But don’t you need a medical background to do that?

This is a frequent question medical translators get asked. And it is not an easy one to answer, especially if the person asking it has a medical background.

It is also a legitimate question. With many medical texts, years of research may be on the line or a patient’s health may be at risk. Can someone with a background in literature and languages be trusted to translate such vital documents?

The short answer is yes, they can. This article will explain how.

Before we begin, a note to the reader. As I translate from French to English, I will illustrate my points using French terms such as “traitement de première intention”. I will not necessarily explain the terms, however. I want the reader to follow the thought processes of the translator as we move from an unfamiliar term in French to an English translation.

Additionally, by “medical background” I mean anyone who has trained or worked in any field relating to healthcare, medicine, pharmacology, or clinical research. I do not have a medical background.

It’s not magic

So how can a medical translator know that they have the right translation without a medical background? Well, we might mention a thrill of certainty, a tingling in the tummy, or a humming in the ears.

But these do not sound very scientific, do they? We need something more concrete than tinglings and hummings. Tempting as it is to explain translation as some mystical intuition, the reality is quite prosaic. It is training and experience that lead to accurate translations, because we are taught to do our research properly. Between the advice of our experienced tutors and the merciless critiquing of our peers, we quickly develop research tactics to head off objections to our translations. Three of those tactics are proximity, comparison, and reliability.

Proximity

One tactic we employ when we encounter an unfamiliar term is to scan nearby words for clues about the immediate and wider context of the term we are stuck on. As an example, say we are translating an article about non-small cell lung cancer (NSCLC), but we are unsure how to translate “traitement de première intention” into English. If we search around the problematic term, we might notice “pembrolizumab”. “Traitement” might be “treatment” or “therapy”. These two words give us hints regarding the immediate context. We also know that the document is about NSCLC. This is our wider context. So, we type “pembrolizumab”, “treatment”, and “NSCLC” into a search engine and start reading. Our eyes might be drawn to the words “first line”: “first” looks like a good fit for “première”; and “first line” keeps appearing next to “pembrolizumab” and “treatment”.

If the translator notices a tingling in the tummy, we are on the right track. But tinglings are of limited use. We need proof. We need to challenge our intuition.

And we do that by comparing it.

Comparison

We double-check our intuition about “first line” by exploring it in settings other than NSCLC. We open a new tab and type “first-line treatment” in quotation marks on its own. The search should yield a host of websites with definitions of the expression, for instance the NCI Dictionary of Cancer Terms. Now that we have a definition, we compare it against that of the original “première intention” on French oncology websites to see if they match.

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3 weeks as a 30-minute intravenous infusion. We return to the English literature on pembrolizumab as first-line treatment for NSCLC, except this time we put “200 mg” in quotation marks. Lo and behold, we find the same dosage mentioned in English sources.

We might be content to stop our research here. But there is one element that we have not considered yet, but that we prize above all others. Reliability

As medical translators, we learn early in our careers to vet our sources. When we research a term like “first line”, do we leap at the first result to pop up in Google? Absolutely not. The information must be reliable, so we vet the source. It is beyond the scope of this article to discuss everything we look at while vetting our sources. For now, let’s focus on four elements.

The first is the domain extension. If translating into English for example, “.uk”, “.au”, “.ie”, or “.nz” can probably be trusted. And “.edu” and “.ac.uk” are even better. Conversely, “.fr” or other domain extensions for French-speaking websites are a definite red flag if we want to be sure of a term in medical English.

The second element is the publisher. If it is The BMJ, the New England Journal of Medicine, or a professional organisation, then we keep reading. If it is a medical journal or a professional organisation from a non-English-speaking country, however, we might think twice before trusting their English – even if the science is impeccable!

Once we trust the domain extension and the publisher, the third element to consider is the author. Are they an expert? Are they a native English speaker? We might look at the author’s title, affiliation, and name (though this last can be treacherously misleading).

And now that we are sure of the domain extension, publisher, and author, we look at the fourth and final element, the writing: is the text well presented? Are the sentences concise and well structured? Only then do we consider a text a reliable source for checking our word in authoritative medical English.

If “première intention” and “first line” repeatedly appear next to pembrolizumab for NSCLC, if the definitions of “traitement de première intention” and “first-line treatment” match in the two languages, and if the sources for “first line” are written by native English experts on English-language websites, we can safely translate “première intention” as “first line”.

And if this level of research seems extravagant for such a basic word as “first line”, bear in mind that the whole process that we have just discussed took no more than five minutes when I first came across “traitement de première intention” in one of my earliest medical translations. Explaining all the thoughts that went through my head, on the other hand, takes a little longer.

