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TRANSLATION OF MEDICAL TERMINOLOGY: CHALLENGES AND SOLUTIONS

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Abstract: This composition investigates the challenges faced in rephrasing medical language and proposes results that aim to insure delicacy and clarity. Medical restatement plays a pivotal part in transnational healthcare communication, and any misreading of language can lead to life-hanging situations. Through real exemplifications and expert commentary, the paper discusses the impact of mistranslations, differences in healthcare systems, and stylish practices in professional medical restatement.

Keyword : Medical translation, terminology, accuracy, cross-cultural communication, mistranslation, healthcare.

Introduction. Translating medical texts isn't just a matter of knowing the vocabulary — it's about understanding how people think, feel, and speak when they're sick, scared, or trying to make sense of a diagnosis. During my coursework, I noticed how even professional translators sometimes struggle with clinical phrases that seem clear in one language but feel off or even misleading in another.

Take, for instance, a term like "benign." In English, it is a medical reassurance. However, in some cultures, even a "harmless" diagnosis may be taken with deep concern if not carefully explained. Medical translators, therefore, are not just messengers — they are cultural bridges, responsible for both linguistic accuracy and emotional sensitivity.

The Importance of Accuracy in Medical Terminology

Medical terms are meant to be precise because they can determine the health and life of a person. However, in reality, even simple words can lead to errors.

One of the most eye-opening stories I read was about a patient in the U.S. whose family used the Spanish word "intoxicado" to describe his condition. The doctors assumed it meant alcohol or drug intoxication. In reality, the man had a brain hemorrhage. Because of the confusion, he did not get the urgent care he needed — and the outcome was tragic.

However, mistakes like this are not just historical. Recently, I was working on a sample translation and came across "discharge." I automatically assumed it meant a patient being released. However, in context, it was actually referring to a post-surgical wound leak. It made me pause — context is everything. Without proper context, it is easy to make a mistake. As Byrne

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(2014, p. 123) notes, “Medical translation is not just about language; it’s about transferring meaning across knowledge systems with precision.”

Cultural and Systemic Differences

Healthcare vocabulary is deeply connected to particular medical infrastructures, introducing complexities in translation. Consider, for instance, the UK’s "General Practitioner (GP)," which often lacks a precise parallel elsewhere. In the United States, "Primary Care Physician" is frequently used instead. This discrepancy calls not for a word-for-word rendering, but rather an adjustment of the phrasing to align with the target region’s medical framework.

Furthermore, aspects pf healthcare delivery, like insurance models, local guidelines, or established medicinal practices, may not have a clear counterpart in other societies. Temmerman (2000, p. 54) explains that “Terminological variation in specialized discourse reflects differences in cognition, culture, and usage, and this must be considered in translation.” Therefore, translators must act as cultural mediators.

Genuine Translation Failures: When Language Poses a Risk

Within medical communication, even a solitary inaccurate translation can trigger potentially fatal outcomes. These aren't merely technical slip-ups—they represent errors with direct implications for patients.

A devastating illustration involves the term "intrathecally," denoting medication delivery into the spinal canal. It was erroneously rendered as "intravenously" within drug instructions, culminating in a patient's death after improper administration.

Another prevalent problem centers on the phrase "positive result." While signifying the presence of illness in medical contexts, "positive" might be perceived as favorable news by someone unfamiliar with the terminology—potentially causing confusion, particularly concerning serious conditions like HIV.

The translation of "seizure" from English to Spanish as "crisis" also presents a challenge, as "crisis" typically refers to an emotional or financial hardship in common usage. This can lead medical staff to overlook the neurological basis of a patient’s symptoms.

Even nuanced distinctions, such as those between "sensitivity" and "allergy," can result in detrimental consequences. Though describing distinct reactions, these terms are frequently conflated during translation, impacting treatment decisions.

As O’Neill (1998, p. 92) states, “Literal translation of medical terms is the number one cause of terminological confusion in clinical documents.”

Medical translation necessitates more than just linguistic precision—it calls for a thorough understanding of healthcare systems, specialized vocabulary, and patient interaction. In this domain, words are far more than mere words; they convey diagnoses, influence decisions, and

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safeguard lives.

Solutions and recommendations: how to avoid errors in medical translation

Initially, it is important to use trusted and official sources of terminology. These include databases such as MedDRA (Medical Dictionary for Regulatory Affairs) and ICD-11 (WHO's International Classification of Diseases). These resources ensure uniformity and accuracy of terms, especially when translating diagnoses, side effects, and clinical conditions.

In addition, translators should not work in isolation. Interaction with medical professionals is a critical part of the process, especially when ambiguous or culturally specific expressions arise. Only a physician or specialist can accurately confirm the meaning of a term in the context of a particular case.

Literal translation, especially of idioms, colloquial expressions or specific medical concepts, is a frequent cause of misunderstanding. For example, the English expression “to break out in a rash” cannot be translated as “to break out in a rash”. What is required is an adaptation of the meaning, not a literal reproduction of the words.

Finally, the quality of the translation depends on the translator's own training. Completing specialized training, experience and certifications (such as ATA - American Translators Association, or IMIA - International Medical Interpreting Association) greatly enhances professionalism and reduces the risk of errors.

As Wulff et al. (1986, p. 112) note, “The ambiguity of medical terms, even within one language, creates the need for context-based interpretation in both practice and translation.”

Conclusion. Medical translation extends far beyond simple word substitution between languages; it’s a critical duty demanding both exceptional linguistic ability and a profound grasp of medicine, cultural nuances, and situational context. Even minor errors can yield grave repercussions, ranging from misinterpretations of diagnoses to preventable disasters. In our increasingly interconnected world, where patients and physicians routinely interact across language barriers, the role of the medical interpreter becomes paramount. They don’t merely “translate,” but rather forge a connection between patient and physician, between cultures, and between distinct healthcare frameworks.

The more precise and considerate the translation, the higher the likelihood of accurate diagnoses and effective treatment. Ultimately, this represents the trajectory of quality medicine on a worldwide basis.

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