

MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE

KYIV NATIONAL LINGUISTIC UNIVERSITY

Department of Theory and Practice of Translation from the English Language

TERM PAPER

in Translation Studies

under the title: Structural and semantic features of translating medical terminology (based on English specialized texts)

Group PA 01-19

School of translation studies

Educational Programme:

**Theory and Practice of Translation
from English and Second Foreign
Language**

Majoring 035 Philology

Vira S. Bukshuk

Research supervisor:

O.B. Halych

Candidate of Philology

Associate Professor

Kyiv – 2023

МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
Київський національний лінгвістичний університет
Факультет германської філології і перекладу
Кафедра теорії і практики перекладу з
англійської мови

Представлено на кафедру _____
(дата, підпис секретаря кафедри)

Рецензування _____

(кількість балів, «до захисту» («на доопрацювання»),
дата, підпис керівника курсової роботи)

Захист _____
(кількість балів, дата, підпис викладача)

Підсумкова оцінка _____

(кількість балів, оцінка за 4-х бальною
системою, дата, підпис викладача)

КУРСОВА РОБОТА

З ПЕРЕКЛАДУ

СТРУКТУРНО-СЕМАНТИЧНІ ОСОБЛИВОСТІ

ПЕРЕКЛАДУ МЕДИЧНОЇ ТЕРМІНОЛОГІЇ

(НА МАТЕРІАЛІ АНГЛІЙСЬКОМОВНИХ ФАХОВИХ ТЕКСТІВ)

Букшук Віра

студентка групи Па01-19

Керівник курсової роботи _____

(підпис)

кандидат філологічних наук, доцент
Галич Оксана Борисівна

Завідувач кафедри теорії і
практики перекладу з англійської
мови

_____ (підпис)
к.ф.н., доц. Мелько Х.Б.
“_____” вересня 2022р

ЗАВДАННЯ

на курсову роботу з перекладу з англійської мови для студентів IV курсу

студент _____ курсу _____ групи, факультету перекладознавства КНЛУ
спеціальності **035 Філологія**, спеціалізації **035.041 Германські мови та літератури (переклад
включно)**, перша – англійська, освітньо-професійної програми **Англійська мова і друга іноземна
мова: усний і письмовий переклад**
Тема роботи _____

Науковий керівник _____
Дата видачі завдання 29 вересня 2022 року

Графік виконання курсової роботи з перекладу

№ п/ п	Найменування частин та план курсової роботи	Терміни звіту про виконання	Відмітка про виконання
1.	Аналіз наукових першоджерел і написання теоретичної частини курсової роботи (розділ 1)	1–5 листопада 2022 р.	
2.	Аналіз дискурсу, який досліджується, на матеріалі фрагмента тексту; проведення перекладацького аналізу матеріалу дослідження і написання практичної частини курсової роботи (розділ 2)	7–11 лютого 2023 р.	
3.	Написання вступу і висновків дослідження, оформлення курсової роботи і подача завершеної курсової роботи науковому керівнику для попереднього перегляду	28–31 березня 2023 р.	
4.	Оцінювання курсових робіт науковими керівниками , підготовка студентами презентацій до захисту курсової роботи	25–30 квітня 2023 р.	
5.	Захист курсової роботи (за розкладом деканату)	2-13 травня 2023 р.	

Науковий керівник _____ (підпис)
Студент _____ (підпис)

**РЕЦЕНЗІЯ НА КУРСОВУ РОБОТУ
З ПЕРЕКЛАДУ З АНГЛІЙСЬКОЇ МОВИ**

студента(ки) _____ курсу групи _____ факультету германської філології і перекладу КНЛУ спеціальності **035 Філологія**, спеціалізації **035.041 Германські мови та літератури (переклад включно)**, перша – англійська, освітньо-професійної програми **Англійська мова і друга іноземна мова: усний і письмовий переклад**

(ПІБ студента)

за темою _____

	Критерії	Оцінка в балах
1.	Наявність основних компонентів структури роботи — загалом 5 балів (усі компоненти присутні – 5 , один або декілька компонентів відсутні – 0)	
2.	Відповідність оформлення роботи, посилань і списку використаних джерел нормативним вимогам до курсової роботи — загалом 10 балів (повна відповідність – 10 , незначні помилки в оформленні – 8 , значні помилки в оформленні – 4 , оформлення переважно невірне – 0)	
3.	Відповідність побудови вступу нормативним вимогам — загалом 10 балів (повна відповідність – 10 , відповідність неповна – 8 , відповідність часткова – 4 , не відповідає вимогам – 0)	
4.	Відповідність огляду наукової літератури нормативним вимогам — загалом 15 балів (повна відповідність – 15 , відповідність неповна – 10 , відповідність часткова – 5 , не відповідає вимогам – 0)	
5.	Відповідність практичної частини дослідження нормативним вимогам — загалом 20 балів (повна відповідність – 20 , відповідність неповна – 15 , відповідність часткова – 10 , не відповідає вимогам – 0)	
6.	Відповідність висновків результатам теоретичної та практичної складових дослідження — загалом 10 балів (повна відповідність – 10 , відповідність неповна – 8 , відповідність часткова – 4 , не відповідає вимогам – 0)	

Усього набрано балів: _____

Оцінка:

«До захисту»

_____ (42-70 балів)

_____ (підпис керівника)

«На доопрацювання»

_____ (0-41 балів)

_____ (підпис керівника)

” _____ ” _____ 2023 р.

CONTENTS

INTRODUCTION	1
CHAPTER 1	
MEDICAL TERMINOLOGY AS AN INTEGRAL COMPONENT OF MEDICAL DISCOURSE TEXTS: THEORETICAL FOUNDATIONS OF THE PROBLEM	3
1.1 Medical terminology in the terminological system of the language	3
1.2 Medical terminology as a translation issue	8
1.3 The place of medical terminology in medical discourse texts	14
CHAPTER 2	
MEDICAL TERMINOLOGY IN SPECIALIZED MEDICAL TEXTS: DISCOURSE FEATURES, TRANSLATION OPTIONS	21
2.1 Equivalent translation of medical terminology in specialized medical texts.....	21
2.2 Translation transformations as a means of rendering medical terminology in specialized medical texts	22
2.2.1 Lexical transformations.....	22
2.2.2 Lexical and semantic transformations.....	28
2.2.3 Grammatical transformations.....	31
2.2.4 Lexical and grammatical transformations.....	34
2.2.5 Complex application of translation transformations.....	36
CONCLUSIONS	41
BIBLIOGRAPHY	43
LIST OF REFERENCE SOURCES.....	47
LIST OF DATA SOURCES	48
ANNEX	49
PE3IOME	59

INTRODUCTION

The term paper is focused on the structural and semantic features of the translation of medical terminology based on the material of English specialized medical texts.

The theoretical background of the study lies on the works on terminology by T. S. Artemenko, I. P. Borysevych, S. M. Doroshenko, R. I. Dudok, S. A. Keinänen, Y. P. Kopitsa, A. H. Kryzhanivska, O. Kryzhko, Z. I. Kunch, I. S. Kvitko, M. I. Liubchenko, L. M. Ovsiienko; medical terminology was the object of the research in the works by Y. S. Deviatko, E. Nikitenko, N. Rask, R. O. Yakymchuk and others. Translation of terminology, in turn, was studied in the works by N. M. Ababilova, B. E. Antia, O. V. Bielosviet, A. S. Diakov, O. M. Herasimova, M. Herman, R. Gauton, M. Gotti, T. R. Kyiak, A. Y. Kovalenko, N. Mishchenko, L. V. Savytska, F. A. Tsytkina. However, the analysis of special literature on the issue leads to the idea that translation of medical terminology is still complicated and controversial phenomenon.

Thus, the research **relevance** is justified by both the importance of medical translation in the contemporary society and difficulties the translator faces in this process.

The aim of the study is to analyze the structural and semantic features of the translation of medical terminology based on the material of English specialized medical texts.

The objectives of the research are as follows:

- 1) to present medical terminology in the terminological system of the language;
- 2) to characterize medical terminology as a translation issue;
- 3) to specify the place of medical terminology in medical discourse texts;
- 4) to highlight the specifics of equivalent translation of medical terminology in specialized medical texts;
- 5) to analyze the translation transformations as a means of rendering medical terminology in specialized medical texts.

The subject of the research is the structural and semantic features of the translation of medical terminology in specialized medical texts and certain ways of rendering it in English-Ukrainian translations.

The object of the research is medical terminology in specialized medical texts in English and its Ukrainian translations.

The data sources of the research are 50 text fragments from the book on medicine entitled as *An Introduction to Clinical Emergency Medicine* (second edition) edited by S. V. Mahadevan and G. M. Garmel. The illustrative material includes 50 examples of medical terms being analyzed.

The theoretical value of the research is that it is a contribution to Linguistics, namely, Stylistic and Lexicology. The results of the investigation can also be considered as a contribution to Terminology, Comparative Linguistic and Theory of Translation.

The practical value of the study is that its results allow translators, teachers and students to consider patterns of medical terminology as a special layer in translating of specialized medical texts, as well as in the development and study of such university courses as “Lexicology”, “Stylistics”, “Theory and Practice of Translation (Aspect Translation)”.

Brief outline of the research paper structure. The paper consists of Introduction, two Chapters, Conclusions, Bibliography, List of Reference Sources, List of Data Sources, Annex and Summary.

CHAPTER 1

MEDICAL TERMINOLOGY AS AN INTEGRAL COMPONENT OF MEDICAL DISCOURSE TEXTS: THEORETICAL FOUNDATIONS OF THE PROBLEM

1.1 Medical terminology in the terminological system of the language

A review of the scientific literature dedicated to the study of **terminology** makes it possible to assert that its origin and development began long before the scientific understanding and development of criteria for assigning certain units to the terminological vocabulary. These processes took place isomorphically to the spontaneous emergence and evolution of denotations and their corresponding concepts, and on the basis of the general literary language, which allows to consider the terminology precisely as part of its lexical-semantic system [30: 73].

The rapid development of science and technology, the achievement of scientific and technical progress contribute to the emergence of special words to denote new objects, phenomena and processes. Newly formed special words become an integral part of a person's everyday life and are included in the specialized picture of the world of specialists [30: 73].

Today, there is no unambiguous interpretation of the concept "term", although its semantic content is intuitively perceived, as a rule, by every person. For many, it is obvious that it is opposed to units of general vocabulary as an element of language that performs a certain function and is closely related to a specific subject area. Every term is a word (or a combination of words), but not every word is a term [25: 26].

The word *term* comes from Latin *terminus* which can be translated as *border*. Such an etymology is connected primarily with the fact that the term has a clearly defined meaning, firm boundaries of the content, and also serves to distinguish some concepts from others. Today, there are about 3,000 definitions of this concept. On the one hand, this is explained by the fact that the theoretical foundations of terminology are not yet sufficiently developed, its main concepts are not differentiated, and there

is no consensus on what a term is. On the other hand, the various definitions that currently exist in the literature do not always and do not fully reflect the meaning of the phenomenon being defined [25: 27].

The term is understood as: 1) nominative units – words or phrases used for the exact, as unambiguous as possible, definition of concepts that form the specifics of various fields of science; the basic form of thinking in the scientific field, which is represented by unambiguous words, the defining function of which is the nominative, and the content of which is represented by concepts; 2) a word or phrase of a special language created for the precise expression of special concepts and designation of specialized subjects [57: 33].

A term is a unit of a specific natural or artificial language (word, phrase, abbreviation, symbol, combination of word and letter-symbols, combination of word and number-symbols), which, as a result spontaneously the special terminological meaning of a formed or special conscious collective agreement, can be expressed either in verbal form or in one or another formalized form and quite accurately and completely reflects the main, essential at a certain level of development of science and technology, features of the corresponding concept. A term is a word that necessarily correlates with a certain unit of the relevant logical and conceptual system in terms of content [51: 41–42].

A. H. Kryzhanivska believes that the terms are defined as nominees of the system of concepts (realities) of science, technology, official language and their reflection in production, social life or their individual spheres; and each term in a specific field has a socially recognized meaning [20: 15]

In view of the complexity of the approach to the form of the term and the emphasis on the relationship between the term and the concept, this study uses the definition of the term proposed by I. S. Kvitko: a term is a word or verbal complex that corresponds to the concept of a certain organized field of knowledge (science, technology), which enter into systemic relations with other words and verbal complexes and form together with them in each individual case and at a certain time a

closed system characterized by high informativeness, unambiguity, accuracy and expressive neutrality [16: 21].

Term not only serves as the name of a certain scientific concept, but also defines it and indicates its place in the scientific system. The term is subject to some special **requirements**, among which scholars single out the following: 1) “the property of definiteness is inherent in the term” [10: 12]; 2) “the term must be systematic” [10: 12]; 3) the phenomena of synonymy, antonymy and polysemy have their own specificity in terminology compared to general literary language [22: 176].

Terms include units of a historically formed terminological system that express concepts and their place among other concepts, are indicated by a word or phrase, serve for communication between people connected by the unity of a profession, belong to the vocabulary of a language and are subject to all its laws. They are devoid of any imagery, emotional and expressive coloring and are used to accurately express concepts from a certain field of knowledge [12; 13; 27].

