seguido... Aínda que bueno, na televisión galega falan cando lle acorda, pero si, si que falan bastante, pero se empezas a ver que tamén os..., a xente que é máis de tal e despois falan galego, igual axuda eso. Non o sei tampouco, non sei.

A: Ao mellor ves que os outros..., si, un referente, ves un referente que fala en galego e xa o ves como máis normal, non?

B: Si, si, a ver, o normal sería eso, é dicir, que faláramos o que temos que falar. Moita xente, bueno, non sei que pensan, que pensamos. O idioma, que é unha cousa que está aquí, que nacemos case todos con eles... E a min sería tristísimo que dentro ao mellor de douscentos ou trescentos anos ou o que fora, isto non fora máis que un latín dese que non usa nin Dios xa, que non usa nadie, que usa aquel arcaico que quedou tirado alí nunha esquina. Sería horrible. Horrible. E ao mellor chega a pasar, non o sei. E chega a pasar e ao millor pois bueno, quedan igual a xente contenta, non o sei,

non sei cal é o sentimento de ser galego ou non. Eu creo que unha das cousas básicas é esa. Non comer pulpo e..., tamén é moi galego comer pulpo e dicir catro chorradas cando estás un pouco cheo, si, bueno vale, pero non é eso. Eu creo que é máis que eso. Témo-la sorte de ter unha terriña moi boa, xa non a xente tan boa. Eu creo que aquí merecíamos que viñeran os japoneses ou así. Ou os nórdicos. Xente que lle tuvera amor á terra, que valoraran aos ancestros e todo o tema, todo o que se fixo para chegar hasta aquí.

A: Non sei quen mo dixo pero puxo o mesmo exemplo, de... Veñen aquí..., creo que dixeron tamén de “veñen os noruegos, quítannos a terra e vamos”.

B: E que nos boten a nós po frío, a ver se nos escalda a cabeza. É verdad, tamén non temos valorado o que temos. Non.

A: E cres que por exemplo..., seguindo no ámbito médico aquí no centro de saúde, claro, aquí tamén co teu médico de cabeceira tes unha relación e xa sabe como falas, xa levas ao mellor máis anos e demais... Pero polo que me dis, siguen falando en castelán, non?

B: Si, si, si.

A: Pero iso era antes así? Non sei como foi aquí no centro médico, foi un cambio de médicos ou...?

B: Eu tuven varios médicos, tuven un que era de (***) concretamente, joder. Estaba un pouquiño jillao, estaba mal da cabeza. Aquel falaba en galego, si que falaba en galego, si, si, estaba barrenao de todo e tiña problemas buf! Mi madre! Estaba falando fóra e dicía “a ver se calamos un pouco que parece esto unha feira, eh? Vou marchar de aquí...”. E si que marchou un día, eh? Colleu e dixo “bueno, no calades, marchó”. (RISAS). E era moi bo médico, pa min foi moi bo médico sempre. Correcto, falaba galego, si, si que é certo. Pero bueno, eu sabía que tiña problemas, e un día eu tiña uns dolores de espalda tremendos e sempre me daba un aghullaso. E díxenlle “mira, podríasme dar algo que non fora un aghullaso, porque me doe”. Bueno, que non me clavara a aghulla que me doe e tal e dixo el bueno, entonses..., como é? “Recétate ti”. Sen máis, eh? Dixen bueno, vale. E despois tuven outra que era de (***). Esa si que falaba castelán. Moi boa mulleriña, moi boa médica, boa médica en tódolos aspectos, pero bueno, eso do castelán... E agora este que está aquí tamén en castelán. Pero hai moitísimos que falan en castelán, despois algún galego, pero poucos, poucos. Eu conozco..., bueno, á enfermera, que é galega, pero despois os que conozco aí, os que andan por aí, todos...

A: Entón que existen, como distintas clases tamén? Enfermeras ao mellor falan máis galego, ou...?

B: Porque a enfermera é de aquí, pero non é de (***), é de (***) fóra. Esa falou galego sempre porque digamos que naceu nunha aldea, non naceu aquí no pueblo. E claro, inflúe moitísimo, eh? Os médicos normalmente donde viven tamén lle influye. Si, si que lle influye porque alí hai un que está jubilao donde... Bueno, eu vivo aquí pero teño casa alá en (***), en (***), e alí hai un que fala galego pero galego cerra o médico. Ademais galego... Estuvo toda a vida, foi un cirujano cojonudo, pero fala galego. E despois hai outro máis tamén. E había outro que agora faleceu, que é o (***), morreu aí atrás de (()), e ese castelán cerra o. Ese castelán era de (***), castelán pero castelán...

A: Bueno, (***) tradicionalmente é...

B: (***), (***)

A: Militar e...

B: Si, si. E a muller era tamén (()). Pero bueno, hasta lle oín decir unha vez “es que las tujas”. Tujas son as tullas, non sabes? As plantas estas, e son tullas. Pero en castelán é tujas eu dixen este que traducción fixo aí, e fíxoo ben, eh? Fíxo ben o que eu non sabía era que eran tujas. E bueno...

A: E no hospital cres que é distinto ó centro médico?

B: A ver, non podo valorar moito tampouco porque no hospital eu as veces que fun atendente de todo, eu fun agora desta vez cando foi que rompín o brazo, a maioría da xente atendeume en galego todos, case todos, médicos..., tamén os médicos eran rapaciños, eh? Rapaciños e despois fun tamén o outro día a unha muller tamén moi xoven, non sei se chegaría ós corenta anos. E claro, eu non sei se a medicina é un sitio donde antiguamente ao mellor xa entraba unha determinada clase social,

que de pais pasaban a fillos e agora democratizouse un pouco máis, ao mellor agora empezan a falar xa variado, pero a verdá é que alí ese día tanto en urgencias como despois no.... Alí botei un día namais, marchei. E as veces que fun a facer as curas, foi aí atrás, todos en galego perfectamente.

A: Bueno o que me dis ten moita lóxica, é moi interesante ver... Claro, antes quen estudiaba, quen...

B: Antes era o fillo de non sei quen, xa entraba en medicina e xa falaba non sei que, xa era normal...

A: Ahora hai de todo, non? Os da aldea poden ir a Santiago, facer..., se saca boas notas pode ir facer medicina.

B: E pode facer ao mellor bastante máis ca o que fixo... Aquí hai un que non sei se conoces, (***), un que é médico. Si, médico non, é científico carallo. Estuvo en Norteamérica e sacou un montón de historias e agora está aquí en..., non sei se é en (***), a no (()) e xa levou varios premios, eu non sei se non lle darán o Nobel co tempo. É de aquí de aí de (***). Un tipo súper inteligente e súper traballador.

A: Por sorte, por sorte, igual ca min, que meus pais non puideron...

B: Tuvo que ir pa fóra e cazárono agora cando foi de que tal trouxérono pa aquí porque necesitaban científicos. E a ti faranche ighual, cando teñas ao mellor cuarenta ou cincuenta anos diranche vinte pa aquí pa traballar. Pero pagádeme o mesmo que alá se non quedades aí. É así, tristemente é así. Os genios que temos aquí, os lumbreras, teñen que marchar a fóra. E lógicamente fóra valóranos. Valóranos. E ao mellor cando teñas bo tal non che deixan vir pa aquí, din no, no, cando che dean eles catro douche cinco. Tristemente o noso bo escapa pa fóra. E eso todo debíano mirar aquí estes molondriños e máis os do goberno e todos, todo o que está escapando pa aquí. Porque logicamente ti cando teñas alá ti fas a túa vida alá e non virás aquí a nada, virás a pasar as vacacións, que sería o lógico. Eu se me encontro a gusto nun sitio e me pagan ben, non me vou a cambiar, eh? Por moito amor que lle teña á terra, tristemente, eu virei pa aquí cando me jubile ou o que sea. Claro, ese é o problema, non valoramos o que temos.

A: Si, o certo é que, a ciencia, sobre todo a ciencia...

B: Home hoxe en día, joder. Este tipo estuvo traballando, está traballando no tema do Alzheimer me parece, eh?

A: Tan importante, claro.

B: Si, si, e do cancro tamén. El traballou en todo. E claro, cada dúas por tres ven xente que está fóra traballando que claro, o teu nome non sale, pero calquer día sairá por aí decindo... Pois mira, poñerán a historia no correo e dirás ti “hostia, de onde é, é das (***), pois nin puta idea”, pero eu xa te verei e direi claro, pois si...

A: (RISAS) Non creo, non creo que sexa o caso.

B: É un dicir, home, é un dicir.

A: Si, si.

B: Nunca se sabe, nunca se sabe. A xente que fai cousas non lle van salir agora ao momento, pero co tempo vai aparecer en sitios, normal.

A: Pero tes razón o que dixeches antes, tristemente é así, cando se valora algo fóra valórase aquí, non?

B: É cando se acordan del, si, si. Que empezas a salir en tal “ah, si! Saleu no Financial Times que tal tipo ou tal tipa que fixo isto, coño, era de aquí!”. Jo, claro, era de aquí, xa estuvo aquí toda a vida, pero tuvo que marchar porque aquí non se lle dou... Porque ademais aquí agora cartos pa investigación ni pa nada, cero. Aquí a pasta vaise toda pa os folklores.

A: Mesmo chama a atención o que estou facendo agora, investigando o galego alá.

B: Si que chama, e aquí chama tamén a atención eh? Porque eu por exemplo esto non llo vin facer a nadie, é a primeira vez que vexo unha persoa que fai..., bueno, ao mellor o fixo máis xente desto de vir..., pero é a primeira vez que vexo eu que fan un traballo de... Un traballo exhaustivo e tal dos motivos polos que o galego está en retroceso. Que esto é importantísimo, esto unha vez que o fixeras había que mandarllo ó señor Feijóo. Bueno, ou quen tea, que non sei se é o señor Feijóo ou..., porque son todos parecidos.

A: Si, bueno, circunstancias. Pero alá si que ten moito interés todo isto e... Como me dicían...? Non sei se foi (***), perdón, (***), que me dixo “ai, tamén me da un pouco de vergonza que vaías pa alá a Alemania e que digas como está o galego aquí, non?”.

B: A min non me da vergonza ningunha, o que me daría vergonza é que desaparecera. Isto, ao mellor esto é unha..., un tema quirúrgico que ao mellor reparando arréglase aínda a tempo. Con esto o que tiñamos que facer, cando haxa o estudio desto, e mandarllo aquí a Galicia e ver as causas, porque aquí estás analizando o terreno, non é dicir “que pasará” nunha encosta así fría desas “que che parece o galego? Ben? Mal? Reghular? Fala ghalego?” e xa está, xa o liquidaron. Non lle van ás raíces do conto. Que ao mellor despois analizas a outra xente e non fala nada do que digo eu ou fala doutro tema distinto. Cada un... Eu falo desde o que vexo e do que noto.

A: Non, todo o que me acabas de dicir, vamos, agradézochos, eu creo que o podemos deixar por aquí e... E de verdade, moi interesante, sacáchesme varios temas que me... Cando o escoite outra vez vaime dar unha volta a cabeza.

