

## Some Problems of Translating English Medical Discourse into Arabic

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### المخلص

يمتاز التنوع الطبي للغة بالتعقيد ، وبكونه مليئاً بالصعوبات و التحديات . فالمرجم مطالب ببذل جهد كبير من أجل التغلب على هذه الصعوبات وبالتالي إعطاء ترجمة مناسبة . تبحث هذه الدراسة في الجوانب الدلالية والنحوية والمفرداتية لهذا التنوع اللغوي في الإنكليزية وكيفية ترجمتها إلى العربية. والهدف من ذلك هو تبيان المشكلات الرئيسية التي قد تنجم عن ترجمتها بالإضافة إلى اقتراح بعض الحلول لهذه المشكلات. كما وتهدف هذه الدراسة إلى تقديم ترجمات جديدة للنصوص الأصلية في حالة كون الترجمات الموجودة غير مناسبة. لتحقيق هذه الأهداف تفترض هذه الدراسة بأن ترجمة الخطاب الطبي ترجمة دلالية تكون أفضل من ترجمته ترجمة تواصلية. كما تفترض أيضاً ألا يكون مترجم الخطاب الطبي ملماً باللغة الأصلية و اللغة المترجم إليها فحسب ، بل يجب أيضاً أن تكون لديه خلفية طبية جيدة. ولذلك فإن هذه الدراسة تعتقد أن أفضل شخص يصلح لترجمة هذا التنوع اللغوي هو ذلك الذي يمتلك معرفة طبية ولغوية معاً. ولاختبار مدى صحة الفرضيات أعلاه ، تم اختيار خطابان طبيان من كتاب تسكين آلام السرطان الذي قامت منظمة الصحة العالمية بترجمته في عام ١٩٨٦ . أما بالنسبة للنتائج التي تم التوصل إليها فهي كالتالي:

- ١- توجد اختلافات دلالية ونحوية ومفرداتية بين الخطاب الطبي العربي والخطاب الطبي الإنكليزي.
- ٢- تحتل الاختلافات النحوية المرتبة الأولى ( ٤٧,٢ ٪) تليها الاختلافات المفرداتية (٣٧,٧ ٪) بينما تحتل الاختلافات الدلالية المرتبة الأخيرة (١٥,١ ٪).
- ٣- نجم عن هذه الاختلافات بعض الصعوبات خلال عملية الترجمة والتي أدت بدورها إلى وجود بعض نقاط الضعف في النصوص المترجمة.

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### ***Abstract***

Medical discourse is a very complicated variety of language. It is usually full of risks and difficulties. A translator is required to exert a great effort to overcome these difficulties and produce an appropriate translation. The present study investigates the semantic, syntactic and lexical aspects of this variety in English and shows how these aspects are realized in Arabic. The study aims at: (1) exploring the main problems that may arise from translating medical discourse, (2) suggesting some remedies for solving them, and (3) proposing new renderings for the texts under discussion if the available translations are unsatisfactory. To achieve these aims, it is hypothesized that the semantic translation of medical discourse is more appropriate than the communicative one. Besides, the translator of medical discourse is not required to have a good linguistic knowledge of both the source and target languages only, rather he must have a medical background as well. Therefore, it is believed here that the best person who fits to be a translator of medical discourse is a person who has a medical competence as well as linguistic competence. To test the validity of these hypotheses, two medical discourses have been selected from a medical book entitled **Cancer Pain Relief**, which was translated by (the World Health Organization) in 1986. The main findings arrived at are as follows:

- 1- There are semantic, syntactic and lexical differences between English and Arabic medical discourse.
- 2- The greatest differences are the syntactic ones (47.2 %). Lexical differences occupy the second place (37.7 %), and semantic differences occupy the third place (15.1 %).
- 3- These differences resulted in some difficulties through the process of translation which in turn resulted in some shortcomings in the TL texts (see T1, T2).

**1. Statement of the Problem:**

Medical discourse is a special kind of language. It is difficult, complicated and filled with a lot of foreign words borrowed from Latin and Greek. It is not usually used by or directed to the ordinary people because of its difficulty, which makes it impossible for a layman to understand its vocabulary. It is worth mentioning here that there are many reasons behind this difficulty, some of them are due to the uses of medical discourse, e.g., the scientific names of some diseases which are used by health professionals and understood only by them. Even when doctors talk to their patients, they usually use a common name of that disease which is different from its scientific name because this patient does not know its professional name. Besides, there are the parts of the body and their functions that also have special names whose use in medicine differs from that in everyday language.

