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DOI: <https://doi.org/10.11603/m.2414-5998.2026.2.16443>**Halyna Kitura**ORCID <https://orcid.org/0000-0001-7271-6364>**Iryna Prokop**ORCID <https://orcid.org/0000-0001-6683-5922>**Ivanna Vorona**ORCID <https://orcid.org/0000-0002-9118-9456>*Ivan Horbachevsky Ternopil National Medical University of the Ministry of Health of Ukraine***MEDICAL DISCOURSE AND TRANSLATION CHALLENGES:
A THEORETICAL PERSPECTIVE****Галина Кітура, Ірина Прокоп, Іванна Ворона***Тернопільський національний медичний університет імені І. Я. Горбачевського МОЗ України***МЕДИЧНИЙ ДИСКУРС І ПРОБЛЕМИ ЙОГО ПЕРЕКЛАДУ:
ТЕОРЕТИЧНИЙ ВИМІР**

Abstract. The article deals with medical discourse as a multidimensional phenomenon within the paradigm of contemporary translation studies. Theoretical approaches to the interpretation of the concept of “discourse” are examined, its paradigmatic, syntagmatic, and communicative-functional aspects being studied. The peculiarities and functions of medical discourse in the professional communication between physicians and patients are considered, and its impact on the safety and effectiveness of healthcare delivery is analysed. It is established that medical discourse constitutes an interdisciplinary concept, as it incorporates terminology and knowledge derived from biology, chemistry, anatomy, physiology, and other medical disciplines. The lexical features of medical texts are investigated; the issues of using specialized terminology of Latin and Greek origin and interlingual borrowings as the subject to potential challenges in the translation process are stressed. The semantic transformations of commonly used words in the medical context, posing significant risks of communicative misunderstandings, are described. The grammatical and syntactic structures used in the English and Ukrainian medical texts are compared; the ratio of simple to complex sentences is considered. Emphasis is directed towards the significance of implementing translation strategies to maintain stylistic consistency and achieve naturalness in the translated text. Particular attention is paid to the formal aspects of medical documents as well as the way differences in various healthcare systems tailor the text adaptation process. The main groups of translation difficulties in medical discourse texts are identified too. Medical translation is defined as a field of significant responsibility, where accuracy and terminological consistency are crucial, as errors can have serious consequences for health of patients. The need for further research of the medical text translation principles and strategies within the context of contemporary linguistics and translation studies is concluded.

Key words: medical discourse; translation; translation studies; discourse theory; professional communication; medical terminology; translation transformations.

Анотація. Стаття присвячена дослідженню медичного дискурсу як багатовимірного феномену у парадигмі сучасного перекладознавства. Розглянуто теоретичні підходи до трактування поняття «дискурс», зокрема його парадигматичний, синтагматичний і комунікативно-функціональний аспекти. Висвітлено особливості та роль медичного дискурсу у формуванні професійної комунікації між лікарем і пацієнтом та його вплив на безпеку й ефективність медичної допомоги. З'ясовано, що медичний дискурс є міждисциплінарним поняттям, оскільки інтегрує термінологію та знання з біології, хімії, анатомії, фізіології та інших медичних галузей. Охарактеризовано лексичні особливості медичних текстів, зокрема наявність спеціалізованої термінології латинського й грецького походження та міжмовних запозичень, що створюють потенційні труднощі у процесі перекладу. Описано семантичну трансформацію загальноновживаних слів у медичному контексті та пов'язані з цим ризики комунікативних непорозумінь. Проаналізовано граматичні та синтаксичні відмінності англійських й українських медичних текстів, а також різницю у співвідношенні простих і складних речень. Наголошено на важливості застосування перекладацьких трансформацій з метою забезпечення стилістичної однорідності та природності перекладеного тексту. Особливу увагу приділено формальним аспектам медичних документів та впливу відмінностей у системах охорони здоров'я на процес адаптації тексту. Визначено основні групи труднощів перекладу текстів медичного дискурсу. Підкреслено, що медичний переклад належить до сфери підвищеної відповідальності, де точність і термінологічна послідовність є критично важливими, оскільки помилки можуть призвести до серйозних наслідків для здоров'я пацієнтів. Зроблено висновок про необхідність подальшого дослідження принципів і стратегій перекладу медичних текстів у контексті сучасної лінгвістики та перекладознавства.

Ключові слова: медичний дискурс; переклад; перекладознавство; теорія дискурсу; професійна комунікація; медична термінологія; перекладацькі трансформації.

