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# PATIENT-ORIENTED TRANSLATION OF ENGLISH CARDIOLOGICAL TERMS INTO UZBEK

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**Abstract**

Medical translation is an ethically grave field where communicative efficacy directly impacts patient safety. In the domain of cardiology, the translation of specialized terms from English into Uzbek requires a nuanced approach that distinguishes between expert-to-expert and expert-to-layperson registers. While the English medical lexicon is predominantly rooted in Greco-Latin foundations, the target Uzbek register often requires a hybridization of internationalisms and native descriptive formations to ensure comprehensibility. This article explores the strategies of patient-oriented translation, focusing on the preservation of medical accuracy while enhancing semantic transparency for non-specialist readers. By analyzing direct equivalents, descriptive expansion, and the challenges of clinical abbreviations, the study advocates for a balanced translational model that integrates the conceptual precision of classical terminology with the communicative needs of the patient.

**Keywords:** medical translation, patient-oriented communication, cardiology, descriptive translation, Uzbek terminology, semantic transparency.

## Introduction

Medical English is a highly specialized linguistic subsystem defined by its precision, systematicity, and international character.

In the contemporary globalized world, English has assumed the role of a lingua franca for medical research, education, and professional communication.

This specialized language provides a universal framework that allows healthcare practitioners from diverse linguistic backgrounds to share clinical findings and research outcomes with high accuracy. In the field of cardiology, which deals with life-critical anatomical structures and pathological processes, terminological precision is a fundamental clinical requirement rather than a mere stylistic choice.

The lexical architecture of cardiology is rooted in a deep Greco-Latin core that has historically provided a stable system for naming organs, conditions, and procedures.

This classical foundation serves as the "shorthand" of science, facilitating the transfer of complex medical knowledge across national boundaries. However, the rapid expansion of medical science in the digital age often introduces new pathological concepts, diagnostic tools, and surgical instruments faster than standardized nomenclature can be established. This phenomenon has led to what scholars describe as "terminological chaos," where the lack of unified naming conventions across different medical branches creates inconsistencies in communication. Within medical "genres" – ranging from formal research articles to informal clinical jargon – a significant linguistic trend known as "nominalization" has been observed. This process involves condensing complex pathological and anatomical information into dense multi-word terms (MWTs) and multi-component noun phrases.

For the Uzbek language, which is increasingly participating in international medical discourse, the systematic alignment of these complex English structures remains a significant challenge. Traditional bilingual dictionaries frequently focus on monolexical units, often failing to reflect the phrasal nature of modern cardiological discourse or the "onomastic angst" associated with traditional eponyms versus standardized descriptive terms. A notable research gap exists regarding the authentic use of cardiological language in the context of English-Uzbek translation and adaptation. Effective

communication in this field requires a precise negotiation between international Greco-Latin traditions and the morpho-syntactic requirements of the target language. This study employs corpus linguistics as a methodological foundation to bridge this gap, identifying usage patterns through objective evidence. By analyzing semantic relations, structural models, and adaptation mechanisms, the research aims to provide a data-driven framework for terminological standardization in the Uzbek medical register

Specialist-Oriented versus Patient-Oriented Translation The translation of cardiological terminology is governed by the functional style of the text and the intended participants of the communicative act.

Specialist-oriented translation is characterized by the use of "learned" expressions and internationally standardized nomenclature, which allows for unambiguous communication among experts worldwide.

In contrast, patient-oriented translation focuses on "lay-friendliness" and readability, as seen in Patient Information Leaflets (PILs) and informed consent forms. For instance, while a physician might prefer the term myopia in a research paper, the term short-sightedness is more suitable for communication with a patient. This distinction is critical because poor patient understanding of instructions contributes to a high rate of incorrect medication use and clinical errors.

Direct Equivalents in Cardiological Translation In Uzbek medical discourse, many anatomical and clinical terms are adopted as direct equivalents through transliteration or borrowing, preserving their Greco-Latin character. This approach maintains a semantic link with the international scientific community.

Examples of such direct alignment include the translation of myocardial infarction as miokard infarkti, arrhythmia as aritmiya and echocardiography as exokardiografiya.

These units represent the "codified" core of professional terminology found in standard bilingual dictionaries. While these terms are precise, they often remain semantically opaque to patients who lack etymological knowledge of Greek and Latin roots.

Descriptive Translation as a Strategy for Transparency When direct equivalents fail to convey clear meaning to a non-specialist, translators must resort to descriptive translation or expansion. This strategy involves replacing a compact technical term with a phrase that explains the underlying physiological or pathological state.

In the cardiological register, hypertension is often translated into Uzbek not just as the internationalism gipertenziya but descriptively as qon bosimining oshishi to ensure patient comprehension.

Similarly, the complex concept of heart failure—which lacks a monolexical equivalent in many languages – rendered as yurak faoliyatining yetarli ishlamasligi or yurak yetishmovchiligi to describe the heart’s inability to pump blood effectively.

Symptoms such as dyspnoea are frequently translated using the lay-friendly Uzbek phrase nafas qisishi or hansirash instead of the technical disnoea.

Challenges of Medical Abbreviations The use of abbreviations is a dominant trend in clinical practice, yet they represent a significant pitfall in patient-oriented translation due to their inherent polysemy.

A single abbreviation can have multiple context-dependent meanings; for example, the initialism IM can stand for mitral insufficiency, myocardial infarction, or intramuscular.

In the Uzbek context, the common abbreviation ECG (or EKG) is widely recognized but should be expanded to its full form elektrokardiogramma in patient documents to avoid ambiguity and ensure that the patient understands the diagnostic procedure being performed.

The Risk of Over-Simplification While simplification enhances readability, it carries the risk of losing clinical precision.

De-terminologization must be handled carefully to prevent "semantic distortion". Terms that are too simplified may confound the diagnostic reality; for instance, translating a specific type of neuroretinopathy merely as a "nerve-related eye problem" may alienate the patient from the actual complexity of their condition.

Furthermore, an over-reliance on professional jargon or imprecise colloquialisms can be technically erroneous and mislead both the patient and the healthcare provider. The goal is to provide a "natural equivalent" that satisfies the requirements of both style and meaning.

Patient-oriented translation of cardiological terms into Uzbek requires a sophisticated negotiation between terminological accuracy and communicative clarity. A successful translator must be a "medially knowledgeable linguist" who can navigate the double-layer of medical terminology, choosing between international Greco-Latin roots for precision and descriptive Uzbek formations for accessibility.

The findings of this study indicate that while direct equivalents like miokard infarkti are essential for professional standardization, descriptive strategies for terms like heart failure are indispensable for patient understanding and safety. Ultimately, medical terminology should not be viewed as a barrier but as a bridge of understanding between the specialist and the patient, ensuring that healthcare remains both precise and human-centered.

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