All these difficulties and others inevitably lead to similar problems in the process of translating. So the task of the translator of medical discourse does not consist in rendering the SL text into the TL text literally. He has to possess an adequate medical knowledge or medical background. Hence, all the problems of translating this variety of language arise, as most translators do not pay attention to this point, despite its great importance, which results in the production of poor translations.

This is a general problem in translating this type of language. A more specific one concerns the translation of medical discourse from English into Arabic. Broadly speaking, there is a big gap between English and Arabic concerning the field of medicine. English is richer than Arabic regarding the discovery of new diseases, new medicines, new medical devices, etc. This implies the richness of English medical vocabulary. The translator faces a great difficulty when he tries to translate an English word that does not have an Arabic equivalent. In this case, he has to coin a new Arabic word as close as possible to the original one.

## **2. Medical Discourse:**

The term 'discourse' can be defined as a suprasentential unit of language in use, i.e., a unit of language which is higher than a sentence and has a relation with the context in which it is used. Consequently, 'medical discourse' (MD): is a suprasentential medical unit of language in use, i. e., a medical unit of language which is higher than a sentence and has a relation with the context in which it is used.

Scientific language falls within the domain of discourse not text. Since 'medicine' is one branch of science, medical language necessarily falls within the domain of discourse not text. In fact, medical language is a very special kind of language which has its own characteristics. It is difficult and filled with foreign words especially 'Latin and Greek'. These words are accepted international terminology that is used in almost all languages with no change. It is understood and used by doctors and other health professionals all over the world. "The language of medicine is verbal and symbolic and seemingly filled with mystery to the uninformed" (Caldwell and Henger, 1978: ix).

Barthes (1988: 212), on the other hand, highlights another feature of medical language saying that medical language is a register in which more than one style can be detected. Besides, medical language subjects to a double articulation, i.e., most of the medical terms consist of more than one unit, usually, insignificant units and signs which do not manage to signify in themselves. They are combined into signifying units to give specific meanings.

As it was mentioned earlier, medical language is nothing but one branch of scientific language. Scientific language has certain features applicable to all branches of science, including medicine. One of these features, is the extensive use of abbreviations. Pakhomov (2002: 160) expresses this phenomenon as he says "numerous abbreviations are used routinely throughout such texts and identifying their meaning is critical to the understanding of the document".

AL-Rawi and AL-Faghri (2002: 6) also agree with this, stating that medical abbreviations are used frequently in medical leaflets “for economy in time and space, especially in leaflets written on serious diseases”.

### **3. Medical Styles:**

Newmark (1988) classifies medical styles into three types:

**1- Academic:** This includes transferred Latin and Greek words associated with academic papers (Newmark, 1988: 153).

AL-Magazaji, (1992: 15-16) explains this saying that in academic writing, which is addressed to the students, the language used is clear and explanatory defining every word used as it is not expected to be known by the students, e.g.,

**“Ethology: The study of the behaviour patterns of organisms from a biological point of view”** (Zanden, 1987: 62).

**2- Professional:** formal terms used by experts (Newmark, 1988: 153).

According to AL-Magazaji (1992: 16), in the professional style, many terms are used without any explanation putting in mind that the specialist already has previous knowledge of the subject, e.g.,

**“The past decade has seen an explosion of vaccine research and development. Vaccines against hepatitis B, varicella, rotavirus, and pneumococcus have been added to the recommended childhood immunization schedule”** (McPhillips *et al*, 2002: 6).

**3-popular:** Layman vocabulary, which may include familiar alternative terms (Newmark, 1988: 153).

AL-Magazaji (1992: 16) believes that this type is characterized by its simple and clear-cut language without using any obscure terms, definitions or any lengthy explanations. It is characterized by the use of very simple style with elementary expressions that can be understood by the layman,

e. g.,

“There is really no need for a child with an infection, mild or severe, to be kept in bed against his will. If he is well enough to get about the house, he should be allowed to” (**Illingworth, 1981: 14**).

Vihla (1998: 75), on the other hand, classifies medical styles into two types, professional and popular, as he joins the two types academic and professional, suggested by Newmark, under the umbrella of professional style:

- 1- Professional:** It refers to texts addressed to professional readers, i.e., researchers, practitioners, and students of medicine.
- 2- Popular:** It refers to texts intended for the general readership, i.e., for those without medical training.

#### **4. The Main Grammatical Features of Medical Discourse:**

##### **4.1 The Use of Proper Names (Nouns) in Medical Discourse:**

A proper noun is a particular name, denoting a person or thing different from every other. Proper nouns are always given a capital letter. Common nouns are given capitals only when they begin sentences (Waldhorn and Zeiger, 1981: 6).

