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## TRANSLATION OF ABBREVIATIONS IN MEDICAL TEXTS. THE MAIN ITEMS TO BE POINTED OUT

**Summary.** Lately in connection with the increase of number of abbreviations in the language of science and in practical activities of physicians the questions of translation and the interpretation of abbreviations have become especially actual both for linguists and for medical men. The linguistic phenomenon of abbreviations has numerous lexicological problems most of which are still unsolved till now. This article deals with the basic linguistic problems and some practical solutions of correct abbreviation translation in the language of medicine. Classification of abbreviations according to the frequency of their use in the medical language and the list of abbreviations common for professional language of all health workers are made in this paper.

**Key words:** medical terminology, abbreviation, classification, initialisms, acronyms, Latin abbreviations.

**The actuality** of this paper is stipulated by the great increase in the use of abbreviations in all spheres of medicine, medical documentation including case histories, extracts from case reports, medical findings and conclusions of specialists, Internet correspondence of scientists, oral communication of practical doctors, educational materials for students. The task is to improve the language as means of professional communication.

The phenomenon of abbreviations in the medical texts, medical documentation and oral communication is multilateral and ambiguous one. V.N. Komissarov, I.V. Arnold, P.A. Lekant, I.R. Galperin, L.P. Stupin, E. Travkina, J.J. Berman, M. Kasproicz devoted their papers to the problems, classification and translation of abbreviations.

**The aim** of the given article is to attract attention of the health workers to the main points of abbreviation-related problems in order to use and translate them correctly.

The structure, form and contents of the spoken language and the language of science reflect the stages of development of society and science. In the late 18th – early 19th century the development of medical science gave a strong impetus to emergence of narrower fields of medicine. The language of medicine became rich in new terminology. Terminology explosion was connected with new specialized branches in medicine, such as gastroenterology, cardiology, endocrinology, infectology, haematology, nephrology, oncology, pulmonology, rheumatology and others. In the formation of medical terminology prevailed morphological processes such as derivation and compounding.

Nowadays more fundamental changes are going on in all fields of medicine. Thanks to the great development of science and technology, new methods of investigation, invention of new diagnostic devices, new methods of examining patients have appeared. Cooperation and the international exchange of experience in the sphere of medicine and health care have gained active development. Expansion of communication of doctors from different countries through mass media, the Internet, etc. is explained by a huge flow of information and opportunities of

its obtaining. These changes resulted in the emergence of new terminology, or updating the existing one. Especially it concerns the English terminology as the English language is a common language of communication for medical men in all countries.

Specialists in the field of medicine have to use a great number of new terms. New medical terminology took a way of term formation other than morphological – the way of formation of multicomponent phrases. Multicomponent terms are the most typical phenomenon for new, rapidly developing spheres of knowledge. But every language tends to save its language means. It concerns both everyday language of communication (we often hear the abbreviated words such as *PC* for *personal computer*, *doc.* for *doctor* and so on) and the specific language of science. One of the current language techniques of shortening words is the abbreviation – a shortened form of a multicomponent term. But the increase in the use of abbreviations in the scientific language of medicine causes some difficulties of translation. This question is of particular topicality in the practical work of teaching English language medical students, for translators of medical articles, conferences, reports, for practitioners and young scholars engaged in scientific activities. In their practice health workers can face the necessity of correct translation and use of abbreviations in case histories, drug applications, medical documentation, medical appointments, in the laboratory and instrumental examinations, conclusions of specialists and in the extracts from case histories brought from abroad by patients after receiving treatment there. They must have practical knowledge and skills that they can put into practice.

There are many classifications of abbreviations but their division is quite conditional because abbreviations are not well studied phenomenon. Commonly accepted classification is the division into graphical, lexical and syntactic. Uniformed and standard classification of abbreviations does not exist till now.

In order not to overburden medical men with the theoretical part of the problem it is expedient to inform them only about the basic division of abbreviations into initialisms and acronyms. It is important for knowing differentiations in reading of these abbreviations. Both acronyms and initialisms are abbreviations. Initialisms are made up of the first letter of each word of a compound term. Acronyms are very similar to initialisms to be also formed from letters of other words (usually the first letter of each word, though not always).

