

## THE MEDICAL LITERATURE: EQUIVALENCE OF TRANSLATION

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## ТИББИЙ АДАБИЁТ: ТАРЖИМА ЭКВИВАЛЕНТЛИГИ

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## МЕДИЦИНСКАЯ ЛИТЕРАТУРА: ЭКВИВАЛЕНТНОСТЬ ПЕРЕВОДА

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**Abstract.** The purpose of this article is to analyze the translatic equivalence of medical dialogues from the textbook "Medicine Dialogues" by K.B. Shodmonov, M. Baratova, D. Razhabova, Nematova, taking into account the scientific and methodological bas the categories. The article provides an overview of the glossary and t to determine the semantic similarity of the source text and its translat The distribution of frequencies of using equivalent categories is du linguistic reasons, differences in grammatical structures, a variety of w combinations, differences in word order, etc. As a result of the analysis, most frequently used equivalence approaches in the scientific medical s of translation are defined in this article. In many dialogues, example translations of sentences at the level of medical words (terminolog units) are given due to the fact that in a scientific style a literal transla of the text is much preferable, since a scientific text requires clarity in presentation with the most complete correspondence of the translatio the original. This is due to the fact that in the second part of the textb where dialogues with a difficult level are given, detailed complex senter are often used, in addition, the original translation contains a large nun of terms that have completely different formulations in English. Low l of comprehension of the problem of translation equivalence lead: simplification of the perception of the essence of translation reduces



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explanatory power of analysis, its concrete phenomena and possibilities the linguo- translation studies in general, prevents the single scientific picture of translation as an object studied, in consequence of which perspective of its research is partly lost. In practical terms, the chief problem requires application of the results of research in the training works of translators, teachers and editors in assessing the quality translations. Achieving the equivalence of translation is the goal of medical interpreter.

**Keywords:** medical text; translation methods; categories of equivalence Uzbek; English; linguistics.

**Аннотация.** Ушбу мақоланинг мақсади К.Б. Шодмонов, М. Барат Д. Ражабова, З. Неъматова муаллифлигида chop этилган "Тибб мулоқотда" (2018) дарслигидаги категорияларнинг илмий -услугу базасини ҳисобга олган ҳолда тиббий диалогларнинг тарж эквивалентлигини таҳлил қилишдир. Мақолада манба матн ва ун таржимасининг семантик ўхшашлигини аниқлаш учун лугат матнлар ҳақида умумий маълумот берилган. Эквивалент тоифалар фойдаланиш частоталарининг тақсимланиши лингвистик сабаблар грамматик тузилмалардаги фарқларга, сўз бирикмаларининг хил хиллигига, сўз тартибидagi фарқларга ва ҳоказоларга боғлиқ. У1 мақолада таржима таърифи берилган. Кўпгина диалогларда тиб сўзлар (терминологик бирликлар) даражасидаги жумлала таржима қилиш мисоллари берилган, чунки илмий услубда мат сўзма -сўз таржима қилиш афзалроқдир, ва илмий матн уни тақ этишда аниқликни таржиманинг асл нусхага энг тўлиқ мос кели билан талаб қилади. Бу дарсликнинг иккинчи қисмида келтирил мураккаб диалогларда куп маротаба батафсил жумла ишлатилган, ундан ташқари оригинал таржимада инглиз тил мутлақо бошқа формулировкага эга жуда куп терминлар мавж Таржиманинг эквивалентлиги муаммосини етарли дараж англамаслик таржиманинг моҳияти ҳақидаги тасавву соддалашувиға олиб келади, таҳлилнинг тушунтириш кучини, ун аниқ ходисаларини ва умуман тилшунослик таржимасин имкониятларини пасайтиради, таржиманинг ягона ил манзарасини яратишга тусқинлик қилади, ўрганилаётган объ натижада унинг тадқиқот истиқболлари қисман йуқолади. Ама нуктаи назардан, танланган муаммо таржима сифатини баҳола таржимонлар, ўқитувчилар ва муҳаррирларнинг машғулотлари ишларида тадқиқот натижаларини қўллашни талаб қилади. Тиббий таржимоннинг мақсади-таржиманинг эквивалентлигига эришиш.