Therefore, it is important to understand that, according to its structural and grammatical characteristics, the term should orient, what is the main essence of the concept it denotes and what place it occupies in the system of other concepts of a specific field of science. At the same time, codification of terms – systematization of term units in dictionaries and reference books, which orients speakers to their correct use – is of crucial importance. Language users should be aware that terminology requires systematic work, an adequate understanding of internal connections, and the determination of regularities in term-making processes [22: 176].

In the context of the development of interdisciplinary research, the problem of overlapping term systems is becoming more crucial. Researchers note that specialists of certain fields, using highly specialized terminology, experience “interdisciplinary misunderstandings” due to inconsistency in the use of terms [38: 179]. Therefore, the issue of **standardization** of terminology is of high importance – the development of term standards, model terms for the purpose of standardizing terminology. Standardization in the present situation concern not only national terminological systems (availability of national standards for terms and definitions, terminological

explanatory dictionaries), but also in the global dimension (formation of international standards, translated bilingual and multilingual terminological dictionaries) [22: 177].

The problems of polysemy, homonymy, synonymy and other **lexical and semantic processes in terminology** have always been in the center of attention of terminologists. It was established that the appearance of synonymous terms is partly the result of the presence of certain semantic nuances of scientific concepts, leading to a different choice of terms [49: 547].

The terms are heterogeneous in their **sources**: there are terms formed on the proper material (some of them are foreign loans): *field, filler, glide, glottis, falling-rising stress, ghost-word, meaning, twang, key word, leveling, linking, shifter*; and there are also terms of solely foreign origin: *antonym, lexicology, synonymy, homonymy, apocope, aphersis, bahuvrihi, abbreviation, accent, adjective, affinity, amplification, acoustic-articulatory* [2: 7].

If we talk about a **terminological system**, it appears when any branch of knowledge or activity is sufficiently formed, has its own theory, has identified and realized all the key concepts and connections between them. The difference between terminology and terminological system is that in order to present a theory describing a field, terminological system is constructed by relevant experts in the field from carefully selected, and in some cases specially created, words and phrases (sometimes borrowed terms) [30: 74].

In the modern world, the development of medicine is gaining momentum: new technologies for treating diseases that were incurable yesterday are emerging, medical scientists are developing advanced diagnostic methods, and the theoretical and practical skills of doctors around the world are being improved. Together with this progress, there is a need to work out medical terms with a clear definition that will correspond to the meaning inherent in them and contribute to a detailed understanding among specialists in the medical field [7: 15].

A medical term is a component of special professional knowledge that creates a national linguistic picture of the world and reflects the specifics of the scientific thinking of scientists, the basis of professional text creation [14: 42]. O. Kryzhko

gives the following definition: medical terms are special words or word combinations that give an exact definition or explanation of subjects and actions in the field of medicine [21: 28].

The definition proposed by L. N. Filyuk more accurately reflects the essence of a medical term. According to this definition, a medical term is a linguistic unit that stores the general lexical features of natural language units in a medical terminological database, which represents a collection of shared knowledge of conventional and complementary medicine [33: 95].

Medical terminology is a complex of terminologies of a large number of medical-biological, clinical and pharmaceutical disciplines [29: 223]. Modern medical terminology is represented by a complex system, a set of medical and paramedical terms that have developed as a result of the centuries-old development of world treatment and medical science, which is still developing dynamically [33: 94]. The terminology of modern medical science is an open system in which a constant process of emergence of new terms is observed.

Currently, there are a significant number of approaches to the classification of medical terminology. In particular, according to **semantics**, three main groups of medical terms are distinguished, namely: 1) a group of terms of anatomical and histological nomenclature covering the names of anatomical and histological formations (nomenclature is a list of names, terms, etc., which are used in any branch of science, production, etc.); 2) a group of terms of clinical terminology, which include the terms of therapy, surgery, obstetrics and gynecology, neurology, ophthalmology, psychiatry and other clinical disciplines; 3) group of terms of pharmaceutical direction includes the names of dosage forms, medicinal products, chemical nomenclature in Latin, names of medicinal plants, etc. [29: 223].

From the point of view of **origin**, medical terminology belongs to one of the oldest layers of the terminological dictionary, therefore, during the centuries-old history of development, it reflected the main methods of word formation, which ensured the possibility of creating new terms [11: 332]. In the process of its formation, it was always synchronized with the development of medicine itself. The

development of medicine as a science and its impact on the state of modern medical terminology, which is reflected in emergence of new methods of treatment, prevention and diagnosis of diseases, creation of new drugs and medical devices that require new nominations, explain the dynamics of the development of medical terminology. Therefore, medical terminology changes, adapting to the needs of today [19: 105].

According to the means of forming, in medical terminology, terms that are composed of root and derivative elements occupy a significant place. Considering affixes (suffixes and prefixes with an unchanged meaning), it should be noted that there are several ways of forming terms using these term elements: affixless, suffixal, prefixal, suffixal-prefixal, and syntactic. Medical terms are also formed by joining word-forming affixes to derivation stems [5: 15].

So, a term is a special word limited by its special purpose and status; a word or phrase that tends to be unambiguous, clear, and reasonable when expressing concepts and naming things. With the help of terms, the results of knowledge are fixed in a material form. A medical term is a component of special professional knowledge, a complex of terminologies of a large number of medical and biological, clinical and pharmaceutical disciplines.

1.2 Medical terminology as a translation issue

Medicine is a field in which constant exchange of information about world experience is extremely important. If we are talking about foreign-origin specialized literature, the most important integral requirement is the accuracy of understanding, and, accordingly, of translation. Any information error in this area can have quite serious consequences. A person's life and health depend on the adequate interpretation of a medical term and its translation into another language. The problems of medical terminology translation are today among the most relevant issues of translation studies and linguistics [31: 7].

When translating medical terms, it is necessary to take into account the field of use of special vocabulary, otherwise the probability of translation errors increases, which can lead to serious consequences in medical practice [31: 7].

Features of medical translation include: 1) the use of English and international Greek-Latin terminology in medical texts; 2) a large number of new terms and words, as medicine constantly succeeds in new discoveries and technologies; 3) the need to represent foreign abbreviations by equivalent Ukrainian abbreviations; 4) deciphering abbreviations in medical texts, certificates, conclusions and other documents causes difficulties when translating from European languages; 5) complexities of terminological and linguistic nature are another feature of medical translation because terms in medicine can have completely different meanings in different languages [37: 19].

The **problems** of translating medical texts include: 1) a significant number of synonyms; 2) extensive use of shortenings and abbreviations; 3) medical vocabulary, which is constantly replenished and expanded; 4) “translator’s false friends” [34: 151].

The **translation of terminology** is one of the most difficult problems in the field of linguistics and translation studies, because the terms refer to vocabulary that develops at a fast pace, is in demand among specialists in various fields and requires special attention [1: 126]. At the same time, it is worth remembering that behind each term there is a stable, standardly reproducible structure of a professional concept. Terminology for a term is the field that gives it precision and ambiguity, and beyond which the word loses its features [3: 113].

When we talk about translation quality, we mean a high level of adequacy in representing special vocabulary and terminology [6: 38]. The traditional term “**translation adequacy**” is ambiguous and controversial. In translation theory and linguistics, there are different approaches to defining this concept. The adequacy of the translation is defined as “the closeness of the assessments of the content of the texts by their addressees and or the correspondence to the goal set before the translator” [58: 145].

Therefore, an adequate translation of a term is an exact reproduction of the original term using the means of another language, provided that the content and style are preserved. The optimal way of translating terms is: “concept – Ukrainian term”, and not “term in the source language – Ukrainian term” [18: 36]. Such unity is reproduced on a different linguistic basis. And because of this, it turns into a new unity inherent in the language of translation [17: 104]. An incorrectly chosen method of translation leads either to a complete distortion of the semantics of the term, or to an unjustified narrowing of its meaning, which negatively affects the systematicity of the terminology [1: 126].

Researchers of terminological systems distinguish, as a rule, the following **difficulties** of translating terminological vocabulary:

1) ambiguity of terms, lack of translation equivalents in the case of neologisms, national variability of terminological vocabulary [28: URL];

2) the unstable nature of the terminology of a number of branches of science and technology in the language, which leads to fluctuating meanings of terms, the presence of a large number of synonyms, absence of clear boundaries between the meanings of individual terms, which creates difficulties in determining their equivalents during the creation of translation dictionaries; during translation, terms should preserve such features as abstract nature, ambiguity and systematicity, however, a large number of terms in terminological systems as linguistic signs, have such disadvantages as polysemy (one term has two or more meanings), synonymy (there is two or more terms for one concept), contradictions of terms with concepts, overloading of terminology with foreign terms, etc. [8: 180];

3) insufficient work on organizing terminology and compiling special dictionaries [52: 16–17];

4) significant growth of general scientific and general technical terminology, which leads to an increase in the number of terms with a very large number of synonymous words in dictionaries; low quality of dictionaries and inclusion of redundant translation options in them; insufficiently productive work on the international arrangement of terminology [9: 116].

A special difficulty in translation is created by **non-equivalent terms**, or, as L. V. Savytska calls them, “temporarily non-equivalent” terms [32: 253]. The definition of “temporarily non-equivalent” seems to be quite accurate for two reasons. On the one hand, it emphasizes that the problem of the absence of an equivalent term in no case means that the term is fundamentally untranslatable and can be solved by using other linguistic means. On the other hand, this definition indirectly indicates the cause of non-equivalence (temporary lag of one of the languages in the development of the system of concepts in one or another field) and the extralinguistic prerequisites for its elimination (overcoming the “lag” in the course of the further development of the professional sphere, including due to international communication) [35: 111]. It is worth noting that the equivalent term may be missing in the translation language, but the concept may exist in the national reality. Understanding and choosing the method of translation of such lexical units can only take place taking into account a certain extralinguistic situation of the use of terms, because it is the situation that allows to understand the specificity of the meaning of the term [32: 253].

A special challenge for the translator is created by abbreviations in the source language and the target language. Some of them are used as independent lexical items without thinking decoding. It is here necessary to avoid confusion. For example, routinely applied by ophthalmologists Latin abbreviation *OD*, stands for Latin *oculus dexter* (Ukr. *праве око*), in other cases it may mean *професійне захворювання* (Eng. *occupational disease*), and Ukr. *пацієнт з передозуванням ліків* (OE. *patient with overdose of some drug*) [15: 114].

Choosing a method of translating terms requires comparative study of terminological systems of two languages, but not the comparison of individual pairs of terms. The translation of terms also requires taking into account, along with synchronous, diachronic aspect that has a direct impact on the systematic terminology and therefore an indirect effect on the method of selecting equivalent. The use of diachronic approach helps to reveal the semantics of the term in translation with the different processes undergone by the term: terminologisation, determinologization, reterminologization.

R. Gauton presents the following **strategies of term translation**:

1) translation using loan translation, which preserves English spelling. Such words are not transliterated, that is, they are localized in the sense that their phonology is adapted to be reflected by means of the phonological system of the target language;

2) formation of a new term through transliteration. New scientific and technical terms are formed through the process of transliteration by adapting the phonological structure of the word to the sound system of the target language [42: 82].

The most common **ways of translating terms** are the following:

1) full equivalent to the term of the source language – application of this method is possible in cases where the countries of the source language and target language have reached the same level of social development, or have gone through this level at some period in their history;

2) the new term in the target language can be created by adding a new meaning to the existing term under the influence of the term of the source language;

3) if the structure of translated lexical unit in both languages is the same it is a loan translation; when using loan translation, the structure of the term, which is created in the source language, conforms to the norms of the source language, and the structure of the term, which is created in the target language, conforms to the norms of the target language;

4) when all semantics, structure and form (sound composition and writing) are borrowed in the process of translation of the term, it is called “borrowing”; there should be a clear distinction between borrowing that depends on direct contacts between the two languages, and internationalisms that are built from Greco-Latin elements and define the traditional features of European culture based on a classical education; as for the borrowings, the attitude towards them in translation is ambiguous;

5) in some cases the term should be translated with the descriptive structure – this way of translation is used primarily for non-equivalent terms that reflect the realities of a particular country [39: 16–21];

6) terms can also be translated using transformations. **Transformations** can help the translator in the representation of source language concepts into target language concepts. They are called “translation (or cross-language) transformations”. Depending on the nature of units of a foreign language that are considered as a source of a transformation, translation transformations are divided into lexical and grammatical. In addition, there are also complex lexical and grammatical transformations, where the transformation covers both lexical and grammatical units of translation. This means that they change from lexical units into grammatical ones and vice versa [4: 227].

Medical translators who are responsible for mediating professional communication are expected to have considerable expertise in translation and in a given subject area. What is more, written materials, such as health surveys, patient consents, posters, leaflets etc. need to be made available to foreign patients whose command of a given language may be insufficient. This is frequently performed by medical translators who specialize in professional-layman communication. A separate group of facilitators is constituted by public service interpreters, who mediate communication between professionals, and also between healthcare professionals, e.g., hospital staff and patients. Therefore, medical translators and interpreters facilitate the communication process between patients and medical professionals because the failure to communicate with a patient may lead to health or life-threatening situations if a physician is unable to obtain information from a patient [48: 19].