The difference between acronyms and initialisms lies in pronunciation:

– Initialisms are pronounced by saying each individual letter one by one like ENT (ear, nose, throat), OPD (outpatient department), GMC (General Medical Council);

– The word “acronym” is derived from a combination of the Greek words “akros”, meaning top, and “onyma”, meaning name. So the meaning of this word speaks for itself, and acro-

nym is pronounced as one word: AIDS (Acquired Immune Deficiency Syndrome), ASAP (as soon as possible), JAMA (Journal of the American Medical Association), IRMA (International Rehabilitation Medicine Association). A true acronym must be a set of letters that can be pronounceable as one word.

It is necessary to point out that the English words *abbreviation* and *acronym* “are differently defined in various dictionaries and scholarly papers, leading to misunderstanding and chaos in nomenclature” [1]. That is why it is very difficult to define the reading of this or that abbreviation. Initialisms and acronyms are often confused because they are made up of letters, they look similar, both of them may contain vowels, but one of them may be read letter by letter and the other as a word. So the question of reading abbreviations is not solved and remains open.

Besides initialisms and acronyms, there exists a shortened form of a word, like “Dr.” (for doctor), “Prof.” for Professor, Mr. for Mister, Ms. for Miss, then it is neither an acronym nor an initialism, just an abbreviation. They are used as abbreviations only in the written form and in the spoken language they are pronounced as a full form of a word.

One more item that it is obligatory to know: there are no strict rules for using periods in either acronyms or abbreviations. It appears the tendency to drop the periods in abbreviations: HPV (human papilloma virus).

It is necessary to draw attention to the abbreviations that may possess functions of common words: to have plural form as a noun, to be used as a verb or a participle: one OCP – two OCPs (oral contraceptive pills); OD – ODs (patients with overdose of some drug); MUF – modified ultrafiltration, to MUF – to carry out modified ultrafiltration, MUFing – the process of modified ultrafiltration [2, p. 912].

Abbreviations may take the possessive form which can be formed using apostrophe + s: “WHO’s recommendations to improve health” [3], “WONCA’s mission is to improve the quality of life of the people’s of the world through fostering and maintaining high standards in family medicine” [3].

Many linguists tried to classify abbreviations. Due to J.J. Berman “abbreviations can be classified according to the different algorithmic protocols needed to assign an expansion” [4]. L.Ju. Zubova gives the classification of abbreviations according to thematic groups and status of word transmission [5, p. 118.]. But commonly accepted and unified classification of abbreviations in linguistics does not exist till now because “abbreviation is many-sided and ambiguous phenomenon” [2, c. 912.].

An attempt to classify abbreviation according to the frequency of their use in common for all spheres of medical terminology is made in this paper:

1. Commonly used abbreviations. They may include:

– abbreviations that are standard and widely used both in the spoken language and in the language of medicine. The students must know them without translating. They may be presented by the following types of abbreviation: GP – general practitioner, TB – tuberculosis, IQ (Intelligence Quotient), AIDS – acquired immune deficiency syndrome, ABC (airway, breathing, circulation; acronym used to recall the basics of support for a critically ill patient), WADA (World Anti-Doping Agency) [6], WHO (The World Health Organization), WONCA (World Organization of Family Doctors – the accepted name for the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians), UNICEF (United

Nations International Children’s Emergency Fund) [3, p. 12]. In such cases the phenomenon of acquiring the lexical meaning takes place. The abbreviations get their own pronunciation as a word or alphabetical one. Besides there are widely used and well-known but functionally limited by professional semi-official medical documentation abbreviations, e.g. T.S.T.H. – too sick to send home, H.B.D. – has been drinking, G.O.N. – God only knows [7, p. 148].

