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TYPOLOGICAL PROBLEMS OF MEDICAL TEXTS AND TERMS FROM ENGLISH INTO UZBEK

Movlanova Ra'no,
PhD-researcher at UzSWLU,
Mavlonovarano567@gmail.com, +998770146010

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Abstract:

Medical translation is one of the most challenging fields of translation studies due to its specialized terminology, complex syntactic structures, and the necessity for accuracy. This article examines the typological problems encountered in translating medical texts and terms from English into Uzbek. The primary focus is on linguistic and cultural differences, terminological inconsistencies, and syntactic variations that pose challenges for translators. The study also highlights the need for standardized medical terminology in Uzbek to ensure clarity and precision in translation. Through comparative analysis, the article explores strategies to overcome these challenges and proposes solutions for enhancing the quality of medical translations.

Keywords: medical translation, typological problems, medical terminology, syntactic differences, English-Uzbek translation, linguistic challenges, terminology standardization.

INTRODUCTION. Medical translation plays a crucial role in ensuring effective communication in healthcare, facilitating the exchange of medical knowledge, and enhancing patient safety. The translation of medical texts from English into Uzbek presents unique typological challenges due to linguistic, cultural, and terminological differences between the two languages. Unlike English, which has a well-established system of medical terminology rooted in Latin and Greek, Uzbek medical vocabulary is still developing and often relies on loanwords or descriptive equivalents. One of the key issues in medical translation is terminological inconsistency, where a single medical concept may have multiple translations in Uzbek, leading to ambiguity and potential misunderstandings. Additionally, English medical texts often feature complex syntactic structures, including passive constructions, nominalizations, and extensive use of technical jargon, which may not have direct equivalents in Uzbek. These linguistic disparities create difficulties in achieving accuracy while maintaining the functional characteristics of the original text. Furthermore, cultural and pragmatic aspects must be considered when translating medical texts. Medical communication in English tends to be highly formal and precise, whereas Uzbek medical discourse often incorporates a more explanatory and patient-friendly approach. As a result, translators must balance literal accuracy with readability and comprehension for the target audience. This article explores the typological problems of translating medical texts and terms from English into Uzbek by analyzing linguistic, syntactic, and terminological differences. It also discusses practical solutions for improving translation accuracy, including the standardization of medical terminology, the adaptation of syntactic structures, and the role of specialized medical translation training. The findings of this study contribute to the development of more effective strategies for overcoming typological challenges in medical translation.

LITERATURE REVIEW. Medical translation has been extensively studied in the field of translation studies, particularly in relation to terminology standardization, linguistic challenges, and syntactic adaptations (Cabré, 1999; Montalt-Resurrecció & González-Davies, 2007). Research indicates that medical texts are highly structured and rely on domain-specific terminology that often lacks direct equivalents in target languages (Gotti & Salager-Meyer, 2006). In the context of Uzbek medical translation, studies highlight a growing need for terminological standardization due to the inconsistent use of loanwords, calques, and neologisms (Tursunov, 2020). While English medical terminology is predominantly derived from Latin and Greek, Uzbek medical vocabulary relies on Persian, Arabic, Russian, and more recently, English influences. This linguistic diversity creates a challenge in ensuring uniformity and comprehension in medical texts (Safarov, 2018).

Additionally, syntactic differences between English and Uzbek pose significant translation challenges. English medical texts frequently use passive voice, nominalization, and complex noun phrases, which are not commonly used in Uzbek medical discourse (Newmark, 1988). Instead, Uzbek tends to employ active voice, simplified structures, and explanatory

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phrases to enhance readability (Rakhmonov, 2019). Furthermore, previous research suggests that the pragmatic and cultural aspects of medical communication must be carefully considered in translation. In English, medical documents prioritize precision and conciseness, whereas Uzbek medical texts often favor patient-friendly explanations with cultural adaptations (Kuznetsov, 2015). This necessitates a balance between linguistic accuracy and contextual appropriateness in medical translation. Despite these studies, there is a gap in research addressing systematic solutions to the typological challenges of translating medical texts from English into Uzbek. This article seeks to fill that gap by analyzing specific linguistic issues and proposing strategies for improving medical translation accuracy.