B: Pero coma min hai cuarenta mil, eu máis (***), falamos moitas veces desto, home non falamos tan profundo, lógicamente, pero falamos moito destas historias...

A: Bueno, vou paralo...

Interview: Informant 14

Date and place of recording: 28/10/21, social center

Format: Face-to-face

Total length: 34:38

Total words: 4649

Speaker A (Interviewer): Researcher

Speaker B (Informant): Female, 77 years old, primary education, rural, housewife, Galician speaker

Language of the interview: Traditional Galician (A), Traditional Galician (B)

A: Xa lle din á grabación e esto póño por seguridade, por se se corta ou algo. E bueno, pois o meu nome é Vanesa, estou facendo o doutorado, que é pa ser profesora na universidade e estou vendo como se fala nesta comarca, non? Bueno, non sei se a poido tutear ou...

B: Si, si.

A: A veces sáleme máis natural pero teño...

B: Si, mellor, mellor.

A: Por educación hai que preguntar, non? Entonces ti es de aquí de (***), non? Ou dunha aldea?

B: Si, bueno, de aquí mesmo... Son de (**) ahora, vivín nunha aldea pero agora estou aquí.

A: Agora estás aquí.

B: Nunha aldea aquí mesmo en (***), eh?

A: Bueno, (***)...

B: (***)

A: Que? Como?

B: (***)

A: (***)

B: Pero solo...ós vinte anos...

A: Xa viñeches pa...

B: Vivín alí, despois xa estou aquí.

A: Xa viñeches pa aquí, non? E antes dicíame... Como é (**) para vivir? Como...?

B: Bueno, para min está ben. Tranquilo e estou contenta, claro.

A: Aquí teñen tamén moitas actividades e fan moitas cousas e demais, non?

B: Actividades, si, si. Pinto en tela, pinto pintura, vou a gimnasia, bueno, todo eso.

A: E cónteme... Interésame moito ver como fala a xente, non? Bueno, xa pois estame falando a min agora en galego, ti falas sempre en galego, non?

B: Eu siempre en galego, si. Unicamente algún momento cando os nenos eran pequenos que empesaban a falar castellano, agora xa falan galego. Si. Os netos digo, eh?

A: Os netos, e por exemplo cos fillos, cantos fillos tes?

B: Tres

A: Tes tres fillos, non? E cando eran pequenos na casa faláballesdes en...

B: O galego, si.

A: E eles tamén fálano? A día de hoxe...

B: Si, si, si.

A: Pero os netos díxome que non...

B: Os netos dúas en galego e os outros, como están en (*cidade máis próxima*) e no colegio lle falan o castellano, falan en... Pero eu fálolle o gallego, eh? E eles enténdenme moi ben.

A: Si, dixéchesme que houbo un momento que ao millor si que lles falabas un pouco pero...

B: Si, de pequeniños, si. Pero no, agora nada.

A: E por que o facías? Crías que...?

B: Porque lle falaban, na casa empezaron así pero despois xa nada. Agora xa son galegas, galegas. As netas mayores xa todo galego.

A: E nota, por exemplo, non sei se fuches á escola aquí en (***)...

B: Si, si, aquí en (***). Á (*nome escola*).

A: Á (*nome escola*), non? Hasta que ano se..., estudiaches?

B: Ata os catorce.

A: Ata os catorce anos, non? Ou...

B: Si, fun á escola nunha academia particular.

A: E, perdona, cantos anos tes?

B: Setenta e sete.

A: Setenta e sete. Non llos botaría, eh?

B: Non ,ho? Arre carai, eu para min xa teño ochenta e sete.

A: Meus pais teñen setenta e cinco e vamos, pensaba que eras máis nova. E sempre viviches aquí, non? Non fuches en ningún momento fóra ou...

B: Non, eu fun de viaxe...

A: Si, bueno, de viaxe, pero digo vivir fóra e demais.

B: Non.

A: E como era? Cando fuches á escola como era? A escola e... Imaxínome que...

B: Bueno, a escola...

A: ...falabas en castellano.

B: Aquí en (***) os que estaban na Academia, como eran de aquí mesmo e eu inda era da aldea, do (***), aquí se falaba o castellano, en (***). Pero as que víñamos de alá o galego. Pero aquí claro, cos de (***) falábamos o castellano e había veces que os de (***) nos preguntaban a nós como se dicía

unha cousa en galego. Acórdome da sartén, a “tixola”. Dunha taza, a “cunca”. E bueno, nós disíamoslle como era.

A: E vós cambiábades pa falar...? Cando viñades aquí ao pueblo e falábaslledes en castellano ou...?

B: Non, non, galego.

A: Mantíades...?

B: Si, si.

A: A día de hoxe tamén? Ou...

B: Si, tamén. Si, hoxe falo o galego.

A: Pero ves ao millor...? Tes conciencia ao millor que outra xente si que cambia? Ou non?

B: No, eu creo que no.

A: Que ao mellor, non sei ao mellor nalgún sitio...

B: Bueno, se algún non entendía o galego pois si, falábamos en castellano aos que estaban aquí, pero normalmente nós o galego sempre.

A: E que opina por exemplo de..., do galego que se escoita? Vostede, bueno, perdona (RISAS), ti ves a Televisión de Galicia ou máis en castellano?

B: Si, si. Bueno, a Galega véxoa algunha vez pero no siempre, porque non me gusta moito a forma de falar. Na televisión.

A: E que ten logo?

B: É que parece que os galegos nos teñen así por... Non sei, iso é cosa miña, eh? Que nos teñen como, non sei que vou a dirche. Como ignorantes, como que non sabemos, que... Así unha cousa, non me gusta. Como falan.

A: Na galega?

B: Si.

A: Pero é un galego que ao mellor, non sei...

B: Demasiado...

A: Distinto ao que falades vós?

B: Si, si. E bueno, vexo algunha cousa pero non moito. Parece que nos teñen de tontos, non sei. Así unha cousa.

A: E iso tamén o notas noutros sitios ou...?

B: No, no. Teñen unha forma de falar moi... Non me gusta.

A: Cres que...

B: Que falen así, como falamos nós. Normal, pero non eh... Esas cousas non me gustan.

A: É como que en Santiago cren que falan millor, ao millor, queres dicir?

B: Eso.

A: E que che iba a dicir? E bueno, pa ler, bueno, tampouco hai moitas opcións, está a Voz de Galicia en...

B: Bueno, agora xa se le todo polo móbil. Eu leo o periódico, leo todo. Ou no ordenador ou todo eso. Xa salen todas as noticias, non fai falta coller o periódico que xa o vemos no ordenador.

A: Xa está todo, non?

B: Si.

A: Pero claro, o galego casi non hai, non?

B: Non, en galego hai algún párrafo pero non todo.

A: E síntese igual de... Vamos, pa ler e escribir en galego ou prefires o...

B: Bueno, escribir no escribo en castellano. Algo escribo... Por exemplo, os mensajes que mando a fillos, a todos, todo en galego. Todo. Non mando mensaje ningún en castellano. Todo en galego. Unicamente si mando un mensaje a una madrileña que non sabe, non entende o galego, eso si, eso póñoilo en castellano. Pero por aquí nada, todo galego.

A: E cres que aquí en (*nombre municipio*) fálase distinto doutras zonas ou que se fala máis, menos galego? Cal é a túa...?

B: Fálase o galego, pero hai aldeas que se nota de onde son xa. Polo falar.

A: Pódesme poñer algún exemplo?

B: Por exemplo (***), xa se nota que é de (***). Como falan. E..., a ver, hai máis sitios. Ahora non me... Ahora non me dou conta, pero...

A: Teñen as súas cousas que recoñeces, non?

B: Si, si, que non é de aquí. Si, nótase. No falar. (***) tamén se nota. Si, hai sitios, hai aldeas que se nota. Por exemplo, á parte de (***), (**) tamén se nota. Nótanse de donde son.

A: Tamén é importante, non? Esa riqueza de escoitar...

B: Si, si, está ben. Cada un ten a súa propia fala.

A: E por exemplo os nenos, cres que hoxe fálase menos galego, máis, igual? Como ves a situación ca xente máis nova?

B: No, o galego, vexo que falan moito o galego, si. E incluso os meus netos cando teñen que faser deberes en galego ou preguntar cousas de antes veñen todos onda min a preguntarme como é esto, de antes, como se facía, como se xogaba, como se chamaban as cousas dos xogos e bueno, todo eso. Veñen e fan os deberes e preguntanme a min como era antes.

A: Teñen intereses a ver como se facía, non?

B: Si, si, si.

A: Bueno, iso é bonito, non?

B: Iso si, está moi ben.

A: Ver como a xente nova quere saber...

B: E quere saber as cousas antigas de antes e todo eso. Si.

A: Entonces non notas que aquí en (**) ou na comarca hai sitios donde debería falarse máis galego? Ou ves que é suficiente?

B: No, agora casi todos falan o galego. Si. Os que antes falaban o castellano agora todos falan o galego.

A: Tes algún... Estaste refirindo ao mellor a alguén que coñeces ou...?

B: Bueno, en general. En general aquí en (***) antes ibas a un comercio tal e falábaslle o castellano, agora no, agora todo é en galego.

A: E por que o facías antes?

B: Porque eles o falaban, debía ser por eso. Ou polos fillos, que lle falaban, ou todo eso, si.

A: Entonces ibas a un comercio e pedías as cousas en castellano?

B: Si, algunha, en nalgún. Outros no.

A: E por exemplo houbo algún momento na túa vida que te sentises incómoda ou, non sei, algunha situación así que...? Por falar galego...

B: Ai, no.

A: Nada, non?

B: Nada, nada, nada. Que va. No, e orgullosa de ser gallega. Por exemplo, íbamos de viaxe por aí e é un orgullo disir que éramos galegas, por exemplo, en Barcelona, ou en moitos sitios. Que casualmente fomos a Barcelona e polo falar xa nos conocen alá aos galegos. E entramos nunha cafetería que é dunha galega, e ademais veciña de unha que iba comigo de (***)

A: Se dan casualidades, non?

B: Casualidade que a conosera e era veciña, veciña. O sea que... Xa nos notan que somos galegas e nós orgullosas de ser galegas.

A: E cres...

B: Fomos tamén a..., ai Dios mío, a Huelva, ao Rocío. E estuvemos por alí e tal e dixémoslle que éramos galegas a unha señora, que lle fixemos unha pregunta, que éramos galegas. E nos preguntaron si queríamos ver a casa que tiñan no Rocío, o patio e todo eso que eran moitos veciños. E fomos, esñóunolo moi amable, moi atenta, e nós como galegas. E notaron que éramos galegas.

A: E había ese orgullo, sono non?

B: Si, si. Incluso as invitamos a vir aquí a Galicia, lle demos habitación e todo eso.

A: Iso é bonito, non?

B: É bonito, si, si.

A: Ir por aí polo mundo adiante e cada un...

B: Si, si, si.