– Latin abbreviations used in prescriptions. Abbreviations of a Latin origin present special difficulty for the translators. It is especially urgent for languages of English speaking countries which alphabet coincides with Latin that leads to inadequate interpretation of the reduced term. Abbreviations of a Latin origin are widespread both in written official, and in informal business conversation of medical experts. They stand independently also because interpretations, i.e. Latin prototypes of the majority of abbreviations, are absolutely forgotten therefore they can fairly be considered “symbols” of some English terms [8, p. 291]. It is advisable to know them well because they are widely spread in the medical documentation referring to all spheres of medicine:

a) abbreviations of general character: Rx – take (prescription), tab – tablet (i – unus tabuletta – one tablet, ii – duo tabuletta – two tablets, iii – tres tabuletta – three tablets), supp. – suppository – suppository; tr – tincture; Cap – capsule, ung. – unguentum – ointment; aa, āā, ĀĀ – ana – of each; tbsp – table-spoon; tsp – teaspoon.

b) abbreviations indicating the way of taking medicines: IM, i.m. – intramuscular, IV, i.v., – intravenous; Sc, SQ, sub q, SC, SubQ – subcutaneous; Po, p.o., – per os – by mouth, SL – sublingual.

c) indicating the time of taking medicines: a.c., AC – ante cibum – before meals; pc, p.c, PC – post cibum – after meals; OPD – once per day, s.i.d. – semel in die – once a day; bid – twice a day; BDS, b.d.s. – bis die sumendum – twice daily, bis ind. – bis Indies – twice a day; t.d.s., TDS – ter die sumendum – 3 times a day, t.i.d., t.d. –ter in die – 3 times a day, tid – three times a day; qid – four times a day, q.d.s., q.i.d – quater die sumendus – 4 times a day; q – every, qd – every day, qh –every hour, q2h, q3h, etc. – every two hours, every three hours, etc.; alt. h., alt. hor. –alternis horis – every other hour; at alternate hours; bis in 7 d. – bis in septem diebus – twice a week.

Initialisms deriving from Latin may be pronounced either as letters or using the English expansion (qid = “four times a day”);

2. Abbreviations characteristic only for one field of medicine. Every field of medicine has its own set of abbreviations.

From my point of view the translation of abbreviations has to be done in three stages which should be adhered to. The first stage must include determination of the field of medicine where this abbreviation is used. The second task includes the deciphering of the abbreviation, when it is necessary to find the full form of this abbreviation. The third stage is the translation of multi-component medical term. The third stage contains one condition – it must be done in accordance with the field of medicine defined in the first stage.

Nowadays the demand for medical translation of abbreviations is caused due to factors such as the active promotion on the markets of all countries the products of leading foreign manufacturers of medicines and medical equipment, the growth of going abroad for treatment, etc. High-quality medical translation is a necessary condition for achieving these goals.

The question of translation of abbreviations in each certain area of medicine is particularly acute especially because a mistake in translation of medical documentation may be fraught with consequences. In this connection one must take into account that some abbreviations can have several interpretations, designating not connected with each other notions and subjects, e.g.: SBP – Spontaneous Bacterial Peritonitis; Systolic Blood Pressure; OD – right eye, overdose; T – temperature, thoracic. Abbreviation ABC besides the above mentioned meaning “airway, breathing, circulation” may have two more ones: “argon beam coagulator; aspiration biopsy cytology” given in Dorland’s Medical Dictionary for Health Consumers, 2007 by Saunders, and 14 more variants of deciphering, such as: aberrant behaviour checklist, absolute blast count, absolute bone conduction, acalculous biliary colic, acceptable behaviour contract (Med-speak-UK), acid-based control, advanced breast cancer, alternative birth centre, aneurysmal bone cyst, antibody-binding capacity, apnoea, bradycardia, cyanosis, ATP-binding cassette transporter, avidin-biotin complex immunoperoxidase, axiobuccocervical (Dentistry) [9]. As it is seen they are used in different fields of medicine and have quite different translation. Essentially, it could be called “a translation” only conditionally, as an abbreviation, as a rule, does not have its own value, and is the reduced reflection of value of the original unit – a ratio, which should be preserved in translation [10, p. 35].

As it is commonly known, now there are three ways of translation acronyms into the native language:

- 1) transliteration;
- 2) using an acronym as a loan-word in its original form (in the foreign language);
- 3) forming the corresponding abbreviation from the terms of the native language.

Each of these approaches has some positive and negative characteristics of translation.