**Калит сўзлар:** тиббий матн; таржима усуллари; эквивалентлик тоифалари; ўзбек; инглиз тили; тилшунослик.

**Аннотация.** Целью статьи является анализ переводческой эквивалентности медицинских диалогов из учебника «Медицинских диалогов» К.Б. Шодмонова и др. с учетом научно-методической базы категорий. В статье представлен обзор глоссария и текстов определения смыслового сходства исходного текста и его перевода. Распределение частот использования эквивалентных категорий обусловлено лингвистическими причинами, различиями грамматических структурах, разнообразием словосочетаний различиями в порядке слов и т. д. В результате анализа определены наиболее часто используемые подходы эквивалентности в научном медицинском стиле. Во многих диалогах приводятся примеры переводов предложений на уровне медицинских терминов (терминологических единиц) в связи с тем, что в научном стиле дословный перевод текста намного предпочтительнее, так научный текст требует ясности в изложении с максимально полным соответствием перевода оригиналу. Это связано с тем, что во второй части учебника, где даются диалоги со сложным уровнем, ч

используются развернутые сложные предложения, кроме того оригинальном переводе содержится большое количество термины которые имеют совершенно разные формулировки на английском языке. Низкий уровень осмысления проблемы переводческой эквивалентности приводит к упрощению восприятия сути перевода снижает объяснительную силу анализа, его конкретных явлений возможностей лингвопереводоведения в целом, препятствует единой научной картине перевода как изучаемого объекта, вследствие чего частично теряется перспектива его исследования. На практике выбранная задача требует применения результатов исследований в обучении и трудах переводчиков, преподавателей и редакторов при оценке качества переводов. Достижение эквивалентности перевода – цель медицинского переводчика.

**Ключевые слова:** медицинский текст; методы перевода; категория эквивалентности; узбекский; английский; лингвистика.

**Introduction.** Comparative linguistics and linguistic translation studies are expected to make a great contribution to the development of the diverse problems of linguistic and cultural contacts and the elimination of linguistic and cultural barriers. Researchers of translation have long been using the results of comparative and typological research in their work. Translation is an extremely interesting source of data for general and especially comparative linguistics, making it possible to identify both the specificities of particular languages and their common qualities or universals more clearly. The course of this development, much terminology has come to be shared across the disciplines, while the continuing, independent or semi-independent development of the various disciplines has meant that many of the concepts underlying the shared terminology have developed in different directions; and the shared terminology often masks discipline specific notions (7, 1).

Among the scientific problems in which the interests of the above-mentioned disciplines cross over, the problem of equivalence in translation is relevant in the scientific-theoretical sense, because on the one hand, it has not been studied enough and on the other hand, it is very important for the translation studies, comparative linguistics and linguistics in general.

The problem of equivalence in translation occupies a central place in linguistic translation studies (8, 6) since the equivalence of the source and translated texts acts as a minimal, contiguous condition of translation (4, 2). The study of translational equivalence can not fail to be of interest to the comparative linguistics, as any comparison of two languages involves the consideration of their mutual translatability. However, translation competence, that is the professional translator's competence, differs from communicative competence in that it is expert knowledge (8, 4). Since any kind of linguistic analysis is based on the establishment of similarities and differences. An important task of this discipline is the comparative study of languages on a functional basis (11, 10). Obviously, that is where observations and conclusions translation studies can provide representatives of this discipline an invaluable help (13, 30).

The theoretical framework which contributed to the design and the structure of any medical translated document is the translation-process oriented framework of scientific-oriented translation (9), which is derived from the wider framework of Latin or Greek languages and which stands in the English functionalist views of translation studies (8, 38). In our view, this framework represents the best way to study and to model translation activity in the context of real-world situations. The superordinate framework of scientific medical cognition has developed an information processing model which explains human anatomy and human physiological processes

(for example, thinking, eating, speaking and etc.) not in terms of Latin or Greek general metaphors but which rather links these processes to the wider situation in which such human anatomy or any physiological processes take place. By claiming that medical terms only be exhaustively understood and described by taking such scientific factors into consideration, the paradigm of Greek or Latin standards goes beyond the models proposed by the preceding paradigms of computationalism and connectionism (3, 13–14). From a translational perspective, this paradigm allows us to understand how, for example, the use of medical instruments or various factors of the working medical equipment that were affected by the way translators process linguistic and extra-linguistic information. One of the main achievements of scholars working within the framework of scientific medical texts, medical translation and translation process research is arguably the development of various fine-grained models of translation competence (8, 60). These models attempt to answer the question: Which set of skills and knowledge do medical translators need in order to successfully perform a translation task? Most of the models developed so far share the assumption that translation competence is not a monolithic knowledge structure but rather a set of subcompetencies (for example, linguistic competence, domain knowledge or research skills) which interact with each other. It is these subcompetencies that informed the structure and the development of different modules for our analysis of the translated medical texts.