Specialized domains normally have an extensive technical terminology associated with them. The vast majority of terms occurring in such a vocabulary are noun phrases in which the head noun is modified either by an adjective or a prepositional phrase. Proper names also play a role in the construction of complex noun phrases, and biomedical discourse is particularly rich in this phenomenon, for example, **Parkinson's disease, Achilles tendon, and pouch of Douglas** (Bodenreider and Zweigenbaum, 2000: 1).

It is worth mentioning here that the process of translating proper nouns in the medical genre is a very difficult and misleading operation because a drug in one country will be marked under another brand name in another, or it may merely be a chemical formula such as Aspirin. Beside that, tests, symptoms, diseases, syndromes, parts of the body are named

after one scientist in one language community and a different one, or are given a more general term, in another (Newmark, 1988: 35).

#### **4.2 Cause and Effect in Medical Discourse:**

Cause-effect and effect-cause. These patterns look very much alike but are in reality opposites. Cause-effect shows the results of a particular action or event; effect-cause shows the causes of an event or situation. Both are widely used in reports, proposals, feasibility studies, and many other forms of business and technical writing (Fear, 1978: 36).

Two common ways of expressing cause – effect relations are by using causal links and causative verbs. Causal links are words used to link clauses or phrases, indicating a causal relation between them. They are classified into four main types: the adverbial link (e. g., **hence, therefore**), the prepositional link (e. g., **because of, an account of**), subordination (e. g., **because, as, since, for, so**) and the clause-integrated line (e. g., **that's why, the result was**). Causative verbs are transitive action verbs that express a causal relation between the subject and object or prepositional phrase of the verb. For example, the transitive verb 'break' can be paraphrased as to 'cause to break' and the transitive verb 'kill' can be paraphrased as 'to cause to die'. In MD the most frequent way of expressing cause – effect relations is by using causative verbs (khoo *et al.*, 2000: 3).

Cause – effect relation is particularly important in MD rather than any other type of discourse for the following reasons:

- 1- The causal relation is particularly important in medicine, which is concerned with developing treatments and drugs that can effect a cure for some disease.
- 2- Because of the importance of the causal relation in medicine, the relation is more likely to be explicitly indicated using linguistic means (i.e., using words such as result, effect, cause ,etc.) (Khoo, et al, 2000: 1).

#### **4. 3 Adjectival Modification in Medical Discourse:**

“The adjective modifies or qualifies a substantive (noun or pronoun), altering in some way its meaning or range” (waldhorn and Zeiger, 1981: 33).

In fact using adjectives as modifiers in MD is very frequent and necessary. There is a set of adjectives which occur with high frequency across medical discourse. These adjectives tend to co-occur with specific words, and each of them is used in this genre to modify a particular set of nouns. The typical meaning of these adjectives in medical papers can be determined by looking at the words which co-occur with them.

Bodenreider and Pakhomov (2003: 8) emphasize the importance of adjectival modification in MD saying that “adjectival modification plays an important role in biomedical texts”.

**Maclean (1975: 31) speaks of a special kind of adjectives called locative adjectives which are usually used in MD as they denote location of the parts of human body.**

Another type of adjectives used in MD is called ‘the compound adjectives’ which are made up from two nouns. The first part usually ends in ‘-o’ and the second has an adjectival ending. Both parts of the compound adjective must be derived from Latin or Greek. When the noun is not directly derived from Latin or Greek, e. g., **rib, liver** then the corresponding Latin or Greek stem must be used to make up the adjective, e.g., the **atrio – ventricular valves** (atrium + ventricle) (Maclean, 1975: 77).

Luzon (1997: 48-53), on the other hand, suggests another type of adjectives which are in frequent use in MD, they are the non - technical adjectives. According to Luzon there are eight functions of the non - technical adjectives in MD in accordance with their collocational context. These functions are:

- 1- To refer to the design of the experiment (qualifying methods, data, etc.), e.g., **appropriate, available, average, detailed, detectable, relevant.**

- 2- To qualify and evaluate past and future research actions, e.g., **appropriate, necessary, difficult.**
- 3- To comment on the results, e.g., **consistent, different, significant.**
- 4- To establish a cause relation, e.g., **associated, due, related.**  
□
- 5- To express different degrees of possibility, e.g., **apparent, likely.**
- 6- To express degree, quantity and frequency, e.g., **considerable, few.**
- 7- To express importance, relevance, e.g., **important, main, major.**
- 8- To situate pieces of research in time ,e.g., **current, present, previous.**

### **5. Data Analysis:**

After giving a rapid review of the term 'medical discourse', we will assess the passages under discussion and compare the SL texts with the TL texts. Then a proposed rendering will be given when the TL text is unsatisfactory. Our analysis and discussion will be based on three levels; semantic, syntactic and lexical.

