

**CASE REPORT AS A GENRE OF MEDICAL DISCOURSE:  
TRANSLATION CHALLENGES FOR NON-NATIVE SPEAKERS OF ENGLISH**

*У статті проаналізовано лексико-граматичні особливості жанру “medical case report” у сучасному дискурсі англійської мови. Пропонована розвідка є першою науковою спробою проаналізувати потенційні труднощі, які можуть виникнути у процесі складання опису клінічного випадку англійською мовою українськими науковцями. Розроблено методичні рекомендації щодо мінімізації й уникнення помилок у писемному мовленні українських науковців при роботі з жанром “medical case report” англомовного медичного дискурсу.*

**Ключові слова:** медична термінологія, медичний дискурс, клінічний випадок.

*The present paper focuses on potential grammar and lexical challenges which Ukrainian scientists may face when writing medical case reports (MCRs) in English. MCRs as a genre of medical discourse has its own unique features, traditional lexical structures and grammar rules, which must be taken into account. The main differences in the scientific style of the Ukrainian and English languages have been outlined. The ways to minimize and avoid errors in the written speech of medical professionals have been suggested. The authors emphasize the necessity to pay special attention to stylistic features of MCRs when developing academic ESP syllabi at medical universities. The study of potential difficulties, which Ukrainian medical professionals may encounter in the process of writing English MCRs, is important for developing relevant guidelines to eliminate possible mistakes and avoid misunderstanding in medical communication. The authors assert that presenting the research results without consideration of academic norms, grammar and lexical features of the English language can lead to mistakes and misunderstanding, and result in a written work of poor quality. It is crucial for medical professionals to be aware of peculiarities of academic writing in English in order to be understood and acknowledged in the modern English-speaking world. The analysis of potential challenges in writing MCRs in English as a means of international scientific communication is an important element for integration of Ukrainian researchers into the world community. The research will be useful for translation studies, teaching ESL, and developing multilingual competence of future doctors.*

**Key words:** medical terminology, medical discourse, medical case report.

Internationalization of higher education raises a demand for effective training of students who will ultimately succeed in the wider English-speaking world [14]. The prevalence of English as not only the *lingua franca*, but as an important transmission medium of scientific knowledge in our time compels the professionals in all spheres of science and technology to render their research results in English in order to be understood and acknowledged. In fact, researchers [8] assert that conversational fluency does not guarantee the effective mastering of academic writing and speaking skills. Thus, it is necessary to acquire the so-called “*academic literacy*” in English as a global language in science and technology. In order to achieve this objective, medical professionals are expected to be not only fluent in English, but also well-versed in academic style and standards.

Academic writing in English possesses a number of features and norms that are different from those of Ukrainian or Russian [1; 4]. Therefore, it is crucial for medical professionals to know the peculiarities of academic writing in English to be able to produce effective English language academic discourse and thus share their knowledge and findings with fellow researchers from all over the world. It is well established that transfer of academic norms of a person’s first language (mother tongue) to a foreign language often significantly impairs the quality of academic writing and speaking. Thus, the challenge for Ukrainian researchers is the difficulty in transition to academic standards of a foreign language. In order to overcome this challenge, it is necessary to focus on basic differences between L1 and L2 academic features: (1) academic English spelling and punctuation; (2) academic English vocabulary; (3) academic English grammar. The major challenges in academic English vocabulary have already been discussed in our previous studies [5; 6; 12]. We also focused on potential errors in academic English spelling and punctuation [2; 7; 10; 13]. The aim of this paper is to examine the most widespread grammar and lexical features of medical case reports (MCRs) which may cause difficulties for non-native speakers of English. The material of the research is the corpus of papers from *Journal of Medical Case Reports*, published within the last 10 years [9].

MCRs constitute one of the major genres of medical discourse [11]. MCRs are traditionally structured in abstract, introduction, case presentation, discussion, conclusion, informed consent and references. Brevity and conciseness are usually the most distinctive features of MCRs as a genre [11]. In fact, the author’s aim is to transfer the maximum amount of important information using the minimum

linguistic tools. Other unique characteristics of MCRs as compared to other genres of medical discourse are their narrative style and personal tone [11]. That is to say, the major objective of MCRs is to “narrate”, to describe an interesting case to fellow researchers in order to warn them or to improve treatment techniques. In our recent research [11] we found that the above-mentioned communicative features (i.e., narrative style, personal tone, etc.) determine the entire structure of MCRs, as well as the choice of grammar structures and lexical units: the prevalence of active voice sentences, past simple tense and personal pronouns. The use of simple past tense is a predominant feature of MCRs which results from the very nature of MCRs as narrative (that is, “storytelling”) texts: their primary aim is to give an account of past events: “*We maintained* anesthesia and intravenously *administered* remifentanyl (...) *We did not detect* any problems with his respiratory parameters (...) His systolic blood *pressure remained* at 40 mmHg for 10 min [9]; *we performed* chest compressions” [9]; “*We did not find* cases with such an evolution, but *we found* some cases of spontaneous expulsion” [9]; “*We found* electrogram amplitude to be normal (...) *we used* cryoablation to avoid pain” [9].

