

# Profile

## An interview with Karina Ruth Tabacinic on some fundamental concerns of medical translation

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Medical translation has had a fundamental role in the history of scientific knowledge – ancient, past, and modern. It involves a larger array of working parts than is commonly brought to bear upon the study of other semantic activities. It calls directly on such concepts as authorship, cultural displacement, originality, textual transmission, literacy and orality, and so on.<sup>1</sup>

Karina Ruth Tabacinic has a deep understanding of medical translation concerns. She studied technical, scientific, and literary translation at the Institute of Higher Education in Modern Languages 'J. R. Fernández' in Buenos Aires, Argentina, where she is a scientific and technical translation instructor and tutor of the biomedical translation internship. She is currently working as a freelance biomedical translator (English <> Spanish). She is a certified sworn translator (by the University of Belgrano, Buenos Aires, Argentina), an American Translators' Association (ATA)-certified translator from English into Spanish, a member of the Argentine Association of Translators and Interpreters (AATI) (Treasurer since 2010), and a member of the International Association of Translators and Editors in Medicine and Allied Sciences (Tremédica). She is also registered with the Sworn Translators' Association of the city of Buenos Aires (CTPCBA). We turned to her to address some of the most interesting issues in this field.

*Medical Writing (MEW): We tend to think of English as a lingua scientia able to bridge all differences. Nevertheless, the growth of scientific disciplines in many countries has been indivisible from translation. Many do tend to think science, as well as many other disciplines, gets lost in translation as no discourse has sufficient power to defeat all the localising effects that a certain language imposes on its speakers. What's your opinion on this?*

*Karina Ruth Tabacinic (KRT):* It is an interesting topic that goes hand-in-hand with the concept of untranslatability. However, to my mind, untranslatability should not be an issue within scientific and technical

translation. Of course, some nuances may be lost in translation, but these are usually not relevant within the broader picture, or at least they should not be. Good translators know how to convey all the semantic content of the source text to provide the final readers with a target text that operates as a functional equivalent of the source text, albeit with some linguistic changes. In this regard, I believe some of the most recent theories in translation studies (especially the functionalist approach by Reiss, Vermeer, and Nord<sup>2</sup>) have successfully explained and can be applied to manage this problem.

*MEW: It is popular to speak of the translated word as 'fixed' or 'stable'. Once offered to readers beyond the translator's reach, words are thought to be perdurable and able to persist in form. However, often science books get updated and need to be translated again, implying that some extracts may still be identical to previous version and, yet, retranslated. In your experience, is translation 'stable'? Does it change with time?*

*KRT:* It certainly changes, as language and life itself change. So far, I have had to retranslate the new editions of two books I had previously translated, and it has been a very insightful and rewarding task, even though it certainly evoked mixed feelings: you have to reread a translation done several years before (and hopefully find many passages you would have translated some other way) and perhaps do a significant amount of retranslation and sometimes include new or revised information. Furthermore, terminology and language rules (e.g. spelling and punctuation), as well as company decisions or science itself, may have changed. No, I would not say translation is stable at all.

*MEW: Your research on headache-causing prepositions and the recently published article 'Prepositions as connectors in the biomedical discourse'<sup>3</sup> has been very much acclaimed among field professionals. Indeed, successfully translating prepositions may not be as easy as it seems at first sight. What are the main concerns in this field?*

KRT: Basically, the literal translation – i.e. syntactic calque – of some of these prepositions can often result in an unnatural or ungrammatical Spanish text, which can even communicate a different meaning or, at least, introduce ambiguity where there is none – something not desirable at all in scientific discourse. By way of example, the literal translation of the prepositions in ‘The major cause of morbidity *with* low-grade astrocytomas is dedifferentiation *to* a more malignant grade’ into Spanish would result in an ambiguity or a change in meaning (‘with’ expresses cause here, not properly rendered with the Spanish preposition ‘con’) and in an unnatural and excessively concise rendering (‘to’ connects a process with its result, a meaning that cannot be conveyed with the prepositions ‘para’ or ‘a’; in this case, both prepositions should be expanded). A full discussion of this point goes beyond the scope of this interview, but this example shows that prepositions cannot be overlooked assuming they are devoid of any ‘extra’ semantic content because, in fact, they operate as logical connectors. Sentences like the one above prompted my analysis to explain why prepositions used as connectors should not be translated literally and to provide alternative strategies to understand and transfer their meaning correctly. I have to acknowledge the help of many colleagues, but I am especially grateful to Fernando Navarro for suggesting that I should pursue this research.

*MEW: You have worked for a myriad of different clients, among which are the Pan-American Health Organization, pharmaceutical companies such as Schering-Plough S. A. or publishing houses such as Ediciones Journal S. A. These may entail different specialisation domains within medical translation. Would you advise novel professionals to specialise as much as possible or a general base knowledge of a broad field (medicine) may be a safer source of work?*

KRT: Although I have always been drawn to medical topics, the fact is that medical translation just ‘happened’ to me. It was not a specialisation I pursued and training opportunities were lacking after I graduated. Indeed, I got a hands-on, practical specialisation from my work for the publishing company in particular, since I not only translate but also review every book after its scientific revision – a kind of continuous conversation with doctors in every field of the books I translate (I even had personalised lectures on neurosurgical

techniques from a renowned neurosurgeon!). Nowadays, training opportunities abound: biomedical translation and medical content workshops, graduate courses, conferences, and lectures are delivered throughout the world in many different languages, and many can be attended through the Web or mobile devices. I would recommend any new professional to get translation training and content knowledge on the specific area they want to specialise in, but not to limit their job possibilities by, say, focusing solely on clinical trials, cardiology, or radiology. For biomedical translators, as for any translator, curiosity is a must. As I always tell my students, translators have to know as much as they can of the *topics* and *text types* that are usually translated within their area of interest or expertise, particularly considering the tight turnaround time that is required today and the fact that you never know beforehand what your next translation assignment will be. I would say that a general base knowledge of medicine (or of any area) is a good starting point. However, I believe translators should have a sound command of the source and target languages, and in scientific translation especially, a thorough knowledge of documentation and research resources and methods. In other words, rather than having the knowledge, the path to success lies in knowing which tools will lead you to the required knowledge.

Indeed, knowing which information-generating tools can help you in giving your utmost to a certain project is a must, not only for medical translators but for writers themselves. Knowledge is the basis of research, and thus, of science. Karina Ruth Tabacinic has given us a broad view of what medical translation entails and of some of the ‘big concepts’ in translation – such as untranslatability or training for medical communication professionals – but she has also introduced less explored issues such as the translation of English prepositions into Spanish as used in medical discourse, and we thank her for this contribution!

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## References

1. Montgomery SL. Science in translation. Movements of knowledge through cultures and time. Chicago: The University of Chicago Press; 2000. p. 271–94.
2. Nord C. Translating as a purposeful activity. Manchester: St. Jerome Publishing; 1997.
3. Tabacinic KR. Preposiciones como conectores en el discurso biomédico. Published in Panace@ 2013;14(37): 66–79.