#### **SL Text: (1)**

#### **Continuing Care**

Pain control is but one part of a comprehensive approach to cancer patients. Continuing care is essential in order to ensure them the best possible quality of life. The National Hospice Organization in the United States of America has succinctly summarized the philosophy of continuing care: (Continuing care) recognizes dying as a normal process... It neither hastens nor postpones death. (Continuing Care) exists in the hope and belief, that through appropriate care and the promotion of a caring community sensitive to needs, patients and their families may be free to attain some degree of mental and spiritual preparation for death that is comfortable for them (World Health Organization, 1986: 22).

### **TL Text:**

#### **الرعاية المستمرة**

ليست السيطرة على الألم إلا جزءاً من نهج شامل لمعالجة مرضى السرطان الذين تعد الرعاية المستمرة لهم ضرورية لضمان أفضل نوعية ممكنة لحياتهم ، وقد لخصت المنظمة الوطنية للمبرات بالولايات المتحدة الأمريكية فلسفة الرعاية المستمرة تلخيصاً وافياً بقولها: إن الرعاية المستمرة تأخذ باعتبارها أن الموت عملية طبيعية ... وهي لا تعجل الموت ولا تؤجله، والرعاية المستمرة تقوم على رجاء وعقيدة بأنه يمكن من خلال الرعاية الملائمة مع إيجاد مجتمع يهتم بالاحتياجات ويشعر بها أن تيسر للمرضى ولأسرهم بلوغ درجة مريحة من الاستعداد العقلي والروحي للموت (المكتب الإقليمي لشرق البحر المتوسط، ١٩٨٨: ٢٤).

### **Discussion:**

#### **1- Semantic Level:**

In the third sentence, the verb recognizes is inappropriately rendered in the TT as تأخذ باعتبارها for in this context this verb means sees or understands Therefore, it should be translated into ترى.

#### **2- Syntactic Level:**

In the first sentence, starting with the sentence ليست السيطرة على الألم is better than لا تشكل السيطرة على الألم as the first sentence is smoother in Arabic than the second one. In the second sentence, it is thought that translating the English phrase 'the best possible quality of life' into أفضل أنواع الحياة الممكنة is more appropriate than أفضل نوعية ممكنة لحياتهم for the second translation is a little bit vague .

In the last sentence the phrase 'sensitive to needs' is translated into يهتم بالاحتياجات This translation makes the phrase a little bit ambiguous because it does not show whose needs. The word 'needs' here refers to the patient's needs. So the phrase should be translated into حاجات المرضى to make it clear for the TT readers.

### **3- Lexical Level:**

The word hospice should be translated into دور الرعاية instead of المبرات because the latter is an old word which was used by the ancient Arabs, i.e. ,it is an archaic word. Now it is less commonly used or known.

### **The Proposed Rendering:**

#### **الرعاية المستمرة**

لا تشكل السيطرة على الألم سوى جزءاً واحداً فقط من المنهاج الشامل لعلاج مرضى السرطان الذين تعد رعايتهم المستمرة أمراً أساسياً في تأمين أفضل أنواع الحياة الممكنة لهم . وقد لخصت المنظمة الوطنية لدور الرعاية في الولايات المتحدة الأمريكية فلسفة الرعاية المستمرة تلخيصاً بليغاً بقولها : إن الرعاية المستمرة ترى أن الموت عملية طبيعية ... فهي لا تقدم الموت ولا تؤخره , كما أن الرعاية المستمرة تقوم على الأمل والاعتقاد بأنه يمكن عن طريق الرعاية المناسبة ودعم المجتمع الذي يهتم بحاجات المرضى ويشعر بها أن تتوفر لدى المرضى وعوائلهم الحرية للوصول إلى درجة مريحة من الاستعداد العقلي والروحي للموت.

### **SL Text: (2)**

The comprehensive approach to pain control advocated in these pages makes considerable physical demands and places great emotional stress on doctors, nurses, and other professional health workers taking care of cancer patients. Working within the framework of a team provides mutual support and encouragement. Teamwork is crucial for optimal care. The composition of the team will vary from patient to patient and from country to country. It is centred on the patient and includes the immediate family and others such as friends, neighbours, volunteers, doctors, nurses, therapists, social workers, psychologists and priests, etc. The team is collectively concerned with the total wellbeing of the patient and the patient's family – physically, psychologically, spiritually, socially

and financially. In this situation, individual roles may overlap or even merge (World Health Organization, 1986: 22-23).