The direct manner and personal style of MCRs are also vividly embodied in the wide use of the first person plural pronoun: “*We report* a rare case” [9]; “*We describe* the case” [9]. The use of “we” emphasizes the fact of joint authorship: “sole authorship should rarely be undertaken, instead the support and critical appraisal of a number of colleagues, as well as clinical mentors, offers the most likely team to ensure a strong contribution to literature” [3]. Patients are usually referred to as third person pronouns. This narrative strategy is aimed primarily at the protection of patients’ personal information: “*He presented* with a 1-year history (...) At the end of radiotherapy, *he had* follow-up consultation every 3 months” [9]; “*He* eventually *developed* cutaneous nodules” [9]. As can be easily observed from the examples given above, another important aspect of MCRs is the use of active sentences which is also associated with narrative style and educational intention of MCRs as a genre: the authors of MCRs describe the unusual problem they have faced and handled, thus sharing their experience and a lesson they have learned from it. In this context, it should be noted that the passive is often used in the Ukrainian academic writing, as it is considered impersonal and thus more objective. However, passive voice can be imprecise and confusing; it can slow the reader down and disrupt the sentence focus. Clarity of meaning is paramount in medical research. The aim must be to avoid any possibility of confusion in the written meaning. Therefore, in the English academic writing, it is usually appropriate to use a good balance of passive and active forms. In general, the choice of active/passive voice depends on the context: passive voice is used to describe a process, the results of study, or similar material which is objective in nature, whereas active voice is used to describe actions.

Apart from these features, there are a number of challenging lexical aspects in writing MCRs in English. Table 1 presents the most common vocabulary difficulties which can be encountered by non-native speaker of English in writing MCRs. This list of lexical units is by no means exhaustive: it aims to structure the material under consideration and stipulates further development.

Table 1

**Essential vocabulary for writing MCRs**

<b>Diseases...</b>	...run in families; persist in spite of antibiotics; are resolved with specific treatment; remit and relapse; are contracted by inhalation; are transmitted by infected ticks; are managed by doctors
<b>Other common nouns and phrases pertaining to diseases:</b> onset; clinical course; clinical presentation; manifestations; prolonged / complete remission; episode / attack / bout; exacerbation; complication; recovery of the virus	
<b>Patient...</b>	...developed acute / chronic symptoms; presented with symptoms / history of...; consulted the doctor about...; sustained injuries; contracted infection; underwent surgery / procedure / examination; recovered from sickness; complains of mild / severe symptoms; suffers from sequelae of the disease; died of heart failure; broke out in rash; seeks medical care / advice / treatment; follows the treatment regimen; was born at term to a healthy woman; is sexually active; was admitted with a chest pain; was referred to a neurologist because of...; was delivered to emergency department; had follow-up consultation
<b>Treatment...</b>	...is (contra)indicated / prescribed / conducted / discontinued / completed / postponed
<b>Medication...</b>	...is administered / injected / given by injection / inhaled / taken by mouth / applied topically

As one can observe, Table 1 contains the most important vocabulary aspects of MCRs, namely, lexical units that can be misused due to ostensible similarity in L1 (i.e., “translator’s false friends”) and phrases that require specific attention. The aforementioned material has already been integrated into the 1st

edition of *Medical English for Academic and Teaching Purposes* (by Yu. Lysanets, O. Bieliaieva, M. Melaschenko: in press), which focuses on improving the writing skills in MCRs.

Thus, the study of potential difficulties, which Ukrainian medical professionals may face in the process of writing English MCRs, is important for developing the guidelines to eliminate possible mistakes and avoid misunderstanding in medical communication. MCRs as a genre of medical discourse has its own unique features, traditional lexical structures and grammar rules, which must be taken into account. The features of academic writing in English are different from those of Ukrainian or Russian. The most important features of MCRs are narrative style, personal tone and a less frequent use of passive voice. Presenting the research results without consideration of academic norms, grammar and lexical features of the English language can lead to mistakes and misunderstanding, and result in a written work of poor quality. It is crucial for medical professionals to be aware of peculiarities of academic writing in English so that they are able to produce effective MCRs which will be accepted by peer-reviewed journals. The skill of “academic literacy” in English is essential for medical professionals in order to be understood and acknowledged in the modern English-speaking world, and thus to be competitive in terms of international recruitment and staff exchange projects.

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