Before taking a closer look at translation techniques, it is vital to make a distinction between the terms translation techniques, translation methods and translation procedures which are often used synonymously although their meaning may differ. The analysis of the translated texts especially medical ones needs to discuss medical terms, the existing abbreviations, their common features and to decide on the medical terminology that will be applied within this analyzed book. Vinay and Dalbarnet (14, 84) distinguish between methods and procedures: “translators can choose from two methods of translating, namely direct, or literal translation and oblique translation [...] the first three procedures [borrowing, calque, literal translation] are direct and the others [transposition, modulation, equivalence] are oblique.” In turn, Bosco (2) uses the term techniques instead of Vinay and Dalbarnet’s (14) procedures. The author adds another procedure to the Oblique Translation method, namely compensation. With respect to terminology and definitions she remains faithful to Vinay and Dalbarnet (14). In Baker’s (1) Routledge Encyclopedia of Translation Studies, the terminology differs with every concept: adaptation is a “set of translative operations”, compensation and explication are seen as techniques, equivalence is defined only as a “concept”, and then discussed according to a number of scholars as either inferior or superior to translation. Kvetko (5, 15) does not use the term methods but rather speaks about types of translation. One may conclude that there are many translation scholars using these seemingly synonymous terms, however, none of them defines them. Instead, they rather let the readers acquire the basic meaning of them according to the examples and descriptions offered. This is different in Newmark (6, 81) who says that “while translation methods relate to whole texts, translation procedures are used for sentences and the smaller units of language”.

Low level of comprehension of the problem of translation equivalence leads to simplification of the perception of the essence of translation reduces the explanatory power of analysis, its concrete phenomena and possibilities of the linguo- translation studies in general, prevents the single scientific picture of translation as an object studied, in consequence of which the perspective of its research is partly lost.

In practical terms, the chosen problem requires application of the results of research in the training and works of translators, teachers and editors in assessing the quality of translations.

Achieving the equivalence of translation is the goal of the medical interpreter.

Insufficient research into translation equivalence is explained by its extremely complex multifactorial structure of medical texts, the exceptional diversity of its specific: semantic and structural terminology. Detailed development of the problem of equivalence could not be initiated until the necessary scientific knowledge about medicine literature had not been accumulated.

Views on the broad problematic of medical translation equivalence - translation terminology- evaluation of its quality are characterized by considerable heterogeneity and even contradiction, which is due not least to the divergence of views of researchers on the essence of medical translation.

As special research methods we used a comparative analysis of the medical texts of the originals and translations: V. N. Komissarov semiotic analysis of medical text content and the method of terminologic simulation were used as special methods of research. The material for comparative analysis was the text of the original and translation, mainly in Russian-English combinations of scientific and medical literature.

Considering the specifics of medical translation as a linguistic phenomenon occurring within the framework of professional communication, we can state that the achievement of equivalence in practice at different levels will depend on specific of the translator's goals and tasks. From this point of view, the study of medical translation techniques approaching equivalence in translation at certain levels is of practical value in the professional development of medical interpreters.

**Methods.** The present study was carried out within the framework of equivalence norms, studied by Vinay and Darbelnet, Jakobson, Nida and Taber, Catford, House, Baker. In particular, for Pym (12, 50) equivalence is a relation of “equal value” between origin and translated text and can be established on any linguistic level from form to function Based on the definition of equivalence as maximum possible linguistic proximity of a translation text to the original text (12,161) the authors distinguishes equivalence paradigms, by which he means of grammar and pragmatism between a translation and the original: communication purpose, identification, description method, syntactic structures, terminological paradigms (3, 72). It is noted that setting the task of achieving equivalence at the level of speech, the translator may neglect the equivalence of units at the level of language. Throughout all these years, with the development of translation studies as a scientific discipline, the approaches were re-determined, got new meanings, some of them ceased to be used for some time, then reappeared in the theoretical studies of various authors. All this led to the fact that a number of approaches and concepts of modern translation studies are used by translation theorists in different situations, getting new content, which naturally leads to a widening of the terminological apparatus (5, 73).

