CHALLENGES IN MEDICAL TRANSLATION

Cătălin Drăcșineanu*

PhD. Lecturer, "Petre Andrei" University, Iasi

**Corresponding authors* *Email address : catalindracsineanu@gmail.com

Abstract

This article covers the most stringent challenges in medical translations. A field-specific, comprehensive methodology is presented to allow translators find solutions and avoid the countless traps of the medical specialized vocabulary. Since English has become the dominant language of congresses and research works all around the world, mastering it has become a must for every medical practitioner, who can either gain access to a wider pool of knowledge, communicate better with their fellow doctors or with their patients.

Keywords: medical English, false friends, target language, documented research

Introduction

Is a domain-specific methodology needed in medical translations? Why are translations in this field different from the other fields, such as the technical, political or economic field? Isn't it, after all, the same old process of decoding, followed by an operation of transcoding, like in all other translations? There seem to be, however, certain specificities of medical translations that pose significant challenges to translators and which require a greater amount of care (1).

To begin with, let us refer to the decoding stage. Fortunately, it has become a matter of common sense that one can translate only what they fully understand (2). In order to decode, one needs therefore to understand. It is rather safe to assert that of all the other fields, the medical one is arguably the most difficult to understand, due to the complexity of its subfields and the technicality of all the dedicated vocabulary (3). For most translators, a medical text such as "The therapeutic protocol for the follicular cyst includes cystectomy and odontectomy of the tooth or marsupialization, a maneuver that can be executed in a first stage for large sized follicular cysts, followed by the histopathological exam of the operated sample, and at a later surgical stage the cystectomy will be performed. The protocol for the pleomorphic adenoma of the small salivary glands includes the extirpation of the tumor, together with the accessory salivary glands and a part of the covering mucosa. This therapeutic attitude is related to a high rate of relapse" involves a lot more research than any other scientific text, be it on inflation, political systems, geography or history. Similarly, it is worth mentioning that the smallest cell in the human body is more complex in its structure and functioning than any motor or computer.

It is therefore safe to say that the medical text is hard to decipher, at least if the recipient is not a physician or specialist in the field. That does not mean, nevertheless, that it is only doctors who can perform flawless translations, given their thorough knowledge of the subject matter. The translator's activity depends on a set of cognitive abilities that are inseparable from the accurate conveyance of the message, which rely heavily on the methodology used (4, 5) and on the compliance with certain mandatory steps in the proper decoding and transcoding of the message. In the following pages we will focus on such methodological steps to allow any translator to perform medical translations in line with the cultural context and the target audience.

The methodology set forth in this article focuses on two main aspects: the actual decoding of the translation and its subsequent transcoding in agreement with the intention and the nature of the recipients.

The Decoding Stage

Medical translation quality is an umbrella concept that involves several distinct actions to which a translator should dedicate their attention: accuracy, compliance with contractual requirements, avoidance of omissions and spelling errors, readability or correct language use. One of the main factors that influence the quality of a translation, however, relates to the *documentation stage* and the *implementation of efficient control methods* for the detection of mistakes (6). In the documentation stage, the translator should use scientific rigor and a strict self-discipline. As we already mentioned in the lines above, a comprehensive understanding of the message in the source language is crucial. As Schumacher (7) argues, there is a distinction between comprehension and knowledge, in the sense that comprehension is the most basic concept and knowledge only comes in a last stage. In the medical field, we can presume that comprehension is at least accessible to the common translator, while knowledge on the subject remains the attribute of experienced practitioners. As stated by O'Neil (8), it would be unrealistic to expect that all medical translations be performed by specialists, since "there will always be more medical translations than can be handled by the relatively few physicians who translate [and] medical translation will perforce be done by non-physicians". The same author continues and argues that "medical texts concern a range of areas of medicine and pharmacology, therefore it would be even more difficult for translation assignments to be completed successfully if only an oncologist could translate a text on cancer, or only a cardiologist could be commissioned to translate documents for cardiac patients, etc.". An ideal situation would involve a collaboration between a specialist and a translator, doubled by a back (9. 10) translation to ensure accuracy both from the source to the target language and from the target language to the source language, but such endeavors are time-consuming and costly, being mostly met in translations of consent forms or drug trials (11).

A first step in the decoding stage, before the actual translation process, is therefore a sound documentation on the

matter (12). A practical approach is to identify, depending on the niche medical field, the grand outlines. Let us suppose that a translation is commissioned in the field of oral medicine. The translator should become acquainted, beforehand, with the system, the organ or the tissues that are referred to in this field and then document on the anatomy of such system or organ, followed by an understanding of its functioning and physiology and etiology, evolution, symptoms of the most commonly met medical conditions. Similarly, if a treatment method or a drug is described, the class it belongs to, its composition, action, therapeutic effect, side effects, etc.). This thorough documentation stage should not be omitted since it plays a vital role in the overall quality of the translation outcome. Scientific rigor needs to be enforced systematically, prior to the actual translation and it requires a huge amount of self-discipline on the part of the translator to check and double-check all the scientific notions and terms, because it is the most obvious ones that often escape the eyes of an unsuspecting translator. All translations are prone to errors (13), but it is in scientific texts that errors may take on catastrophic dimensions, due to the potential clinical consequences they entail. One of the most perilous traps that mislead innocent translators are the so-called "false-friends", or words that trigger interferences between the source and the target language.

