MODERN MEDICINE AND PRACTICE
https://inovatus.es/index.php/ejmmp
EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE
Vol. 5 No. 5 (May - 2025) EJMMP ISSN: 2795-921X

IDENTIFYING AND CLASSIFYING TRANSLATION ISSUES IN MEDICAL LANGUAGE

Sharobidinova Shahlo Farxodovna
Uzbekistan State world languages University Assistant teacher at Translation faculty,
Mail: shaaxloshka@gmail.com

Abstract: This article explores the major categories of translation issues encountered in the field of medical language. It presents a typology of problems based on linguistic, cultural, cognitive, and technological factors. As medical terminology grows increasingly complex and globalized, accurate and ethical translation becomes essential for patient safety and effective healthcare delivery. The article highlights the necessity of standardized terminology, translator competence, and interdisciplinary collaboration. It also discusses solutions such as the use of CAT tools, multilingual glossaries, and targeted translator training programs.

Keywords: Medical translation, terminology equivalence, cultural adaptation, abbreviations, CAT tools, healthcare communication, clinical accuracy, multilingual terminology, translator competence.

Introduction. Medical language is a highly specialized and sensitive domain of communication. In a globalized world where healthcare systems increasingly rely on multilingual communication, the role of the translator is critical. Medical translation errors can lead to patient harm, misdiagnosis, legal disputes, or treatment delays. Therefore, understanding the types of translation issues in medical language is essential for improving translation quality and ensuring clinical accuracy. This article aims to identify and classify the main types of translation issues in medical contexts and to analyze how these challenges can be addressed through training, standardization, and the integration of technology.

Linguistic and semantic issues. The first major category of problems involves linguistic and semantic mismatches. Medical terms often originate from Latin or Greek roots and may not have direct equivalents in the target language. Terms such as *myocardial infarction* or *gastroenteritis* can be either transliterated, translated descriptively, or adapted based on existing medical language conventions. Another challenge is polysemy, where a single term has multiple meanings. For instance, *depression* can refer to a psychological condition or a physical indentation. Inaccurate selection of meaning due to context misunderstanding can compromise clarity. False friends also pose risks—for example, *intoxication* in English means alcohol or drug poisoning, while in many other languages it may imply general poisoning or infection. These nuances must be recognized and carefully rendered by the translator.

Cultural and pragmatic barriers. Medical language is not culturally neutral. Culture-specific concepts, such as traditional healing methods, reproductive health terminology, or mental health diagnoses, may carry different connotations or even taboos across cultures. Translators must balance faithfulness to the source text with cultural adaptation that preserves meaning while respecting the target audience. For example, euphemistic expressions about terminal illness or death may require different renderings in cultures where

direct discourse is avoided. In addition, gender and inclusivity in language (e.g., *pregnant people* instead of *pregnant women*) have ethical implications that must be addressed sensitively in translation.

Technical and abbreviation-related challenges. Medical documents are filled with abbreviations, acronyms, and symbols, which often vary from country to country. For example, *BP* may refer to *blood pressure*, *British Pharmacopoeia*, or *boiling point* depending on context. Misinterpretation of abbreviations can have serious clinical consequences. Another issue is unit conversion and local standards—dosages, measurements, and reference ranges may differ across healthcare systems. Translators must be aware of these differences and adjust units accordingly to maintain patient safety.

Cognitive and knowledge-based difficulties. Medical translation requires a high degree of subject-matter knowledge. Translators lacking medical background may struggle with terminology, anatomical terms, or drug names. Unlike general translation, guessing is not acceptable—medical translation must be exact. Additionally, translators must deal with dense, technical sentence structures, particularly in clinical trials, surgical procedures, or pharmacovigilance reports. These documents often contain long noun phrases and passive constructions that require careful parsing and restructuring.

Use of technology in medical translation. Modern translators benefit from Computer-Assisted Translation (CAT) tools, terminology databases, and multilingual glossaries. Tools such as SDL Trados, MemoQ, and Wordfast help maintain consistency and manage terminology efficiently. However, reliance on machine translation (e.g., Google Translate, DeepL) without post-editing remains problematic, especially in medicine. These tools may misinterpret terms, mistranslate abbreviations, or ignore cultural nuances. Terminology management systems (TMS) and international resources like SNOMED CT, MedDRA, and WHO ICD-11 are essential for maintaining standardized translations in multilingual healthcare environments.

Proposed solutions and best practices. To improve the quality of medical translation, several strategies are recommended:

- Specialized training in medical terminology and ethics for translators.
- Use of approved, multilingual glossaries and institutional termbases.
- Interdisciplinary collaboration between translators, clinicians, and pharmacologists.
- Adherence to national and international terminology standards.
- Peer review and post-editing by subject-matter experts before publication or clinical use.

In high-risk settings, such as emergency medicine or pandemic communication, the implementation of clear language principles and patient-friendly phrasing is crucial.

Legal and regulatory translation in healthcare. Medical translation is often intertwined with legal and regulatory documents such as informed consent forms, patient rights charters, pharmaceutical packaging, and clinical trial protocols. These documents must meet not only linguistic clarity but also juridical compliance. For example, terms in consent forms must be understandable by non-specialist patients but also legally binding in court if disputes arise.