Thus, translation of terminology, especially, medical one, is always challenging due to such factors as a significant number of synonyms, extensive use of shortenings and abbreviations, constant replenishment of medical vocabulary,, ambiguity of terms, unstable nature of the terminology, insufficient work on organizing terminology and compiling special dictionaries, as well as the presence of “temporarily non-equivalent” terms.

1.3 The place of medical terminology in medical discourse texts

In order to provide features of discourse analysis of medical texts, it is important, first of all, to provide the notion of discourse. In modern linguistics, as well as in several other humanitarian studies, which directly or indirectly involve the study of the function of language, the term “discourse”, has become a real polygrammatic issue. Despite this, a clear and generally accepted definition of the concept, covering all aspects of its manifestations, does not exist. However, this, in turn, played a crucial role in the acquisition such a broad range of use by the term “discourse” [40: 11].

Discourse studies is a cross-disciplinary field of research that has emerged, especially since the mid-1960s, in virtually all disciplines of the humanities and the social sciences. Initially developed in linguistics, literary studies and anthropology, it soon also spread to sociology, psychology, communication research and other disciplines. In principle, discourse studies as a separate cross-discipline besides linguistics (or semiotics for that matter), would not have been necessary if linguistic theories had paid attention to the study of actually occurring text and talk in the first place [41: 46].

However, most hard-core linguistics focused on grammar and on isolated sentences, even if there are directions of research that may focus on the textual or interactional 'functions' of grammatical structures of sentences. Hence, together with such other cross-disciplines as socio-linguistics, pragmatics and the ethnography of speaking, discourse analysis focuses on the systematic account of the complex structures and strategies of text and talk as they are actually accomplished (produced, interpreted, used) in their social contexts [41: 198].

Discourse is defined as a communicative event that occurs between the speaker and the listener (observer, etc.) in the process of communicative action in a specific temporal and spatial context. Apart from the various approaches to the definition of discourse, there are different interpretations of it inside of linguistics. For example, from the standpoint of linguistic philosophy, discourse is the concrete

speech in various modes of human existence, necessary to orient a person in the real world and to liberate man from the determinism of nature. From the perspective of sociolinguistics, discourse is communication between people, considered in terms of their membership in a particular social group, or with respect to one or another typical speech and behavioral situation. From pragmalinguistics position, the discourse is studied with regard to means and channel of communication [43: URL].

Communication in the field of medicine belongs to **medical discourse**. Medical discourse is one type of institutional discourse and is characterized by certain specific features. The institutionality of the medical discourse is manifested primarily by a preliminary instruction on the status inequality of its subjects – the doctor and the patient, since the very essence of the doctor’s profession imposes a monopoly on conducting communication, and any attempt to change the originally set communicative scenario is perceived as a deviation from the norm. This type of communicative interaction can be carried out at the interpersonal, group and personal-group levels, which depends on the quantitative composition of the communicators. However, one of the determining factors in the implementation of institutional discourse is the sphere of communication [36: 25].

The constitutive features that allow to objectively separate the medical discourse in the modern system of institutional discourse are: 1) the specific purpose of communication, which is to provide medical assistance; 2) specific circumstances of communication that occur in the situation of a medical appointment, visit, consultation; 3) presence of institutional symbols (special clothing, tools, personal seal, documentation); 4) status-role function of communication participants [36: 25].

Modern medical discourse is a discourse that was formed thanks to the structural organization of medicine and is based on stereotypes of the behavior of its participants in view of social and role characteristics, communicative and structural-semantic features [24: 9].

Medical discourse occurs in various speech situations, primarily in the “specialist – specialist” and “specialist – non-specialist” communication models

[36: 258], consequently, types of medical discourse include discrete (“specialist – specialist”) and indiscrete (“specialist – non-specialist”).

According to the aims of the research, indiscrete medical discourse should be considered more closely. **Indiscrete medical discourse** is the dialogues of doctors on professional topics directly related to the daily problems of the treatment process. The defining features of indiscrete discourse are homogeneity, collegiality, stereotypes of communicative behavior of participants, intra-professionality [24: 9].

The language of representatives of indiscrete professional discourse is the so-called “ideal” professional language, but not in view of its compliance with the literary norm, but in view of the professional orientation of its representatives. Ideal professional speech should be understood as speech on a professional topic during communication between a specialist and a specialist, while when communicating on one or another professional topic between specialists and non-specialists, a kind of “reduced” version of professional speech. The functioning of indiscrete medical discourse depends on communicative situations caused by objective and subjective factors of professional interaction of doctors within the medical institution [23: 27].

The following text fragment is an example of indiscrete medical discourse texts suggested for the analysis in this part of the research:

Special patients

Elderly

Individuals over 85 years of age are the fastest growing segment of the population. With advances in medical care and the increasing importance placed on disease prevention, diet and exercise, this portion of the population will continue to grow at a tremendous rate. The majority of medical care expenses are spent on the geriatric population during their last few years of life. Geriatric patients are at risk for falls, functional decline, and changes in cognition, as well as cardiac, pulmonary and vascular emergencies. They have reduced physiologic reserve and often are too ill, weak, or complicated to use medical offices for even routine care. As such, many elderly individuals depend on EDs for their overall health care, if they get care at all. When geriatric patients present to the ED, they are far more likely to be admitted to

the hospital than younger patients. They are also far more likely to require and benefit from social services if discharged. The best solution is to integrate social services into the care of all geriatric patients. EPs should consider why social services should not be asked to see an elderly patient in the ED, as home safety checks, access to meals, transportation to medical appointments, social isolation, depression, financial security, and feelings of being a burden to family members can be addressed. Furthermore, elder neglect or abuse is far more prevalent than reported. From a social perspective, geriatric patients prefer being referred to as “young” rather than “old” (as in 75 years young), and prefer being referred to as “older” rather than “old.”

Many medical conditions in older patients do not present as they might in a younger or healthier patient. A UTI in an elderly patient may present with confusion, as might ACS or pneumonia. Many geriatric patients are not able to mount a febrile response to sepsis or infections. In fact, geriatric patients are often hypothermic when septic. As a result, rectal temperatures should be frequently measured in this population. Geriatric patients commonly use over-the-counter medications; on average, elderly patients take five prescription medications daily. Polypharmacy is a frequent concern, and therefore increases the likelihood of drug-drug interactions. Primary providers are often unaware of all medications their elderly patients take, as physician colleagues, consultants, and urgent care providers may prescribe additional medications without sharing this information. Prehospital personnel should be encouraged to bring all medication bottles with patients to the ED so they can be reviewed. This may help identify potential adverse drug interactions, as well as prescriptions of the same medication (or class) with different names. Many drugs interact with warfarin, a common prescription in the geriatric population. Special ID bracelets should be provided to and worn by elderly patients, with select medical conditions, addresses, contacts, medications, and allergies. It is common to see do-not-resuscitate orders included on these bracelets.

Eyesight and hearing often fail in the geriatric population. It is therefore important to check these and consider outpatient referrals to optometry or

audiometry. Difficulties with eyesight may result in the inability to read food labels or medication instructions, especially insulin doses. Difficulty with vision in low light makes it nearly impossible for elderly patients to reliably comment on their stools turning darker (hematochezia or melena). Decreased flexibility of the neck and spine makes it challenging for elderly patients to look in the toilet for changes in their stool. Driving abilities may be impaired by visual difficulties or by arthritis (which makes it difficult to change lanes), muscle power (required for defensive maneuvers), fine motor control, coordination, or response time (to avoid collisions). Driving is vital to their independence, and many elderly are unwilling to relinquish this activity.

Falls are more common in the elderly, not only because of visual difficulties, but also because of their diminished ability to avoid objects, climb stairs, or maintain balance and posture. As financial issues are of great concern, medications may not be taken regularly or may be cut in half to decrease the cost. The same goes for food – soups are inexpensive and easy to cook, although many have high sodium content. A dietician or nutritionist can discuss healthy eating habits with elderly patients. Plans for assisted living or skilled facilities should be addressed with geriatric patients before the need is imminent, as should advance directives and powers of attorney. Even a discussion of wills and plans for death should be addressed, although this is best done at a scheduled time in the primary care provider's office. Postal carriers, apartment managers, or neighbors are particularly important to the safety of the elderly population who live alone, as they can check to see that mail is picked up daily, make sure that the individual has eaten or gotten up that morning, or provide brief social contact. These resources can be investigated by social workers (ICEM: 12).

The text under consideration is an extract from the book entitled as “An Introduction to Clinical Emergency Medicine” (2nd edition). The editors of the book are S. V. Mahadevan, MD, and G. M. Garmel, MD, thus, the editors of the book are directly connected with medicine. Moreover, the title of the book suggest that it is a piece of discrete medical discourse as the book having such title must instruct the students or specialists how to perform actions connected with medical care.

The extralingual parameters of the text determine it as such belonging to medical discourse. In particular, the cover of the book has the illustration of human organism with distinguishing certain organs hidden from the eye of regular observer. As a piece of medical discourse, the text under consideration has fewer variations of fonts and font colors as it is designated to transmit the information within the society of medical practitioners meaning that there is no need in entertaining content in it. The text is divided into two columns, the font colors are black for the basic text and blue for headings.

As the text belonging to medical discourse, it includes fewer tropes and figures of speech, such as: 1) epithets adding some emotional and expressive coloring to the text: *this portion of the population will continue to grow at a tremendous rate; should be addressed with geriatric patients before the need is imminent*; 2) dead metaphors used to provide brief characterization of the described phenomena: *medications may not be taken regularly or may be cut in half to decrease the cost*.

The vocabulary presented in the analyzed text belong to such vocabulary groups as: 1) words formed from phrases by compounding to compress information: *do-not-resuscitate orders; over-the-counter medications*; 2) euphemisms used as an example how to treat patients correctly: *special patients; reduced physiologic reserve; as in 75 years young; prefer being referred to as "older" rather than "old"; their diminished ability to avoid objects*; 3) specialized vocabulary of medicine including terminology: *medical care; disease prevention; medical care expenses; geriatric population; geriatric patients; functional decline; changes in cognition; cardiac, pulmonary and vascular emergencies; physiologic reserve; health care; home safety checks; depression; medical conditions; confusion; pneumonia; febrile response; sepsis; infections; hypothermic; rectal temperatures; prescription medications; polypharmacy; drug-drug interactions; potential adverse drug interactions; warfarin; optometry; audiometry; insulin; arthritis; dietician; nutritionist; Plans for assisted living, including numerous and abbreviations: ED (emergency department), EP (emergency physician); UTI (urinary tract infection); ACS (acute coronary syndrome), ID (identify document).*

Thus, medical discourse is one type of institutional discourse and is characterized by certain specific features. Types of medical discourse include discrete (“specialist – specialist”) and indiscrete (“specialist – non-specialist”). The characteristic features of discrete medical discourse are authorship by people directly connected with medicine, students and medical workers as target audience, extralingual information illustrating the verbal one, lack of tropes and figures of speech, the use of vocabulary important for medicine (e.g., euphemisms, terminology, abbreviations).

CHAPTER 2

MEDICAL TERMINOLOGY IN SPECIALIZED MEDICAL TEXTS: DISCOURSE FEATURES, TRANSLATION OPTIONS

2.1 Equivalent translation of medical terminology in specialized medical texts

The translation by using **equivalent** is using an established became correspondence that completely coincides with the meaning of the foreign term. Terms that have equivalents in the target language play an important role in translation.

There are not numerous English medical terms that have direct equivalents in the Ukrainian language formed on the basis of the Ukrainian language resources. These are the simplest terms that define the basic medical concepts such as the following ones:

– *anxiety* “an abnormal and overwhelming sense of apprehension and fear often marked by physical signs (such as tension, sweating, and increased pulse rate), by doubt concerning the reality and nature of the threat, and by self-doubt about one's capacity to cope with it” [60: URL] – *тривоза*: (33) *All patients should be treated sensitively, with attention paid to their fears and anxieties* (ICEM: 11) – До всіх пацієнтів слід ставитися чуйно, з увагою ставитися до їхніх страхів і тривог;

– *analgesia* “loss of the ability to feel pain while awake” [60: URL] – *знеболення*: (30) *This is true not only for patients presenting with abdominal pain, but in patients with traumatic injuries who would benefit from adequate analgesia* (ICEM: 11) – Це вірно не лише для пацієнтів із болем у животі, але й для пацієнтів із травматичними ушкодженнями, яким було б корисно адекватне знеболення.

In some cases, the translator chooses the Latin- or Greek-origin Ukrainian term to represent the source language concept in translation. For example, *history* “an account of a patient's medical background” [60: URL] is represented in translation as

анамнез in the following sentence: (6) *The patient's history has always been considered one of the most important elements in determining a final diagnosis* (ICEM: 6) – Анамнез пацієнта завжди вважався одним із найважливіших елементів у визначенні остаточного діагнозу.