Introduction. International scientific and medical cooperation is crucial for modern progression, allowing researchers to face global challenges, share scientific and research data, and develop solutions (e.g., up-to-date technologies, modern treatment techniques, vaccines development, etc.) being unachievable alone. The mutual collaboration accelerates the innovations practical application, enhances the research quality, and addresses certain complex and multifaceted issues faster than isolated efforts. The unification of scientific efforts has historically driven human development, emphasizing a shared empirical approach and, at times, aiming to combine all scientific disciplines with fundamental laws.

Nowadays, it is becoming obvious that scientific cooperation, especially one in the field of medicine, becomes not only desirable, but essential for modern civilization environment, built on close contacts and cooperation between representatives of different countries.

The role of the English language in the field of medicine, as well as in many other areas of science, is of increased importance. Modern medical science is closely associated with scientific progress and develops through international cooperation, research, and professional exchange of experience. From this perspective, knowledge of professional English is essential not only in education but also in practice of medicine, it being crucial for effective communication between doctors and patients, exchanging ideas with foreign colleagues, participating in international symposia and conferences, and writing scientific articles.

The present study is substantiated by the critical urgency in standardized and precise medical translation and interpretation due to the requirement for consistency in terminology and formal, communicative, and structural conformity within bilingual medical discourse.

The aim of the article is to study theoretical foundations of professional translation and interpretation through the prism of medical discourse.

Theoretical Framework. Grounded on J.M. Wilce's observation, medical discourse holds profound significance as it constitutes, shapes, and manages social actions, health institutions, and, much more importantly, the healthcare authorities' dynamics within therapeutic interactions, thus exerting a powerful, global, and social impact. Medical translators face a significantly higher ethical, professional, and legal responsibility while comparing them to general ones, such as in sports reporting, due to the direct impact on the patient's health (Wilce, 2009, p. 208). Training medical students' art of medical discourse is considered to be urgent to enhance patients' safety. Effective communication between the future doctors and their patients is fundamental to building trust and improving outcomes. Thus, devel-

oping the students' skills and abilities of medical discourse helps bridge cultural and linguistic gaps, reducing errors in medical care.

The specifics of teaching medical discourse at the English for Medical Purposes (EMP) classes have been comprehensively studied by foreign researchers Maurizio Gotti, Françoise Salager-Meyer, Pilar Ordóñez-López, and Nuria Edo-Marzá, their works being focused on the pedagogical challenges of training medical professionals in academic and professional settings.

Maurizio Gotti, in the scientific work "Specialized Discourse: Linguistic Features and Changing Conventions", comprehensively analyses medical language peculiarities, highlighting its specificity and diversification in comparison with the general language. According to the scientist's investigation, specialised discourse is much more defined by the higher frequency of particular lexical, morpho-syntactic, and textual features than by unique vocabulary (Gotti, 2003). Maurizio Gotti and Françoise Salager-Meyer consider English for Medical Purposes (EMP) and ESP disciplines to be the practitioner-led fields focused on analysing medical students' needs as well as on discourse aimed to create targeted, functional language training. This approach tailors English education to specific professional or academic disciplines, ensuring relevant communication skills for healthcare, technology, or business (Gotti & Salager-Meyer, 2016). Pilar Ordóñez-López and Nuria Edo-Marzá stress the importance of studying medical discourse specifics to understand and potentially enhance communication in healthcare settings (Ordóñez-López & Edo-Marzá, 2016).

The issues of using professional terminology correctly, improving patient-doctor communication strategies, and providing linguistic analysis of academic medical texts in English are cornerstone in scientific papers on medical discourse by the Ukrainian authors. Key researches include investigations on terminology, discourse, and pedagogical approaches to teaching medical language. Yu. Lysanets, H. Morokhovets and O. Bieliaieva, concentrating on medical discourse studies, analyse the structure, terminology, and stylistic features of patients' case reports and specifically examine mistakes and linguistic features as well (Lysanets et al., 2017; Morokhovets & Lysanets, 2017). Resources for teaching professional dialogue between doctors and patients have been highlighted by T.M. Aleksieienko, L.I. Vasetska and I.M. Kushnir (Aleksieienko et al., 2019). The works by T. Klochko and A. Yashchenko are focused on the future doctors' training specifics which ensures clarity, reduces ambiguity in patients' care, and improves communication between healthcare professionals (Klochko & Yashchenko, 2023).

When analysing medical translations, the characteristics of the English-language specialized dis-

course should be first and foremost focused on. To examine this area correctly, the concept of discourse is needed to be defined. In addition to the obvious definition of the texts' thematic affiliation, different types of discourse are to be distinguished.