**Research material.** Study of the ways of achieving equivalence has been done on the material of medical dialogues of the textbook “Medicine in dialogues” by Q.B. Shodmonov, M. Baratova, D. Rajabova, Z. Nematova (10) which is currently available in English language. Translation of the dialogues of the textbook into Uzbek is carried out at the “English language” department at the Bukhara State Medical Institute named after Abu Ali Ibn Sino.

This article presents the results of the analysis of all chapters of the textbook and their translations into English and Uzbek: "On the Public Health Service in Uzbekistan", "Healthcare Today. Interview with Minister of Healthcare of Uzbekistan", "At a Polyclinic", "The Ambulance", "At a Therapist's", "At a Surgeon's", "At an Ophthalmologist's", "At a Pediatrician's", "At a Dentist's", "Nurses on duty", "They study medicine", "Therapy", "Surgery", "Department of Pediatrics", "X-ray Seminars and Discussions" and etc. The total volume of the analyzed material was 18 chapters of the original text. The first chapters deal with the healthcare system of Uzbekistan, public interviews, on development, history and prospects of medical science. The last chapters provide information on the most common diseases and illustrate the specifics of medical care. The dialogues of the manual are arranged in order of increasing difficulty and are accompanied by comments. The exemplary models for discussing the most complex cases of diseases are given mostly in dialogues.

**Results.** The analysis of the practical material shows that the authors solved the task of achieving content equivalence in a complex way, resorting to different of translation techniques and approaches. This diversity allows us to apply a level approach to the equivalence and identify linguistic and cultural factors. The difference of equivalence approaches in terms of semantics and communication of lexical units, grammar and syntaxes of sentences, nature and direction of the translated texts were the key indicators in studying medical texts translation. If in the first part of the guide-book example of translated sentences such semantic correspondence were revealed in a great number, in the second part less. For example, "Question: What was the deepest concern of medicine in Uzbekistan after it gained its independence? Answer: Well, it was the control of the major epidemic diseases. This scourge was attacked from the very first. Health services and efforts of the medical scientists have succeeded in putting an end to the natural transmission of a number of diseases which inflicted great damage upon the health of the home population and the economy as well" (On the Public Health Service of Uzbekistan). As can be seen from the example, all units are translated word for word, the basic lexical meaning of words is used, the order of words and constructions is preserved. The English version of the translation corresponds to the Uzbek one in terms of grammar structure (the same tenses), syntax structure and is maximally close to the original by its lexical composition. The only change introduced is connected to the difference in the systems of languages: in the first sentence in the Uzbek version the definite article (the) is absent, as in the system of the Uzbek language this linguistic phenomenon does not exist. Examples of the achievement of equivalence on the identification level (natural and direct) - the similarity of the semantics of the lexical structures - were found in the last chapters of the guide-book, respectively. In sentences of this kind lexical units do not act as exact substantive analogues of the original lexemes, but they are used in identical syntactic construction, which conveys equivalent semantics. For example, " Question: — Do you complain of a sore throat? Let me have a look at it. Say: ah... No, there is no inflammation there. Answer: —I can swallow all right, but my nose is all clogged up. First, I was having a runny nose all week long, and now it's clogged up. Give me some drug, please " (At the therapist's) in the presented sentence the differences in the composition of the connective prepositions and the lack of an unambiguous match of words stand out. This is due to the fact that the listed lexemes have grammatical variants of translation into English. "Question: Why does my boy always catch cold? He takes his vitamins every day but he doesn't feel any better. Answer: You know, vitamins won't help much, if one doesn't improve his general health. Physical training (exercise)

and a cold rub-down every morning are suggested as a means of improving general health. That will keep one from catching cold so easily” (At the therapist’s). The translation corresponds to the original in the structure and composition of the sentence. At the same time, in the text of the translation there are repeated lexical units that do not directly correspond to the original: шамоллаб қолиш– catch cold, умумий соғлиқ - general health, жисмоний тарбия - "physical training". With full correspondence of words and syntactic structure of sentences, lexical substitutions are observed: the word "шамоллаш", which has variants "cold" in English, is translated as "flu". The word “юқумли” is translated as “catching”, although in Uzbek it means infective, here an approximation of 'contact'. In this example we can notice a significant copyist analogy between the original and the translation. Consequently, the choice is left to the discretion of the translator, depending on the specific communicative situation. The achievement of equivalence on communicative level — the way of using professional lexicons in the situation — was detected in the second part chapters of the guide-book, describing the most common diseases. The correspondence of the indicated order means the possibility of partial replacement of the professional lexical units and speech constructions by more appropriate units and constructions in the target language. Thus the form of figurative representation of an professional situation remains the same, generality of concepts is kept by semantic paraphrasing at which in the message of translation the basic schemes of the message of the original are transferred. For example, when conveying the dialogue phrases the translator expressed the idea as follows: " — Have you ever been wounded or shell-shocked? Any broken bones?