A: E... Quedeime totalmente en branco... Entón estábamos falando de antes e... Interésame tamén moito esa época que eu non coñecín, esa época... Ti viviches a época da dictadura e foi complicada en certos aspectos, non? E daquela non...

B: Si, máis para meus pais que nós, pero bueno. Pero tamén che digo, que era moito máis seguro que hoxe. Eu fun a aprender a coser, saía de noite ou o que fora, iba para alí, iba tan tranquila, non había nada, e agora non se pode deixar a unha persona, ou a unha chica ou unha rapasa de noite en ningún lado. Antes era moita seguridá, moita máis que agora. Para min.

A: E por exemplo teus pais a que se dedicaban?

B: Bueno, a miña nai era..., andaba nas fincas a traballar, e meu pai nunha empresa en (***)

A: E na túa casa sempre se falou en galego e nunca houbo ningún tipo de...?

B: Siempre, siempre. No, no, na miña casa todo en galego, si.

A: E na ditadura por exemplo había algún tipo de problema..., non problema, pero imaxínome que nas institucións, todo, solo se falaba en castellano, non?

B: Bueno, si no... Nas aldeas non, pero fóra claro. Fóra de aquí. Pero en Galicia no, todo en galego.

A: E que pensa por exemplo... Non sei se hai casos... Por suposto hai casos de pais que falan cos fillos en galego, como foi o teu caso, non? Pero tamén hai outros casos que se escoita fóra na calle de pais que son falantes de galego pero despois aos fillos fálalles en castellano, non? Hai tamén... Coñece algún caso deses?

B: Bueno, algún pode ser. Por exemplo, eu tiña unha tía que estivo en Buenos Aires con miña abuela e meu pai tamén e viñeron para aquí, miña tía era maior que meu pai e meu pai despois claro, viña falando o castellano, pero despois aquí xa nada, ao chegar aquí xa nada, pero miña tía sigueu falando hasta que morreu, tiña noventa e pico de anos e falou sempre o castellano.

A: E veu nova pa aquí?

B: Veu casada xa. Casou alá e veuse.

A: E non...

B: E non deixou o castellano nunca, en cambio o marido si.

A: Que curioso, non?

B: Si, que eran os meus padriños.

A: Iso é curioso, non? Que se quedase con...

B: Si.

A: E os seus fillos?

B: E faláballe ós fillos castellano tamén.

A: Os fillos quedaron...? Ou...

B: Ahora... Non, os fillos falan o galego.

A: É curioso ver como...

B: Si. Bueno os fillos... Ás fillas del e ós fillos fálalle o castellano. Ó fillo no. Pero a filla inda lle fala. Ás fillas.

A: As fillas..., a ver, serían as túas primas, non?

B: Si. A prima é a nai. O sea a filla de miña tía.

A: Ah, vale, vale, as fillas de túa tía seguen falando en... Non sei se o entendín ben, perdón.

B: A filla.

A: A filla.

B: A filla de miña tía, como miña tía sempre lle falou castellano, a filla, ós fillos tamén lle fala o castellano. En cambio, ao irmán, no.

A: Curioso, non? Ver como...

B: En cambio a min fálame o gallego.

A: Tamén a filla.

B: A filla, si. Solamente aos fillos, pero á xente de fóra no, fálalle o galego.

A: E por que cres que fai iso?

B: Pois non o sei, porque acostumbrou a os fillos a falar castellano, a abuela tamén e bueno.

A: E así quedou.

B: E así quedou, si. Ahora a filla..., dúas son profesoras, unha é tal e claro, nos colegios e onde traballan falan o castellano e siguen así.

A: Si, pero bueno, hai de todo tipo, hai tódalas... Cada un toma unha decisión e faino, non? É igual que... Iso está claro. E daste conta, no teu caso, creo que xa me dixeches que non, non? Non hai ningún momento que digas oe, acabo de cambiar, ao mellor digo outra cousa en castellano, non te das conta desas cousas non?

B: Non, home, en castellano si hai alguén que fala o castellano e non entende si lle falo... Por exemplo, vamos a un balneario e ven xente de tódolos lados e hai xente que non entende o gallego, entón fálolle o castellano, si.

A: Claro, está claro, non? Que se non entende haberá que cambiar. Nós temos esa sorte.

B: É igual que cos mensajes. Aos que falan o castellano mándollos en castellano, pero despois ós outros no, todo en gallego.

A: E por exemplo interésame... Aquí no médico, non?

B: Si.

A: Aquí falan máis castellano, máis galego....?

B: Aquí galego. Á miña médica, por exemplo, como fala o castellano, pois eu sigo en castellano. Ás veces, outras veces sigo en..., si, bueno, como fala ela o castellano pois fálolle o castellano.

A: Pero cres que non te entende o galego ou...?

B: Si entende, si. Pero bueno, como estamos falando e tal pois si. A veces fálolle galego, según como sea.

A: Según o día ou o tema ou...?

B: O tema, según o tema.

A: Entón que temas cres que che dan máis por falarlle unha cousa e outra?

B: Non o sei, por exemplo... Non o sei, por exemplo si un médico de (*cidade galega*) a chama a ela e lle di o que me ten que faser ou tal e me di “me llamó tu médico y tal” bueno, nese sentido fálolle o castellano porque ela mo está falando e tal. E o que lle dixo e todo eso.

A: Cóntaslle o que che dixo o médico a ti tamén, non?

B: Si, tamén. Claro, claro. Si porque esta temporada non atenden a un para nada.

A: Claro, agora estamos nun momento malo.

B: Pero nada, estou todo o médico de cabeceira, todo o médico de cabeceira. E eles lávanse as mans.

A: Pero vamos, coa túa médica inda que fale castellano non hai ningún tipo de... Ti sínteste cómoda...

B: Non, eu non sei ela... Non sei ela na casa como fala pero creo, parécese que fala o castellano.

A: Pero é de aquí, non?

B: Si, creo que é de (*nombre ciudad más cercana*), da parte de aí. Non sei de que sitio pero da parte de (*nombre ciudad más cercana*).

A: Pero dependendo, non? De...

B: Claro.

A: ... O día...

B: Claro, o día máis a familia... Non sei como é que non os conozco.

A: Si, refírome a ti, cando estás na consulta depende do día, depende da..., falas unha cousa ou outra.

B: Da conversación ou deso.

A: E para ela non..., é normal pa ela, non?

B: Ai, si. Si, si.

A: Que vós cambiedes dun a outro, non?

B: Si, si.

A: Pero vamos, con confianza...

B: Por exemplo, tuven outro médico e todo era en galego, todo. E ó pobre deulle un (***) e (()), pero todo era en gallego, todo.

A: E sentíaste máis cómoda con el porque falaba...?

B: Bueno, a min tanto me dá.

A: Tanto che dá, non?

B: Pero si, todo galego. Inda o vin o outro día en fisioterapia e *conoseume*. Que está..., ven en silla de rodas e todo iso e *conoseume*. Pero está mal.

A: Pero iso tamén é o bonito, dos poblos pequenos, que...

B: Si. Choraba... Doume moita pena. E era un médico marabilloso, marabilloso.

A: Si, a veces o destino lévanos... É unha pena a verdade.

B: Si, si. Moi bo médico, moi bo médico.

A: Pero ao que me refería é que o bonito destes poblos é que todo o mundo se conoce, non? Tamén o médico e... Que ao final é unha pequena familia. Eu son das (***) e máis ou menos...

B: Ai das (***) dalá arriba, si.

A: ...Fágome unha idea de un pueblo pequeno, o médico que por exemplo que era de meus pais tamén foi o meu médico e ao final é un pouco familia, non?

B: Si, é familia, si. Moi ben.

A: Cres que, bueno, algo que nunha cidade non teñen moito, non? Ou como pensas ti...

B: Como?

A: Non, digo, que nunha cidade esa relación con médico familiar, ou cres que...

B: Si, eu co meu teño confianza e bueno, todo iso. Por exemplo, pa' pidirlle aunque sea calquera cousa vou aunque sea sin vez e pétolle e aténdeme moi ben, moi amable e todo eso. Si.

A: Bueno, pero iso é bonito, non?

B: Si, si. Por exemplo o outro día, vouche poñer un exemplo, hai quince días..., eu son diabética, quedei sin insulina e non me salía hasta a semana seguinte na farmacia, e fun alí e peteille e díxenlle “mira, acabei a insulina, non sei porque, e non teño para hoxe”, e recetouma e xa ma deu nun momento.

A: Si, a verdade e que é un servizo bon, porque podes... Non tes ese medo de ir a alguén que sabes que... E por exemplo, non sei se sabes... O sea, cando queres ter unha plaza de médico no Sistema Público, no SERGAS, saber galego non é un requisito... vamos, podes telo ou non...

B: Si, a cousa é todo o mundo sabe porque dan a clase en galego en todos laos nos colegios todos.

A: E se ven alguén de fóra cres que... Estou falando de opinións, eh?

B: Cóstalle máis traballo aprender.

A: Debería aprendelo ou deberíamos centrarnos que sexa bo médico ou non?

B: Principalmente que sea bo médico. E atento. E que mire polos seus clientes.

A: Entónces que fale ou non galego...

B: Eso é igual, si. O que ten que ser é bo médico e atender a un como debe ser. Que para eso estamos enfermos.

A: Pois si, a verdade é que teñen...

B: Que eu teño moitas cousas, por desgracia.

A: Si, véñennos ao mellor moitas cousas xuntas.

B: Bueno, teño tres infartos, son diabética, estou mal da circulación... E bueno, todo iso.

A: Tes que ir...

B: Non podo andar polas pernas, pola circulación, e teño que coller o coche pa todo.

A: Bueno, inda bon é que vas collendo o coche, non?

B: Ah, si, pois si non fora eso pobre de min. E por desgracia viuda, hai sete anos.

A: Bueno, síntoo.

B: E claro, o home axudábame en todo e agora os fillos están fóra, en (*cidade máis próxima*)...

A: Bueno, mentres vaias valendo por ti... É unha sorte.

B: Si, pero hai medo, teño moito medo. E con esto da pandemia bueno, peor.

A: Si, a verdade é que son uns tempos raros agora...

B: Si, si, levamos sen salir da casa máis que o necesario pa vir a (***) ao súper e para... Ahora empezamos a salir algo, pero bueno.

A: Bueno, e o que estaba dicindo antes, todas estas actividades que tendes son moi boas, para...

B: Ai, son boas, si. Polo menos sales da casa e falas ca xente e pasas o tempo.

A: A cabeza mellor tela ocupada con cousas...

B: Eso. Eu, bueno, de momento a cabeza bastante ben.

A: Moi importante tamén.

B: Si, e importante, é. É importante porque vexo moita xente que é unha pena como está. Tamén fago moito de traballar co sentido, de escribir, de facer cousas, sudokus por exemplo que me *ghustan* moito. E cousas desas.

A: Iso é moi bon, é moi bon pa' ter a cabeza activa.

