

# Gained in Translation

SECTION EDITOR



Laura C Collada Ali

[laura.collada@teksema.com](mailto:laura.collada@teksema.com)

## Editorial

### Welcome to the Translation Section editorial!

Who is qualified to author a medical translation? This is one of those topics that we often read about on professional translation forums and discussion groups. It is, indeed, a never ending discussion. On the IMIA Guide on Medical Translation, Rocío Txabarriaga says: “The real indicators of proficiency in translation are knowledge of the subject matter, knowledge of relevant terminology, the ability to discern meaning

in context and transfer it within the target language constraints, i.e., accurately (all meaning has been transferred), precisely (all nuances of the language, tone, intent, style have been preserved in the target language), correctly (grammar, syntax, orthography rules have been observed), completely (no part of the original was omitted and nothing has been added to the target text), and consistently (specific terms, stylistic elements and language-specific norms have been consistently used throughout).”<sup>1</sup> Yet, the discussion which has gone on for so long is about who does a better job, a medical

doctor (MD) or a linguist.

With this article, we hope to shed some light on this and to demystify some clichés.

Enjoy the article!

## References

1. Txabarriaga R. January 2009. IMIA Guide on Medical Translation. Retrieved from: <http://www.imiaweb.org/uploads/pages/438.pdf>

Laura C Collada Ali

## Authoring medical translations – to MD or not MD?

Of all the translation specialisations, medical translation is one which constantly attracts an enormous amount of interest. Translation forums are full of posts from translators asking how to get started in this field: at the same time, it is also considered – fairly universally – as one of the most difficult areas to translate successfully, for a variety of reasons. Due to the particular nature of medical translation, and the difficulties associated with it, the debate on who makes the better medical translator – a physician trained in languages, or a translator trained in medicine – is one which has been raging for many years. And it shows no signs of abating. This debate is sparked by many factors – the increasing “accessibility” of translation as a profession, the bewildering number of qualifications and accreditations available, and the increasing regulation of the healthcare profession.

The purpose of this article is two-fold. Based on a survey we conducted through professional associations, discussion groups and social media, and the 332 responses received, we hope to shed some light on what makes a translator truly “qualified” to succeed in the medical field. And in doing so, we hope to demystify some of the aspects of the profession that aspiring medical translators may be curious about, such as the particular difficulties associated with this



type of work, how established professionals entered the profession and gained experience, and what medical translators consider to be the necessary traits for a “good” medical translator.

### One survey, eight questions

The survey asked medical translators about

their experience and background:

1. Are you a specialised medical translator?
2. Are you a medical doctor who has become a translator or a translator who has specialised in medicine?
3. Which of these two professional figures do you feel is best qualified to work as a medical translator? An MD,

a translator, or other.

4. If a translator, how have you specialised in medicine?
5. Do you work full-time or part-time?
6. How many years of experience in the field do you have?
7. What kind of texts do you feel comfortable translating?
8. What do you consider to be the particular difficulties related to medical translation?

One obvious limitation of the survey is that it was self-reported, and some discrepancies show that the actual number of “specialised medical translators” could be higher or lower than the result shown. That said, the survey was directed at those working in medical translation, therefore it is probably safe to assume that this number is reasonably accurate.

### The identikit of a medical translator

So what are the overall characteristics of medical translators? According to Andriesen<sup>1</sup>, six out of seven translators are women, and their background “is most often in the study of languages or translation, but quite a few (approximately 20%) have a medical background.” According to our survey, the vast majority of respondents [86%] identified themselves as specialised medical translators – the 9% who checked “other” [29 respondents] included a teacher of medical translation, who lists medical translation as one of their areas of expertise: another whose medical and medical-related translations ran into the hundreds) (Table 1).

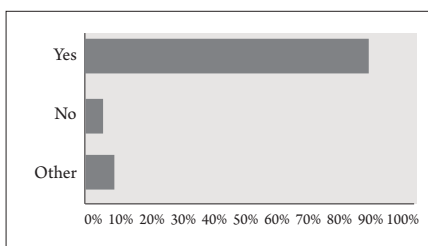


Table 1: Q1 – Are you a specialised medical translator?