- Yes doctor. Two ribs were fractured: the result of a war wound.
- Did they heal all right? Any complaints?
- None. I have not felt any discomfort since the operation.

— I see that the results of x-ray examination are within normal limits... But there is a scar across your cheek. When did you get this bad cut?

— It was during war time too. I got the cut from a shell. Hut they stitched it up all right and the wound healed in no time." (At a surgeon’s). This is a falsification of the translation with "shell-shocked" should be translated win psychiatric context according to original text meaning such as anxiety, stress..The choice of communicative idioms with which the situation is described does not fully determine the organization of the information conveyed. Also noted is such a type of calcification of semantic structure of the utterance as the degree of description. On the basis of this discussion we wish to consider the following example

“— What’s troubling you, young man?

— I have a splitting headache and a bad toothache, doctor.

— Well, your toothache is the cause of the headache. Sit down in this chair and I’ll probe your teeth for cavities... Ah... Here is a hollow tooth (a cavity) that needs filling, and there is a filling to be changed or else the tooth will have to be pulled out (extracted, removed).

— Oh, no... No extraction of the tooth, please. Fill (block) it up again though the sensation of drilling is almost as bad as having a tooth pulled out.

— Never fear. I’ll use anaesthetics to deaden the pain. Local anaesthetic is always welcomed by the patients, especially, when a tooth is being extracted.

— Don’t let me feel any pain, doctor, please.

— That’s right. Drilling is over. Rinse your mouth. "(At the dentist’s).

When translating this sentence, the translator used a copy translation, excluding the information that was given in the original. The linguistic

illustrations show that the translation deviates from the original in grammatical structures (Мен тишларни бўшлиқлар учун текшираман — I'll probe your teeth for cavities) and in the choice of lexical units (бу ерда тўлдириш керак бўлган ичи бўш тиш — here is a hollow tooth that needs filling, ҳеч қачон қўрқманг — never fear). However, the content of the sentence is preserved. In the following example the translator has replaced one word "зўравон" with "violent" in order to preserve adequacy and convey the peculiarities of the original. " — May I, doctor?

— Come in, please. What ails you?

— I have a violent toothache. The pain was so severe last night that it kept me awake. I felt pain all over the jaw, the ear and the head too" (At the Dentist's). There are lexical (иш жуда жиддий — case is rather serious, у йўтални ривожлантириши мумкин — he can develop a cough, иситмани тушириш — to have the fever down) and grammatical inconsistencies with the original (татиб кўриш ёки ҳидлаш учун келишмовчилик — disagreeable to taste or smell, тўшагини сақлаш — to keep one's bed, ягона тўғри нарса — the only right thing) in the chapter Medical aid at home. At a higher level of equivalence — the description of the situation as a whole (identification of the situation) — the translated correspondence is characterized by the preservation of two informative elements, that is, the translation version retains the same basic concepts and ideas as in the original. Translation at this level — the presentation of the original in other words with preservation of the basic schemes, but with the possibility of freely changing places in the sentence. The situation is described from different sides, nevertheless, the native speaker is able to realize the identity of this situation, as there are sets of statements, perceived as synonymous, despite the fact that the linguistic means do not coincide. For example, the dialogue:

" Question: —You know, the girl is seriously ill. She is febrile. Her temperature is very high. Answer: — No wonder (one cannot be surprised). She was treated for chicken-pox but it turned out to be scarlet fever" (Nurses on duty).

The author suggests the following option: "it turned out to be scarlet fever" — "бу иситма эди". The dialogue example has been inserted to make the translated sentence sound natural. This example of dialogue was included for the English sentence to sound natural, so as not to imply that the Uzbek sentence is calquated. Another example is

" Question: — How does your patient do after the operation (surgery)?

Answer: — She has been asymptomatic ever since the operation. You are interested in the ulceration cases, aren't you?

— Oh yes. I would like to hear more details. What was her diagnosis, please?

— Rectal bleeding because of ulceration.

— And it was fully confirmed, wasn't it?