A drop in the ocean

And that is only one term. Sentence after sentence, paragraph after paragraph, reference after reference, we read, search, compare, and evaluate information and sources. If we turn a Rubik’s Cube this way and that and consider it...
Advantages of a medical background:

- Less research and more time for the writing
- Understanding the wider context and better translation decisions
- Career advancement

Figure 2. The advantages of having a medical background as a medical translator.

from every angle, eventually – at least in theory – we solve the puzzle. It is the same with translating a text. As we work through it, we begin to understand what makes sense and what does not.

Slowly over the weeks, months, years, and decades, we develop strategies for finding solutions, checking them, and confirming them.

However, the crucial word is translate. We do not have a doctor’s knowledge or skills. We cannot diagnose an arrhythmia, design a trial, or read a radiograph. Simply put, we cannot do a doctor’s job. But then, we are not paid to treat patients.

So, is a medical background superfluous?

Certainly not. Having a medical background helps medical translators. Subject matter expertise means less time researching unfamiliar terms and concepts, and more time focusing on word choice and phrasing. The result is frequently a better translation.

A medical background also ensures a broader knowledge of the subject being discussed. It makes it easier to grasp the wider context of the text and gauge the reliability of sources. Again, this leads to a faster, accurate translation and fewer mistakes.

Finally, having an MD or similar after our name can open doors to career advancement that would otherwise be closed. Regardless of whether such training is truly needed by medical translators, many recruiters and clients want proof of subject matter expertise. For this reason alone, a medical background is worth having. Not only does it help translators hone their craft, but it enhances their legitimacy in the eyes of recruiters and clients.

Then a medical background is a must?

On the face of it, it certainly is a considerable advantage and can improve the quality of translations.

But this only holds true to a point. There are dangers in entering the translation field with a medical background. Such translators may know as much about the subject of the text they are translating as the author. As we said, this knowledge speeds up research and frees up more time to concentrate on the writing. But if the translator feels comfortable with the subject matter, will they give careful thought to every word and phrase they commit to paper, as a trained, experienced translator would, or might they just assume that they have the answers already? This will depend on their experience not in the medical world, but in translation. The more they translate, the more they will know to check, double-check, and triple-check every word. For instance, if translating “numération sanguine complète” into UK English, will they assume that “complete blood count” is correct because it is more familiar, or will they explore UK-based websites.
and notice “full blood count”?

Another danger to having a medical background is that it may be difficult to put the reader first. After all, the curse of knowledge is very real. For anyone unfamiliar with this concept, it is a cognitive bias in which a person assumes that what they know, everyone knows. Indeed, it is a mistake any translator can make. Yet we write and translate for the reader, not for ourselves. Sometimes, a pinch of ignorance helps us see the text from the reader’s perspective. Even among specialists, not every reader has the same knowledge. They may be younger or older than the author, have more or less experience, or practise in a different specialty.

What is more, a medical background does not imply medical omniscience. To take an example from my personal experience, I once went to a general practitioner early in my career for help with a translation relating to cardiology. I wanted to know if my translation made sense. The general practitioner told me that it did, but only “If you’re used to this kind of thing”. When I asked what he meant, he told me that the translation read like the work of a cardiologist, but that he could not understand the meaning.

Therefore, if years of training and experience as a general practitioner do not suffice to decipher a text about cardiology, where does that leave us? It is rare, though possible, to have a background in cardiology and only translate texts about that field. For most translators, however, they will be asked to translate on a myriad of topics from different specialities. The only way to prepare, then, is to read journals, attend webinars and conferences, and interact with specialists. Yet ultimately, no one can know everything ahead of time. We only realise what knowledge we need when we open the text. The only common thread, sometimes, is that every text is a translation.

**Horses for courses**

As we have seen, there is no great mystery about it: medical translators are trained to research their work carefully. Over time, we develop tactics, ways of fine-tuning our research. Three of these tactics are proximity, comparison, and reliability. We learn to triple-check every word. And if we are unsure, we ask.

There is no doubt that having a medical background may give a medical translator an edge over their peers. It speeds up the research phase, which means more time to concentrate on the writing. But those with a medical background must wield their knowledge carefully. They cannot know everything. And they must still know and apply the basic principles of translation: check everything and put the reader first.

In the end, we are not diagnosing a patient or developing a medicine. Our job is to translate; our knowledge and skills as translators must come first.

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**References**


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