Furthermore, the translation of national health legislation, insurance policies, or cross-border health agreements adds complexity due to the need for alignment with international health law, such as GDPR (for patient data) or the Declaration of Helsinki (for clinical trials). Translators working with such texts must:

- Follow strict legal equivalents where available.
- Use consistent terminology across jurisdictions.

- Avoid interpretation or paraphrasing in places requiring legal precision.

Differentiation based on target audience. Another underexplored but critical challenge is the adjustment of medical language translation to the intended audience. The same source document may need different versions for:

- Medical professionals (e.g., radiologists, surgeons),
- Pharmacists or clinical staff,
- Patients with varying levels of health literacy,
- Regulators or ethics committees.

Each group requires a different lexical register, tone, and level of technical detail. For instance, a pharmaceutical leaflet may have both:

- A professional section with chemical composition and interactions.
- A lay summary with dosage instructions and side effects in plain language.

Translators must balance accuracy with accessibility, choosing when to simplify, explain, or retain technical terms based on user needs.

Typology of translation errors in medical contexts

Medical translation errors can be systematically categorized using an error typology framework, which is essential for translator training and quality assurance. Some types include:

- Terminological errors – incorrect or inconsistent use of medical terms.
- Omission errors – leaving out critical elements like dosage or warnings.
- Addition errors – inserting explanations not present in the source.
- Transfer errors – mistranslation due to false friends or ambiguity.
- Pragmatic errors – failure to adapt to the cultural or institutional context.
- Formatting/layout errors – misplaced tables or headings that affect readability or interpretation.

Documenting and analyzing these error types helps establish best practices and provides data for developing automated quality checks in CAT tools.

Multimodal and audiovisual medical content

With the rise of telehealth, instructional videos, and eHealth apps, medical communication is increasingly multimodal. Translation is no longer confined to printed text but includes:

- Subtitling for surgical tutorials
- Voiceover for patient instructions
- App interface localization
- Infographics and visual aids in public health campaigns

Each format presents unique challenges:

- Timing constraints in subtitles.
- Synchronization and clarity in voiceover.
- Space limitations in UI elements.

- Visual-semantic harmony in localized infographics.

Translators must be trained not only in text but in media localization principles, requiring collaboration with designers and developers.

Quality control and risk management in medical translation. Given the life-or-death consequences of medical translation errors, institutions are increasingly adopting structured quality control systems. These include:

- Back translation: the target text is translated back into the source language by an independent translator to identify discrepancies.
- Bilingual review by subject-matter experts.
- Terminology audits to ensure alignment with databases like MedDRA or SNOMED CT.
- Use of ISO-certified translation services (e.g., ISO 17100 for translation quality, ISO 13485 for medical devices).

Additionally, risk management tools like Failure Mode and Effects Analysis (FMEA) are being adapted from engineering to translation workflows to assess where potential misunderstandings might occur.

Ethical translation in public health messaging. Medical translation is also pivotal in public health, especially during pandemics or vaccine campaigns. Here, translators face ethical decisions such as:

- Choosing between scientific precision and urgent accessibility.
- Translating emotionally charged content (e.g., mortality data, quarantine orders).
- Navigating political or cultural sensitivities while delivering essential information.

Failure to communicate clearly can lead to vaccine hesitancy, non-compliance with public measures, or panic. Thus, public health translators need training in health communication strategies, not just terminology.

Conclusion. The accurate translation of medical language is vital to global healthcare and patient safety. By identifying and classifying the different types of issues—linguistic, cultural, cognitive, and technical—this article emphasizes the complexity and responsibility inherent in medical translation. Translators must be equipped not only with language skills but also with medical knowledge, cultural sensitivity, and technological proficiency. A typological approach to these challenges supports the development of targeted solutions that improve communication, reduce risks, and ensure ethical standards in healthcare delivery worldwide.

References

1. Baker, M. (2018). *In Other Words: A Coursebook on Translation* (3rd ed.). London: Routledge.
2. Bowker, L., & Pearson, J. (2002). *Working with Specialized Language: A Practical Guide to Using Corpora*. London: Routledge.
3. Byrne, J. (2012). *Scientific and Technical Translation Explained: A Nuts and Bolts Guide for Beginners*. London: Routledge.
4. European Medicines Agency. (2022). *Guidelines on the Translation of Product Information*. Retrieved from https://www.ema.europa.eu
5. InterActive Terminology for Europe (IATE). (n.d.). Retrieved from https://iate.europa.eu

6. Kalina, S. (2005). Quality assurance in interpreting and medical translation. *The Interpreter and Translator Trainer*, 1(1), 75–92.
7. Li, S. (2021). Machine translation of medical texts: Accuracy and challenges. *Translation and Interpreting Studies*, 16(2), 235–257.
8. MedDRA – Medical Dictionary for Regulatory Activities. (n.d.). Retrieved from https://www.meddra.org
9. Montalt, V., & González Davies, M. (2007). *Medical Translation Step by Step: Learning by Drafting*. Manchester: St. Jerome.
10. Newmark, P. (1988). *A Textbook of Translation*. London: Prentice Hall.
11. Picht, H., & Draskau, J. (1985). *Terminology: An Introduction*. Guilford: University of Surrey.
12. Riccardi, A. (2014). Cognitive complexity in medical interpreting. *Meta: Journal des Traducteurs*, 59(2), 336–348.