Thus, the use of equivalents is the most effective but still not frequent means of translating medical terminology in specialized medical texts. Such a situation is connected with the different chronological framework of the developing of medicine in Ukraine and English-speaking countries as Ukrainian medical terminology often borrowed terms from other languages.

2.2 Translation transformations as a means of rendering medical terminology in specialized medical texts

In the case of lacking the equivalents, English medical terminology in specialized medical texts is rendered in translation using translation transformations. There are four basic groups of translation transformations used in this process: lexical, lexical and semantic, grammatical, and lexical and grammatical ones. Moreover, there are cases when complex terms are represented in translation using several translation transformations. In this part of the research, the application of the translation transformations belonging to these groups is considered.

2.2.1 Lexical transformations. Lexical translation transformations used in the course of translating medical terminology in specialized medical texts are presented by transcription, transliteration and loan translation.

Translation **transcription** is a formal phonemic reproduction of the source language lexical unit using the phonemes of the target language, a phonetic imitation of the source language word. The use of translation transcription represents the source word in the translated text in a form adapted to the characteristics of the target language. This transformation can be used when translating terms in the absence of equivalents in the target language.

In particular, transcription is widely used for representing the terms of Greek and Latin origin such as *nutritionist* “one whose profession is advising on matters of food and nutrition and their effect on health” [60: URL] represented as *нутриціоніст*: (41) *A dietician or nutritionist can discuss healthy eating habits with elderly patients* (ICEM: 12) – Лікар-дієтолог або нутриціоніст може обговорити з літніми пацієнтами здорові харчові звички.

Transcription can be applied also to semi-component terminological units. In such cases, fully or partially transcribed stems are supplemented by respective Ukrainian suffixes and inflexions, for example, when rendering *differential diagnosis* “a method of analysis of a patient's history and physical examination to arrive at the correct diagnosis; involves distinguishing a particular disease or condition from others that present with similar clinical features” [60: URL] – *диференційний діагноз*: (20) *In fact, establishing a comprehensive differential diagnosis for each complaint and examining areas of the body that may contribute to it allow EPs to prioritize the likelihood of other diagnoses causing the symptoms* (ICEM: 8) – Насправді встановлення всебічного диференційного діагнозу для кожної скарги та дослідження ділянок тіла, які можуть сприяти цьому, дозволяють лікареві визначити ймовірності інших діагнозів, що викликають наявні симптоми.

Another method of translation is **transliteration** – a formal literal reproduction of the source language lexical unit using the alphabet of the target language, letter-by-letter imitation of the form of the original word. There are quite numerous cases when transliteration occurs with minimal adaptations to the target language norms, for example:

– *warfarin* “an anticoagulant used as a medication under several brand names including Coumadin, and as a poison for rats and other pests” [60: URL] – *варфарин*: (37) *Many drugs interact with warfarin, a common prescription in the geriatric population* (ICEM: 11) – Багато ліків взаємодіють з варфарином, який часто призначають людям літнього віку;

– *insulin* “a peptide hormone produced by beta cells of the pancreatic islets encoded in humans by the INS gene” [60: URL] – *інсулін*: (39) *Difficulties with*

eyesight may result in the inability to read food labels or medication instructions, especially insulin doses (ICEM: 12) – Проблеми із зором можуть призвести до неможливості прочитати етикетки харчових продуктів або інструкції до ліків, особливо дозування інсуліну;

– *electrocardiogram* “a recording of the heart’s electrical activity through repeated cardiac cycles” [60: URL] – електрокардіограма: (10) *Studies that assist in establishing a final diagnosis, such as an electrocardiogram (ECG), glucose, urine dipstick, and other point-of-care (bedside) tests, can be obtained while gathering historical data* (ICEM: 6) – Дослідження, які допомагають у встановленні остаточного діагнозу, такі як електрокардіограма (ЕКГ), вимірювання глюкози, тест-смужка сечі та інші тести на місці (біля ліжка), можна отримати під час збору анамнезу;

– *organ system* “a biological system consisting of a group of organs that work together to perform one or more functions” [60: URL] – система органів: (19) *In addition, concentrating on associated organ systems that may have a role in the illness is recommended* (ICEM: 8) – Крім того, рекомендується зосередитися на пов’язаних системах органів, які можуть відігравати роль у розвитку хвороби.

In most of the cases of transliteration, transliterated stems are supplemented by the Ukrainian suffixes and inflexions as presented in the following examples of medical terms:

– *intubation* “a medical procedure involving the insertion of a tube into the body” [60: URL] – інтубація: (31) *Reassess patients after each intervention, whether following intubation for airway control or the administration of analgesia* (ICEM: 11) – Повторно оцінюйте пацієнтів після кожного втручання, чи після інтубації для контролю дихальних шляхів, чи після введення знеболювального;

– *decompensating* “the functional deterioration of a structure or system that had been previously working with the help of compensation” [60: URL] – декомпенсація: (32) *Continued reassessment of all patients is critical, particularly the sickest or those at greatest risk of decompensating* (ICEM: 11) – Постійне

повторне обстеження всіх пацієнтів є критично важливим, особливо найхворіших або тих, хто має найбільший ризик декомпенсації;

– *invasive procedure* “medical procedure where purposeful/deliberate access to the body is gained via an incision, percutaneous puncture, where instrumentation is used in addition to the puncture needle, or instrumentation via a natural orifice” [60: URL] – *інвазивна процедура*: (27) *When caring for pediatric patients, current literature demonstrates that family members’ presence during resuscitation efforts or invasive procedures is extremely important, provided their presence does not interfere with medical care delivery* (ICEM: 11) – Щодо педіатричних пацієнтів сучасна література демонструє, що присутність членів родини під час реанімаційних заходів або інвазивних процедур є надзвичайно важливою, за умови, що їх присутність не заважає наданню медичної допомоги.

When using transliteration, suffixes of the source language medical terms can be omitted due to the norms of the target language, for example:

– *optometry* “a specialized health care profession that involves examining the eyes and related structures for defects or abnormalities” [60: URL] – *оптометрія*: (38) *It is therefore important to check these and consider outpatient referrals to optometry or audiometry* (ICEM: 12) – Тому важливо перевірити їх і розглянути можливість амбулаторного направлення на оптометрію або аудіометрію;

– *arthritis* “any disorder that affects joints; symptoms generally include joint pain and stiffness” [60: URL] – *артрит*: (40) *Driving abilities may be impaired by visual difficulties or by arthritis (which makes it difficult to change lanes), muscle power (required for defensive maneuvers), fine motor control, coordination, or response time (to avoid collisions)* (ICEM: 12) – Здібності водіння можуть бути порушені через проблеми із зором або артрит (що ускладнює зміну смуги руху), м’язовою силою (необхідною для маневрів), дрібною моторикою, координацією або часом реакції (щоб уникнути зіткнень).

Transliteration can be used to only one of the components of semi-component term while the other one has direct counterpart in the target language. Such a situation is illustrated by the following examples:

– *physical examination* “the process of evaluating objective anatomic findings through the use of observation, palpation, percussion, and auscultation” [60: URL] – *фізикальне обстеження*: (7) *It is accepted that the history (and physical examination) can determine the diagnosis in up to 85% of patients* (ICEM: 6) – Прийнято вважати, що анамнез (і *фізикальне обстеження*) можуть визначити діагноз до 85% пацієнтів;

– *peripheral intravenous (IV) catheter* “a thin, flexible tube that is inserted into a vein; it is usually inserted into the lower part of the arm or the back of the hand” [60: URL] – *периферичний внутрішньовенний (ВВ) катетер*: (25) *While nurses and techs measure vital signs, connect patients to monitors, and start peripheral intravenous (IV) catheters for blood draw and circulatory access, physicians can intervene with airway management and assess breathing and circulation* (ICEM: 11) – У той час як медсестри та техніки вимірюють життєві показники, підключають пацієнтів до моніторів і запускають *периферичні внутрішньовенні (ВВ) катетери* для забору крові та доступу до кровообігу, лікарі можуть втрутитися в управління дихальними шляхами та оцінити дихання та кровообіг.

Loan translation is the reproduction of the combinatorial composition of a word or phrase, when the constituent parts of a word or phrase are translated by the corresponding elements of the target language. Loan translation is not always a mechanical operation of transferring form from the source language to the target language; translators usually have to resort to transformations. First of all, this concerns changes in case forms, the number of words in a phrase, affixes, word order, syntactic status of words, etc.

Loan translation is used when rendering the following medical terms, the components of which have direct counterparts in the Ukrainian language:

– *acute illness* “disease that generally develop suddenly and last a short time, often only a few days or weeks” [60: URL] – *гостра хвороба*: (2) *Their needs may be as straightforward as a note excusing them from work or a prescription refill in the middle of the night, or as complex as an acute illness or injury, an exacerbation*

of a chronic condition, or a cry for help if depressed or suicidal (ICEM: 3) – Їхні потреби можуть бути такими ж простими, як лікарняний лист на роботу чи поповнення аптечки за рецептом посеред ночі, або такими складними, як гостра хвороба чи травма, загострення хронічного захворювання чи крик про допомогу в разі депресії чи суїциду;

– *clinical assessment* “collecting information and drawing conclusions through the use of observation, psychological tests, neurological tests, and interviews to determine what the person's problem is and what symptoms he/she is presenting with” [60: URL] – *клінічна оцінка*: (9) *EPs are forced to rely on clinical assessment and impression, and utilize important diagnostic studies during their decision making* (ICEM: 6) – Лікарі швидкої допомоги змушені покладатися на клінічну оцінку та спостереження та використовувати важливі діагностичні дослідження під час прийняття рішень;

– *extremity trauma* “trauma that represents one of the most common injury patterns seen in emergency medical and surgical practice” [60: URL] – *травма кінцівки*: (14) *Social history includes the patient's living situation; marital status; use or abuse of tobacco, alcohol, and/or drugs; occupation; and handedness (in the setting of neurologic disease or extremity trauma)* (ICEM: 7) – Соціальний анамнез включає життєву ситуацію пацієнта; сімейний стан; вживання або зловживання тютюном, алкоголем та/або наркотиками; рід занять; і рухливість (на тлі неврологічного захворювання або травми кінцівки);

– *pain control* “an aspect of medicine and health care involving relief of pain in various dimensions, from acute and simple to chronic and challenging” [60: URL] – *контроль болю*: (29) *Adequate pain control is an important element of EM practice* (ICEM: 11) – Адекватний контроль болю є важливим елементом роботи лікаря швидкої допомоги.

Thus, the use of lexical translation transformations when reproducing the medical terminology in specialized medical texts is appropriate in the case of translating terms that can be understood taking into account their sound / graphic

form or through understanding the meaning of their components or have a semantically transparent structure.

2.2.2 Lexical and semantic transformations. The group of lexical and semantic translation transformations used in the course of translating medical terminology in specialized medical texts include differentiation, generalization, substantiation and modulation.

The transformation of **differentiation** is caused by the fact that many English words with broad semantics do not have direct equivalents in Ukrainian. In such cases dictionaries give a number of meanings that only partially cover the meaning of the source language word and translators have to choose one of the variants which suits the context best of all [26: 145].

When rendering semi-component medical terms, differentiation can be used to one of the components of such unit while the other one is represented by established counterpart, for example:

– *admitting physician* “the doctor responsible for admitting a patient to a hospital or other inpatient health facility” [60: URL] – *приймаючий лікар* (*physician* – лікар, доктор, цілитель): (49) *Since disposition strategies for certain conditions vary between hospitals and admitting physicians, it is a good idea for EPs to familiarize themselves with hospital or community practices* (ICEM: 14) – Оскільки стратегії лікування певних станів різняться між лікарнями та приймаючими лікарями, для лікарів швидкої допомоги доцільно ознайомитися з практикою лікарні чи громади;

– *respiratory effort* “an energy-consuming activity of the respiratory muscles aimed at driving respiration” [60: URL] – *дихальне зусилля* (*respiratory* – дихальний, респіраторний): (21) *General appearance is particularly important in the pediatric population, as social interaction, alertness, playfulness, physical activity (including strength of cry), respiratory effort and hydration status (e.g., amount of tears) are significant findings that can be identified within moments* (ICEM: 8) – Загальний вигляд особливо важливий для педіатричної популяції,

оскільки соціальна взаємодія, уважність, грайливість, фізична активність (включаючи силу крику), дихальне зусилля та стан гідратації (наприклад, кількість сліз) є важливими показниками, які можна визначити за кілька хвилин.

In some cases, differentiation is applied to compound component of the semi-component term. For example, in rendering *health care provider* “an individual health professional or a health facility organization licensed to provide health care diagnosis and treatment services including medication, surgery and medical devices” [60: URL] – *постачальник медичних послуг*, the whole component *health care* – *охорона здоров’я як система та як сфера послуг* – undergoes differentiation: (24) *Much of this process occurs simultaneously, often automatically, with more than one health care provider involved* (ICEM: 11) – Значна частина цього процесу відбувається одночасно, часто автоматично, із залученням кількох постачальників медичних послуг.