METHODOLOGY. This study employs a qualitative and comparative analysis of English and Uzbek medical texts to identify typological translation problems. The methodology consists of the following steps:

1. Corpus Selection: A selection of 50 medical texts was analyzed, including clinical guidelines, pharmaceutical instructions, and medical research papers in English and their corresponding Uzbek translations.
2. Terminological Analysis: A comparison of English medical terms and their Uzbek equivalents was conducted to identify inconsistencies, loanwords, and lexical gaps.
3. Syntactic Analysis: The syntactic structures of medical sentences in both languages were examined, focusing on passive constructions, nominalization, and complex noun phrases.
4. Pragmatic Analysis: The study assessed how cultural differences affect medical communication and translation strategies.
5. Expert Interviews: Five professional medical translators and linguists were interviewed to gain insights into the challenges they face and the strategies they use to overcome typological translation issues.

The data collected were analyzed to determine patterns of translation difficulties and potential solutions for improving medical translation quality.

RESULTS. The findings of this study reveal several typological challenges in translating medical texts from English into Uzbek. Uzbek medical terminology is often inconsistent, with multiple translations for a single English term. For example, the term *hypertension* is rendered as *gipertoniya*, *yuqori qon bosimi*, or *qon bosimining oshishi*, depending on the context. Such variations create ambiguity and hinder standardization. Many English medical terms have been borrowed directly into Uzbek, sometimes leading to unnatural or overly technical expressions. For instance, *antibiotic* is often transliterated as *antibiotik*, whereas a native equivalent such as *bakteriyalarga qarshi dori* is rarely used. English medical texts frequently use passive voice, such as in *The patient was diagnosed with diabetes*, while Uzbek translations tend to use active voice, as in *Shifokor bemorga diabet tashxisini qo'ydi.* Similarly, nominalized expressions such as *the administration of medication* require reformulation in Uzbek for clarity. English medical texts tend to be concise and formal, whereas Uzbek translations often include explanatory additions to ensure patient comprehension. For example, a direct translation of *Take two tablets twice a day* might be extended in Uzbek to specify the time intervals and meal conditions: *Har kuni ertalab va kechqurun, ovqatdan keyin ikki tabletka iching.*

Certain medical concepts do not have culturally equivalent terms in Uzbek, requiring the translator to provide paraphrased explanations. For instance, *palliative care* has no exact equivalent in Uzbek, so translators often use *og'riqni kamaytirish va hayot sifatini yaxshilashga qaratilgan yordam* (care aimed at reducing pain and improving quality of life). Interviews with medical translators revealed that a lack of specialized medical translation training and limited access to updated medical glossaries in Uzbek significantly affect translation quality. Translators emphasized the need for standardized medical terminology and improved translation resources.

Overall, the study highlights the need for terminological standardization, improved training for medical translators, and greater attention to syntactic and pragmatic adjustments in medical translation from English into Uzbek.

DISCUSSION. The translation of medical texts from English into Uzbek presents numerous linguistic, syntactic, and cultural challenges that directly impact the accuracy and usability of medical information. The findings of this study underscore the importance of addressing these typological difficulties to enhance medical translation quality and ensure effective communication in healthcare settings.

One of the most significant issues identified in this study is the inconsistency in Uzbek medical terminology. Unlike English, which has a well-established and standardized medical lexicon, Uzbek medical terminology lacks uniformity, leading to multiple translations for a single concept. This inconsistency

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creates confusion among medical professionals and patients, making it imperative to develop standardized medical terminology in Uzbek. Establishing official glossaries and dictionaries, with input from both linguists and medical experts, would be a crucial step in resolving this issue.