B: Si. O outro día escribinlle ao neto, quedou encantado, unha poesía toda moi bonita e quedou alucinado.

A: Es unha artista logo. Fas pintura, fas poesía...

B: Pintura si, se queres ver *alghunha* tamén cha ensino.

A: Ai, se tes algunha foto... Eu facía de nena, pero nunca tiven moito talento, a verdade.

B: A min encántame a pintura.

A: E aquí que facedes?

B: Óleo. E aquí telas, pero a min o que máis me gusta é o óleo.

A: Vale, xa estamos acabando, digo porque tes que facer as túas... Facer a compra.

B: Teño que ir de compras e despois a comida... *Apareses* ou non *apareses*? Hasta *fagho* donuts.

A: Oh! Era unha pena non estar alí.

B: E as tartas de cumpleanos *fághoas*.

A: Bueno, bueno, tes tódolos talentos, logo. A cociña...

B: E as flores, os centros fago.

A: Non hai nada que non lle de xeito?

B: Pero donde tengo as fotos? Mira este téño sin terminar e xa o enmarquei porque foi de cando foi a pandemia e non collín máis o...

A: Que espectacular, é precioso. Precioso, precioso.

B: Xa o teño colgado, fáltame rematar a falda e aquí un pouquiño a cara.

A: Bueno, eu véxoa acabada. Pero ti es a mao experta...

B: Si, pero aquí parece que está un pouquiño escuro e parece de... Queríalle quitar eso que *parese* barba. E aquí empecei aquí e fáltame este cachiño. E a firma.

A: Bueno, inda podes, inda que esté enmarcado...

B: Si, xa o *fagho* pa' semana porque agora estou *fasendo* dous que me encargaron, dous matrimonios que foron a Islandia trouxéronme unha postal e... A miña neta, ves? Cando se graduou no..., cando acabou o bachiller.

A: Vaia orgullo aí, eh? Dá gusto ver como van saíndo pa diante.

B: Si. Aquí é a comunión do neto e da neta...

A: Bueno, bueno. Cantos netos tes?

B: Seis

A: Tes seis? Dan traballo, eh?

B: Seicho ben.

A: Sempre se están... Sempre están activos. Y vouche facer unha última pregunta e xa acabamos.

B: Si, fai, fai.

A: Xa acabamos, simplemente íbache comentar, porque agora falamos un pouquiño do centro de saúde e bueno, polo que me estás comentando... [A muller ensínalle outra foto]. Ah, bueno, un Van Gogh... Está moi moi logrado, eh? Ademais coñezo o cuadro...

B: Si, saleume bastante ben.

A: Bueno, bueno, tiñan que facer aquí unha exposición no museo.

B: No, xa facemos.

A: Xa facedes exposicións?

B: Si, agora esta profesora quere facer unha en (()). E teño moitas máis.

A: Íbache preguntar, que acabasme de dicir, por desgracia imaxínome que terás que ir bastante a miúdo ao hospital a (*cidade*) e demais...

B: Si.

A: E alí como ves..., porque xa me falaron así outra xente e demais, ves que alí a atención en galego..., aténdente en galego, aténdente en castelán, como fan?

B: Bueno, pois mira, uns en galego e outros en castelán, según.

A: E ti que fas nesas situacións?

B: Adáptome, se me falan en castellano, fálolle en castellano, en galego, en galego. Si.

A: Ser prácticos, non? O que vexas ti... Pero non porque che falen en galego cres que te sintes máis cómoda ou...

B: Non, a min dáme igual.

A: Dáche igual, non?

B: Si, dáme igual.

A: E xa a última cousa que che vou preguntar: cres que hai algo que debería mellorarse na comunicación hacia o paciente ou cres que está ben a cousa?

B: En este momento non está ben.

A: É difícil falar con eles por teléfono?

B: Si, difícil si, pero moi difícil. Si, por exemplo, na pandemia eu quería cambiar a cita porque tiña medo ir e non había quen me collera o teléfono. Para nada. E había que ir alí, e eu o que non quería é ir ao hospital. E nada, daban o número de teléfono por si queríamos cambiar a cita ou calquera cousa, pero non collían o teléfono, nin daban resposta nin nada. E eso non está ben, tiña que ir alí a propósito ao hospital a disir “cambiarme a vez”.

A: Si, iso non está moi ben a verdade.

B: No, iso no. Porque si eu non quero ir, si hai medo, claro, como había, pois tiñan que atender a un por teléfono, e non atendían a un para nada.

A: Está mellorando a cousa ou aínda sigue...

B: Bueno, eu desde que foi eso non volví a chamar, porque xa vexo que non... Nada. E por exemplo tiña a vez de Cardiología, claro, do corazón, teño catro *Stents* postos no corazón, tres operacións e tiña vez e anuláronme a vez, que xa me chamarían, e foi cando agora o cardiólogo, o jefe de

cardioloxía chamou á médica de aquí pa que me levara a médica de aquí, iso non está ben. Teño que ir particular se quero saber como estou, e iso non está nada ben.

A: E que a pandemia complicou moitas cousas.

B: Si, pero unha persona que está mal hai que mirala.

A: Si, refírome que complicou a saúde de moita xente.

B: Hai que ir a unha revisión, e eu hai tres anos que non me fan a revisión.

A: Iso deberían miralo, porque...

B: E claro, teño que ir particular, e iso non está ben.

A: Non todo o mundo pode, claro.

B: Por eso mesmo.

A: Si, si, tes toda a razón, eu...

B: E iso non está ben, e chamou o jefe, o doctor (()) chamou á médica de aquí pa que me levara ela. Que me vai levar ela en cardioloxía?

A: Non iso non ten moito xeito.

B: Claro, eu tiña a vez para ir e anuláronma e despois chamou que nada, que todo estaba ben e como dixer eu “como sabe usted que estou ben si hai tres anos, que foi cando me dou o último infarto, que estou ben”?

A: Si non me veu, claro.

B: E aí véxoo moi mal, todo eso.

A: Bueno, pois acabamos aquí, (***). Moitas gracias.

Interview: Informant 15

Date and place of recording: 28/10/21, private home

Format: Face-to-face

Total length: 1:11:07

Total words: 8073

Speaker A (Interviewer): Researcher

Speaker B (Informant): Male, 78 years old, Secondary A education, urban, business owner (retired), Spanish speaker

Language of the interview: Tradicional Galician (A), Tradicional Galician (B)

B: E bueno, eu recibía cartas, porque nós tivemos aquí abaixo un negocio, que era (***). E recibía cartas como o (***), (***), o (***).

A: De todo.

B: O que pasa é que o carteiro, como aquí en (***), somos catro, pois xa se daba cuenta.

A: Sabía quen eras, claro.

B: Si.

A: Si, a verdade é que, con eses, eu tamén... bueno, o primeiro é (***), pero o segundo é (***), que tamén é da miña zona, da da miña familia.

B: De onde eres?

A: Eu son (***).

B: De (***)?

A: Si.

B: Fun pouco, pero fun algo alá.

A: Si?

B: Eu recorrín practicamente Galicia, España enteira, e Portugal. A min encóntrame a veces aquí cun señor de calquer pueblo. Home, non vou dicir de todos, pero son de tal sitio... ah, bueno, si, alí, o hotel tal, ou a casa de comidas, cual e tal, debido que eu viaxaba ben dentro. Eu non iba a Talavera de la Reina a ver a cerámica de alí, iba a traballar, claro. Eso foi así.

A: E que negocio tiñan de... unha fábrica, non? Creo que...

B: Bueno, é que eu veño de moi lonxe. Porque eu empecei de quince anos a recoller aquí na estación do tren apeas paraminas, puntal, para que o tío pudiera ir por dentro. Dous aquí e un porriba, porque iban facendo os guías as famosas galerías. Despois vendín..., por eso anduven por aí adiante por Galicia. Vendía camiós, autobuses Pegaso e tractores. En fin, despois puxen aquí unha comercial de taller e reparación e venta de vehículos. E despois no ano (***), continuaba con esto, incluso porque eu nacín na (***), quedamos coa (***), (***), e máis eu, que a (***), foi fundadan no ano dezaioito, evidentemente, do século pasado. Despois, no ano (***), tiña comercial (***), collín a (***), porque miña nai xubilouse, e montamos en sociedade, eu cunha firma importante, (***), para fabricación de (***). Nos facémola aquí e mandábamola, e mandámoslla aos clientes de todo España. Tipo Ikea en tal. De feito, ti estás en Alemaña. Bien, eu estuven na feira que se che din Messe.

A: Que é feira, si.

B: Frankfurt am Main, durmía, estivemos alí uns días, en Heppenheim, e despois en Hannover, como din eles, tamén debín de ir como dez veces. Estuvén en Rostock tres veces, e dúas en Berlín, sempre visitas. Home, cando era feira, marchaba, eu chegaba alí o miércoles, o miércoles pola mañán temprán e hasta o domingo non viña, porque, vamos a ver, se ves o venres, cóstache, sobre todo o avión, un precio, pero o sábado de domingo, como non quedaba nadie, o domingo era a mitad, de forma que o hotel tamén, o sábado de domingo tal, quedaba así un pouco de vacacións, levei á muller dúas ou tres veces, ou catro, non sei, e outras veces ía co fillo. Entón sempre mellor o domingo, porque nos era, costábase practicamente o mesmo, e vías eso, eu Hannover, pois conecía aquilo como (**), a plaza Ernest August.

A: Nunca estiven, mira.

B: Si, ten unha gran estación intermodal, donde veñen dúas líneas de metro, o tranvía, un tranvía moderno, non o clásico carro de Portugal, e despois o ferrocarril. No, vamos a ver, Alemania ten catorce lands, falo de memoria, catorce lands e dúas cidades autónomas, Bremen e Hannover, non? Entón, bueno, eu Hannover polo que sea fun a ve-lo ayuntamiento, o ayuntamiento vello, fun a ver o Oktober Festival, o festival que se celebrou alí. En fin, ti sales da plaza Ernest August, e salen unhas líneas roxas que te levan a un recorrido turístico, e vas con unha guía evidentemente en español, e che decía, non ven uno, está usted delante de la casa consistorial. Andabas un pouco, este é un edificio máis vello, foi bancos agora non sei que non sei cuanto. Iba indicando, aquí a famosa igrexa de Martin, iba a decírolo americano, de Lutero, iba a decir Martin Lutero, no, Lutero. Creo que era Wolfen, pero non sei, bueno, o protestante. Por certo, que a segunda guerra mundial deixou a Hannover planchada. E o axuntamento vello e a igrexa de Lutero, quedou un perfecto estado. En fin... Guten Morgen, Guten Tag, Bitte, auf Wiedersehen, Dankeschön.

A: Fuches quedándote con cousas.

B: Ein, zwei, four, ah no, perdón, four é en inglés, vier.

A: Vier.