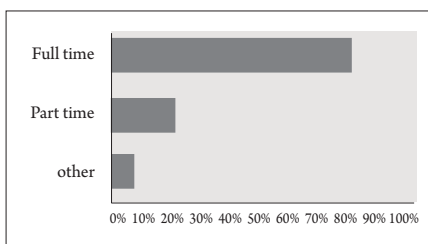


Table 2: Q5 – Do you work full-time or part-time?

As the overwhelming majority of respondents (73%) show, **medical translators normally work full-time** in the field; just under 20% were part-time (Table 2). Some were full-time freelancers who engaged in other medical writing activities, others translated part-time while doing other healthcare activities such as interpreting, work as doctors, or other healthcare professionals.

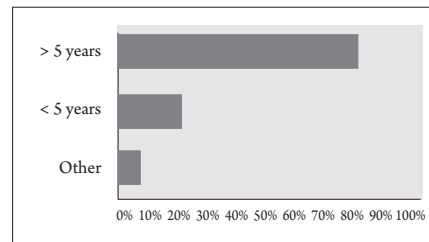


Table 2: Q6 – How many years of experience in the field do you have?

The vast majority of respondents had **over five years hands-on experience** in the field (73%) and many specified that they had been in the field much longer, with responses ranging from ten to fifty-five years of experience (Table 3): these figures agree with Andriesen’s observation that “good medical translators have many years of experience and are usually involved in medical translation most or all of their time.”<sup>1</sup>

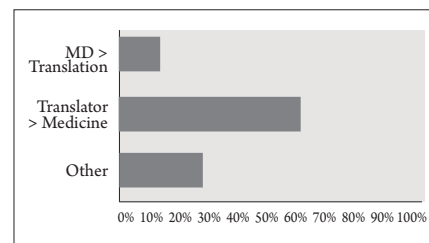


Table 4: Q2 – Are you a medical doctor who has become a translator or a translator who has specialised in medicine?

Respondents were not only **MDs or translation-based professionals**, but also nurses, biologists, veterinarians, chemists, pharmacists, and many other scientific professionals. (Table 4). Of the 90 “other” responses shown in Table 2, only 22 had no medical or scientific background whatsoever. If we add these other scientific professions – including, as declared by the respondents, biologist, nurse, veterinary surgeon, biochemist, physicist and others – to the (A) category, the numbers look a little different:

- 34% medical doctor or other science or health professional who has become a translator
- 59% translator who has specialised in medicine
- 6% other

### Which background makes a better medical translator?

So who did respondents feel was “best qualified” to undertake medical translation? On the surface, it seems to be the eternal dilemma: as one respondent remarked, “the doctor knows the subject matter, but may not have the linguistic skills. The translator has the linguistic skills, but lacks the knowledge the doctor has acquired during their training and practice.” If we delve a little deeper, however, some interesting insights emerge.

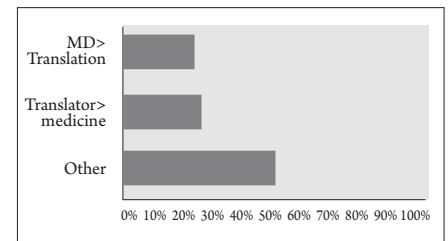


Table 5: Q3 – Which of these two professional figures do you feel is best qualified to work as a medical translator?

Half of respondents (50%) checked “other”. Of those who chose option A or B, respondents were divided almost equally, just slightly in favour of translators specialising in medicine, with 26%, versus 23% favouring MDs specialising in translation (Table 5).

### “An MD or other health professional is more qualified.”

A number of respondents felt MDs or other health professionals were more suited to the task of medical translation. In general, such participants felt that medical translation requires a body of knowledge that translators who have specialised in medicine do not – or cannot – have. Some felt that the sheer breadth of the medical field meant that translators specialising in medicine would take a long time to achieve the necessary proficiency, and that CPD alone would be unable to give the same level of expertise, except in rare cases. Another recurring opinion was that a translator specialising in medicine does not have the background to

know what is correct or not, or to understand the complexity of medical texts, or is simply unaware of the gaps in their knowledge, making them more prone to errors.