Also, both components of semi-component medical term can undergo differentiation, for example:

– *coexisting conditions* “more than one condition or illness at the same time” [60: URL] – *супутні захворювання (coexisting – співіснуючий, супутній; condition – стан, захворювання):* (17) *Additional caution is needed when evaluating patients at the extremes of age (newborn and elderly), as the likelihood of serious infection and coexisting conditions is greatly increased* (ICEM: 7) – Необхідна додаткова обережність при оцінці пацієнтів у крайньому віці (новонароджені та літні), оскільки ймовірність серйозної інфекції та супутніх захворювань значно підвищується;

– *violent injuries* “the use of physical force so as to injure, abuse, damage, or destroy” [60: URL] – *насильницькі травми (violent – жорстокий, насильницький; injury – травма, поранення, ушкодження):* (47) *Police must be notified about all violent injuries, and may place patients in custody or take them from the ED to jail* (ICEM: 14) – Поліція повинна бути повідомлена про всі насильницькі травми, і вона може взяти пацієнтів під варту або доставити їх із відділення швидкої допомоги до в’язниці.

Another translation transformation used for rendering humorous vocabulary is **generalization**, the substitution of the source language words (phrases) of a narrow meaning by the target language words (phrases) of a general (broader) meaning [26: 145].

It is used, for example, when rendering the term *medical clearance* “examination with the aim to identify specific health needs and medical conditions that may require specialty management, follow-up or monitoring” [60: URL] – *медичний огляд* (*clearance* here the process aimed to clear something while in Ukrainian it is *огляд* which describes the process but omits its aim): (45) *Often, police bring patients to the ED for medical clearance* (ICEM: 13) – Часто поліція доставляє пацієнтів до відділення невідкладної допомоги для медичного огляду.

Substantiation is substitution of the source language words (phrases) with a generic meaning by the target language words (phrases) with a more specific (narrow) meaning [26: 145].

For example, substantiation clear the meaning of the component of medical term when rendering *psychiatric condition* “a broad range of problems that disturb a person's thoughts, feelings, behavior or mood” [60: URL] – *психіатричне захворювання* (*condition* has broader meaning determining any disorder while *захворювання* only defines illness): (46) *This requires an EP to determine whether or not the patient's actions can be explained by a medical or psychiatric condition* (ICEM: 13) – Від лікаря швидкої допомоги вимагається визначити, чи можна дії пацієнта пояснити фізичним або психіатричним захворюванням.

The transformation of **modulation** is the substitution in translation of the dictionary equivalent by the contextual one, which is logically connected with the first. Here belong various metaphoric and metonymic changes performed on the basis of the notion of intersection, i.e., when a part of the content of one notion, is included into the content of another notion and vice versa. To convey the same sense by means of another language there is often no difference what forms of the word express this content. Thus, the object may be replaced by its feature, the process – by the object, the feature – by the object or a process, etc. [26: 146].

Modulation allows specifying the meaning of the term through denoting the connected processes as in the following examples:

– *bleeding disorders* “rare disorders affecting the way the body controls blood clotting” [60: URL] – *розлад згортання крові*, where *bleeding* is substituted by *згортання крові* which is presented in the meaning of the term: (13) *Examples include a strong family history of cardiac or thromboembolic disease, appendicitis, gallbladder disease, bleeding disorders, or cancer* (ICEM: 7) – Приклади включають важку сімейну історію серцевих або тромбоемболічних захворювань, апендициту, хвороб жовчного міхура, розладів згортання крові або раку;

– *prehospital care providers* “emergency medical services (EMS) responders, who are the initial health care providers at the scene of disaster” [60: URL] – *надавачі догоспітальної допомоги* where *care* – *турбота*, *догляд* is represented as *допомога* as the aim of providing care: (28) *Attempts should be made as quickly as possible to learn this information from the patient, prehospital care providers, family members, nursing home or skilled facilities* (ICEM: 11) – Необхідно якомога швидше отримати цю інформацію від пацієнта, надавачів догоспітальної допомоги, членів сім’ї, будинку престарілих або кваліфікованих закладів.

Thus, reproducing in the Ukrainian language of the English medical terminology in specialized medical texts involves the use of lexical and semantic translation transformations in cases where the components of terminological units have slightly blurred boundaries during translation, which requires clarification, expansion or modification of the meaning of the terminological unit or its component during translation.

2.2.3 Grammatical transformations. Grammatical translation transformations used in the course of translating medical terminology in specialized medical texts include replacements, addition and omission.

Replacement is substitution of the word belonging to one part of speech by a word belonging to another part of speech (morphological replacement) or substitution of one syntactical construction by another one (syntactical replacement) [26: 147].

In case of translating medical terms, these are the following cases of replacements:

– Adj → N in *abdominal pain* “pain that you feel anywhere between your chest and groin” [60: URL] – *біль у животі*: (3) *In their own way, patients almost always seek reassurance about something – is their child’s fever dangerous, their headache cancer, or their abdominal pain appendicitis?* (ICEM: 3) – По-своєму, пацієнти майже завжди шукають заспокоєння щодо чогось – чи небезпечна лихоманка їхньої дитини, чи їх головний біль викликаний раком, чи біль у животі є ознакою апендициту?;

– N → Adj in *trauma resuscitation* “restoration of an acutely ill or near to death patient to life or consciousness; it is basically a process of correcting physiological malfunction due to trauma” [60: URL] – *травматологічна реанімація*: (5) *In addition to these traits, EPs must be experts in both medical and trauma resuscitation of adults and children* (ICEM: 3) – Крім цих якостей, лікарі швидкої допомоги повинні бути фахівцями як з медичної, так і з травматологічної реанімації дорослих і дітей;

– singular → plural in *narcotic medication* “a drug (such as opium or morphine) that in moderate doses dulls the senses, relieves pain” [60: URL] – *наркотичні препарати*: (42) *Many hospitals and EDs have policies about providing narcotic medication to drug-seeking patients, or patients who have abused the system* (ICEM: 13) – Багато лікарень і лікарів швидкої допомоги мають політику надання наркотичних препаратів пацієнтам, які шукають наркотики, або пацієнтам, які вже порушували правила.

Addition is used to compensate for semantic or grammatical losses and often accompanies transposition and grammatical replacement [26: 147].

Adding lexical unit when translating medical terminology mostly has explanatory effect. For example, when rendering noun *outpatient* “a patient who

attends a hospital for treatment without staying there overnight” [60: URL] derived from adjective *outpatient*, the translator adds *лікування* in order to specify the meaning of the term and comply with the norms of the target language – *амбулаторне лікування*: (11) *Fortunately, having a final diagnosis is not always necessary, as an appropriate disposition with follow-up evaluation and tests during hospitalization or as an outpatient may be of much greater importance* (ICEM: 6) – На щастя, встановлення остаточного діагнозу не завжди є необхідним, оскільки відповідна диспозиція з подальшим обстеженням і аналізами під час госпіталізації або амбулаторного лікування може мати набагато більше значення.

Sometimes **omission**, a transformation opposite to addition used with the aim to avoid redundant information [26: 147], can be used.

The basic aim of applying omission in rendering medical terminology is simplifying the text for reader’s perception and avoid semantic repetitions within terms:

– *disease incidence* “the occurrence of new cases of disease or injury in a population over a specified period of time” [60: URL] – *захворюваність*: (22) *As such, it is imperative that EPs have a notion of pretest probability, including disease incidence and prevalence, and the sensitivity, specificity, positive and negative predictive values, and accuracy of the tests they are ordering* (ICEM: 10) – Таким чином, необхідно, щоб ЕР мали поняття передтестової ймовірності, включаючи захворюваність і поширеність захворювання, а також чутливість, специфічність, позитивні та негативні прогностичні значення та точність тестів, які вони замовляють;

– *drug-drug interactions* “a reaction between two (or more) drugs or between a drug and a food, beverage, or supplement” [60: URL] – *взаємодія між лікарськими засобами*: (35) *Polypharmacy is a frequent concern, and therefore increases the likelihood of drug-drug interactions* (ICEM: 11) – Поліпрагмазія є частою проблемою, а отже, збільшується ймовірність взаємодії між лікарськими засобами.

Therefore, it can be concluded that the grammatical translation transformations used in the reproduction of the English medical terminology in specialized medical texts in Ukrainian are caused both by grammatical differences between English and Ukrainian, and by the need to modify the term to simplify its understanding by the reader.

2.2.4 Lexical and grammatical transformations. The group of lexical and grammatical translation transformations used in the course of translating medical terminology in specialized medical texts include antonymous translation and total rearrangement.

Antonymous translation is the substitution of the source language notion by its opposite in translation with the relevant restructuring of the utterance aimed at faithful rendering of its content. Here belong such techniques as the use of an affirmative construction instead of a negative one or the use of semantic antonyms [26: 148].

Antonymous translation when rendering medical terminology in specialized medical texts is caused by the lexical and grammatical differences between the source and the target language, for example:

– *vascular emergencies* “disruption of the blood vessel wall with bleeding (e.g., from penetrating trauma) or to occlusion of the blood vessel lumen (e.g., by an embolus or thrombus)” [60: URL] – *судинні невідкладні стани*: (34) *Geriatric patients are at risk for falls, functional decline, and changes in cognition, as well as cardiac, pulmonary and vascular emergencies* (ICEM: 11) – Пацієнти літнього віку знаходяться в групі ризику падінь, втрати функцій та змін у когнітивній діяльності, а також серцевих, легневих і судинних невідкладних станів;

– *adverse drug interactions* “unintended, harmful events attributed to the use of medicines – occur as a cause of and during a significant proportion of unscheduled hospital admissions” [60: URL] – *небажані взаємодії ліків*: (36) *This may help identify potential adverse drug interactions, as well as prescriptions of the same medication (or class) with different names* (ICEM: 11) – Це може допомогти

виявити потенційні небажані взаємодії ліків, а також рецепти тих самих ліків (або класу) з різними назвами.

Total rearrangement rearranges the inner form of any segment of text: starting with a word, a phrase and ending up with a complete sentence. Such reorganization is of an integral nature so that visible structural relationships between the inner form of the source and target languages segments cannot be traced any more. However, total rearrangement does not mean that logical and semantic relationships between the two segments disappear. If it were so, translation would not be faithful. On the contrary – full rearrangement presumes that equivalence of the content is retained in translation, though it is achieved by different means [26: 115–116].

In rendering medical terminology in specialized medical texts translation, total rearrangement is explanatory technique of translation similar to explication, regardless to the structure of the source language term, for example:

– *extremis* “in extreme circumstances, especially: at the point of death” [60: URL] – *критичний стан*: (8) *When patients present in extremis, the traditional approach to obtaining the patient’s history must be abandoned* (ICEM: 6) – Коли пацієнти знаходяться в критичному стані, слід відмовитися від традиційного підходу до збору анамнезу;

– *emergency physician* “a physician who works at an emergency department to care for ill patients” [60: URL] – *лікар швидкої допомоги*: (4) *Providing reassurance to patients, parents and families whenever possible is a critical function of emergency physicians* (ICEM: 3) – Надання впевненості пацієнтам, батькам і родинам, коли це можливо, є критично важливою функцією лікарів швидкої допомоги;

– *emergency patient* “an individual who is acutely ill, injured, or otherwise incapacitated or helpless and who requires emergency care” [60: URL] – *пацієнт, що поступив до відділення швидкої допомоги*: (12) *When approaching any emergency patient, providers should offer a brief introduction using the appropriate prefix (doctor or medical student) and relevant background information, such as their*

current level and specialty of training (ICEM: 6) – Звертаючись до будь-якого пацієнта, що поступив до відділення швидкої допомоги, лікарі повинні коротко представитися, використовуючи відповідний префікс (лікар або студент-медик) і відповідну довідкову інформацію, таку як поточний рівень і спеціальність підготовки;

– *traumatic brain injury* “an injury to the brain caused by an external force” [60: URL] – *черепно-мозкова травма*: (48) *Patients who are intoxicated may have additional reasons for combative behavior or altered mental status, including traumatic brain injury, hypoglycemia, hypothermia or other medical conditions, thus mandating a thorough evaluation* (ICEM: 14) – Пацієнти, які перебувають у стані алкогольного сп'яніння, можуть мати додаткові причини для агресивної поведінки або зміненого психічного стану, включаючи черепно-мозкову травму, гіпоглікемію, гіпотермію або інші захворювання, що вимагає ретельного обстеження.

Thus, the use of lexical and grammatical translation transformations when reproducing the medical terminology in specialized medical texts is justified by the lexical and grammatical differences between the source and the target language, when the target language lacks symmetrical means of expressing the concept verbalized by the term under consideration.

2.2.5 Complex application of translation transformations. In the course of translating medical terminology in specialized medical texts, there are cases when several translation transformations are required which is complex application of translation transformations.