B: Bueno, como éramos catro, eu incluso lle gastei unha broma a tres, porque fomos á feira, baixamos do avión en fun de (*cidade galega*) a Barcelona e eles saíron alí desde Bilbao e collemos un cacharro de hélices e pasamos por riba de Suíza e tal, e fomos a Nobel. Entón ao baixar, claro, baixamos o fabuloso aeroporto, perdón, de Frankfurt, o aeroporto de Frankfurt é extraordinario.

A: É enorme.

B: Aquel tren que te leva por arriba e tal. "Pois vamos defender e tal". "Tranquilo que aquí estou eu".

A: (RISAS) Ibas de líder do grupo.

B: E baixamos, collemos un taxi, claro, o taxista estaba sentado, eu mando os outros tres para atrás, eu séntome diante, e dígolle eu, "Guten Morgen, bitte Messe", vai o tío, fiu e arranca (RISAS).

A: Listo.

B: E os de atrás, quedaron asustados. A continuación, chegamos alí, fixamos o cambio, no... do vouch, e xa che dan un aparato aquí, aquí co teu nome e tal, co cual podes entrar e salir gratis e todo eso, porque íbamos, levábase acreditados unha invitación, non?

A: Si, claro.

B: Bien, Entramos e tal, que é hora de comer, e dime o tío, bueno os outros, "oye, para comer e tal" pero xa estaban medios moscas, non? E digo, e mira, nos restaurant non se pode comer, primeiro fíxaros a cola que hai, segundo, é o precio, abusivo, terceiro, eu aos *self-service* non vou que non ando a ca bandexa aquí e pala dúas horas, e perdemos tal. Cando fomos, había fóra como un mini campo de aviación e alí facían os camións, que era todo de automoción, non? O stand de Mercedes, aquilo era espectacular. E habían camións, estaban alí tal, que non volcaban, facendo probas, o sea, estamos falando dunha cousa importante, non? Debían ser oito ou nove pavellóns enormes, documentados todos por letras e números, na intersección, o cal mirabas no catálogo, quero ir, a ver, a firma Mercedes, pois é, por exemplo, quince de. Pois ti collías, collías a calle de, tira, tira, e ibas

unha, dous, tres, catro, quince, aquí é, para acá. E mira, alí fóra, había uns remolques de todo terrenos, sobretudo, de dúas rodas, bueno de dous eixos, que son de acero inoxidable, cristal, plástico, todo moi limpo tal, con doce grifos de cerveza, e as Bratwurst, no?

A: As Bratwurst, si, as salchichas.

B: As salchichas, no? Entonces, cheghuín alí e había unha señora, e dígholle eu todo serio "Vier", como non sabía tal e dígholle "Vier Bier" e vai a tía e contestou, eu supoño "cal" porque claro había catro ou cinco grifos e contesteille en inglés: "the best" e vai a tía e fai zas e (()) porque as mesas eran fóra, o sea nun explanada, tapadas, eran corridas, e dixeron "oye vide aquí a buscar o material", total, e díxenlle, tiña alí de plástico coitelos e máis garfos e díxenlle "Oye, tal e cual, en vez de bocadillo, porque tal, e depois dixeron que me dera máis, no? E bueno, enchín alí unha pouca, pendinlle tamén ensalada, non sei como se di, total, que eso, paguei e ao dicirlle (()) en inglés tamén "how much", e vai a paisana, e giroume o disco da caixa registradora, eu xa vin aló, entón eran marcos aínda, e collín, isto era no noventa e sete ou noventa e oito e collín e dinlle superávit para que me devolvera, e bueno, e volví, e dixeron "coño canto é a comida?" "Nah, bue, á noite facemos contas, non vamos estar continuamente". E vai un deles de Bilbao e dime todo serio "Non sabía que falabas alemán" (RISAS). E dígholle "Eu tampouco, porque non falo alemán nada, pero tal e cual".

A: Sei defenderme, si.

B: E díxenlle "No home no". Cando fun para alá díxenlle ao comercial que ademais criouse en Alemaña. Non sei se naceu alá ou foi para alá de recién nacido os pais, que eran moi xóvenes, e estudiou alá e todo, no? Equivalente como un perito industrial e ao mesmo tempo delinante, así unha cousa... delinante de diseño industrial, algo así. Bueno, total que traballa aquí na fábrica de (**), neste (()). E mandárono... Estaba aquí de técnico, e mandárono para alá de técnico comercial, porque falaba. Perfecto, correcto, bien. Eso da unha imaxe que chegue un tío pola porta a vender, falando o teu idioma correcto, non é igual que...

A: Xa lle abres a porta, non?

B: Hombre! Bueno, e cando marchei... amais, curiosamente, el dicíame eu falo mellor en galego ou alemán ca en castelán porque na casa meu pais falaban en galego, na calle, na escola os compañeiros en alemán, e solamente canto vin aquí de maior, home, alí xa empecei algo e tal, pero eu o castellano aprendido de oído. Non fun a escola a estudar castelán, eu, de oído e tal. Bueno, e díxenlle, vouche pedir un favor, faime aí un directorio de palabras, como se escribe en alemán, como se pronuncia máis ou menos, e que significa. Entón, por exemplo, para min Flughafen, pois Flughafen, en fin, para ir a un taxista, "Oiga, lévame ao aeroporto, non?"

A: Si, palabras claves para ir movéndote, claro.

B: Si, si, si, si, si. Hotel, iso si que non hai que dicir porque hotel e en todos os sitios, taxi igual e (()).

A: E fuches indo...

B: Eu, ademais, uso moito o bolígrafo e o papel, porque moitas cosas, incluso o nome, dis o nome, eu dicíalle ao taxi, "Geppenheim", e o tío quedou así clavado, ata que se mo ocorreu, saquei, a entrada no hotel enseñeillo e "ah, Geppenheim". E, bueno, para ti. E foi moi honrado, dime, "no, no". Sacou o libro, e díxome, hai non sei cuantos quilómetros, costa tanto, ten usted aquí, o ferrocarril, que está alí en cinco minutos.

B: Si, si, que foi...

A: Afortunadamente, nese viaxe iba co meu fillo, que fala inglés, entramos na estación, e alí con un funcionario, lle dixo a donde queríamos ir, dounos os billetes, cobrou e salimos, perfecto. E no hotel, pois, tampouco tiñamos problema ningún. Había un recepcionista, que falaba moi pouquiño, pero, bueno, o suficiente. Aparte que eu, por exemplo, "room" seino dicir, pero trescentos vinte e oito en inglés, non sei, pero co bolígrafo, tres, dous, oito...

A: Apuntas e xa está.

B: No, no, alí nun papel, eu sempre ando cun papel no bolsillo cando é así. Entonces, tres, dous, oito, okey, e vai o tío e xa cha dá e ti xa subes.

A: Claro.

B: Tes que... En fin.

A: Hai que saber un pouco moverse, ti es un home de mundo.

B: Bueno, afortunadamente, estúven en varios países.

A: E (***), cóntame un pouco de (***). Naciches aquí, en (***)?

B: Sí, nacín exactamente, ao pasar o paso a nivel da (***), en línea recta, a cento cuarenta metros da casa de (***), del (***), Na carretera que vai para (***), pos' (***). Nacín alí, o (***), de (***), do (***), o mesmo día que a miña muller, pero catro anos antes.

A: Bueno, eso tamén é casualidade. Aforrades unha tarta.

(***)

A: Ai, pois felicidades, adiantadas.

B: Gracias. E coñecémonos alí, víñamos, bueno, coincidimos nun sitio, o novio da hermana, hoxe marido, era de aquí da (***). Entoncez "hombre tal e cual", falamos, esas cosas...

A: E así foi.

B: E predeu, afortunadamente, eu acertei, ela non sei se acertou, pero eu acertei.

A: E trouxéchela pa (***)?

B: Si, eu acertei plenamente.

A: Bueno, a miña impresión, é que era, vamos, unha señora moi interesante do que estiven falando con ela.

(***)

A: Como era a túa familia?

B: A miña familia foi un pouco tal. Primeiro, meu avó naceu en (***), e miña avoa naceu en (***), e encontráronse aquí en (***), indo pa (***). Aí traballaron nunha (***), se casaron e quedaron pois coa (***). Foilles ben en principio. Cando foi da guerra, meu avó tivo problemas, porque era republicano, e tivo que terminar por marchar para (***). Non foi destarrado, pero antes de que o botaran, marchou. Eu crieime con miña bisabuela que morreu con cento un ano largo, con miña abuela que morreu moi nova de cincuenta e oito, morreron xuntas, unha en enero e outra en xullo, habendo nacido, fíjate, unha con cento un e outra ca mitá con cincuenta e oito case; con miña nai e con unha tía.

A: Unha familia de mulleres.

B: Todo mulleres. E meu tío (***), e meu tío (***), pero (()) foron á mili naquel momento. Traballaban de noite, eu dormía, pola mañán levantábanse, traballaban algo, pola tarde dormían, non tiña así, non tuven moito contacto con homes. E outra cosa curiosa que naquel cerquiño donde está o paso a nivel, hai poucas casas e ningunha había nenos, nin nenas. Crieime solo na (***), alí na casa, menos mal que a (***), era moi grande, a (***). Tíñamos un carro de cabalos que non funcionaba, pero eu sentábame nel e galopaba, como se fora por aí e tal, e así crieime moi... Aos nove anos, por exemplo, marchei para (***), para estudar no (***). Eu solamente fixen cuarto e reválida. Non podo... cheguei aí na máis.

A: Bueno, neses momentos xa era...

B: Era, era, era, si, si. E dábacha a opción que ao terminar, en vez de poñer o buzo e colocar ladrillos, pois podíais entrar nun banco, ou vendedor, en fin, un puesto de funcionario no axuntamento, porque sabías máis co que había ido á escola. Pero non é para presumir, pero bueno, despois volvíñ máis tarde, aos trece anos. Aí marchaba o luns e viña o sábado, estaba eu solo alá nun bar que daba casas. Máis tarde, nos trece anos, xa iba e viña todos os días no tren. Debo dicir que nunca o perdín eh! Nin pa ir nin pa volver. E bueno e crieime sempre alí, porque nós os de alí, aquí, a carretera, a seguinte calle.

A: Vale, si, si.

B: Pa aquí somos da parroquia, de (***), incluído a ponte en (***), donde está (***), eso é (***). Nós estamos na parroquia de (***), en este momento. E bueno, despois, logicamente vin aquí á escola a (***). E tuven despois relación porque eu xoguei ao fútbol en (***), e tal. Despois hubo outra cousa, marchei aos quince anos, pero iba e viña no tren pero iba e viña todos os días a (***), polo tema da madeira, dos puntales, e despois estiven en casi tres anos en (***), tamén co mesmo. Nun depósito, recibía puntales, eu manda, metíaos en vagóns e iban pa... pas minas, para Ponferrada, Barruelo, bueno... Cistierna, agora inda son nomes de firmas que hoxe están pechadas polo problema do carbón. Despois anduven... empecei aquí en talleres (***), unha firma local a vender. Pola mañán repartía, pola tarde vendía camións e autobuses, (***), (***)... en fin, o sur da provincia de (***). Despois marchei de aí porque me fichou unha empresa moi forte de (*cidade galega*) que era concesionario que era (***). Unha firma senlleira na automoción galega, non? Hoxe hai outras como é (***), de (*cidade galega*); (***), que practicamente ten a automoción galega dominada e aí traballei hasta o ano ochenta que me establecín e despois no ano noventa e dous empezamos con tema (***), e hoxe continuamos unha faceta de (***).

