

Profile

An interview with Dr Gustavo A Silva on the concept of public health in medical writing and translation

Correspondence to:

Laura Carolina Collada Ali
Freelance translator and
writer at On Translation
www.ontranslation.it
laura.collada@ontranslation.it
@ColladaAli

We often tend to consider the different branches of medical translation as unique islands of knowledge. We may imagine translators specialising in single areas such as oncology, ophthalmology, gynaecology, and so on. Nevertheless, there are indeed other fields of medical translation that may require a much broader knowledge base and training, such as translation related to public health.

Not many translators have a better understanding of these differences than Dr Gustavo A. Silva. He is one of the founding members of the International Association of Translators and Editors in Medicine and Allied Sciences (Tremédica). He was also head of the Translation Services Department of the Pan American Health Organization (PAHO) in Washington, DC for several years. He is currently working as a translator and reviser at the Spanish Translation Unit of the World Health Organization (WHO) in Geneva, Switzerland.

Dr Silva has kindly agreed to answer a few questions for Medical Writing (MEW).

Medical Writing (MEW): What exactly is 'public health'?

Dr Gustavo A. Silva (G.A.S.): You can define it by comparison: medicine deals with individuals and is more focused on disease; by contrast, public health deals with populations and is based on health promotion, disease prevention, and rehabilitation.

MEW: Which other areas does public health include?

G.A.S.: If you think of public health as a field of professional practice, it covers a host of other scientific disciplines such as medicine and all its specialties and paramedical careers (nursing, psychology), as well as epidemiology, veterinary medicine, biostatistics, demography, ecology, sanitary engineering, sociology, economics, or actuary, to name a few.

MEW: Is translation of public health texts any different from translation of medical texts?

G.A.S.: It is very different since medicine only covers a part of what public health is all about. Having said that, a medical background helps a lot in understanding the nuances of public health texts. Overall, these texts usually do not go into great medical details; instead they deal with issues about epidemiology, preventive and community

medicine, development, sociology, and economy. After all, collective health is closely linked with the social and economic conditions in which human populations live. That is why public health is mostly a duty for government.

MEW: Are organisations such as the World Health Organization (WHO) and the Pan American Health Organization (PAHO) actually dictating our writing rules and terminology or obeying international linguistic standards set by others?

G.A.S.: Not at all. The main role of both international organisations is offering technical, regulatory and policy guidance to their Member States (represented by the national ministries of health) so that they can deal with public health issues. For instance, about issues such as child immunisation schedules, control of outbreaks and epidemics, essential drugs, training and distribution of health professionals, eradication of diseases (e.g. smallpox, poliomyelitis, and measles), environmental health, and many other.

WHO does have a terminological duty in terms of the INN (International Non-proprietary Names)? This is a list of recommended drug names in the six official languages of the Organization (Arabic, Chinese, English, French, Russian, and Spanish) plus Latin. Its purpose is to identify a single name for each selected drug in order to allow a common understanding since many drugs have different names in different countries even in the same language. A typical example would be paracetamol (an INN), a drug known as acetaminophen in the United States and elsewhere. The use of INNs by national health ministries facilitates communication among the countries; besides, these names are always used in all official documents of WHO and PAHO. In addition, WHO produces a 'family' of nomenclatures, namely the International Classification of Diseases (ICD), which is 'the standard diagnostic tool for epidemiology, health management and clinical purposes. This includes the analysis of the general health situation of population groups. It is used to monitor the incidence and prevalence of diseases and other health problems'.¹ It assigns each disease a unique alpha-numeric code that allows comparisons for statistical purposes. 'It

is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records. In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological, and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States'.¹

In other words, it does not matter whether we call the disease 'liver cancer', 'hepatic cancer', or 'cancer of the liver', we will always be able to recognise it by the code assigned in the ICD.

To conclude, translation in public health is an extremely broad field of specialisation and Dr Gustavo A. Silva, having such a wide expertise, has guided and inspired hundreds of translators and writers in Spanish all over the world.

Dr Gustavo A. Silva can be contacted at enedelt@gmail.com; @gustavoasilva

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PubMed vs. Google Scholar

I use PubMed to retrieve medical literature. I always have. But should I?

Researchers in Canada recently compared the abilities of PubMed and Google Scholar to find relevant research articles.¹ In an elegantly designed study, Shariff *et al.* used 100 systematic reviews in the field of nephrology to derive 100 research questions (one per review). They then presented these questions to practising nephrologists and asked them for the search terms they would use to find literature to answer them. Finally, using these search terms the researchers searched PubMed and Google Scholar for relevant articles – defined as the 1574 articles cited in total in the 100 systemic reviews.

While PubMed and Google Scholar returned similar overall numbers of relevant articles, Google Scholar returned a greater overall number of articles (relevant plus irrelevant). The proportion of relevant articles was thus lower for Google Scholar than for PubMed. On the other hand, Google Scholar returned a greater number of articles for which the full text was available free of charge.¹

Intriguingly, the results were very different when the analysis was limited to the first 40 articles returned – the maximum number of citations 80% of nephrologists reported scanning for relevance in a previous study.² When this limit was imposed, Google Scholar retrieved twice as many relevant articles as PubMed, as well as three times as many relevant articles with free full text.¹

Importantly, PubMed and Google Scholar had similar coverage of relevant articles, containing 80 and 83% of them in their respective databases.

So, is Google Scholar better than PubMed for retrieving relevant medical literature? Previous comparisons of the two in other fields – including sarcoma³ and respiratory care⁴ – do not reveal a consensus. I guess the answer depends on a number of factors, including how many citations you are willing to trawl through and the importance of obtaining free content.

References

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Stephen Gilliver

Center for Primary Health Care Research
Malmö, Sweden
stephen.gilliver@med.lu.se