The influence of loanwords and calques in Uzbek medical texts further complicates translation efforts. While borrowing terms from English can facilitate the adoption of international medical knowledge, excessive reliance on direct transliterations often leads to unnatural and overly technical expressions that may not be easily understood by non-specialists. A more balanced approach, incorporating both loanwords and native Uzbek equivalents, could improve the accessibility of medical texts while preserving linguistic identity. Syntactic differences between English and Uzbek also pose significant translation difficulties. English medical discourse frequently relies on passive constructions and nominalized expressions, which do not align with Uzbek linguistic patterns. Translating these structures into Uzbek requires active reformulation and contextual adaptation to maintain both accuracy and readability. A more research-based approach to syntactic adaptation, incorporating corpus analysis of existing translations, would provide better guidelines for translators.

Pragmatic adaptations are another crucial aspect of medical translation. English medical texts prioritize precision and brevity, whereas Uzbek medical discourse often employs additional explanatory phrases to enhance comprehension. While such adaptations are necessary to ensure clarity, excessive modification risks altering the intended meaning of the original text. Striking a balance between conciseness and comprehensibility is essential, particularly when translating patient instructions, pharmaceutical guidelines, and medical research documents. Cultural factors further complicate the translation process. Certain medical concepts, such as *palliative care* or *end-of-life care*, do not have direct equivalents in Uzbek, requiring translators to either create new terms or provide detailed explanations. In such cases, collaboration between medical professionals and linguists is necessary to ensure that newly introduced terms are both medically accurate and culturally appropriate.

The role of professional training and resources in improving medical translation quality cannot be overstated. The study highlights a lack of specialized training programs for medical translators in Uzbekistan, leading to inconsistencies in translation practices. Developing structured training programs, including medical terminology courses and translation workshops, would enhance the competence of translators working in this field. Additionally, greater access to updated medical glossaries, translation memory tools, and parallel corpora would significantly improve the consistency and accuracy of translations. In conclusion, the translation of medical texts from English into Uzbek requires a multidimensional approach that addresses linguistic, terminological, syntactic, and pragmatic challenges. Standardizing medical terminology, refining syntactic adaptation strategies, ensuring pragmatic appropriateness, and enhancing translator training are all critical factors in improving translation quality. Future research should focus on developing comprehensive Uzbek medical glossaries and exploring the use of AI-assisted translation tools to support human translators in this specialized field.

CONCLUSION

The translation of medical texts from English into Uzbek presents numerous linguistic, terminological, syntactic, and pragmatic challenges. The study has identified key issues such as terminological inconsistencies, excessive reliance on loanwords, syntactic disparities between English and Uzbek, and the need for pragmatic adaptation to ensure readability and comprehension. These challenges highlight the necessity for systematic approaches to improve medical translation accuracy and effectiveness. One of the primary solutions to these problems is the standardization of Uzbek medical terminology. Developing official medical glossaries and dictionaries, in collaboration with medical professionals and linguists, would help address inconsistencies and ensure uniformity in translations. Additionally, a more balanced approach to loanwords—incorporating both borrowed terms and native equivalents—would enhance accessibility without compromising the scientific integrity of medical texts.

Syntactic adaptation is another crucial factor in improving translation quality. Since English medical texts frequently rely on passive constructions and nominalized expressions, Uzbek translations must employ more active and reader-friendly sentence structures. Translators must develop strategies for maintaining accuracy while ensuring that the translated texts align with Uzbek linguistic norms.

Pragmatic adaptation plays an essential role in making medical texts comprehensible for Uzbek-speaking audiences. While English medical discourse tends to be concise and highly technical, Uzbek medical translations often require additional explanations to maintain clarity. Translators must carefully balance these elements to

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avoid excessive modification while preserving the intended meaning.

Furthermore, the study highlights the importance of specialized training for medical translators in Uzbekistan. Without proper education and access to updated resources, translation quality will remain inconsistent. Establishing professional training programs, developing translation memory tools, and providing access to reliable medical glossaries would significantly enhance the competence of medical translators. Overall, addressing these typological challenges requires a collaborative effort between linguists, medical professionals, and translation specialists. Future research should focus on corpus-based studies of medical translations, the development of AI-assisted translation tools, and the establishment of standardized guidelines for medical translation into Uzbek. By implementing these strategies, the quality and effectiveness of medical translations can be greatly improved, ultimately contributing to better healthcare communication and patient safety.

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