A: Xa son anos de traballo...

B: Empecei moi novo, empecei de catorce, quince anos a repartir. Porque eu repartía e máis atendía a estación, se viña camión cun puntal, íbanme buscar á casa. Eu medíao e tal, despois collía alí dous homes cando había tres ou catro camións, clasificábase, pedía un vagón e mandábase. E o xoves iba a (*cidade máis próxima*), tragaba o vale do... o comprobante que había salido o vagón e claro (()) como se fora un cheque, non? De que ese vagón marchara e eu dáballo o despiezo do que levaba e de acordo co precio que en ese momento había pois cho pagaban.

A: E volvendo un pouco a familia e esas épocas, non? A túa familia era galego falante... era castelán falante...?

B: Vamos a ver, a miña tía (***), que eu practica... porque casouse cando eu tiña oito anos e marchou primeiro pa' (***), e despois dous ou tres anos para (***), era maestra, non exerceu porque o marido era profesor de instituto e ela daba clases particulares eran cinco fillos bastante seguidos e non exerceu de maestra na educación nacional. Ela daba clases na casa con el, pero pola tarde ela collía aos que podía, cando viña collía aos demais ela. El era catedrático de geografía e historia. Amais fora o número 1 en Madrid nun traslado que hubiera. Miña nai falaba correctamente castelán e falaba o galego de alí, da (()). Miña bisabuela falaba exclusivamente..., miña bisabuela non sabía ler, e falaba exclusivamente galego. Miña abuela si che digo que escribía é case mentira, leía con moita dificultá e aprendeu casi de maior por necesidades, unha muller con cinco fillos que non ten ó marido con ela e tal, e cun negocio, pequeno pero negocio ó fin, e aprendeu a firmar casi casi por práctica. Non por escola, porque ela ós dez anos sacárona da escola pa traballar. E falaba galego con todo o mundo menos comigo. Había aquel concepto de que si falabas galego eras da aldea, eras parvo, había que falar castelán pa ser listo, non? Como si eso tivera que ver. Eu teño unha anécdota..., non me tocou a min de casualidade. Un compañeiro, estábamos nunha escola ou nunha academia que se chamaba..., era dos maestros nacionais que ao salir de dar clase nas escolas dábannos clases a nós. E pola tarde, o sea, polo medio, había unha maestra que non tiña a oposición e daba particular. E había unha señora que estaba bastante preparada para os parvulitos, pra enseñarlle a ler e tal, e despois de unha a dúas e de cinco a oito da noite viñan os maestros. E un deles, non digo o nome porque non procede, a un compañeiro dixo..., porque non sei que pasou, caera da bicicleta e tal, “es que vino un can”. Arreoulle unha bofetada, soleime. Porque non era can, era perro. E máis tarde, bueno, naquel momento, eu estaba estudiando..., primeiro, segundo. Nós dabamos latín. E *can* é de *can canis*. Os cánidos, o lobo, o zorro. Perro, “perrrrro”, ademais así moi fuerte, é unha palabra sueva. Igual que tódolos nomes de pobos de Galicia que terminan en “z” como Mondariz, eh? Por exemplo, son tamén suevos. Esa terminación -iz é sueva, estamos falando do ano quinientos. Bueno, pois ese compañeiro por dicir can en vez de perro caeulle unha bofetada.

Igual que os que escribían ca esquerda, a bofetadas tiñas que aprender a escribir coa dereita, o cual é unha barbaridá. Escribes coa esquerda, poténchao. E que escriba. Igual que por exemplo eu, que non teño nin idea de música, si vou a, digamos, que suspendo música e a familia che pon un maestro de música, si nunca vas ser músico! E ao mellor es un genio en matemáticas, dalle clases de matemáticas que pode ser bo.

A: Claro, non todos valemos pa todo.

B: Home, coño. Claro. Se a primeira división é letras-ciencias. E despois aí hai un abano de posibilidades de aquí hasta Madrid. Entón eu digamos que me criei falando castelán na casa, falando castelán na escola e falando galego cos amigos da aldea. Que alí na (***) que íbamos ao tren, está alí a estación... Éramos expertos en ferrocarriles, había algún que cando sonaba unha máquina que entraba sabía que...

A: Sabía cal era?

B: Si, porque había a famosa..., América, unha que poñía nun cartel, que era feita en Estados Unidos. Había (()) cos..., inglesa, había a que levaba as dúas planchas que é japonesa, que sae nas películas da segunda guerra mundial, esas máquinas. E nós tiñámolas aquí no ano cincuenta e tantos. Eu nacín no cuarenta e tres, no cincuenta e un, cincuenta e tres, xa iba por alí e xogabamos. Home poñíamos na vía as (()) do carro do país, para que o tren o planchara e facíamos unha navalla con eso, meténdolle un carozo de mango, que era... Bueno, hubo moita sorte porque nunca pasou nada, pero téñense feito tal. Outra cousa daquela eran anos de fame eu da panadería levaba un puñado de fariña, da que non valía, da que estaba no solo, no solado, non? E levaba, tiraba, poñíamos unhas armadillas, e caían un par de páxaros, caían torreninos, era unha festa. Eu non podo dicir que pasara fame, cuidado, na casa un cacho de pan, un pouco de chocolate, pa merenda, habíao, e comíamos normal, volo a repetir, había quen o pasaba mal. Bueno, pois había alí un que desplumaba o páxaro, botáballe un pouco de sal e o tren cando vacía a escoria, non que a carbón... o sea, o resto do carbón fervendo, ao roxo vivo, tiña alí un aparello, e poñía porriba e asaba os páxaros. Era unha merenda espectacular, non? Porque xa digo, non todo mundo daquela comía pan branco.

A: Si, eran tempos distintos.

B: E había quen tiña pan de millo e eu vía que no, porque había gente que non tiña terras. E daquela un pai que traballaba na (***), que era a única fábrica importante que había aquí, xunto co (**) en (***), pois el solo ao mellor, tiña sete, oito fillos, e cun sueldo cativo, manter muller e sete, oito fillos, pois non é moi doado, e eran difíciles. Así como hoxe (***), é un espectáculo de industria. Nesta comarca, hais máis xente traballando, que xente, en total, é dicir, incluíndo nenos e vellos, hai máis postos de traballo, que toda a poboación digamos que está con vida.

A: É unha zona aquí bastante próspera.

B: Home, temos aí en frente (***), que está, o sea, falo (**) comarca, non? Porque esto antigamente, Cando estudiabas geografía de España, estudiábanme as comarcas, entón decías, "(***)", centro principal (nome municipio), industrial ganadero, importante mercado dominical". Ben, todas as comarcas de España. Tá aí (**) que ten a fábrica de (***). Perdeu, antigamente, tiña tres ou catro importantes aserraderos. Pero agora está en (**) crescendo. En (**) hai dúas fábricas de aluminio, hai unha fábrica de camións, (***), que era da (***), e aquí están os monstruos de (***), (***), (***), (***), estamos falando de fábricas de dous mil, tres mil, catro mil empregados como quen frega. O polígono da (***), o polígono da (***), o polígono de (***), o polígono de (***), a (***), (**) naceu aquí, (**) es (***), (**) en (***), despois ten fábricas en Irlanda e fábricas en Israel, e fábricas en España ten en Huesca e Soria, pero a primitiva empezou o aserradero aí na curva de (***), donde según, parece ser, que se construiu a primeira escuadra castellana, que ao mando do almirante Bonifaz conquistou Sevilla, foron, levaron os barcos de aquí. Galicia sacáronlle moito árbol, porque Galicia, ou sea, daquela facíase os barcos de madeira, e aquí era un sitio, había rías para faceloos, e había madeira, e había carpinteros de ribeira, e aquí se destrizou moito barco. E estes barcos de aí saíron cos mariñeiros en Lisboa, que entón formaba parte de Castela. Subeu a bordo a infantería, subiron polo Guadalquivir e conquistaron Sevilla. Calculo que debeu ser alá polo ano 1015, ou por aí.

A: Si, hai moita historia aquí, tedes de todo, industria, historia, cultura...

B: No, e despois hai outra cosa curiosa, que é... o sea, eu non conozco... home, non hai ningún pobo en España, e non sei se o hai no mundo, que teña, un pobo tan pequeno, eh! Que estou non é Madrid, somos (*número de habitantes*) en este momento, o máximo que chegou a ter (***), desde que da división do ano (***), en provincias, o máximo que chegou a ter (***), foron doce, trece mil habitantes e marcharon xente e tal, e agora debido a que non hai pisos, a xente que ven traballar a (***), está alugando na redonda, (***), (***), (***), (***), e tal. Está a xente comprando fóra, ou veñen, prefieren vir desde a súa casa e volver, que non comprar aquí, que non hai unha oferta grande, que tiña que habela, porque hai moita xente potencial, no? Hai gente que traballa os dous aquí en (***), en fábricas e viven pois a quince quilómetros ou a vinte, ou compran unha casa ou terreno, en fin.

A: Si, claro.

B: É dicir, que un pueblo tan pequeno, porque ti vas á Mancha, a Tolosa e o museo de Ardoza, pero vamos a ver os señores, O Quijote é unha gran obra, é dicir, e ficción. Agora, tamén, en Verona, eu estiven alí en Italia, en Verona, todo mundo vai ver o balcón de Romeo e Julieta cando é unha historia de Shakespeare, nin hubo Capuleto, nin hubo Todesco, nin hubo tal e cual, en fin...

A: Cada un saca...

[O entrevistado explica a historia do municipio e fai un repaso dos persoeiros principais que naceron e viviron na vila]

A: E que che parece..., a situación de hoxe en día, se volvemos a día de hoxe e nos centramos no (***), de hoxe en día, cal é a túa impresión do galego? Falase moito galego, pouco galego? Cal é a túa impresión.

B: Bueno, hai un concepto, por exemplo, si pasas o río, os de ao lao do río, so hai unha ponte, pequena ademais, din “vou á vila”, o sea, pa eles é o extrarradio. Na (*aldea*) e por aí tamén “vou á praza á vila”. Ten que vir aquí a buscar o peixe. Fálase bastante galego de forma coloquial, pero da clase media-alta pa arriba fálase máis castelán. É un fallo que hai, e eu aí tamén me incluyo, é que ós fillos e ós netos non lles falamos en galego. En xeral, eh? Así como hai moita xente que fala galego na casa, ou coa familia e tal e ca xente que tes contacto, por exemplo, no traballo, eu fálolle a todo mundo galego. Excepto a un cubano que temos alí, que tamén lle podo falar que enténdeo. Pero nas fábricas e no traballo a xente fala galego. Na taberna tamén. E no mercado dominical que hai aí centos de persoas falan en galego. Falamos galego todos. Na feira falamos galego todos. É que é curiosísimo. Eu e (***), a miña muller, falamos castelán. E cando ven (***), ou ven unha amiga, falamos galego. Si estamos tomando un café cuns amigos, e ale, o sea, eu adaptación perfectamente a falar galego ou castelán sin inconvinte ningún, non teño problema ningún. Pero o que si, primeiro escoito, porque a veces fálalle a unha persona desconocida en galego e che contesta en castelán, ou ao revés. Entón eu según me contesta, eu contesto.

