Teaching Medical Translation at Algerian University

Khalida KISSI
Mostaganem University

A Proposal

Medicine is a science occupying a primordial place in the life of humanity. It aims at fighting against disease and stating healthy bodies. Doctors are working agents serving medicine; they work in direct contact with persons who are ill, and involve some social-psychological factors in their examination of patients as to get aware of the personality of each, and frequently the social situations dominating their lives.

The importance of this science then touches on the life of each human on earth regardless of their social class or financial capacities since it is stated among the necessary availabilities in the human rights organization. Therefore, and as this science should be made general in the world with no preferences at the level of cure, medical information appears in one language that is the source language which will become subject to translation to other target languages in the world.

The dominating language of this science is generally English, as it is the international language possessing the largest number of users (speakers and persons understanding the language); it represents then the target language in which medical information is firstly drafted, beside other source languages like Chinese and French.

However, although medical translation is one of the oldest kinds of translation approached by specialists in the past, it remains embarrassedly considered in Algerian universities.

If different kinds of translation have raised out of the need of communication between cultures, between speech communities, and between different countries, for social, political, economic, and religious purposes, and for the aim of developing general knowledge and preserving tradition that have marked the humanity for centuries, medical translation would have appeared to achieve communication between the working medical staff worldwide about new productions and advance in the field of medicine. This communication then should have as a main objective the universality of information, and unity in the practical forms of treatments and some cure theories. However, the question to be asked in this respect would be to know in which language most medical writings are originally drafted, then how to translate and to which language. Three

questions should be necessarily approached to talk about medical translation or scientific translation, since it is a technical activity that needs accuracy and care in the transmission of sensible information.

The paper then would aim at seizing the beneficial aspect of medical translation on the life of individuals by proposing insights on the elaboration of translation materials in Algerian universities. The tendency behind the proposal is to communicate information to students from the faculty of medicine and sometimes to doctors who cannot frequently afford to obtain translated versions, while original ones are very often available on the net or in books.

First, this kind of translation cannot be functional without setting institutions or departments to obtain trainings. Then, trainings should be stated for persons of the domain especially doctors or graduation students of medicine whose training would probably bring better results in comparison to training translation students for this task. The reason is that medicine is a science that needs attention and big capacities to be learned and to be understood, and its students should have been prealably selected in respect to their ability to get committed to this sensible field of study.

Therefore, this selection will certainly achieve an important part of the translation training in which

the seizure of content is possible and easy. Content is the most important import in the original text that translators should care about, since misunderstanding is inexcusable when dealing with human's health. Another important step would touch up the teaching of translation techniques for these trainees while keeping some teaching methods used with students in the department of translation and interpretation; however, some revision is to be done in the area to propose interdependent and complementary modules. These, like modules treating synonymy and equivalence of technical items with the study of their origin. Hence, with the consideration of context, ideas would get clearer and the placement of technical items would be based on their meaning as isolated words and their meaning in the text to form an intelligent combination that corresponds to the source objective.

Furthermore, the teaching of medical translation would need some backward attention to the different theories of scientific translation proposed to be helpful for future translators. Among these, the *text-typology* of scientific texts by Gopferich, and *Skopos* theory by Reiss and Vermeers.

The first theory is concerned with the different criteria that help the reader in the identification of texts genre, type and class; in this respect, trainees would be taught to distinguish interactional texts

from transactional ones. In the former, medical texts would want to achieve contact with medical agents, and in the second, they would want to convey particular messages that are designed for application by doctors or learners in the field.

In the Skopos theory, translation should primarily take into account the function of both the source and target texts. In this respect, Paul Kussmaul says:

> *The functional approach has a great affinity with* ***Skopos theory****. The function of a translation is dependent on the knowledge, expectations, values and norms of the target readers, who are again influenced by the situation they are in and by the culture. These factors determine whether the function of the source text or passages in the source text can be preserved or have to be modified or even changed (Paul Kussmaul. 1995).*

Hence, this theory's main objective is to consider cultural and situational realities and facts of both the target and the source readers since these factors influence translation and perception especially for target readers whose texts should be structured according to the external situational factors dominating the source speech community and securely apply

them to the receiving speech community in away to maintain the original meaning.