### **TL Text:**

والنهج الشامل الموصوف في هذه الصفحات للسيطرة على الألم يحمل الأطباء وغيرهم من المهنيين الصحيين ممن يتولون رعاية مرضى السرطان ، أعباء بدنية كبيرة وضغوطاً عاطفية هائلة . والعمل في إطار فريق يؤدي إلى تبادل الدعم والتشجيع ، كما أن العمل الجماعي ضروري لتحقيق الرعاية المثلى . ويختلف تكوين الفريق تبعاً لاختلاف المرضى والبلدان. وهو يركز على المريض ويشمل أفراد أسرته وغيرهم من الأصدقاء والجيران والمتطوعين والأطباء والممرضات والمداوين والأخصائيين الاجتماعيين وعلماء النفس ورجال الدين وغيرهم. ويعنى الفريق عناية جماعية بالصالح العام للمريض وأسرته من النواحي البدنية والنفسية والروحية والاجتماعية والمالية . وفي هذه الحالة قد تتداخل الأدوار الفردية ، بل وقد تندمج بعضها في بعض (المكتب الإقليمي لشرق البحر المتوسط ، ١٩٨٨: ٢٤).

### **Discussion:**

#### **1- Semantic Level:**

It is thought that translating the English adjective 'advocated' into المتبنى is more suitable than translating it into الموصوف because the English equivalent of the Arabic adjective الموصوف is the adjective 'described' .

In the sixth sentence, translating well-being into الراحة is more suitable than الصالح العام because الراحة is its closest equivalent in Arabic.

#### **2- Syntactic Level:**

In the first sentence, the word 'nurses' mentioned after the word 'doctors' is unjustifiably neglected in the TT. It should have been translated into الممرضات in the TT.

In the fifth sentence, the adjective 'immediate' is unjustifiably neglected and both words 'immediate family' were translated into أفراد أسرته The word 'immediate' here refers to the

patient's close members of family. Consequently, this phrase should be rendered into أفراد أسرته المقربين

In the last sentence, it is more suitable to start with تتداخل than وفي هذه الحالة because in Arabic the verb occupies the first position in the sentence, i.e., one of the Arabic sentence patterns is (V + S + O), whereas its English counterpart is (S + V + O).

### **3- Lexical Level:**

Zero.

### **The Proposed Rendering:**

إن المنهاج الشامل في السيطرة على الألم والمتبني في هذه الصفحات يتطلب من الأطباء والمرضى وغيرهم من المهنيين العاملين في مجال الرعاية الصحية ممن يقومون برعاية مرضى السرطان جهوداً كبيرة كما أنه يلقي على عاتقهم ضغوطاً عاطفية كبيرة . ويوفر العمل الجماعي ضمن إطار الفريق الواحد الدعم والتشجيع المتبادلين ، ويعد العمل الجماعي ضرورياً من أجل توفير الرعاية المثلى للمرضى . ويختلف تكوين الفريق من مريض لآخر ومن بلد لآخر ويركز على المريض وأفراد أسرته المقربين وغيرهم من الأشخاص كالأصدقاء والجيران والمتطوعين والأطباء والمرضى والمعالجين والأخصائيين الاجتماعيين وعلماء النفس ورجال الدين... الخ . ويعنى الفريق بصورة جماعية بالراحة الكاملة للمريض وعائلته بدنياً ونفسياً وروحياً واجتماعياً ومادياً ، و تتداخل في مثل هذه الحالات الجهود الفردية لأعضاء الفريق وقد تندمج مع بعضها البعض .

## **6. Conclusions:**

The following conclusions have been derived from the present study:

- 1- Scientific language lies within the domain of 'discourse' not 'text'. Consequently, medical language also lies within the domain of 'discourse' since medicine is one branch of science.
- 2- Our classification of medical styles is similar to that of New mark (1988) who classifies them into three types: academic, professional, popular. The style of the two discourses in question is 'professional'.
- 3- There are three main grammatical features of medical discourse: the use of cause-effect, the use of proper nouns, the use of adjectival modification.
- 4- There are semantic, syntactic and lexical differences between English and Arabic medical discourses. The greatest differences between the SL texts and the TL texts are the syntactic ones (47.2 %). Then comes the lexical differences (37.7 %), and then the semantic ones (15.1 %).

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