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Operative Interfaces of English for Medical Purposes. Linguistic and Translational Perspectives

Mihai Robert RUSU*

Abstract: It is common sense knowledge that medical research and medical practice need a specialized language, or, in other words, a language for specific purposes (LSP) with an international coverage – English is the leading candidate as the lingua franca. Admittedly, it fulfils different communication functions within professional environments alongside the interpersonal level; it shows real-life purpose, being used at a higher and more intense level because of globalization and technology advancement, medical technology included.

Keywords: EMP; medical translation; interfaces

1. Introduction

English for Specific Purposes (the preferred label – notably, Hutchinson and Waters, 1987; Basturkmen, 2006, 2010; Fortanet-Gómez and Räisänen, 2008; Meyer and Apfelbaum, 2010; Day and Krzanowski, 2011; Paltridge and Starfield, 2013; Gollin-Kies *et al*., 2015; Hyon, 2018; Kırkgöz and Dikilitaş, 2018; Kenny *et al*. 2020; Terauchi *et al*., 2020) or *English for Special Purposes* (much less frequent, but, obviously, sharing the same acronym, ESP) has been given ever increased attention in applied linguistics, more precisely in Second Language (ESL) or for English as a Foreign Language (EFL) teaching since the 1960s. Mainstream literature and professional practice traditionally operate with two broad categories, ESP being divided into English for Academic Purposes (EAP) and English for Occupational Purposes (EOP). The former is concerned with scientific research (English for Science may be considered a parallel denomination, although not totally overlapping with EAP), whereas the latter addresses practitioners and encompasses a variety of

*Doctoral student, University of Craiova, "Alexandru Piru" Doctoral School, Romania, E-mail: rusu_mihai_1995@yahoo.com

fields: legal English, English for medicine, English for engineering, and the subdivision may proliferate endlessly.

2. Overview of English for Specific Purposes

The definition and use of *English for Specific Purposes* (*ESP*) is not an easy task (Strevens 1988: 109) – in fact, although a steady concern of applied linguistics since the 1960s, ESP does not benefit from a unified theory. The complexity of the matter is linked not only to its linguistic nature, but also to the diversity of its fields of application and to the users' needs and vested interests. For instance, a particular group of medical doctors learning English need to have a specific course based on ESP. Furthermore, to master medical English there is need to acquire knowledge about specific topics and skills in a particular subject area. In this context, we should adopt a granular, atomistic perspective by dwelling on several linguistic aspects in association with a particular field of medical activity. In line with Wright (1993: 3), we describe English for specific purposes (ESP) as multi-layered, integrating terminology, stylistic conventions and discursive practices, while also narrowing focus - ESP includes a variety of language tools which are focused on terminology in connection with a particular medical field. Needless to say, in ESP teaching and learning, there is need to take in consideration that learner-centeredness involves differentiation in specific fields, which translates into meeting the learners' needs in compliance with the related methodology. At the same time, ESP professionals aim to develop a specific content that fits for purpose (Dejica-Cartis A. & D. Dejica-Cartis, 2013).

English for Medical Purposes (EMP) can be regarded as a specific sub-branch of ESP - it is what 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). 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, 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. To put it in a nutshell, the teaching content is geared to the language repertoire acting as means of achieving the learning aims.

Panocová (2017: 1) is concerned with the design of an appropriate methodology for the description of EMP, with a focus on the lexical dimension, beyond "compiling word frequency lists used as a basis for developing teaching materials" as EMP is part of professional communication, and stressing the role of medical English in international environments, in comparison with English for General Purposes and other specialised languages. However, considering EMT a language variation determined by field and register, we should also note that it is not

only the specific vocabulary and terminology that gives it a distinct identity, but also other levels of analysis – syntactic, discursive, pragmatic, etc. Kittredge (1983: 49) features EMP as a restricted domain of reference, with a narrow purpose and orientation, a restricted mode of communication, and participants sharing coomon (specialized) knowledge.

Furthermore, even within the comprehensive field of medical English, several sublanguages can be distinguished, which may also vary in terms of register – for example: expert to expert talk (doctor to doctor, doctor to nurse, equipment manufacturer to doctor, etc.) and expert to non-expert conversation (doctor to patient) (Lankamp, 1989: 21). In the same line of approach, Biber and Conrad (2009: 3) implicitly include EMP within the broad category of ESP, based on register genre appurtenance and use of the langauge variation in "a particular profession or academic discipline, e.g. biochemistry or physical therapy".

3. Interfaces of English for Medical Purposes and medical translation

Most visibly, the new realities have triggered changes in the medical language and terminology, not necessarily deleting the classical heritage but, under the influence of the scientific and technological progress, leading to a more heterogenous make-up. This includes exteriorization of specialized knowledge systems and cognitive processes; weighed and selected from an information (interiorization); with the objective of disseminating them in another linguistic (interlingual); cultural / transcultural context; governed by skopos. (Sandrini 2006:109-110)**.**

In medical translation, skopos covers the (end) user, "the domain of use and special application of language" (Karwacka 2015: 272). Going in-depth, medical language is marked by outflows, which means that new terms become part of the general language. The process does not seem to affect its being part of the overarching 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). In the same climate of opinion, Džugnova (2002: 56) considers the richness and dynamics of medical language and the assorted terminology, and she states that we actually face two phenomena: "(1) internationally standardized anatomical terminology" and (2) a fast "developing clinical terminology and scientific resources".