Discourse, like any complex concept, possesses several definitions, depending on the aspects different researchers consider as fundamental. In this paper, three different perspectives on discourse, or rather, the three main components of this concept, are examined.

The first aspect of the discourse concept is characterised by its paradigmatic essence. i.e., discourse is defined as a structured, interrelated collection of spoken or written texts allied thematically and/or situationally (Sytnyk, 2020, p. 124). Thus, texts within a single discourse maintain unity through lexical, semantic, and associative links, which establish cohesion and facilitate coherent interpretation by recipients. This interconnection is achieved via lexical chains (reiteration, synonyms, collocation, etc.), semantic relationships, and shared contextual or cognitive associations.

The syntagmatic aspect of discourse as the second aspect implies its existence as a separate communicative act and is characterized by the completeness of the statements, the presence of a particular intention as well as desired or expected impact (Shapran et al., 2021).

The third aspect enables to characterize discourse not merely as a text, but as a dynamic, functional interaction of the participants ("communicants") who shape the communicative event (Shapran et al., 2021). It emphasizes that the meaning is created through both the explicit text and the shared mental context, including intentions and knowledge.

Considering medical discourse, it is known to be heterogeneous as it includes both scientific theoretical and methodological texts, as well as popular science articles and documentation. It is worth noting that, at present, medical discourse can also include texts that seem to belong to other fields of science, for example, the textual content of interfaces for medical software, instructions for medical equipment application, package inserts for medications, etc.

Despite the varied nature of the medical discourse, effective healthcare communication is primarily driven by interactions between doctors, multidisciplinary staff, and the patients. Key interactions include patient-centred dialogues, collaborative teamwork to prevent errors, and the exchange of information among healthcare professionals. This makes the communicative situation of medical discourse highly symbolic (special offices, uniforms, instruments, etc.) and is characterized by a certain level of sacredness, substantiated by the defined norms of behaviour and ethics. Depending on the status of the communicative partners, different levels of medical discourse may lead both to the emergence of multi-

ple variants of the same concepts (e.g., "tumour" and "neoplasm") and to the distinction of entire areas of discourse that significantly differ stylistically.

Moreover, medical discourse is inherently persuasive and authoritative, aiming to guide patient's behaviour, diagnosis, and treatment through dominant communicative elements like instructions, recommendations, and prohibitions.

Scientific discourse aims primarily to communicate research, share discoveries, and validate knowledge within the scientific community and to the public. However, depending on the recipient, the means of achieving this goal vary significantly. Thus, in the case of purely scientific discourse, focused on a professional reader, stylistic features such as rigor, monotony, lack of expressiveness, and a large number of terminology and abbreviations are obvious. This allows information to be conveyed clearly and concisely to the readers already familiar with a certain field of science, but makes it inaccessible to an average individual.

Medical discourse texts oriented on the patients, their families and relatives, or people who are non-medical professionals, are more often referred to as popular science or simplified medical discourse. In most cases, the goal of such texts is to inform the readers about issues directly related to their health. To achieve this goal, expressive means are used, the texts being more persuasive. The texts simplification reduces the number of terms and abbreviations used (or they are provided with explanations).

Medical discourse is also stylistically heterogeneous: depending on the purpose of the text, it can be very persuasive, contain a large number of terms and abbreviations, and demonstrate minimal expressiveness for the healthcare providers, or, on the contrary, may be very expressive for the ordinary individuals.

Based on the key features of medical discourse described directly above, we can conclude that specialized texts must possess certain characteristics that influence translation, both facilitating and complicating it. Reasonably, the complexities of medical translation will be focused on in the article.

Medical texts are considered interdisciplinary ones because they integrate knowledge, techniques, and terminology from fields such as biology, chemistry, physics, engineering, and data science to solve complex health problems. This approach is driven by the internal complexity of medicine and the constant adoption of external technological advances. Due to the above-mentioned features of medical discourse, related texts (such as case reports, research papers, clinical notes, etc.) acquire the following characteristics.

Firstly, medical texts are heavily characterized by specialized vocabulary rooted in Latin and Greek, often incorporating numerous terms and units from related scientific interdisciplinary fields like chemistry, biology, and nanotechnology.

The next most significant feature of medical discourse arises from its distinct international nature. International cooperation in the development of medicine has led to the creation of terms derived from other languages borrowings. For instance, modern medical discourse frequently integrates borrowings from French owing to the historical influence of its medicine. French borrowings are tracked in the fields of therapy, anatomy, and diseases description, with common terms including anemia, *migraine*, *jaundice*, *rheumatic*, *hémorragie*, lesion, syndrome, *râle*, rash (diseases/symptoms); *tampon*, *pipette*, *manchette*, *bandage*, *machine* (procedures/tools); or *diet*, *nurse*, *ointment*, *pain* (general terms), etc.

