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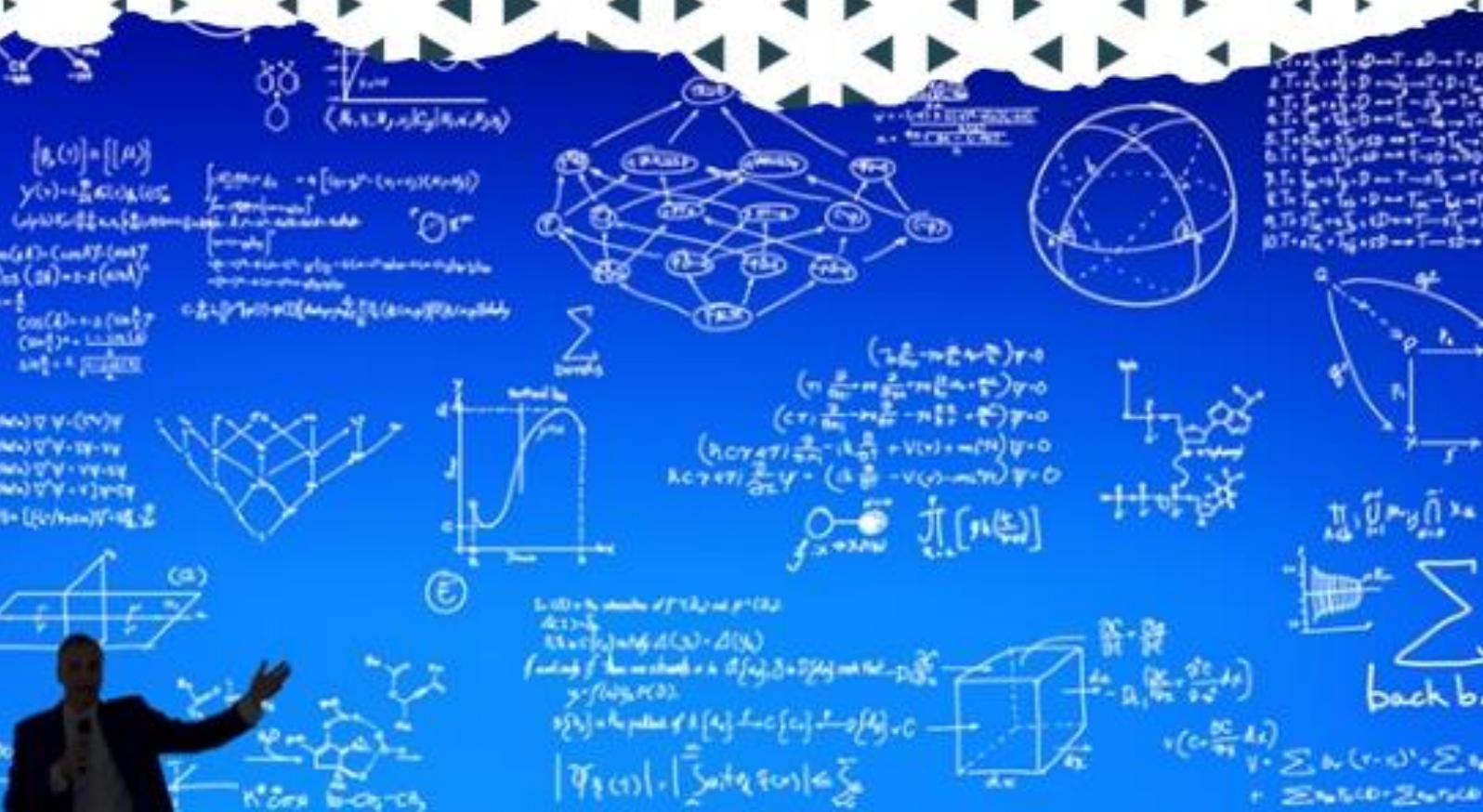
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PROBLEMS AND SHORTCOMINGS IN THE TRANSLATION OF MEDICAL MATERIALS

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Abstract: Medical translation is a highly specialized field that requires accuracy, consistency, and subject-matter expertise. This article explores the main problems and shortcomings in the translation of medical materials, focusing on terminological difficulties, syntactic complexity, cultural mismatches, and ethical issues. The study also examines the limitations of machine translation and the role of unqualified translators in producing inaccurate or unsafe medical texts. Recent developments, such as the challenges posed by the COVID-19 pandemic and the importance of standardization through ISO 17100:2015, are also discussed. The findings emphasize that medical translation is not merely a linguistic process but a life-critical task that demands deep medical knowledge, linguistic precision, and ethical responsibility. To improve quality and reliability, translators should receive professional training, use standardized terminology databases, and apply strict quality control and confidentiality measures.

Keywords: medical translation; terminology; linguistic accuracy; cultural adaptation; translator competence; machine translation; COVID-19; ISO 17100; ethics; quality assurance.

One of the most difficult and responsible areas of translation practice is medical translation. It deals with highly specialized terminology, complex sentence structures, and texts that often have direct implications for human health and safety. As Montalt and Davies (2014) point out, "A small mistake in medical translation may have serious, even life-threatening consequences." Therefore, accuracy, clarity, and consistency are vital in translating medical materials such as patient leaflets, research articles, clinical trial documentation, and medical device manuals.