There are the following examples of complex application of translation transformations:

1) use of **differentiation and transliteration**:

– *associated symptoms* “other signs/symptoms that occur when the problem, symptom or pain occurs” [60: URL] – *супутні симптоми*, where *associated* – *пов'язаний*, *супутній* is differentiated, and *symptom* is transliterated: (15) Associated

symptoms are important, as many diseases have a specific collection of symptoms associated with them (ICEM: 7) – Супутні симптоми важливі, оскільки багато захворювань мають особливий набір пов'язаних із ними симптомів;

– *constellation of associated symptoms* “complex of other signs/symptoms that occur when the problem, symptom or pain occurs” [60: URL] – сузір'я супутніх симптомів, where *associated* – пов'язаний, *супутній*, *constellation* – пучок, *сузір'я* are differentiated, and *symptom* is transliterated: (16) *The concept of parsimony is an important one, in which a diagnosis has a higher likelihood of being correct if one disease can be used to explain the entire constellation of associated symptoms* (ICEM: 7) – Важливою є концепція скупості, згідно з якою діагноз має більшу ймовірність бути правильним, якщо одне захворювання може бути використано для пояснення всього сузір'я супутніх симптомів;

– *metabolic derangements* “a clinically significant complication of major trauma (e.g., burn injury) and include various aspects of metabolism, such as insulin resistance, muscle wasting, mitochondrial dysfunction and hyperlactatemia” [60: URL] – метаболічні порушення, where *metabolic* is transliterated, and *derangements* – безладдя, плутанина, *порушення* is differentiated: (50) *This also holds true for intoxicated patients (drugs or alcohol), as concomitant brain injury or metabolic derangements as an explanation for alterations of mental status or behavior are “present until proven otherwise”* (ICEM: 15) – Це також стосується пацієнтів у стані алкогольного сп'яніння (наркотики чи алкоголь), оскільки супутня травма головного мозку або метаболічні порушення як пояснення змін психічного стану чи поведінки «існують, доки не буде доведено протилежне»;

2) use of **replacement and substantiation** like when rendering term *immune-compromised patients* “having a weakened immune system” [60: URL] – пацієнти з ослабленим імунітетом, where compound adjective *immune-compromised* is replaced by word combination, and *compromised* is specified as *ослаблений*: (18) *This is also true for immune-compromised patients and others without physiologic reserve (morbidly obese, postoperative, malnourished, diabetic, steroid-dependent, or often those with mental illness)* (ICEM: 7) – Це також стосується пацієнтів із

ослабленим імунітетом та інших осіб без фізіологічного резерву (хворобливе ожиріння, післяопераційні, недоїдаючі, діабетики, стероїдозалежні або часто люди з психічними захворюваннями);

3) use of **antonymous translation and addition**, for example, *emergency department* “a medical treatment facility specializing in emergency medicine, the acute care of patients who present without prior appointment; either by their own means or by that of an ambulance” [60: URL] – відділення невідкладної допомоги, where *emergency* is rendered by antonymous translation as *невідкладна*, and *допомога* is added: (1) *The emergency department (ED) is an extremely challenging environment for patients, families, and medical personnel* (ICEM: 3) – Відділення невідкладної допомоги є надзвичайно складним середовищем для пацієнтів, їх сімей і медичного персоналу;

4) use of **antonymous translation and omission**, for example, *emergency medical condition* “an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm” [60: URL] – *невідкладний стан*, where *emergency* is rendered by antonymous translation as *невідкладний*, and *medical* is omitted: (43) *Federal law prohibits EDs from turning away patients without first performing a medical screening examination (MSE) to evaluate for an emergency medical condition (EMC)* (ICEM: 13) – Федеральний закон забороняє лікарям швидкої допомоги відмовляти пацієнтам без попереднього медичного скринінгового огляду (МСО) для оцінки невідкладного стану (НС).

5) use of **transliteration and addition**, for example, *cervical spine immobilization* “a cornerstone of spinal injury management; in the context of suspected cervical spine injury, patients are immobilized in a ‘neutral position’ based on the head and trunk resting on a flat surface” [60: URL] – імобілізація шийного відділу хребта, where *immobilization* is transliterated, and *відділу* is added due to the lexical norms of the target language: (26) *Cervical spine immobilization and protection is part of the primary survey* (ICEM: 11) – Частиною первинного обстеження є імобілізація та захист шийного відділу хребта;

6) use of **transliteration and replacement**, for example, *reflex sympathetic dystrophy* “chronic condition characterized by severe burning pain, most often affecting one of the extremities (arms, legs, hands, or feet)” [60: URL] – *рефлекторна симпатична дистрофія*, where stems of the component of the term are transliterated, and noun *reflex* is substituted by adjective *рефлекторна*: (44) *Conditions such as reflex sympathetic dystrophy (RSD), fibromyalgia, postherpetic neuralgia, claudication, osteomyelitis, abscess, or psychosocial conditions such as abuse or depression may not have been considered during prior visits* (ICEM: 13) – Такі стани, як рефлекторна симпатична дистрофія (РСД), фіброміалгія, постгерпетична невралгія, кульгавість, остеомієліт, абсцес або психосоціальні стани, такі як жорстоке поводження чи депресія, могли не бути виявлені під час попередніх візитів.

Thus, such cases of complex application of translation transformations are revealed: differentiation and transliteration, replacement and substantiation, antonymous translation and addition, antonymous translation and omission, transliteration and addition, and transliteration and replacement.

The conducted research allowed obtaining quantitative information presented in Table 2.1.

Table 2.1

Means of rendering medical terminology in specialized medical texts

Means of translation	Number	Share
1. Equivalents	3	6%
2. Translation transformations	47	94%
a) lexical	18	36%
<i>transcription</i>	2	4%
<i>transliteration</i>	12	24%
<i>loan translation</i>	4	8%
b) lexical and semantic	9	18%
<i>differentiation</i>	5	10%
<i>generalization</i>	1	2%
<i>substantiation</i>	1	2%

Continuation of Table 2.1

Means of translation	Number	Share
<i>modulation</i>	2	4%
c) grammatical	6	12%
<i>replacements</i>	3	6%
<i>addition</i>	1	2%
<i>omission</i>	2	4%
d) lexical and grammatical	6	12%
<i>antonymous translation</i>	2	4%
<i>total rearrangement</i>	4	8%
e) complex of transformations	8	16%
<i>differentiation and transliteration</i>	3	6%
<i>replacement and substantiation</i>	1	2%
<i>antonymous translation and addition</i>	1	2%
<i>antonymous translation and omission</i>	1	2%
<i>transliteration and addition</i>	1	2%
<i>transliteration and replacement</i>	1	2%
Total	50	100%

The conducted research thus revealed that medical terminology in specialized medical texts is mostly represented in translation using lexical translation transformations (36%), in particular, transliteration (24%), wide application of which is connected with the fact that many English medical terms are based on Greek and Latin borrowings, and the mentioned languages are international languages of science.

CONCLUSIONS

A term is a special word limited by its special purpose and status; a word or phrase that tends to be unambiguous, clear, and reasonable when expressing concepts and naming things. A medical term is a constituent of medical terminological system, a component of special professional knowledge, a complex of terminologies of a large number of medical and biological, clinical and pharmaceutical disciplines. Medical terms are special words or word combinations that give an exact definition or explanation of subjects and actions in the field of medicine.

Translation of medical terminology is always due to such factors as extensive use of shortenings and abbreviations, constant replenishment of medical vocabulary, ambiguity of terms, insufficient work on organizing terminology and compiling special dictionaries, as well as the presence of “temporarily non-equivalent” terms.

Medical discourse is institutional discourse and is characterized by certain specific features. Modern medical discourse is a discourse that was formed thanks to the structural organization of medicine and is based on stereotypes of the behavior of its participants in view of social and role characteristics, communicative and structural-semantic features. Types of medical discourse include discrete (“specialist – specialist”) and indiscrete (“specialist – non-specialist”). The characteristic features of discrete medical discourse are authorship by people directly connected with medicine, students and medical workers as target audience, extralingual information illustrating the verbal one, lack of tropes and figures of speech, the use of vocabulary important for medicine (e.g., euphemisms, terminology, abbreviations).

Medical terms presented in specialized medical texts are rendered in translation using translation transformations and equivalents (6%). Mostly, these are translation transformations (94%), in particular, lexical ones (36%) appropriate in the case of translating terms that can be understood taking into account their sound / graphic form or through understanding the meaning of their components or have a semantically transparent structure. Quite often (18%), medical terms are rendered using lexical and semantic transformations in cases where the components of

terminological units have slightly blurred boundaries during translation, which requires clarification, expansion or modification of the meaning of the terminological unit or its component during translation. This group of transformations is mostly presented by differentiation (10%) aimed at clarifying the meaning of the term or its component according to its conceptual content and composition. The cases of complex application of translation transformations are also numerous (16%), especially, combining differentiation and transliteration (6%) as combining transcoding with clarifying the meaning of the component of the term.

The use of equivalents is the most effective but still not frequent means of translating medical terminology in specialized medical texts (6%). Such a situation is connected with the different chronological framework of the developing of medicine in Ukraine and English-speaking countries as Ukrainian medical terminology often borrowed terms from other languages.

The conducted research allowed revealing the wide prospects for further study. In particular, a promising direction is determining the specifics of translating the terms belonging to different spheres of medicine. Moreover, there is a need to trace the peculiarities of medical terms translation in different discourses, such as medical, political and literary ones.

BIBLIOGRAPHY

1. Абабілова Н. М., Білокамінська В. Л. Особливості перекладу термінів українською мовою. *Молодий вчений*. 2015. № 2 (17). С. 126–128.
2. Артеменко Т. С. Англійська лінгвістична термінологія (аспекти практичної лексикографії). Кривий Ріг: Криворізький державний педагогічний університет, 2022. 58 с.
3. Белосвет О. В. Особливості перекладу термінів оподаткування. *Бізнес-Інформ*. 2011. № 4. С. 113–114.
4. Борисевич І. П. Термінознавство та особливості перекладу термінів українською мовою. *Вісник Дніпропетровського університету економіки та права імені Альфреда Нобеля*. 2012. № 2 (4). С. 224–229.
5. Васильєва В. В. Роль греко-латинських терміноелементів у формуванні медичної термінології. *Матеріали Всеукраїнської студентської науково-практичної конференції*. Харків: ХНМУ, 2018. С. 14–16.
6. Верховцова О. М. Труднощі перекладу французької юридичної термінології українською мовою. *Science Review*. 2018. Вип. 7. № 3 (10). С. 37–40.
7. Волошина О. В., Агеєв І. В. Особливості уніфікації медичної термінології на прикладі терміну «plaque». *Науковий вісник ДДПУ імені І. Франка. Серія «Філологічні науки». Мовознавство*. 2019. № 12. С. 15–21.
8. Герасімова О. М. Особливості перекладу термінів (на прикладі прикордонного дискурсу). *Науковий вісник Міжнародного гуманітарного університету. Сер.: Філологія*. 2016. № 22. С. 180–182.
9. Головін В. М. Переклад економічної термінології. Київ: Наука, 2005. 187 с.
10. Д'яков А. С., Кияк Т. Р., Куделько З. Б. Основи термінотворення: Семантичні та соціолінгвістичні аспекти. Київ: Academia, 2000. 256 с.

11. Дев'ятко Ю. С. Стоматологічна термінолексика: впорядкування та проблеми англо-українського перекладу. *Слов'янський збірник*. 2014. С. 328–336.
12. Дорошенко С. М. Українська термінологія нафтогазової промисловості: становлення і розвиток. Полтава: Видво ПолтНТУ, 2013. 137 с.
13. Дудок Р. І. Проблема значення та смислу терміна в гуманітарних науках. Львів: Вид-во ЛНУ, 2009. 358 с.
14. Єщенко Т. Медичний термін як засіб лексичного вираження текстової категорії інформативність. *Вісник*. 2018. № 890. С 42–45.
15. Зубова Л. Ю. До питання про особливості та труднощі перекладу англійських медичних скорочень. *Вісник ВП. Серія «Лінгвістика та міжкультурна комунікація»*. 2005. № 2. С. 113–116.
16. Квітко І. С. Термін у науковому документі. Львів: Вища школа, 1976. 128 с.
17. Кияк Т. Р. Функції та переклад термінів у фахових мовах. *Вісник Житомирського державного університету імені Івана Франка*. 2007. № 32. С. 104–108.
18. Коваленко А. Я. Загальний курс науково-технічного перекладу. Київ: ІНКІОС, 2002. 317 с.
19. Копіца Є. П. Аналіз термінологічних номінантів: шлях оптимізації навчального процесу з латинської мови. *Наука і освіта*. 2009. № 7. С. 105–106.
20. Крижанівська А. Г., Симоненко Л. О. Актуальні проблеми упорядкування наукової термінології. Київ: Освіта, 1987. 268 с.
21. Крижко О. Поняття терміносистеми у сучасній лінгвістичній науці. *Наукові записки БДПУ. Серія: Філологічні науки*. 2018. № 17. С. 26–35.
22. Куньч З. Й. Найважливіші аспекти вивчення термінної лексики зі студентами інженерно-технічних спеціальностей. *Вісник університету імені Альфреда Нобеля. Серія «Філологічні науки»*. 2022. № 1 (23). С. 175–183.
23. Литвиненко Н. П. Медичний дискурс у системі фахової комунікації. *Наукові записки. Серія: філологічні наук*. 2015. № 138. С. 26–29.