Therefore, there is need not only to recognize the special status of the medical translator, but also the emerging field of medical translation as a standalone sub-field, on a par with legal translation, in our opinion. It is common knowledge that the specialized translator needs to have knowledge about specific terminology in the field, and the effective and efficient use of specialized dictionaries and glossaries is also a prerequisite. Ideally, the translator is a bilingual specialist, mastering the two languages and the subject matter (Bowker 1998: 631) since translators translate not only words, they rely on background knowledge in the field. Warning: in practice, one of the problems is professional intrusion in different organizations or institutions

that turn their employees into translators, doing disservice to professional translators. Unfortunately, this is the dilemma shaping the world of medical translation and interpretation: Who should be in charge with medical translation? The translator (having a background in languages) or the healthcare professional (having acquired a certain level of linguistic/communicative competence)?

Without providing a definitive answer to this question, Sánchez Ramos (2020: 25ff.) highlights that English for medical settings requires accuracy based on documentation, linguistic and technological skills**.** Is there a separate entity that deserves to be termed "the language of medicine"? Broadly speaking, the answer is "Yes", supported by the argument that medicine is a field having its own jargon and idiosyncrasies (phrases which sound rather unusual to the lay person). Needless to say, medical language is extremely dynamic, i.e., the specific medical terms have undergone changes in time and developed over the years to aptly describe the medical situation and disseminate the knowledge behind the words.

As a corollary, the question of the availability and reliability of resources arises. Admittedly, we consider that a corpus-based approach is the most useful and powerful in performing and evaluating translation in specialized contexts, due to the insufficient number and rather doubtful quality of specialized dictionaries and glossaries, especially bilingual ones and/or involving language pairs such as English-Romanian. Against an evidence-based mechanism, we list the available resources (in print and online – as far as online tools are concerned, we also refer to interactive platforms, translation forums, etc.: *Dicționar englez-român de medicină și biologie* – authors: Corneliu I. Năstase, Ion V. Năstase (2004); *Dicționar medical de buzunar englez-român / român-englez (Romanian edition)* – author: Danielle Duizabo (2007); *Romanian-English Medical and Pharmaceutical Dictionary* – author: Diana Ligia Tudor (2016), *EUDict – European Dictionary* (https://eudict.com/?lang=engrom&word=medical%20terminology), *KudoZ open glossary – English to Romanian Medical (General) Translation Glossary* (https://www.proz.com/glossary-translations/english-to-romanian-translations/95).

Once again, in medical translation, terminological variants should be taken into consideration, becoming key elements (Calonge Prieto 2009: 97), and these include morphological and orthographic variation, elliptical forms, abbreviations and acronyms. New medical branches and areas of supra-specialization, clinical trials, medical technology and devices have increased the need for translation. This area of research and practice, defined as "the study of language based on examples of 'real life' language use" (McEnery and Wilson 2004: 1) has led to the identification of specific directions.

In this regard, corpus-based and corpus-driven approaches have thriven in translation studies in recent years. Researchers compile and exploit monolingual and parallel corpora to investigate the linguistic features of both the source texts and target texts (notably, Baker 1995), or to create opportunities for using corpora as translation and terminology tools (Dejica 2012; Zhu and Wang 2014; Arce Romeral

and Seghiri 2018; Toledo Baéz 2019). Without a shadow of doubt, the examination of highly authentic language will provide valuable information for theorists and practitioners alike.

Translation has become vital in not only disseminating knowledge, but also in generating it in the medical field, supported and enhanced by the new and newest technologies that are used on a large scale in the medical field. In medical translation, the text typology encompasses complex texts of use for experts - seminal books, research papers, conference proceedings, case reports, and relatively simple texts having patients as targeted readers: information leaflets, consent forms, brochures. In the medical field, the main information sources are drafted in English and are represented by mainstream literature (books and scientific papers) in various medical specializations. In spite of the growth of the medical science and the increasing demand for medical translation, there is lack of specialized translators at the European level (in Romania the situation seems even more problematic, to say the least), which affects not only the productivity but also the quality of the translated medical texts (for a comparison with other fields, see Dejica and Stoian 2016).

4. Contexting medical translation in Romania

We have to acknowledge and even to spread wider concerns that medical translation is underdeveloped in Romania due to the lack of specialized translators in this field. The problem lies in the need for interdisciplinary cooperation between the medical doctors and translators to find the best way to understand the related terminology and, even more importantly, the context(s) of using it. On account of

> the interdisciplinary nature of today's knowledge landscape, the texts that are strictly confined to a single terminological field are the exception, not the rule. For instance, most medical texts include terms from statistics, pharmacology, or physics, most texts that deal with musical theory rely on the terminology of mathematics, whereas technical user manuals encompass legal and business terms. It seems pointless to stress that a translator dealing with this kind of texts needs to take into account and account for all these variables. (Postolea 2016: 58)

Pavel (2014: 39ff.), while recognizing the status of English as "today's lingua franca of medical international communication", draws our attention that in the European context of the free movement of medical professionals, Romanian universities and other training providers need to have a specific academic approach and develop tailored medical translation programmes to map the market – we add, for social responsibility, too.

5. Conclusions

Reviewing the literature enables us to detect perspectives on how close English for Specific Purposes is related to medical translation, and on how medical English and medical translation support each other in their quest for identity and in their struggle

for full recognition. We have identified the specific problems that consist in the availability and reliability of medical translation tools (bilingual dictionaries and multilingual glossaries / databases, more particularly those including the Romanian language), the need for medical knowledge acquisition and updating, the need for collaboration with monolingual experts in the medical field and for networking, with a view to securing precision and user-centredness.

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