It is sometimes not possible to maintain equivalence of meaning between source and target texts due to differences of extra linguistic elements characterizing both communities, and in this case modification or even change in meaning might happen, though this would bring about important drawbacks. This theory then indicates that the translator ill realize different skopoi for the same text in respect to different social groups. To conclude, both skopos and text-typology theories will focus on the recipient's manner of understanding and qualities of their acquired knowledge.

Therefore, the programme will focus on the nature of target speakers, i.e, the cultural, social and psychological aspects dominating their lives in the aim of ensuring parallelism between source information and socio-cultural realities of the recipient. Psychology and sociology are then two main sciences needed in the training of medical translators; they may develop social contacts and set them up in doctor-patient relationships.

Further, the trainees will receive technical training in which they are in direct treatments of texts drafted in source languages.

Consider the following sample of a medical text on Thyroid:

What are the treatment options for a pregnant woman with Graves' Disease/hyperthyroidism?

Mild hyperthyroidism (slightly elevated thyroid hormone levels, minimal symptoms) often is monitored closely without therapy as long as both the mother and the baby are doing well. When hyperthyroidism is severe enough to require therapy, anti-thyroid medications are the treatment of choice, with PTU being the historical drug of choice. The goal of therapy is to keep the mother's free T4 and free T3 levels in the high-normal range on the lowest dose of antithyroid medication.

Targeting this range of free hormone levels will minimize the risk to the baby of developing hypothyroidism or goiter. Maternal hypothyroidism should be avoided. Therapy should be closely monitored during pregnancy. This is typically done by following thyroid function tests (TSH and thyroid hormone levels) monthly.

In patients who cannot be adequately treated with anti-thyroid medications (i.e. those who develop an allergic reaction to the drugs), surgery is an acceptable alternative. Surgical removal of the thyroid gland is only ***very rare-***

ly recommended in the pregnant woman due to the risks of both surgery and anesthesia to the mother and the baby.

Radioiodine is contraindicated to treat hyperthyroidism during pregnancy since it readily crosses the placenta and is taken up by the baby's thyroid gland. This can cause destruction of the gland and result in permanent hypothyroidism.

Beta-blockers can be used during pregnancy to help treat significant palpitations and tremor due to hyperthyroidism. They should be used sparingly due to reports of impaired fetal growth associated with longterm use of these medications. Typically, these drugs are only required until the hyperthyroidism is controlled with anti-thyroid medications.

What is the natural history of Graves' disease after delivery?

Graves' disease typically worsens in the postpartum period, usually in the first 3 months after delivery. Higher doses of anti-thyroid medications are frequently required during this time. At usual, close monitoring of thyroid function tests is necessary. For further details on this and other thyroid-related topics, please visit the patient resources section on the

American Thyroid Association website

Medical translation, and in dealing with medical texts, will have to look first at the topic of the text through the title, the thing that will help identify the circle of the study, hence of the translation. The translator will have to look at the macrostructure and the microstructure of the text.

In approaching the macrostructure of medical texts, trainees will be taught to recognize all the text elements working above paragraphs and that fulfill complementary tasks together with microstructure elements; these as opposed to macrostructures are all linguistic forms constituting texts from paragraphs and down.

In the sample above, the macrostructure of the text would comprise the text's title, its aim, its origin, its type, and the addressee to whom it is particularly designated.

Texts in general are classified by genre and type; in the former, it can be a letter, a film review, a recipe, etc. while in the latter, texts are classified by purpose, hence there exist descriptive texts, narrative texts, procedural texts, etc. In the example provided, the text is a kind of health circulation in a type of a procedure/information. The macrostructure of the text is only achieved by microstructure combinations, these are the elements that perform the purpose of the text and shape its genre. This task is mainly

made apparent by typical technical word use, sentence forms, logical combinations, semantic identification of recipients; the group of recipients whom the text is addressed to is identified by the meaning and the aim of the text, in addition to other components of language and forms of language use.