— It was. Sigmoidoscopy revealed a small rectal ulcer which was biopsied (Medical Students Are Practicing Medicine)". In comparison, we can see that the translator interpreted the phrase "симптомсиз" which is translated in English as "asymptomatic", which indicates that the translator equates the sentences in translation despite the lack of correspondence between them. Another example of dialogue: " Medical student: I wonder why foreign bodies in the lung continue to cause perplexing and misdiagnosed disease. Dr Powell: You see, the clinical picture of such cases often resembles tuberculosis, fungus infections, or cancer (They Study Medicine)". The author offers the following version: "foreign bodies in the lungs" — "аспирационная пневмония". A comparison of the translation with the original sentence shows that the authors have translated the drugs



"тиззаси уни қўллаб-қувватламайди" as "knee won't support him". The expressions require adaptive translation for foreign medical students, even though the authors used exactly the same lexical constructions and linguistic means. Consequently, we can say that despite the use of the same lexical units, the dialogues were given adequately without semantic distortion. At the highest level of equivalence — on the purpose of communication — translations are performed only when a more detailed reproduction of the content is impossible, or when such a reproduction will lead the students from the translation to the wrong conclusions, will cause them to have completely different associations than the readers of the original. This level of equivalence is encountered when translating stable expressions, phrases, idioms or word plays. Since the texts under analysis are written in a scientific style, which is characterized by a large number of terms and certain clichés, consistency and logical presentation of research information, etc., their communicative task is to convey reliable information about a subject, phenomenon or person about whom the reader does not know or knows little. For this reason, the authors must strive for the greatest possible accuracy and correspondence when presenting the original text in the target language. This is why equivalence in the level of communication in the translation of medical texts is quite rare and in the analyzed material, we have not seen cases of such a translation.

**Conclusions.** This article has attempted to show how the framework of medical translation English-Uzbek-Russian languages, along with Latin-Greek terms on the different medical aspects of translation competence, can be practically applied in teaching Medical English. In line with the tenets of medical translation, the Medical English course presented in this article attempts to project, as closely as possible, into the translation classroom the professional environment that students will encounter in their later careers as medicine specialists abroad. This in vivo approach is intended to reduce the gap between theory and practice that is still often felt by students when they enter into real medical practice. We based the design of chapters of the textbook "Medicine in dialogues" translation competence model and illustrated how various medical situations of this book (in particular, the hospital, polyclinic, ambulance and etc.) are reflected and developed in the Medical English classes. Although the rapidly changing face of the medical translation approaches is increasingly reflected in the curricula of translation studies programmes (for example in the form of translation technology — game-based situations, graphic organizers, interactive classes), there still seems to be a lack of translation skills that bring together the various competencies that are taught individually in the medical institutes. This article can therefore be seen as a call for a holistic approach to medical literature translation and teaching Medical English analysis, which combines the various competencies discussed previously and develops these competencies to the benefit of the overall translation competence of medical students.

The analysis of the chapters of the textbook "Medicine in dialogues" allows us to say that medical dialogues performed at one or another approaches of equivalence, occur with varying incidence. In the studied material the most regular translations are at semantics and communication diversity, at the level of similarity of grammar and syntax, at the level of natural and directional specificities, at the level of formal and dynamic terminology, they do not occur at all at the level of communication purpose. It is worth noting that it is impossible to say that medical translation at any approach is preferable, as each approach of equivalence, having its own terminology base, allows to preserve the content and purpose of communication of the original. Such a distribution of frequency is due to

professional linguistic reasons, similarity in grammatical structures of languages, same combinability of words, directional approach in the established order of words and so on. It is worth noting that in the scientific style is much preferable medical translation of the text, as the scientific text, above all, requires clarity in the presentation with the fullest compliance with the translation of the original. Consequently, we can conclude that the authors have given glossary and translation in this textbook, often using equivalence at the level of terminological similarity, in order to accurately convey the information without distorting the concepts and terms used in the original.

In all chapters there are medical dialogues at the level of medical signs (terminological units) due to the fact that in scientific style, a literal translation of the text is much preferable, since a scientific text requires clarity in its presentation with the most complete correspondence of the translation to the original. There are also often medical dialogues at the level of describing the situation as a whole and at the level of the way of describing the situation. This is due to the fact that in the second part of the textbook, detailed complex dialogues are often used, in addition, the original translation contains a large number of terms that have completely different formulations in English.

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