However, despite technological progress and the availability of professional tools, the translation of medical materials still faces numerous problems and shortcomings. This paper discusses the main linguistic, cultural, and technical issues encountered in medical translation and suggests possible ways to overcome them.

The most significant problem in medical translation is terminological complexity. Medical terms are highly specific and often derived from Latin or Greek. Many of them have no direct equivalents in the target language. For instance, English terms like angioplasty, hypertension, or Crohn's disease may not have precise equivalents in Uzbek or other languages. According to

Temnikova (2012), translators often face challenges in choosing between scientific accuracy and reader comprehension. Some translators use descriptive phrases instead of exact terms, which may cause confusion or inaccuracy. Consistency in terminology is another major issue, especially when different translators work on the same project.

Medical tests are known for their long and complex sentences, often filled with passive voice and nominalizations. For example, a phrase like "the administration of medication should be monitored for adverse reactions" can be difficult to render naturally in another language.Ambiguity in medical texts can also create serious problems. Translators must clearly distinguish between similar concepts such as disease and disorder, or treatment and therapy. Misinterpretation of these terms may lead to misinformation in patient instructions or clinical reports.Another shortcoming in medical translation lies in cultural and linguistic differences. Health-related concepts, measurement units, and even medical attitudes vary across cultures. For example, while English texts may refer to "mental health therapy," in some cultures this concept carries social stigma, requiring a more sensitive translation.

Moreover, some drug names and medical abbreviations are culture-specific and may differ across countries. A translator must therefore adapt such references carefully to avoid misunderstanding. As Pym (2010) notes, "The translator must act as a cultural mediator who ensures that medical information is both accurate and culturally acceptable". A serious shortcoming in medical translation practice is the involvement of non-specialist translators who lack sufficient medical knowledge. Unlike general translation, medical translation demands a deep understanding of anatomy, physiology, and pharmacology. Without this knowledge, translators risk misinterpreting terms or producing misleading translations. Professional organizations such as the European Medical Writers Association (EMWA) emphasize that subject-matter expertise is as important as linguistic competence. Yet, in many cases, translation agencies assign medical projects to general translators to save time or cost, compromising the quality and safety of the final text.

In recent years, machine translation (MT) tools like Google Translate and DeepL have been used to process medical texts. While MT can speed up translation, it often produces inaccurate or context-insensitive outputs. Machines tend to mistranslate technical terms or fail to capture subtle meanings, especially in instructions and patient information leaflets. As García (2015) warns, "Relying on machine translation for medical purposes without professional post-editing is a dangerous practice." Therefore, human revision and proofreading remain essential to ensure the reliability and accuracy of medical tadqlations. Medical documents often contain sensitive patient data and confidential information. Translators must follow strict ethical standards

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and data protection rules. However, some translators, especially freelancers, are unaware of confidentiality agreements or use online tools that store data on external servers, leading to potential privacy breaches. Ethical awareness and professional responsibility are thus crucial components of medical translation competence.

In recent years, globalization and the COVID-19 pandemic have significantly increased the demand for accurate and fast medical translation. Translators had to deal with urgent documents such as vaccine guidelines, public health information, and WHO recommendations, often under time pressure. According to Chen and Xu (2021), the pandemic revealed that "errors in medical translation can spread misinformation just as quickly as the virus itself." During the early stages of COVID-19, several countries faced confusion due to mistranslated terms like "asymptomatic carrier" or "social distancing", which were inconsistently rendered in local languages. This situation highlighted the importance of real-time collaboration among translators, editors, and health professionals to ensure consistent terminology and clear communication. One of the major shortcomings in medical translation practice is the lack of international standardization. Different agencies and hospitals often use different terminology databases, which can lead to inconsistency. To address this issue, organizations such as the International Organization for Standardization (ISO) have developed quality standards like ISO 17100:2015 for translation services. Implementing these standards ensures that medical translations are reviewed by qualified editors, terminologists, and proofreaders. Moreover, creating multilingual medical corpora and shared terminology databases can help maintain consistency and reduce human error.

Medical translation is not a field that any translator can enter without proper preparation. Universities and professional associations now offer specialized medical translation courses that combine linguistics with biomedical science. As Kamenická (2018) notes, "The best medical translators are bilingual professionals who think like linguists and act like doctors." Continuous professional development, workshops, and online terminology platforms such as MedDRA, PubMed, and WHO Lexicon allow translators to stay updated with the latest medical terminology and standards.

Beyond linguistic competence, ethical responsibility is a cornerstone of medical translation. Translators are often the bridge between doctors and patients who speak different languages. A mistranslation can lead to misdiagnosis, incorrect dosage, or loss of trust. For example, in 1980s Florida, a hospital misinterpreted the Spanish word "intoxicado" as "intoxicated," which caused doctors to treat a patient for drug overdose instead of a brain hemorrhage — a mistake that led to permanent disability (Flores, 2006). Such cases underline that medical translation is a life-critical profession, where accuracy and ethics must go hand in hand. Medical translation is a

multidisciplinary practice that combines linguistic skill, scientific accuracy, and ethical awareness. The increasing globalization of healthcare, recent global health crises, and rapid technological development have made the translator's role even more vital. To minimize problems and shortcomings, translators must adhere to international quality standards, continuously update their medical and linguistic knowledge, and collaborate closely with healthcare professionals. Technology can assist, but human expertise, critical thinking, and ethical responsibility remain irreplaceable in ensuring that medical translations truly serve their life-saving purpose.

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