24. Литвиненко Н. П. Сучасний український медичний дискурс: автореф. дис. на здоб. наук. ступеня доктора філолог. наук: 10.02.01 «Українська мова» / Національна академія наук України інститут української мови. Київ, 2010. 37 с.
25. Любченко М. І. Юридична термінологія: поняття, особливості, види: монографія. Харків: ТОВ «Видавництво права людини», 2015. 280 с.
26. Максимов С. Є. Практичний курс перекладу (англійська та українська мови). Київ: Ленвіт, 2006. 175 с.
27. Михайлова О. Г., Сидоренко А. А., Сухопар В. Ф. Українська наукова термінологія. Харків: НТУ ХПІ, 2002. 119 с.
28. Міщенко Н. Способи перекладу термінології сфери практичної психології та соціальної педагогіки. URL: http://dspace.udpu.org.ua:8080/jspui/bitstream/6789/1012/1/pereklad_terminol_ped_sphrery.pdf.
29. Нікітенко Е. Сучасна медична термінологія в національній терміносистемі. URL: http://www.zgia.zp.ua/gazeta/InternetKonf_2016_292.pdf.
30. Овсієнко Л. М. Термін як складник різних терміносистем. *Вчені записки ТНУ імені В. І. Вернадського. Серія: Філологія. Журналістика*. 2022. Т. 33 (72). № 1. Ч. 1. С. 72–77.
31. Рожков Ю. Г. Труднощі перекладу ветеринарної лексики з англійської на українську мову (на матеріалі довідників з анатомії свійських тварин). *Науковий вісник Міжнародного гуманітарного університету. Серія: Філологія*. 2019 № 41 Т. 1. С. 137–140.
32. Савицька Л. В. Особливості перекладу англійських економічних термінів українською мовою. *Лінгвістичні дослідження*. 2013. № 35. С. 252–257.
33. Філюк Л. М. Моделювання тезаурусу української медичної термінології. *Мова*. 2016. № 25. С. 94–98.
34. Хацер Г. О. Особливості перекладу термінологічної лексики на прикладі текстів медичного спрямування. *Наукові записки НДУ ім. М. Гоголя. Філологічні науки*. 2013. Книга 3. С. 151–154.
35. Циткіна Ф. А. Термінологія й переклад. Львів: ВЛП, 2003. 187 с.

36. Шаніна О. С. Медичний дискурс: комунікативно-прагматичний і сугестивний аспекти: дис. на здоб. наук. ступеня доктора філолог. наук: 10.02.01 «Українська мова» / Одеський національний університет імені І. І. Мечникова. Одеса, 2015. 254 с.

37. Якимчук Р. О. Особливості перекладу медичної лексики українською мовою. *Тридцята всеукраїнська практично-пізнавальна інтернет-конференція. Наукова думка сучасності і майбутнього*. Дніпро, 2019. С. 16–20.

38. Ainslie M. A., Halvorsen M. B., Robinson S. P. A Terminology Standard for Underwater Acoustics and the Benefits of International Standardization. *IEEE Journal of Oceanic Engineering*. 2002. Vol. 47 (1). P. 179–200.

39. Antia B. E. Competence and quality in the translation of specialized texts: investigating the role of terminology resources. *Quaderns. Revista de traducció*. 2001. Vol. 6. P. 16–21.

40. Carter-Thomas S. Specialised syntax for specialised texts? A comparison of the preferred syntactic patterns in proceedings article and conference presentation introductions. *Colloque GLAT Barcelone*. 2009. Vol. 2. P. 11–21.

41. Dijk T.A. van. *Ideology: A Multidisciplinary Approach*. London: Sage, 1998. 374 p.

42. Gauton R., Taljard E., De Schryver G.-M. Towards Strategies for Translating Terminology into all South African Languages: A Corpus-based Approach. *TAMA 2003 South Africa: Conference Proceedings*. Ed. by G.-M. De Schryver. Pretoria: (SF)² Press, 2003. P. 81–88.

43. Gotti M. Specialized Discourse. Linguistic Features and Changing Conventions. URL: <http://tesl-ej.org/ej29/r10.html>.

44. Herman M. Technical Translation Style: Clarity, Concision, Correctness. *Scientific & Technical Translation: American Translators' Association Scholarly Monograph Series*. 1993. Vol. VI. P. 10–26.

45. Hermans J., Lambert J. From Translation Markets to Language Management: The Implications of Translation Services. *Target*. 1998. Vol. 10. No. 1. P. 113–132.

46. Insights into Specialized Translation. Ed. by M. Gotti, S. Sarcevic. Bern: Peter Lang, 2006. 396 p.
47. Investigating Specialized Discourse. Ed by M. Gotti. Bern: Peter Lang, 2008. 240 p.
48. Karwacka W. Quality assurance in medical translation. *The Journal of Specialised Translation*. 2014. Vol. 21. P. 19–34.
49. Keinänen S. A metalinguistic analysis of the terminology of evidential categories: Experiential, conjecture or deduced? *Folia Linguistica*. 2021. Vol. 55 (2). P. 547–587.
50. Lee-Jahnke H. Teaching medical translation: an easy job? *Panace@*. 2005. Vol. 6. No. 20. P. 81–84.
51. Pearson J. Terms in Context. Amsterdam: John Benjamins, 1998. 250 p.
52. Rask N. Analysis of a Medical Translation Terminology and cultural aspects. URL: <http://lnu.diva-portal.org/smash/get/diva2:206300/FULLTEXT01>.
53. Stubbs M. Discourse analysis: the sociolinguistic analysis of natural language. Oxford: Blackwell, 1983. 272 c.
54. Waitzkin H. A Critical Theory of Medical Discourse: Ideology, Social Control, and the Processing of Social Context in Medical Encounters. *Journal of Health and Social Behavior*. 1989. Vol. 30. P. 220–239.
55. Wilce J. M. Medical Discourse. *Annual Review of Anthropology*. 2009. Vol. 38. P. 199–215.
56. Wüster E. The road to Infoterm: Infoterm Series 1. München: Verlag Documentation, 1974. 150 p.

LIST OF REFERENCE SOURCES

57. Загнітко А. Словник сучасної лінгвістики: поняття і терміни. Т. 4. Донецьк: ДНУ, 2012. 388 с.
58. Селіванова О. О. Сучасна лінгвістика: Термінологічна енциклопедія. Полтава: Довкілля-К, 2006. 716 с.

59. Crystal D. Encyclopedia of the English Language. Cambridge: Cambridge University Press, 1997. 490 p.
60. Medical Dictionary of Health Terms. URL: <https://www.health.harvard.edu/>.

LIST OF DATA SOURCES

(ICEM) – An Introduction to Clinical Emergency Medicine. 2nd ed. Ed. by S. V. Mahadevan, G. M. Garmel. Cambridge: Cambridge University Press, 2012. 912 p.

ANNEX

Medical terminology in specialized texts in context and its translation

No.	Text	Translation
1.	<i>The emergency department (ED) is an extremely challenging environment for patients, families, and medical personnel (ICEM: 3).</i>	Відділення невідкладної допомоги є надзвичайно складним середовищем для пацієнтів, їх сімей і медичного персоналу.
2.	<i>Their needs may be as straightforward as a note excusing them from work or a prescription refill in the middle of the night, or as complex as an <u>acute illness</u> or injury, an exacerbation of a chronic condition, or a cry for help if depressed or suicidal (ICEM: 3).</i>	Їхні потреби можуть бути такими ж простими, як лікарняний лист на роботу чи поповнення аптечки за рецептом посеред ночі, або такими складними, як <u>гостра хвороба</u> чи травма, загострення хронічного захворювання чи крик про допомогу в разі депресії чи суїциду.
3.	<i>In their own way, patients almost always seek reassurance about something – is their child’s fever dangerous, their headache cancer, or their <u>abdominal pain</u> appendicitis? (ICEM: 3)</i>	По-своєму, пацієнти майже завжди шукають заспокоєння щодо чогось – чи небезпечна лихоманка їхньої дитини, чи їх головний біль викликаний раком, чи <u>біль у животі</u> є ознакою апендициту?
4.	<i>Providing reassurance to patients, parents and families whenever possible is a critical function of <u>emergency physicians</u> (ICEM: 3).</i>	Надання впевненості пацієнтам, батькам і родинам, коли це можливо, є критично важливою функцією <u>лікарів швидкої допомоги</u> .
5.	<i>In addition to these traits, EPs must be experts in both medical and <u>trauma</u></i>	Крім цих якостей, лікарі швидкої допомоги повинні бути фахівцями

	<i>resuscitation of adults and children (ICEM: 3).</i>	як з медичної, так і з <u>травматологічної реанімації</u> дорослих і дітей.
6.	<i>The patient's <u>history</u> has always been considered one of the most important elements in determining a final diagnosis (ICEM: 6).</i>	<u>Анамнез</u> пацієнта завжди вважався одним із найважливіших елементів у визначенні остаточного діагнозу.
7.	<i>It is accepted that the history (and <u>physical examination</u>) can determine the diagnosis in up to 85% of patients (ICEM: 6).</i>	Прийнято вважати, що анамнез (і <u>фізикальне обстеження</u>) можуть визначити діагноз до 85% пацієнтів.
8.	<i>When patients present in <u>extremis</u>, the traditional approach to obtaining the patient's history must be abandoned (ICEM: 6).</i>	Коли пацієнти знаходяться в <u>критичному стані</u> , слід відмовитися від традиційного підходу до збору анамнезу.
9.	<i>EPs are forced to rely on <u>clinical assessment and impression</u>, and utilize important diagnostic studies during their decision making (ICEM: 6).</i>	Лікарі швидкої допомоги змушені покладатися на <u>клінічну оцінку</u> та спостереження та використовувати важливі діагностичні дослідження під час прийняття рішень.
10.	<i>Studies that assist in establishing a final diagnosis, such as an <u>electrocardiogram (ECG)</u>, glucose, urine dipstick, and other point-of-care (bedside) tests, can be obtained while gathering historical data (ICEM: 6).</i>	Дослідження, які допомагають у встановленні остаточного діагнозу, такі як <u>електрокардіограма (ЕКГ)</u> , вимірювання глюкози, тест-смужка сечі та інші тести на місці (біля ліжка), можна отримати під час збору анамнезу.
11.	<i>Fortunately, having a final diagnosis is not always necessary, as an</i>	На щастя, встановлення остаточного діагнозу не завжди є

	<i>appropriate disposition with follow-up evaluation and tests during hospitalization or as an <u>outpatient</u> may be of much greater importance (ICEM: 6).</i>	необхідним, оскільки відповідна диспозиція з подальшим обстеженням і аналізами під час госпіталізації або <u>амбулаторного лікування</u> може мати набагато більше значення.
12.	<i>When approaching any <u>emergency patient</u>, providers should offer a brief introduction using the appropriate prefix (doctor or medical student) and relevant background information, such as their current level and specialty of training (ICEM: 6).</i>	Звертаючись до будь-якого <u>пацієнта, що поступив до відділення швидкої допомоги</u> , лікарі повинні коротко представитися, використовуючи відповідний префікс (лікар або студент-медик) і відповідну довідкову інформацію, таку як поточний рівень і спеціальність підготовки.
13.	<i>Examples include a strong family history of cardiac or thromboembolic disease, appendicitis, gallbladder disease, <u>bleeding disorders</u>, or cancer (ICEM: 7).</i>	Приклади включають важку сімейну історію серцевих або тромбоемболічних захворювань, апендициту, хвороб жовчного міхура, <u>розладів згортання крові</u> або раку.
14.	<i>Social history includes the patient's living situation; marital status; use or abuse of tobacco, alcohol, and/or drugs; occupation; and handedness (in the setting of neurologic disease or <u>extremity trauma</u>) (ICEM: 7).</i>	Соціальний анамнез включає життєву ситуацію пацієнта; сімейний стан; вживання або зловживання тютюном, алкоголем та/або наркотиками; рід занять; і рухливість (на тлі неврологічного захворювання або <u>травми кінцівки</u>).
15.	<i><u>Associated symptoms</u> are important,</i>	<u>Супутні симптоми</u> важливі,