### “A translator specialising in medicine is preferable”

Other respondents felt a translator specialising in medicine was more desirable for a number of reasons. The sensitivity needed to adapt the text to the target audience and a consideration of its overall comprehensiveness and readability was felt by some to be lacking in many linguistic medics: one respondent felt that translators are much more keen to learn about medical topics than MDs are to learn about language and its use, and many felt that it was easier to acquire specialist knowledge than it was to gain the translation and linguistic skills necessary to produce an effective target document, prompting one participant to note: “we can all study and acquire knowledge in specific fields... a translator is bound to have a set of skills (grasp of grammar, style, syntax) that an MD does not necessarily have”. Another said: “I have worked with many doctors over the years; their technical terminology is correct, but they often lack a strong command of the target language”. Another opinion voiced by many is that being a physician is useful but not absolutely necessary, since it is impossible to translate all fields of medicine, and that no MD has sufficient knowledge across all medical specialities.

### “Both can do an excellent job”

Many were of the opinion that both categories could perform equally well, and that excellent results could be achieved by translators in both groups, provided they have acquired the necessary knowledge and skills in both areas to do a good job: they were simply seen as two different paths to arrive at the same goal. Of course there is also the other side of the coin: various participants expressed opinions such as “both figures can be excellent, or very poor medical translators”, and that they had seen good and bad in both groups. The criteria seen as fundamental for a good medical translator were relevant experience in the subject matter and appropriate research skills: “whichever category a translator belongs to”, one respondent remarked, “they will always need to do research”. Another

essential attribute voiced by many was the ability and willingness to continuously learn more – indeed a strong theme underpinning the entire survey was the need to continue studying and to acquire the knowledge that is lacking. “Both start with key knowledge”, one participant noted, “but also have much to learn.”

### What kind of texts were participants comfortable with?

Table 6 shows the number of respondents who expressed their comfort at translating the various text types in the medical field.

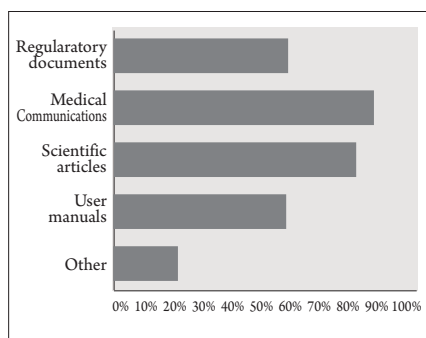


Table 6: Q7 – What kind of texts do you feel comfortable translating?

The fact that respondents were less at ease with regulatory documents and user manuals, compared to medical communications and scientific translations, may be due to the fact that the former two categories require a knowledge of the particular restrictions governing these text types (such as EMA templates), or the fact that user manuals often require technical as well as medical and scientific knowledge.

The “other” text types declared by respondents were many, however the overriding sentiment expressed by participants was that they would only take on texts they were comfortable with and capable of concluding successfully.

### What makes medical translation different from other types of translation?

**Shortcomings or ambiguities in the source text and use of non-standard abbreviations and acronyms** were the two most serious problems, cited by 61% and 59% of respondents respectively.

**Identical acronyms with various meanings** was another problem, cited by 48% of respondents (e.g. “aha” > acquired haemolytic anemia or autoimmune haemolytic anemia; “ist” > insulin shock therapy or insulin stress test; “and” > axillary node dissection or the conjunction meaning in addition to<sup>2</sup>).