In the text selected, the title denotes the medical genre of the text perceived by general words like pregnant and technical words and expressions like treatment options, Graves' disease, hyperthyroidism; while the lines below denote the Procedural-informative function of the text. These functions are made clear by the use of words like: ***Mild hyperthyroidism… is monitored closely without therapy/ anti-thyroid medications are the treatment of choice, with PTU being the historical drug of choice/The goal of therapy is to keep the mother's free T4 and free T3 levels in the high-normal range on the lowest dose of antithyroid medication,etc.***

Beginning from the title, the first level of perception is advanced before dealing with the whole text, and the core subject is vehicled across this title to delimit the group of addresses who might be interested in the subject. In medicine, recipients are generally doctors, patients, students, trainees, and other members of the medical staff; however, there are other groups who might not be addressed by a medical text simply because they are thought not to be

concerned with the medical information, but this group can believe it is a member of the community that is "consciously"concerned with the medical information as it represents one of the most sensible forms of human rights. Trainees, in this respect, will be taught to develop a general idea about the speech community they are translating for, and develop another definite idea about the target group whom the original writer might want to reach.

Next, the trainee will be trained to give a strong attention when reading between the lines of the text. Trainers will have to provide a structure to the ideological form of the text. They will focus on the main paragraphs composing it, and distinguish the different ideas approached in respect to macrostructure elements mentioned earlier. Subsequently, trainees will shape a logical combination between language components; lexis, morphology, phonology, syntax and semantics to grasp the "pure" meaning vehicled in the source text. After that, they will focus on the transmission of the original message in other words in the target language. Hereupon, trainees will receive another step of training in which they are asked to work with a different linguistic community that might be culturally, socially, and economically different from the one addressed in the source text. At this level, the trainee is asked to act as an author and handle the text according to the structure that readers in the target community would

expect it to be because languages differ in structure and word order, thus the target text should carry the same message and simultaneously obey to the linguistic parallelism appropriate to the target language structure. However, the task of the translator will always need some revision by an expert reader.

Beyond the manner trainees should be taught translation, it is noteworthy considering some pitfalls that a translator might meet in the medical translation. At the level of terminology for instance, trainees will have to study the origin of words, as mentioned earlier, and study the logical combination of morphemes with the semantics of each in relation to historical effects.

Another difficulty can take place while dealing with medical texts, and it lies on acronyms that are numerous in medical texts, these are abbreviations standing for technical terms or expressions generally long in length or heavy to pronounce; these groups of letters standing for medicines, therapies, ways of treatment, or illnesses, are sometimes difficult if not impossible to translate since they represent foreign words or expressions for which the trainee will be therefore taught to translate first the foreign words and give their respective acronyms, or very often keep the same acronym for international use in order to avoid misunderstanding.

Beside Acronyms, eponyms are proper names identical to the names of persons who have first discovered syndromes, illnesses, or medical theories. Thus, it is impossible to change their names in the translated version. However, it might happen that the same medical ideas be discovered by different doctors at the same time, and the task of the translator would remain subjective when it relies heavily on the source information, that is why documentation and bibliographical reference should occupy an important place in the translational activity. Therefore, trainees are also taught to develop research approaches that match public welfare.

Many other pitfalls are to be treated in advance during the course of training especially to avoid "incorrect" or "impossible" translations. In the field of medical science, many phrases and patterns are not to be translated because their equivalents in the target language cannot obtain , perhaps for original specific lexical combinations, or for cultural-specific reasons that can only apply to the audience with whom the source writer shares common socio-cultural traits that influence his writings.

Teaching medical translation to members of the medical staff in Algeria remains a hope for doctors and students at university; but more than this it is believed to be of a great importance and necessity for the progress of this science in Algeria. This mod-

est paper came to sensitize leaders in the domain about the proposal of making possible the realization of this project which is not difficult to realize since today, training in medical translation has become easier thanks to human resources improvements and available documentations and electronic dictionaries, in addition to the availability of human agents in the field who show strong motivations towards the establishment of this "new" structure at the level of university.

Bibliography:

1- **HANNELORE** Lee-Jahnke, 2005 Teaching Medical Translation: an easy job?
www.medtrad.org/panacea.html

2- **FRIEDMAN-RHODES** Elizabeth, 2010 Teaching Medical Students to work with Interpreters. University of Western Sydney.

3- **THYROID** Disease and Pregnancy, 2005 The American Thyroid Association.
www.thyroid.org