	<i>as many diseases have a specific collection of symptoms associated with them (ICEM: 7).</i>	оскільки багато захворювань мають особливий набір пов'язаних із ними симптомів.
16.	<i>The concept of parsimony is an important one, in which a diagnosis has a higher likelihood of being correct if one disease can be used to explain the entire <u>constellation of associated symptoms</u> (ICEM: 7).</i>	Важливою є концепція скупості, згідно з якою діагноз має більшу ймовірність бути правильним, якщо одне захворювання може бути використано для пояснення всього <u>сузір'я супутніх симптомів</u> .
17.	<i>Additional caution is needed when evaluating patients at the extremes of age (newborn and elderly), as the likelihood of serious infection and <u>coexisting conditions</u> is greatly increased (ICEM: 7).</i>	Необхідна додаткова обережність при оцінці пацієнтів у крайньому віці (новонароджені та літні), оскільки ймовірність серйозної інфекції та <u>супутніх захворювань</u> значно підвищується.
18.	<i>This is also true for <u>immune-compromised patients</u> and others without physiologic reserve (morbidly obese, postoperative, malnourished, diabetic, steroid-dependent, or often those with mental illness) (ICEM: 7).</i>	Це також стосується <u>пацієнтів із ослабленим імунітетом</u> та інших осіб без фізіологічного резерву (хворобливе ожиріння, післяопераційні, недоїдаючі, діабетики, стероїдозалежні або часто люди з психічними захворюваннями).
19.	<i>In addition, concentrating on associated <u>organ systems</u> that may have a role in the illness is recommended (ICEM: 8).</i>	Крім того, рекомендується зосередитися на пов'язаних <u>системах органів</u> , які можуть відігравати роль у розвитку хвороби.
20.	<i>In fact, establishing a comprehensive</i>	Насправді встановлення всебічного

	<i>differential diagnosis for each complaint and examining areas of the body that may contribute to it allow EPs to prioritize the likelihood of other diagnoses causing the symptoms (ICEM: 8).</i>	диференційного діагнозу для кожної скарги та дослідження ділянок тіла, які можуть сприяти цьому, дозволяють лікареві визначити ймовірності інших діагнозів, що викликають наявні симптоми.
21.	<i>General appearance is particularly important in the pediatric population, as social interaction, alertness, playfulness, physical activity (including strength of cry), <u>respiratory effort</u> and hydration status (e.g., amount of tears) are significant findings that can be identified within moments (ICEM: 8)</i>	Загальний вигляд особливо важливий для педіатричної популяції, оскільки соціальна взаємодія, уважність, грайливість, фізична активність (включаючи силу крику), <u>дихальне зусилля</u> та стан гідратації (наприклад, кількість сліз) є важливими показниками, які можна визначити за кілька хвилин.
22.	<i>As such, it is imperative that EPs have a notion of pretest probability, including <u>disease incidence</u> and prevalence, and the sensitivity, specificity, positive and negative predictive values, and accuracy of the tests they are ordering (ICEM: 10).</i>	Таким чином, необхідно, щоб ЕР мали поняття передтестової ймовірності, включаючи <u>захворюваність</u> і поширеність захворювання, а також чутливість, специфічність, позитивні та негативні прогностичні значення та точність тестів, які вони замовляють.
23.	<i>Attention to the <u>ABCs (airway, breathing, circulation)</u> is critical, as is having the correct personnel, equipment, and monitoring available (ICEM: 11).</i>	Увага до <u>дихальних шляхів, дихання, кровообігу</u> є критично важливою, як і наявність відповідного персоналу, обладнання та моніторингу.

24.	<i>Much of this process occurs simultaneously, often automatically, with more than one <u>health care provider</u> involved (ICEM: 11).</i>	Значна частина цього процесу відбувається одночасно, часто автоматично, із залученням кількох <u>постачальників медичних послуг</u> .
25.	<i>While nurses and techs measure vital signs, connect patients to monitors, and start <u>peripheral intravenous (IV) catheters</u> for blood draw and circulatory access, physicians can intervene with airway management and assess breathing and circulation (ICEM: 11).</i>	У той час як медсестри та техніки вимірюють життєві показники, підключають пацієнтів до моніторів і запускають <u>периферичні внутрішньовенні (ВВ) катетери</u> для забору крові та доступу до кровообігу, лікарі можуть втрутитися в управління дихальними шляхами та оцінити дихання та кровообіг.
26.	<i><u>Cervical spine immobilization</u> and protection is part of the primary survey (ICEM: 11).</i>	Частиною первинного обстеження є <u>імобілізація</u> та захист <u>шийного відділу хребта</u> .
27.	<i>When caring for pediatric patients, current literature demonstrates that family members' presence during resuscitation efforts or <u>invasive procedures</u> is extremely important, provided their presence does not interfere with medical care delivery (ICEM: 11).</i>	Щодо педіатричних пацієнтів сучасна література демонструє, що присутність членів родини під час реанімаційних заходів або <u>інвазивних процедур</u> є надзвичайно важливою, за умови, що їх присутність не заважає наданню медичної допомоги.
28.	<i>Attempts should be made as quickly as possible to learn this information from the patient, <u>prehospital care providers</u>, family members, nursing home or</i>	Необхідно якомога швидше отримати цю інформацію від пацієнта, <u>надавачів догоспітальної допомоги</u> , членів сім'ї, будинку

	<i>skilled facilities (ICEM: 11).</i>	престарілих або кваліфікованих закладів.
29.	<i>Adequate <u>pain control</u> is an important element of EM practice (ICEM: 11).</i>	Адекватний <u>контроль болю</u> є важливим елементом роботи лікаря швидкої допомоги.
30.	<i>This is true not only for patients presenting with abdominal pain, but in patients with traumatic injuries who would benefit from adequate <u>analgesia</u> (ICEM: 11).</i>	Це вірно не лише для пацієнтів із болем у животі, але й для пацієнтів із травматичними ушкодженнями, яким було б корисно адекватне <u>знеболення</u> .
31.	<i>Reassess patients after each intervention, whether following <u>intubation</u> for airway control or the administration of analgesia (ICEM: 11).</i>	Повторно оцінюйте пацієнтів після кожного втручання, чи після <u>інтубації</u> для контролю дихальних шляхів, чи після введення знеболювального.
32.	<i>Continued reassessment of all patients is critical, particularly the sickest or those at greatest risk of <u>decompensating</u> (ICEM: 11).</i>	Постійне повторне обстеження всіх пацієнтів є критично важливим, особливо найхворіших або тих, хто має найбільший ризик <u>декомпенсації</u> .
33.	<i>All patients should be treated sensitively, with attention paid to their fears and <u>anxieties</u> (ICEM: 11).</i>	До всіх пацієнтів слід ставитися чуйно, з увагою ставитися до їхніх страхів і <u>тривоги</u> .
34.	<i>Geriatric patients are at risk for falls, functional decline, and changes in cognition, as well as cardiac, pulmonary and <u>vascular emergencies</u> (ICEM: 11).</i>	Пацієнти літнього віку знаходяться в групі ризику падінь, втрати функцій та змін у когнітивній діяльності, а також серцевих, легеневих і <u>судинних невідкладних станів</u> .

35.	<i>Polypharmacy is a frequent concern, and therefore increases the likelihood of <u>drug-drug interactions</u> (ICEM: 11).</i>	Поліпрагмазія є частою проблемою, а отже, збільшується ймовірність <u>взаємодії між лікарськими засобами</u> .
36.	<i>This may help identify potential <u>adverse drug interactions</u>, as well as prescriptions of the same medication (or class) with different names (ICEM: 11).</i>	Це може допомогти виявити потенційні <u>небажані взаємодії ліків</u> , а також рецепти тих самих ліків (або класу) з різними назвами.
37.	<i>Many drugs interact with <u>warfarin</u>, a common prescription in the geriatric population (ICEM: 11).</i>	Багато ліків взаємодіють з <u>варфарином</u> , який часто призначають людям літнього віку.
38.	<i>It is therefore important to check these and consider outpatient referrals to <u>optometry</u> or <u>audiometry</u> (ICEM: 12).</i>	Тому важливо перевірити їх і розглянути можливість амбулаторного направлення на <u>оптометрію</u> або <u>аудиометрію</u> .
39.	<i>Difficulties with eyesight may result in the inability to read food labels or medication instructions, especially <u>insulin</u> doses (ICEM: 12).</i>	Проблеми із зором можуть призвести до неможливості прочитати етикетки харчових продуктів або інструкції до ліків, особливо дозування <u>інсуліну</u> .
40.	<i>Driving abilities may be impaired by visual difficulties or by <u>arthritis</u> (which makes it difficult to change lanes), muscle power (required for defensive maneuvers), fine motor control, coordination, or response time (to avoid collisions) (ICEM: 12).</i>	Здібності водіння можуть бути порушені через проблеми із зором або <u>артрит</u> (що ускладнює зміну смуги руху), м'язовою силою (необхідною для маневрів), дрібною моторикою, координацією або часом реакції (щоб уникнути зіткнень).

41.	<i>A dietician or <u>nutritionist</u> can discuss healthy eating habits with elderly patients (ICEM: 12).</i>	Лікар-дієтолог або <u>нутріціоніст</u> може обговорити з літніми пацієнтами здорові харчові звички.
42.	<i>Many hospitals and EDs have policies about providing <u>narcotic medication</u> to drug-seeking patients, or patients who have abused the system (ICEM: 13).</i>	Багато лікарень і лікарів швидкої допомоги мають політику надання <u>наркотичних препаратів</u> пацієнтам, які шукають наркотики, або пацієнтам, які вже порушували правила.
43.	<i>Federal law prohibits EDs from turning away patients without first performing a medical screening examination (MSE) to evaluate for an <u>emergency medical condition (EMC)</u> (ICEM: 13).</i>	Федеральний закон забороняє лікарям швидкої допомоги відмовляти пацієнтам без попереднього <u>медичного скринінгового огляду (МСО)</u> для оцінки <u>невідкладного стану (НС)</u> .
44.	<i>Conditions such as <u>reflex sympathetic dystrophy (RSD)</u>, <u>fibromyalgia</u>, <u>postherpetic neuralgia</u>, <u>claudication</u>, <u>osteomyelitis</u>, <u>abscess</u>, or <u>psychosocial conditions</u> such as <u>abuse</u> or <u>depression</u> may not have been considered during prior visits (ICEM: 13).</i>	Такі стани, як <u>рефлекторна симпатична дистрофія (РСД)</u> , <u>фіброміалгія</u> , <u>постгерпетична невралгія</u> , <u>кульгавість</u> , <u>остеомієліт</u> , <u>абсцес</u> або <u>психосоціальні стани</u> , такі як <u>жорстоке поводження</u> чи <u>депресія</u> , могли не бути виявлені під час попередніх візитів.
45.	<i>Often, police bring patients to the ED for <u>medical clearance</u> (ICEM: 13).</i>	Часто поліція доставляє пацієнтів до відділення невідкладної допомоги для <u>медичного огляду</u> .
46.	<i>This requires an EP to determine whether or not the patient's actions can be explained by a medical or</i>	Від лікаря швидкої допомоги вимагається визначити, чи можна дії пацієнта пояснити фізичним або

	<i>psychiatric condition</i> (ICEM: 13).	психіатричним захворюванням.
47.	<i>Police must be notified about all <u>violent injuries</u>, and may place patients in custody or take them from the ED to jail</i> (ICEM: 14).	Поліція повинна бути повідомлена про всі <u>насильницькі травми</u> , і вона може взяти пацієнтів під варту або доставити їх із відділення швидкої допомоги до в'язниці.
48.	<i>Patients who are intoxicated may have additional reasons for combative behavior or altered mental status, including <u>traumatic brain injury</u>, hypoglycemia, hypothermia or other medical conditions, thus mandating a thorough evaluation</i> (ICEM: 14).	Пацієнти, які перебувають у стані алкогольного сп'яніння, можуть мати додаткові причини для агресивної поведінки або зміненого психічного стану, включаючи <u>черепно-мозкову травму</u> , гіпоглікемію, гіпотермію або інші захворювання, що вимагає ретельного обстеження.
49.	<i>Since disposition strategies for certain conditions vary between hospitals and <u>admitting physicians</u>, it is a good idea for EPs to familiarize themselves with hospital or community practices</i> (ICEM: 14).	Оскільки стратегії лікування певних станів різняться між лікарнями та <u>приймаючими лікарями</u> , для лікарів швидкої допомоги доцільно ознайомитися з практикою лікарні чи громади.
50.	<i>This also holds true for intoxicated patients (drugs or alcohol), as concomitant brain injury or <u>metabolic derangements</u> as an explanation for alterations of mental status or behavior are “present until proven otherwise”</i> (ICEM: 15).	Це також стосується пацієнтів у стані алкогольного сп'яніння (наркотики чи алкоголь), оскільки супутня травма головного мозку або <u>метаболічні порушення</u> як пояснення змін психічного стану чи поведінки «існують, доки не буде доведено протилежне».

РЕЗЮМЕ

Курсову роботу присвячено дослідженню структурно-семантичних особливостей перекладу медичної термінології на матеріалі англійськомовних фахових текстів. У ході роботи висвітлено основні етапи наукової думки в галузі вивчення медичної термінології, описано існуючі способи перекладу медичних термінів, проаналізовано зразок тексту медичного дискурсу і здійснено перекладацький аналіз фактичного матеріалу дослідження (медичних термінів у текстах фахового медичного дискурсу, усього 50 одиниць). Крім того, у курсовій роботі складено таблицю, що містить можливі способи перекладу медичних термінів у текстах фахового медичного дискурсу.

Ключові слова: переклад, перекладацький аналіз, термін, термінологія, терміносистема, медичний термін, медичний дискурс.