Other related problems mentioned by respondents were **poor handwriting**, as well as complex language and unclear writing styles, by doctors and medical writers alike. Others observed that the authoring of texts by non-native speakers often made them difficult to understand, and that **poor quality control processes** often led to errors. These factors conflict with the “distinctive features of scientific language”, as observed by Lucia Ruiz Rosendo<sup>3</sup>, who describes these as “universal nature, accuracy, objectivity, lack of expressiveness and emotion, clearly defined meaning and connotation in order to avoid

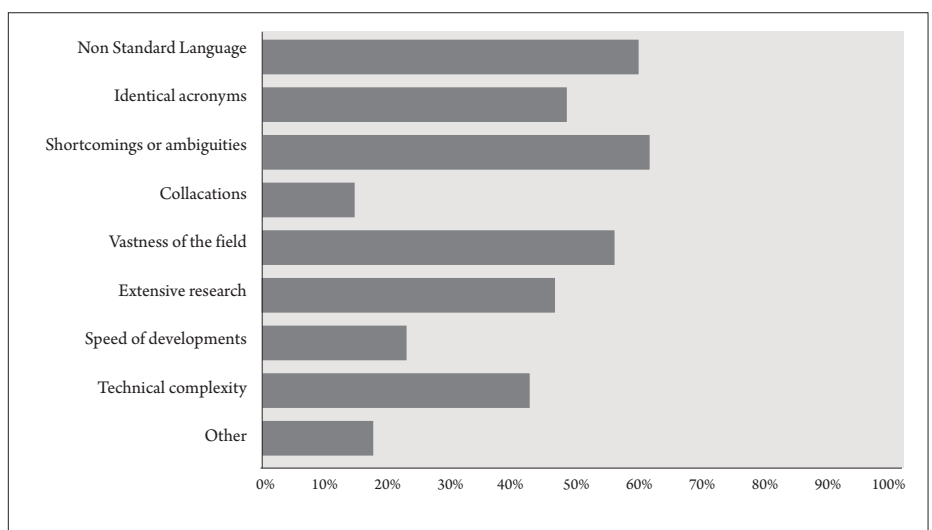


Table 7: Q8 – What do you consider to be the particular difficulties related to medical translation?

any kind of confusion and allow universal communication, lexical monosemic, appropriateness and correction, and clarity and precision.”

Other language-related issues raised by participants were the use of “anglicised Latin”, or “two levels” in certain languages such as English, with the existence of an erudite Greco-Latin term and a more popular name, which is more commonly used, such as *coagulation* (erudite) and *clotting* (popular), or *myopia* (erudite) and *shortsightedness* (popular)<sup>3,4</sup> – one participant notes that “this is not always evident and requires careful evaluation”. **False friends** and new terms without translations or equivalents in the foreign language (related to the speed at which the medical field is evolving) were also mentioned, while **collocations**, some of which are described by Peter Newmark<sup>5</sup> as being “among some of the translator’s biggest pitfalls”, were not seen as particularly problematic, cited by just 15% of participants in the survey.

The “**vastness**” of the **medical translation field** was the next most-cited problem (by 55% of respondents, followed by **the need for extensive research** (46%), **technical complexity** (41%) and **the speed of new developments in medicine and technology** (22%). While obviously seen as a major issue for many (almost one in two respondents), others saw terminological and other research as positive, a form of continuing professional development that keeps translators up to date, a way of learning new techniques, methods and terminology. One participant noted: “A specialised translator needs to learn how to learn – how to locate accurate, reliable information and get up to speed with a particular specialised topic quickly. It’s the translator’s job to read and understand background material well, no matter how complex.” Of course a medical translator always has the possibility – indeed the ethical obligation, it might be said – to decline a text they do not feel proficient to handle. Hence the “vastness” is not seen as a problem by some, since translators should simply decline a text they are not able to translate.

Other points not covered by the survey options included the regulatory standards governing certain types of translations, and the fact that many translators (from both groups) are unaware of these regulations. Others lamented a lack of documentation in

certain languages, as well as a lack of educational programmes or courses.

## How do medical translators specialise?

So how do translators specialise in medicine? The following table shows the responses from the participants in our survey.