False Friends in Medical Terminology

The Cambridge Dictionary defines a "false friend" as a word that is often confused with a word in another language with a different meaning because the two words look or sound similar, stating that "If interactivity is functional across languages, we should expect that in the course of naming a word in one language its corresponding "*false friend*" in the non-response language is activated". The "false friends in medical English" entry in Google returns no less than 123 million results, which is eloquent proof of the extensiveness of the problem, in all languages, not only Romanian. It is not the goal of the present article to present an exhaustive list of such false friends met in medical English, but to draw attention on the most conspicuous ones that are extremely similar in form but drastically diverge in meaning (14). Here are some of them:

- *Condition*: it is not to be translated by "condiție" into Romanian, but rather by a state of health or disease: "The patient was in a very worse condition" or "This medical condition may require a special diet";
- *Development*: it is often translated as "dezvoltare" into Romanian, but in medical texts it should be interpreted as "manifestation", "occurrence" or "onset". Similarly, it should be among the first choices for the Romanian "apariție", as in „apariția simptomelor" – the development of symptoms;
- *Disposable*: while admittedly it has made somehow way in the Romanian language, its translation as "dispozabil" seems forced, it betrays negligence on the part of the translator and should be

replaced by the more accurate "de unică folosință";

- *Conventional*: it is not to be translated by "convențional", however tempting it might be, but rather by "tradițional" sau "clasic", as in "conventional treatment" – "tratamentul clasic".
- *Severe*: it is often translated with "sever" in Romanian, while it should be translated either by "intens" if we associate it with pain, like in "severe pain" – "durere intense" or by "grav", like in "severe condition" – "stare de sănătate gravă".
- *Alternative*: in Romanian, an alternative is a choice between two solutions. In English, on the contrary, it refers to the other solution. In other words, "an alternative choice" should not be translated into Romanian by "o alegere alternativă" but using the more natural (and correct) "cealaltă alegere".
- *Physician*: while it may sound as a beginner's mistake, attention should be paid to its translation as "doctor" as opposed to "fizician".
- *History*: in medical terms, "history" refers to all the data collected from a patient that allows a doctor to get familiar with the case. Depending on the situation, it can be translated as "istoric" or "antecedente", like in "personal/family history".

The Transcoding Stage

It is the stage when the translator, after having fully understood the significance of the text (15), attempts to render it into the target language as accurately as possible. The two main defining elements of this stage are the *target audience* (who is the beneficiary of the translation) and the *type of discourse* that best fits the intention of the source language (16). The Journal of Specialized Translation states that "the translation process itself should aim at meeting readers' needs and client's requirements. Medical translation undoubtedly requires utmost precision, because it may potentially influence patients' and medical professionals' decisions, thus affecting healthcare services, clinical studies, etc. The target language needs to be natural, correct and suitable for the purpose of the text and its genre". (17)

As far as the target audience is concerned, then it is safe to say that the translator can go to any length to make sure that the message is conveyed while making all the possible changes to the structure (merging sentences, altering the level of expertise, changing the style, etc.) (18, 19). Translating a brochure intended for a doctor's patients or paramedical personnel working closely to doctors is or should be tackled differently than translating a scientific article or other research dedicated to specialists in the field (20). There is always a choice in terms of words on levels of expertise: headache can be referred to as cephalgia, fat liver as hepatic steatosis or redness by erythema. On the other hand, the type of discourse chosen will have an impact on the effect obtained on the reader's part. Depending on the translation requirements (21), a translation can be informative (the main goal is to convey the information, as accurately as possible, displaying a precise

and quite concise style), persuasive (for instance, advertising materials, whose main goal is to entice the reader into buying a certain product or service, focusing on triggering a psychological reaction on the part of the reader that forces them to act in a certain way) or mass-oriented (using plain, simple language that everybody can understand and relate to).

Conclusion

English has become the dominant language of the scientific world and a vector of development and communication among professionals worldwide. It favors mobility, career opportunities and worldwide distribution of scientific discoveries at an unprecedented level. Medical translation thus becomes a crucial element in the dissemination of knowledge and, in medicine more than in any other fields, it should be seamless. The challenges are nevertheless proportional to its prerequisites: errors in this field can lead to dramatic outcomes, either in a patient's life or a doctor's reputation and they show unmistakably that there is still room for improvement in this area, especially in the process of documentation and verification by third parties, ideally knowledgeable medical professionals.

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