A high volume of interlingual borrowings directly causes a surge in “false friends” (deceptively similar words with different meanings), as words with common origins diverge in meaning over time or are borrowed with altered definitions. These lexical pairs often cause severe semantic distortion in translation due to superficial resemblance. Possessing similar sounds or spellings, such words can potentially cause significant confusion despite their shared etymological roots.

To enhance patients’ understanding, safety, and trust, medical communication should prioritize substituting specialized terms, that often cause misunderstanding and confusion, with everyday language. Using clear and simple language, e.g., “high blood pressure” for hypertension, “long-lasting” for chronic, swelling for “oedema”, “sudden or short-term” for acute, etc., helps patients understand their condition, reduces errors in care, and promotes effective disease management.

One more issue within the medical discourse is the commonly used words. In a medical context, they frequently take on different meanings that may confuse patients, leading to misunderstandings, safety risks, and poor care. For example, the word “negative” in medical reports often means a favourable, disease-free outcome. However, the patients may interpret this as a “bad” result that makes them anxious and worried. In contrast, phrases like “your tumour is progressing” (meaning worsening) or “positive nodes” (meaning cancer spread) are frequently misunderstood by the patients as good news.

It worth saying, that commonly used, everyday words acquire additional sense and become part of medical terminology by narrowing their meaning to describe specific physiological states, symptoms, or conditions, sometimes leading to patients’ confusion. In everyday speech, “acute” means sharp or intense while in medicine it signifies a condition that begins abruptly and has a short, often severe, duration. The word “discharge” commonly means to be dismissed from duty, but in medicine, it refers to a substance (e.g., pus) flowing out, or releasing a patient from the hospital after the course of treatment

is completed. While denoting gentle in common language, “benign” specifically means “not cancerous or malignant” in medicine. “Condition” refers to a specific illness, diagnosis, or area of pain, narrowing the general meaning “of the state of something with regard to its appearance, quality, or working order” (Dorland’s Illustrated Medical Dictionary, 2003).

In terms of syntax and grammar, English and Ukrainian medical texts should be considered separately, as their structures contain significant differences. For example, the English medical texts are characterized by a great number of participial, adverbial, and gerundial phrases, as well as of passive constructions, which are generally uncommon for the Ukrainian ones. A literal translation of such constructions can lead to difficulties in understanding the translated text and also disrupt its stylistic homogeneity. Furthermore, it’s worth noting the difference in the ratio of simple and complex sentences in the two languages. Simple sentences prevail in the English-language medical texts, which is completely inconsistent with the situation in Ukrainian, which is characterized (especially in written language) by complex compound constructions. In such cases, the translator must resort to grammatical transformations to create an authentic, relatable text.

In addition to purely linguistic features, medical texts also have some formal ones. These include the formatting of medical documents, such as prescriptions, referrals, or test protocols. Obviously, the formal requirements for the text of these documents vary across different countries.

Significant difficulties arise when adapting the text for naturalness in the target language. Thus, the translator faces a dilemma: maintain the format of the original text and convey the necessary information in footnotes, or adapt the text entirely, thereby losing some of its meaning. It should be noted that the root of these discrepancies lies not in the specifics of the documentation itself, but in the differences in the organization of healthcare systems.

When working as a medical translator, each of the above-described specific features must be considered, appropriate strategies being used to overcome difficulties efficiently.

Conclusions. To summarize, the following groups of difficulties in translating medical discourse can be identified: interdisciplinary (problems originating from other fields, due to their integration into medicine); lexical (this includes difficulties related to synonymy and homonymy of words, as well as cases of “false friends of the translator”); grammatical (arising from grammar differences in the two languages); and formal (related to distinctions in the healthcare systems of different countries).

In this article, the medical text discourse is considered as a critical, high-stakes translation area where precision prevails, as errors can cause misin-

terpretation, accidents, or death. It involves complex terminology, including abbreviations, acronyms, eponyms, and Latin/Greek roots. Key challenges include a lack of direct equivalents, linguistic/cultural barriers, and the need for specialized knowledge across specific fields of medicine. Therefore, it is important to study it from the point of view of methods used in conveying the main features of the medical texts components. In addition, the basic principles of medical text translation should be examined, which is an issue for the further studies.

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