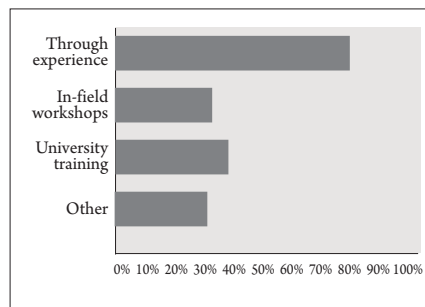


Table 8: Q4 – How have you specialised in medicine?

What is the “best” way to specialise? American anthropologist and folklorist Ruth Fulton Benedict famously wrote: “The trouble with life isn’t that there is no answer, it’s that there are so many answers”. And perhaps we could apply the same sentiment here – the striking feature of the information provided by respondents in their comments was just how many different backgrounds medical translators have: indeed there seem to be almost as many roads into medical translation as translators themselves.

### Formal medical education

Perhaps the most obvious, but by no means the most common. The fact that we limited formal medical education to that of doctors when writing the questionnaire, meant that many of the respondents, as shown in the comments to the previous questions, come from a variety of medical backgrounds, including nursing, veterinary medicine, pharmacy, biomedicine and life sciences. Some have been, or are currently, involved in medical and clinical research: other medicine or science-related professions and backgrounds include lab technician, medical secretary or transcriptionist, experience in the medical devices industry, medical billing and insurance, and regulatory affairs. Voluntary work was also mentioned, with some respondents working as hospital interpreters and translators; others found that their experience in administrative positions, and the access this provided to

medical records and their terminology, proved to be an invaluable training ground.

### The “Accidental” Specialist

The overwhelming majority (75%) reported **specialising in medicine through experience**, although this took different forms. One aspect of specialisation that many translators will be able to relate to is that “you do not choose your specialisation – it chooses you”, in the sense that at a certain point in their careers, translators are offered work in a certain field, and slowly build up experience this way. One participant reported doing their final internship in a medical translation agency, and being hired at the end; another began doing veterinary translations part-time before starting to do medical translations, and deciding to concentrate full-time on these, while another contract law specialist began translating contracts for clinical trials, continuing their CPD via courses in other branches of medicine.

### Personal interest, research and self-study

Another strong theme running throughout the entire survey was a **love of the subject matter**. One respondent in particular recalls reading medical and scientific books as a child, and drawing anatomical figures in her teenage years; this may be an atypical experience, however many respondents have gained experience through their own research and self study, both in the form of the more traditional books and journals, as well as the more interactive and modern resources now available, such as conferences, workshops, webinars and MOOC courses, such as those run by Coursera. While four or perhaps five respondents reported having undertaken formal medical translation courses, this was by no means a typical experience.

### Family members and professional contacts

Some respondents reported having one or more family members who work in the medical sector and who can be called upon for help and advice, others report close cooperation, consultation and discussion with health professionals and medical experts as being an invaluable source of help and a way to increase their knowledge and experience, or to polish their translations. Another reported proofreading of their work by senior proofreaders as having been

very helpful, as were reference materials provided by clients. While not all of us are lucky enough to have doctors in the family, the plethora of online help sources, such as the Proz.com KudoZ feature and online glossaries – provided these are used critically and wisely – are available to everyone.

## The traits of a successful medical translator

Given that the purpose of any translation is to convey a message, the skill that emerges – almost unanimously – from our survey as essential, is the **ability to write well**. Fischbach<sup>6</sup> writes: “Good translating is the *rewriting* in the foreign language of the *ideas* contained in the original. Indeed, we might say that a good translator ought to be as good a writer as the one who wrote the original.” One respondent wrote: “The key to being a good translator in any field is a desire to create a target text with the reader in mind. The translator must be interested in both the subject matter and the language used.” Understanding and knowing how to translate the terminology in the native language was seen to go hand-in-hand with the need to a good writer, to be able to convey ideas simply and directly. Other traits seen as necessary for medical translators included patience, curiosity, attention to detail and an ability and a desire to learn, together with humility and the willingness to check (and double-check!) facts, not taking for granted that “they know better”. In her excellent blog post, Dr Sarai Pahla urges medical translators to “be humble enough to admit that we are all human and all err...”