The following list of abbreviations may be proposed for making up medical documentation, characteristic for all fields of medicine. The list does not pretend to be complete and contains only common abbreviations in the following sections of general medicine:

a) terms for medical **specialities and specialists**: MD – Doctor of Medicine, MCP – medical care practitioner, MB – Bachelor of Medicine, HP – house physician, DN – District Nurse, BMSC – Bachelor of Medical Science, BS, ChB – Bachelor of Surgery, CCT – Certificate of Completion of Training, OT – occupational therapist, RGN – Registered General Nurse, RN – Registered Nurse, SN – student nurse;

b) phrases necessary while **examining a patient**: O/E – on examination, CC – chief complaint, c/o – complains of, P – pulse, P&A – percussion and auscultation, palp – palpation, RUQ, RLQ – right upper (lower) quadrant; LUQ, LLQ – left upper (lower) quadrant, temp (T) – temperature, BP – blood pressure, PN – Progress Note;

c) **laboratory examinations**: ECG, EKG – electrocardiogram; MRI – magnetic resonance imagery; US – ultrasonic; USS – ultrasound scan, XR – x-ray; AXR – abdominal x-ray, CXR – chest x-ray, BX – Biopsy;

d) **analysis of blood**: CBC – complete blood count; RBC – red blood cell/count; WBC – white blood cell/count, DBP – Diastolic Blood Pressure, SBP – Spontaneous Bacterial Peritonitis; Systolic Blood Pressure;

e) **diagnosing**: FH – family history; PH – past history; S&S – signs and symptoms; WNL – within normal limits; C/O – complains of; SX – symptoms; S/S – signs and symptoms; Rx – treatment; Dx – diagnosis, NSA – no significant abnormality, D/O – Disorder.

3. Textual abbreviations are characteristic for only one given text. When the term is repeated in the text or article many times, it is explained by the author. The author must give the full form of the term and its abbreviated analogue in brackets. When in the text there are more than one such shortened forms of the terms the author makes up the list of the abbreviations.

The use of abbreviations has its advantages and disadvantages. Using a full form of medical term it appears less difficulties in the perception of the term, and the translation gives a better chance to deliver an adequate information to the recipient. Using abbreviations increases the possibility of mistake and misunderstanding.

**Conclusion.** Abbreviations has recently become one of the most productive way of improving the vocabulary in many languages. The problem of abbreviations attracts attention of many linguists. Widespread using of different shortenings is a kind of response to those linguistic changes happening in the world. Accurate and unambiguous abbreviation is important in any field of science, but in medicine, this problem is just vital. The task is to find out the appropriate methods of translation of abbreviations for health workers and specialists.

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**Шалаева А. В. Перевод аббревиатур в медицинских текстах. Основные вопросы, которые необходимо выделить**

**Аннотация.** В последнее время в связи с увеличением числа аббревиатур в языке науки и в практической деятельности медиков вопросы их перевода и толкования стали особенно актуальными как для лингвистов, так и для представителей медицины. Лингвистический феномен аббревиации имеет множество лексикологических проблем, большинство из которых все еще не решены до настоящего времени. Указанная статья имеет дело с основными лингвистическими проблемами и некоторыми практическими решениями вопросов правильного перевода аббревиатур в языке медицины. В исследовании предложены классификация аббревиатур по частоте их использования в языке медицины и список аббревиатур, общих для профессионального языка всех медработников.

**Ключевые слова:** медицинская терминология, аббревиатура, классификация, инициальные сокращения, акронимы, латинская аббревиатура.

**Шаласва А. В. Переклад абревіатур в медичних текстах. Основні питання, які необхідно виділити**

**Анотація.** Останнім часом у зв'язку зі зростанням кількості абревіатур в мові науки та у практичній діяльності медиків питання їх перекладу та тлумачення стали особливо актуальними як для представників медицини, так і для лінгвістів. Лінгвістичний феномен абревіатур має численні лексикологічні проблеми, більшість із яких все ще не вирішені. Указана стаття має справу з основними лінгвістичними проблемами та деякими практичними рішеннями питань правильного перекладу абревіатур у мові медицини. У дослідженні запропоновано класифікацію абревіатур щодо частоти їх використання в мові медицини та список абревіатур, спільних для професійної мови всіх медиків.

**Ключові слова:** медична термінологія, абревіатура, класифікація, ініціальні скорочення, акроніми, латинська абревіатура.