

Medical translation and terminology issues

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Abstract: Two broad categories are identified: general and specialized translation. Medical translation refers to the subdivisions of translation service provision in relation to healthcare, medical products, biotechnology that involve specific terminology and accurate understanding of medical documents. The specific medical language can be analysed along: the user, the domain of use and special application of language. In this line of approach, some authors provide a comprehensive inventory of “the modern language of medicine”, claiming that it basically “represents the ancient Greek language transcribed into Latin” means that medical language and translation are on the border between specific language and scientific field.

Keywords: LSP translation, medical translation, terminology management, subject matter

1. Introduction

The definition of translation includes many components, as, for instance, highlighted by Laver and Mason (Laver and Mason 2018, 20) in *A Dictionary of Translation and Interpretation*, connecting translation and translation contexts. Many scholars seem to agree that translation consists “in the attempt to replace a written message and/or statement in one language by the same message and/or statement in another language” (Newmark 1981, 7) or “taking the meaning from one text and integrating it into another language for a new and sometimes different readership” (Newmark 1981, 55).

Translation is a transfer process which aims at the transformation of a written SL text into an optimally equivalent TL text, and which requires the syntactic, the semantic and the pragmatic understanding and analytical processing of the SL. (Wills in Noss 1982, 3)

In the functionalist approaches, the key tenet is that the function of the text determines the method of translation and it is in opposition with linguistic approaches which depend on the source text and the nature of the target text.

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When discussing functional approaches to translation, some outstanding contributions need to be further investigated: Vermeer's (Vermeer 1989, 173) Skopostheorie, Reiss' (1981/2000) theory of wording types, i.e., equivalence and lexical equivalence, Nord's (Nord 1991, 28) far-reaching statement "translation as a purposeful activity":

Translation is the production of a functional target text maintaining a relationship with a given source text that is specified according to the intended or demanding function of the target text (translation skopos). (Nord 1991, 28)

2. Translation category based on the subject matter and degree of specialization

According to the content or subject matter and the degree of specialization of the source text, Delisle (Delisle 1980, 25) identifies general translation ("traduction de textes généraux"), which requires little or no specialized knowledge, and specialized translation ("traduction de textes spécialisés"), which does call for mastery of a specialism. Similarly, Newmark (Newmark 1991, 36-37) makes a distinction between scientific-technological translation, institutional-cultural translation, and literary translation, where, in our opinion, the last two categories can regroup other sub-types. A useful perspective on different types of specialised translation can also be found in Dejica (2020).

2.1. English for Medical Purposes (EMP)

Medical translation and language can be regarded as a specific sub-branch of ESP - it is what Yang (Yang 2005, 125ff.) promotes when stating that EMP learning, from an integrated, communicative perspective, refers to the development of language skills (listening, reading, speaking and writing) and language systems (vocabulary and grammar).

Seen in this light, English for Medical Purposes (EMP) which is specific tool for communication in the workplace, and it comprises both oral and written production. Text typology and genres for the development of reading and listening skills includes medical advances, diagnoses, case histories, patient notes; speaking provides contexts of oral language production - at the doctor's, talking medical history, asking and answering questions, communicating with colleagues (Jones 2003, 1; Adolphs et al. 2004, 9-28), etc.

With respect to vocabulary, thematic areas include body parts, treatments, illnesses, etc., and grammar structures focus on the use of modals, passive voice, imperative forms, etc. Pryor and Woodward-Kron (Pryor and Woodward-Kron 2014, 41-53), for instance, investigated the doctor-doctor talk and found that it is highly distinctive due to the extensive use of jargon.

2.2. Medical language and terminology

The new realities have triggered changes in the medical terminology, not necessarily deleting the classical heritage but, under the influence of the scientific evolution,

leading a more heterogenous make-up. In medical translation, the specific medical language can be analysed along three dimensions: the user, the domain of use and special application of language (Karwacka 2015, 272).

Going in-depth, medical language means new terms which become part of the general language – medical language is part of the language of science, which is present in more “than three quarters of all written and printed materials of the general language in each nation” (Karwacka 2015, 273; Džugnova 2002, 56).

In the medical world, it is no rare occasion that many experts, having an academic background in medical sciences or in other sciences such as engineering, biology, chemistry, physics, mathematics, etc., join their efforts to conduct interdisciplinary and multidisciplinary research.

This has an impact on the evolution of medical sciences, reverberating at the linguistic level – medical terminology heavily relies on derivatives of old Greek and Latin words, among which the highest productivity is related to prefixes such as stereo-, mono-, poly-, multi-, in combination with roots originating (Table 1) in other languages (there is no concern for etymological purity) as recorded “eventually in a growing stream in medical dictionaries” (Fischbach 1998, 22).

Greek original word + meaning	Latin transcription	Example
aisthesis (feeling, sensibility)	aesthesia	anaesthesia
algos (pain)	algia	anaesthesia
anthropos- (man)	anthropo-	anthropogenesis
asthenes (weak)	asthenia	myasthenia
bios (life)	bio	biopsy
Bronchos (gullet)	broncho	bronchitis
kardia (heart)	cardi(o)	cardioplegia
kele (protrusion, tumor)	cele	colonography
colon (large intestine)	colono	cytology

Table 1-Derivates of old Greek and Latin words

3. Towards a dynamic model of medical terminology management

Medical terms fall into the following categories (Fogelberg and Petersson 2006, 13, 22). Highly opaque terms making up the medical jargon, used by researchers and professionals. These are generally related to the formal style and are of Greek and Latin origin. More transparent general medical terms used in the communication between healthcare professionals and the lay population (patients included). They belong to the informal style, and, in many cases, they represent the renderings of words of Greek and Latin origin into the native language. However, we should not understand that this layer of specialised vocabulary is not permeated by foreign influences at all. Medical terms designate anatomical parts, illnesses and diagnoses (Fogelberg and Petersson, 2006: 13). Besides these all-inclusive categories of terms, other categories and subdivisions can be identified, especially if we refer to the latest developments of the (para)medical field and to the emerging areas of expertise, etc. –

we exemplify by hypertensiology, nano-medicine, psycho-oncology (Badziński 2019, 159). In medical terminology, two phenomena can be tracked down: (1) a very precisely worked-out, internationally standardised anatomical terminology, and (2) a quickly developing clinical terminology of all medical branches, characterised by a certain terminological irregularity, to say the least. The main cause of the latter phenomenon is the fast-paced development of scientific knowledge (powered by technology) and a need to timely coin names for new devices, diseases, symptoms, etc. (Džuganová 2002, 56), sometimes resulting in new culture-specific references. Irrespective of their belonging to either internationally standardised anatomical terminology or (highly specific) clinical terminology, medical terms are complex and, on account of their morphological structure, they can be divided into one-word (single units) and multiple-word descriptive terms.

4. Conclusions

Accordingly, the problems that could arise in the translation of Greek and Latin roots lie in spelling, parallel forms, switches from Greek to Latin or vice versa. Therefore, we can rightly conclude that medical language and translation are on the border between specific language and scientific field. At the purely linguistic level, medicine language is featured by synonyms, eponyms, acronyms, abbreviations, based on which new terms are coined. Most visibly, the new realities have triggered changes in the medical language and terminology, not necessarily discarding the classical heritage but, under the influence of the scientific and technological progress, leading to a more heterogenous make-up

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