## Conclusions

To MD or not MD? At the end of this article, there is still no clear consensus, but plenty of points for reflection. What does emerge – and what makes this profession so unique – is that translators are individuals, each bringing with them their own particular experience and know-how. While this may sound trite, it is crucial when considering the question in hand. Translation proficiency, indeed, is not merely a result of training, but of many other factors, evident in the wide number of routes taken by medical translators to arrive where they are now. We have seen that medical translation has its own set of challenges, but participants were divided

here too. The difficulties listed were not considered such by many respondents, but rather as a natural part of the medical translation process: the very factors which drive, stimulate and challenge them. And as one participant pointed out: while these challenges exist, there is always someone to call on for clarification. Some expressed the view that these challenges were no more extreme than in other very specialised fields (a view shared by Newmark who writes “this form of translation may be no more challenging than that of poetry”), while one respondent felt that medical translation is actually easier than other fields, noting that better conditions in terms of factors such as source text quality, deadlines and support actually made this one of the easier areas of translation to work in. One current running through our body of data was a call for **teamwork**, proposing the combination of a qualified MD and a qualified translator as being the ideal solution, a “medical-linguistic tandem” so to speak, collaborating and revising each others’ work. “I think both of them are qualified to work as medical translators”, one participant wrote, “BUT when they work together.” Sarai Pahla again: “So let’s spend less time comparing and more time collaborating – if you’re a medical linguist, find a doctor who has studied languages and get them on your side... and if you’re a doctor who has figured out how to work your way through this jungle of an industry, make friends with the right linguists and help each other out!”<sup>2</sup>.

And one nurse said something particularly apposite: “Medical translation must be open to all who either have experience or are willing to learn. Why confine this huge field to a relatively small group of people?”

## Acknowledgements

We thank all the professional translation associations who helped us by distributing the survey to fellow translators and to all the colleagues who kindly took time to answer and comment on the questionnaire.

## References

1. Andriesen, S (2006) Medical Translation: What Is It, and What Can The Medical Writer Do to Improve Its Quality? *AMWA Journal*, Vol. 21, no. 4, 2006, pp 157-159.
2. Jules J. Berman (2004) Pathology Abbreviated: A Long Review of Short Terms. *Archives of Pathology & Laboratory Medicine*: March 2004, Vol. 128, No. 3, pp. 347-352. Available on: [http://www.archivesofpathology.org/doi/10.1043/1543-2165\(2004\)128%3C347:PAALRO%3E2.0.CO;2?url\\_ver=Z39.88-2003&rfr\\_id=ori%3Arid%3Acrossref.org&rfr\\_dat=cr\\_pub%3Dpubmed&Accessed on 20/11/2015](http://www.archivesofpathology.org/doi/10.1043/1543-2165(2004)128%3C347:PAALRO%3E2.0.CO;2?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&Accessed on 20/11/2015).
3. Lucía Ruiz Rosendo (2008). English and Spanish Medical Languages: A Comparative Study from a translation point of view. *TRANS* 2008: 12, pp 231-246
4. Van Hoof, H. (1999). Manual práctico de traducción médica. Diccionario básico de términos médicos (inglés-francés-español). Granada: Comares.
5. Newmark, P (1979) A layman’s view of medical translation. *British Medical Journal*. December 1 ; 2(6202): pp 1405-1407.
6. Fischbach, H (1962) Problems of Medical Translation. *Bulletin of the Medical Library Association*. July 1962; Vol. 50, No. 3, pp 462–472.
7. Pahla S. Medical Linguists vs Linguistic Medics. *Loving Language Blog*. Available on: <http://polyglotaholic.blogspot.it/2014/01/medical-linguists-vs-linguistic-medics.html> Accessed on: 15/11/2015.
8. Van Hoof, H. (1999). Manual práctico de traducción médica. Diccionario básico de términos médicos (inglés-francés-español). Granada: Comares.

**Fiona Peterson**

[fiona@traduzioni-mediche.com](mailto:fiona@traduzioni-mediche.com)

**Laura C Collada Ali**

[laura.collada@teksema.com](mailto:laura.collada@teksema.com)