A: E se fose ese caso o que fas é cambiar, non?

B: Claro, claro, si eu lle falo en castelán me contesta en galego, logicamente eu repondo en galego. Ou ao revés, non?

A: Adaptaste.

B: Adaptome. Igual que por exemplo no que falabas ti cando empezaches. No “tú”. A min se unha persona me dice “oiga, usted ve blanco” e eu dígholle “pois non, eu vexo negro”, pero eu trátoo de usted. El me trata a min e eu a el, non lle vou tratar de “tú”, porque ao mellor me dice “oye cuántas veces hemos comido juntos?” ou chorradas desas, non? Entón, en fin. Os galegos somos..., sempre fumos unha raza moi prudente nese aspecto. Non somos botados pa’ diante, máis ben estamos sempre a velas vir. Fálame galego? Contesto en galego. Fálame en castelán? Pois contesto en castelán. Ojalá poder dicir así en inglés ou alemán ou francés.

A: Si, si. Pero aquí na casa é castelán. Basicamente, non?

B: Si, si, (***) e máis eu é moi raro que falemos galego. A veces porque unha persona..., o si (***)... “hombre estuve en la plaza y me dijo fulanita: “oye, (***) e mañá vamos de andaina?” e ao mellor continuamos, o sea, non hai un código nin é dicir si falas castelán ou falas galego é un lío. No, no, fala o que queiras. E a min si me falan nunha cousa, contéstolle. Volvo repetir, eh? Eu diría que nós a nivel matrimonio o noventa por cen é castelán. Non hai ningunha razón, que ademais a min gústame falar galego. Non o falo ben nin moito menos... Hai cousas do galego que non me gustan, non me gustan. Unha das cousas, por exemplo, é que é “grazas”. Me parece algo imposto. Eu cando era rapaz... Ven agora o día de difuntos, o sea que se... O día de tódolos santos, o día de difuntos había a costumbre..., falo dos meus oito ou dez anos, de que viñera aquela xente pedir unha limosna. E nós na panadería, miña abuela sempre facía un cesto enorme de bolos pequenos de cen gramos pa darlle a cada un un bolo. Bien. A contestación, a réplica, o agradecemento era “Dios cho pague”. Non era “Deus”, era “Dios cho pague”. Eso foi... E miña bisavoa, que naceu na aldea e..., bueno, ela viña a (*nome municipio*) ata cinco anos antes de morrer, viña a (*nome municipio*). Lenta, pero viña. Facía a súa compra ou falaba coas súas amigas e volvía. E sempre que alguen lle facía algo, lle axudaba ou algo, “Dios cho pague”. “Grazas” para min é algo imposto.

A: Cres que como hai unha idea de impoñer...? Cal é a posición de..., porque estamos ao final falando de política, non? Estamos falando de... Desde o teu punto de vista hai moito imposto? Ou que situación ves?

B: É que, por exemplo, os cataláns, que teñen... Fálase máis galego en Galicia que catalán en Cataluña, eh? A pesar de todo. E moito máis que o País Vasco. No País Vasco fálase moi pouco. Eu anduven por alí moito, traballando, temos un cliente en (***), é unha zona interior, e aí so abertzales a tope. Aí falan nas tabernas vasco, pero non os nenos novos, son os de oitenta anos que non saben algún falar castelán. Moitos caseríos. Non é estos novos da tele que os ves falar porque aprenderon a falar vasco como aprenderon a falar inglés, na escola. E..., como lle chaman eles...?

A: Ikastola.

B: Ikastola, a que é a escola nacionalista. Ben. O cual pa’ min me parece ben, eh? O ideal sería que faláramos castellano, que faláramos galego, que faláramos inglés e si pode ser francés tamén. Eu che dei dous anos de francés e algo despois, máis tarde, en Francia..., meh! Medio me defendo. En Italia, eu bótolle cara. En Italia, sobre todo no norte, en Verona, Milán, Génova..., en Génova estiven aínda no ano dezanove. Tamén, íbamos á feira primeiro a Verona e despois a Milán. Conozco mellor Milán ca Coruña, porque é máis fácil para min. A Coruña non vou, antes iba á periferia a ver os clientes, pero o que é no meollo...fai anos que non vou. Non así, volvo repetir, Arteixo, por exemplo, temos alí un cliente bo. Pero en Arteixo. Na Coruña agora non hai ningún, antes había, agora non hai. Entonces, quero dicir que eu non teño problema de ningún tipo en falar. É máis, unha vez me entrevistaron, estaba eu en Ribadavia no Ribeiro, e vexo a Televisión de Galicia e íbamos andando e “oye, ¿tiene un inconveniente...”, en castelán, “...en que le haga una entrevista y tal?”. “No, ninguna”. ¿qué quiere hablar, gallego o castellano?” e díxenlle eu “home, a televisión galega, falarei en galego”. “Home, se lo agradezo” y tal, e xa me empezou... Bueno, catro preguntas chorras.

A: Pero de iso hai moito? Ou...

B: Pode facer dez anos. E na feira do Ribeiro. Porque agora levárono para outro sitio, vamos, no mesmo pobo, pero o sacaron da praza mayor e fixeron alí un sitio así bonito.

B: Porque fun un ano alí e o ano seguinte xa foi no novo, calculo de azar, non sei, non teño referencia. E a min non me costa ningún traballo evidentemente. Ah, dicía eu que no norte de Italia, que eu fun moito a Italia, conozco Génova, Florencia, Roma, Nápoles, Capri, Costa Amalfitana, Bari, Venecia, en Venecia estiven tres veces, por lo menos, en Milán dez, eh? Nas feiras, fun á feira da panadería e fun á feira da carrocería. A feira da paradería era en Verona, pero logo a levaron, fixeron unha macro feira, que eles din *fiera*, en catalán *fira*, en alemán *Messe*, os ingleses din *exhibition*. Inglés non falo que, tamén como o alemán, no, inglés máis.

A: Bueno, pero vaste defendendo subas aos sitios, que iso xa é moito, si, si.

B: Si, si, estiven en Londres un día namais. E bueno, o imprescindible, non morrín de fame, eh? E estiven en San Petersburgo e tampouco, gracias a que a carta che viña en ruso e en inglés. Eu ruso,

puf, pero en inglés fíchala en seguida e con catro, por exemplo, en ruso cerveza é *pivo*, en Alemaña é *bier*.

A: *Bier*, si, si.

B: En francés *bierre*, e os ingleses din *beer*, tamén, así din *beer*, bue, parecido. Pronunciado a primeira como i, a segunda como a, así */biar/*, terminados en “r” tamén, en alemán, terminados en “r” se pronuncia casi “a”. Si, si, si, suave, si. Si, pero pronúnciase. Entón, eu en italiano, porque no norte, en Verona, estábamos alí de lado do río Adicci, que é o Adigio que dicimos nós que é o que desemboca facendo as islas de Venecia, estando nun bar, estábamos, éramos, dezasete, homes. Entre mulleres e homes, eu levei á muller, éramos vinte e tantos, enchíamos un medio autobús, en fin, porque leva desde do aeroporto de Malpensa, en Milán, hasta que chegamos a... fomos ao hotel, ou sea, fomos nun autobús, vamos, nun coche propio, propio, alugado para nós.

B: Hola.

A: Hola. Que tal (***) con este home?

A: Moi ben.

A: Non cale, fala, e fala, non te queixarás.

A: É que ten moito mundo, estou aprendendo moito. Non pasa nada, non pasa nada.

A: Bueno, pois ala.

A: Estamos acabando xa.

A: Moi ben.

A: Si, si.

B: Vale chata. Ademais é guapa, é?

A: Si.

B: E ten boa planta.

A: Non te podes queixar, eh! Non te podes queixar, tes sorte.

B: Pois, entón (()) éramos cinco homes, e dígolle eu todo serio “*Cinque birra*” e vai o tío mirou pa min como dicindo “Tes ti moita idea do que é birra.” (RISAS) E bueno, sirveunos as cinco e dígholle eu ao do lado “Oye, (***), xa morreu o pobre, era o que nos vendeu a maquinaria da panadería, fomos a feira da Panadería. “Oye (***), como se dirá, en italiano canto custa” e dimo o paisano, “canto custa”, o barman. E entón falamos e tal, el pensou ao principio que éramos cataláns, porque no ano mil setecentos e pico, reinando Carlos III, Nápoles era español, e o norte era español. E mandaban os soldados catalanes porque era máis fácil, de Barcelona, alí un barco, porque das Pontes de García Rodríguez... Entón falaba moito, e claro, como a base do catalán e a do galego, evidentemente, é a mesma. E bueno, alí hai moitas palabras que dilas en galego e non asustan, eh, te entenden.

A: Si, si, hai esa intercomprensión, que temos a sorte, non? Que podemos máis o menos defendernos.

B: Home, e quinientos... agora seiscientos millóns de xente falan no mundo español. Oitocentos millóns, o casi mil de chinos mandarín, chino mandarín. Os ingleses tamén son uns cuantos. Pero nós entre Portugal e o noso galeguiño, pois tranquilamente somos trescentos cincuenta millóns.

A: Entón ves a vitalidad do galego no futuro, como a ves? Ou como vamos?

B: Non a vexo moito porque hai unha cousa que me da moita pena. Nos están catequizando en inglés. A min danme pena que a Xunta de Galicia, o Estado español faga algunha campaña e meta palabras en inglés. É algo que non me cabe na cabeza. Non me cabe na cabeza, como vas a Colombia,

nós estuvemos en Colombia, en América tamén estuven e ves "Pare" e en España "Stop". Pois non me cabe na cabeza.

A: Si, que va introducíndose pouco a pouco.

B: E ves xa na televisión, canto che falan de economía, *cash flow* por aquí, no sé que por outro lado, *cash, cash, cash* é diñeiro e caixa. Coño, por que tes que dicir...

A: E cada vez máis, cada vez máis.

B: É unha invasión total. E cada vez que fala a algunha persona para que o facerse máis importante, pois estache falando e metendo palabras inglesas que unhas veces sabes o que é, e outras veces no, e hai que tragalas.

A: E porque cres que o fan?

B: *Streaming*, por exemplo agora está de moda *streaming* na televisión.

A: Por que crees que o fan?, porque cren que...

B: Esnobismo, posiblemente. Igual que antes era ser da aldea falar galego. Aínda que foras Rosalía de Castro, ou a Pardo Bazán, que o fino era ser galego, pero falar castelán. Agora parece que si eres español e non dis catro chorradas en inglés, que eres torpe. E unha cosa é ser torpe, outra cosa é falar inglés.

A: Si, é moi interesante ese paralelismo, non?

B: Claro, é que unha persona, pode ser moi intelixente e non fala inglés, nin sabe nada de bioquímica, e ao mellor é enxeñeiro industrial, ou é labrador, pero é intelixente. Non ten nada que ver.

A: Si, si, a intelixencia non vai cos estudos.

B: Non ten que ver cos estudos. A universidad dáche conocimientos a toques, pero non che dá... O sea, non che dá intelixencia, nin che dá educación. Porque hai moita xente que ten carreira que é un maleducado.

A: Si, si, totalmente.

B: Non quero dicir que os que teñen carreira que é un maleducado. Cuidado.

A: Ben sei o que queres dicir, que non saes con valores, nin con... Si, si. Podes saír, pero non...

B: Hai excepcións.

(***)

B: Ahora hai unha invasión do inglés total.

A: E cres que a Xunta...?

B: Eso perjudica moito o idioma español e, por ende, o galego, porque si, ti xa casi... Aquí é moi frecuente, cando lle dis a unha persona "ai, o rapaz está estudiando galego", "é unha perda de tempo, se estudiara inglés...". Que estudie os dous, coño. Que non lle sobran. Nin lle pesan.

A: Sigue habendo xente que pensa así.

B: Si. É quen che di: "estás estudiando galego?". "Filoloxía galega". "Bah, se estudiara inglés algo lle valdría".

A: É curioso, non? Que sigamos..., estamos no 2021 e seguimos...

B: E ti tes..., non sei, porque claro, o s meus conocimientos son moi limitados. Hai unha universidá inglesa, non sei se é Harvard ou unha destas, ou Yale. Non, Oxford ou Cambridge.

A: Oxford, si.

B: Que ten un instituto de galego impresionante.

A: Oxford.

B: Oxford. E ten unha biblioteca impresionante. Pois eu debíalle dicir “o galego pa que o quero, se eu falo inglés e con eso falo todo xunto”.

A: Eu dou clase en Alemaña de galego.

B: Bien. Outra cousa, iso xa a nivel español, por que, agora que os ingleses marcharon de Europa co Brexit, por que as reunións da Unión Europea en inglés? Francés, castellano, alemán e italiano. Home, non vamos a falar agora checoslovaco que son catorce. Máis son idiomas..., eu estiven en Eslovaquia, estiven en Hungría, e non hai nada que ver, aí non tendes nada. Igual que Grecia. Bah!

A: Entón que cres que..., desde a , non sei, a política ou as institucións, que poderían facer para que a situación do galego fose mellor? Non sei, que propostas terías?

B: Hombre mira, por exemplo, por exemplo, o estudio de galego como... Incluso empezaron estudiándoo como unha clase exclusiva. Hoxe dáse asignaturas en galego. Eu non estou moi posto porque, oye, en fin, os fillos xa son moi maiores e agora cos netos eu pouco..., en ese aspecto eu non peleo, non? Pero bueno, pero xa estudian varias asignaturas en galego. Moi ben. Potenciar o galego, oye, pois mira, charlas, conferencias, obrigar que os Axuntamentos, todos os estamentos oficiais de Galicia, os papeliños que emitan, como mínimo, en dous idiomas: castelán e galego. E si para tener turistas, inglés. Porque evidentemente non lle vas a meter agora..., veñen catro ingleses a Vigo nun cruceiro e collen un autobús e veñen a Santiago e de Santiago vólveno a coller na Coruña. E non lle vas a estar todo o camiño rompéndolle o testo co galego, que non se aclaran. Ao mellor co castelán inda algún sabe algo, tal e cual. Aí hai que darlle inglés. Si queremos atraer ó turismo, temos que darlle facilidades.

A: Internacionalizarnos, non?

B: Internacionalizarnos, ti non podes ter xente en Santiago si non tes hoteles. Hoxe Santiago ten hoteles de cinco estrelas e de catro, a nivel de capital europea. Si non máis.

A: Si, si.

B: O que non podes é pretender traer xente e donde comen? E donde durmen? Ah, non, que vaian debaixo dun puente.

A: E por exemplo, un tema no que me estou centrando eu no estudo é o ámbito médico, non? Vai na liña do que acabas de dicir, son políticas de..., tamén atraer, porque veñen moitos médicos de fóra a día de hoxe. Por exemplo, que opinas ti que nas oposicións o galego, a día de hoxe, como ben sabes, non é obrigatorio, non é un requisito, senón un mérito?

(***)

B: Hai unha cousa que che ía dicir. No hospital de (*cidade*) os médicos todos, galegos falo, médicos, bueno, agora estamos co rolo médicos/as, non? Que hai máis mulleres que homes. E que ha de haber máis. Ben. Chámolle médico ou médica, como queiras.

A: Si, xenérico.

B: Xenérico, médico. Ben, pois falan castelán. Ten que ser alguen moi aferrado ou do Bloque ou, en fin, alguén moi, moi nacionalista. (***)

(***)

A: E cres que hoxe en día aínda hai algún ámbito no que o castelán ten máis forza? Non sei se é o caso, non o sei.

B: Depende, iso vai en cada persona.

A: No individuo, non? No habla.

B: Si, e sobre todo no ambiente, digamos, clase media-alta máis castelán, clase media-baixa e tal. Clase media-alta, cando oes una persona falar, sobre todo moito coa “i”, non? Que é outra cousa que eu non entendo moito, “i” latina, porque o latín era “et”, era “i”, pero non vas ir á “i” grega. Pero cando unha..., eu sempre o oín cando era xoven, o de a conjunción copulativa “e”, sin “t”. É bo ir pa un lao e é bo ir pa alá. E hoxe é “y” por aquí, “y” por alá, esa “y” é moi forte. Bueno, será o galego este normativizado. Pero en términos xerais a xente, digamos, máis elevada, fala castelán. Economicamente, polo puesto, polo que sea. No médico o noventa por cen, vas ao médico si non é..., bueno, hoxe hai moitos médicos, que antes eran todos de Santiago, pero por aquí veñen médicos de aldea e normalmente che falan en galego. A nosa doutora (***) normalmente... Ao mellor nalgún momento dado quere darche unha explicación máis técnica e recorre ao castelán, pero iso é tan...

A: E ti contéstaslle en galego ou...?

B: Como me fale ela.

A: Como che fale, non?

B: Eu iso contéstollo a todo o mundo. E ojalá llo pudiera contestar a un chino. En chino. Pero normalmente, xa digo, aí si que se nota cando hai xente do Bloque, por exemplo. Ou xente que non sei se é do bloque ou non pero que é nacionalista.

A: Marca moito, non?

B: Marca moito, marca moito. Esos quinientos mil votos, catrocentos moitos, quinientos mil que o bloque saca, esa xente é inamovible. Nas xerais bloque, nos vocales bloque, na Xunta bloque... E fala galego. Eso si. Uns son republicanos, outros non, iso xa, en fin, iso é pa outra tesis.

A: Si, si, totalmente. E por exemplo, tamén existe esta facción do galego internacional ou reintegracionista, non? Tamén hai esta vertente, non? De..., non sei como denomíno, non? Nacionalistas que queren a reintegración con Portugal e falan este galego...

B: O lusista, lusismo.

A: Lusismo, si.

B: Eu eso non me gusta, porque eu que poñan España con “h”, non? “Espanha”. Ou que poñan “Corunha” ou que (*nome municipio*)... Que aparecieran os letrados de (*nome municipio*) aí na carretera..., houbo unha época que poñían (*nome municipio*) e poñían unha “m”. A “n” convertíase en “m”. Oye, eu non sei, eu creo que o galego da orixe ao portugués, a reconquista foi pa abaixo que non foi pa arriba. E agora que nós vaíamos a beber do portugués, conste que me encanta Portugal, cando vou alí tuven que aprender “dobradiça”, “feixo” e tal porque eles por exemplo din “comprimento” ao largo e ó ancho din “longo”, eles non teñen “largo”. “Comprimento” é o largo. Eu cando lle vendía perfumes “sete de comprimento”, sete metros de largo. E “dous cincuenta” dun camión “de...”.

A: De longo dixeches, non?

B: De longo. As balderas, o que abre dos camiós, eles din “taipai” que iso parece máis ben vietnamita, como o “paipai” do tal, pero bueno, “taipai”. A bisagra e “dobradiça”. E o cierre é “fecho”. Iso tuvemos que aprendelo. E “farapur...”, e..., “furos”, “parafuro”, “parafuso”.

A: “Parafuso”, si.

B: “Parafuso” é o tornillo e a punta e o remache, iso é o parafuso.

A: Pero alí íbaste apañando un pouco co galego? Esas palabras...

B: No, en galego é tal... Home, chegando a Lisboa, alí hai unhas grandes firmas. Empresas de moito... Unha delas, Galucho, vende pa’ Alemaña toneladas. Pois alí moita xente falaba o castellano bastante ben. Eu sempre, home, cando vas..., cando é cliente tes que adaptarte. Cando é un taxista ou cando é un camarero en Lisboa ao mellor, dixeran “mire, fágame o favor, home. Fale portugués

que eu castelán o sei e portugués non e quero aprender, veña, fáleme portugués. Eu son portugués do norte, tal”. En fin, góstame, como din eles, góstame e eu en Portugal non bebo un viño que non sea portugués.

A: E cos clientes vaste apañando co..., íbaste apañando con...?

B: Co galego? Totalmente. Non había problemas. E sempre é recorrente o bolígrafo. Cando hai un momento, pois oye, sacas un dibuxo ou sacas unha curva ou para indicarlle unha presión ou calquera cousa, pois oye, colles o bolígrafo e... Ti imáinate que estás na India, no Nepal, alá arriba no Tibet e queres comprar un candado. Quen sabe en ingl... O sea, dudo moito que un chaval que estuda inglés, que ten filología, que foi a Inglaterra, a palabra candado non se usa. Pero ti si o dibuxas, pumba!

A: Xa está listo, si.

B: Cigueñal dun motor. Dibúxaslle o cigüeñal e calquera cho ent..., home, calquera que ande no allo, non? O que ande cun carro de vacas non.

A: Si, ter un..., ter aí apañar sempre e...

B: E as palabras, porque ao mellor dislle a un inglés o a un alemán, o caso meu de Eppelheim, eu díxenlle “jepeljaim”, seguro que é “jepeljaim”. Ese “immm”. E se non o dis correcto non te entenden, pero con escribilo, que tamén é complicado, pero con sacarlle o (()).

A: Sacarlle o que tes, si.

B: E dislle “hotel *nonseique*”, Eppelheim, Frankfurt, Alemania. Aí tes. “Ah, Eppelheim, vale, vale”.

A: Si, vaste apañando con eses recursos que tes, non? Bueno eu creo que o podemos deixar xa por aquí. Eu aprendín moito hoxe. Estou encantada co que puiden falar contigo un pouco e moitas grazas polo teu tempo.