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Synonyms in Medical Terminology: Confusion for Inexperienced Translators?

Synonimy w terminologii medycznej: zamęt dla niedoświadczonego tłumacza?

English-language medical terminology can be occasionally confusing for translators as simultaneously both English-based and Latin-based (sometimes Greek-based) terms referring to the same disease are used. Additionally, synonymous English terms relating to the same phenomena can be employed. This may be potentially challenging, especially for inexperienced translators who are not sure which term should be selected in particular contexts. Such situations can be illustrated by the synonymous *co-occurring* and *coexisting* in relation to disorders and diseases, *tumour* and *neoplasm*, and *cancer* and *neoplastic disease*. Examining terminology mainly from the area of cardiology and nephrology, I would like to indicate that depending on various factors and the translator's *skopos*, different terminology can be applied and also draw attention to the fact that medical language, like any natural language, develops; hence the change in terminology and preferences for specific terms.

Key words: medical English, synonyms, registers, stylistic value, *skopos*
Słowa kluczowe: terminologia medyczna w języku angielskim, synonimy, rejestry, wartość stylistyczna, *shopos*

1. Development of medical English

Contemporary medical English terminology has been diachronically influenced by several languages, in particular Greek, Latin, Latinised Greek, French and Arabic. This cross-influence is directly associated with the historical context in which medicine and its language developed. The oldest medical texts, dating back to the 5th and 4th centuries B.C., were written in Greek. Numerous medical terms, still in use, were introduced

by "the father of medicine" – Hippocrates of Kos (c. 460–377). At the beginning of the 1st century A.D., the Roman scientist Aulus Cornelius Celsus compiled an overview of medical knowledge *De Medicina* in Latin. In his work he imported (borrowed directly), Latinized and translated Greek words, thus creating a mixture of Greek and Latin vocabulary for describing medical conditions. In the Middle Ages Arabic became an important source of medical vocabulary. During subsequent centuries, most medical texts were written in Latin and medical terminology consisted of Greek and Latin terms already in use, as well as Arabic and French borrowings. The 19th century witnessed the rapid development of national medical languages due to new discoveries and inventions and then many vernacular terms entered medical languages in particular countries. An even more excessive development of medical language occurred in the 20th century when advancement in diagnostic measures and equipment necessitated the introduction of new terms to name both clinical conditions and devices to diagnose them (cf. Berghammer 2006: 40; Bujalkova, Dzuganova 2015: 83; Kujawska-Lis 2016: 250–251; Répás 2013: 5; Wullf 2004: 187–188). Thus medical English is now a combination of Standard English and medical terms. The latter include Latin and Latin-derived words for anatomical terms, Greek-based ones for clinical conditions, occasional Latin clinical terms and Greek anatomical terms in Latinised forms, borrowings from French and words of Germanic origin, modern neologisms, abbreviations and acronyms, eponyms, words coined with productive suffixes and prefixes of foreign origins (predominately Greek), Greek-Latin hybrids, English words and expressions that are translations of internationally used Greek or Latin terms (Bujalkova, Dzuganova 2015: 84–86; Berghammer 2006: 42; Kujawska-Lis 2016: 251–252).

This complex line of development has resulted in the appearance of synonyms that may serve as sources of complication for translators of medical texts, who work from their national languages and translate into English, or perhaps, one should say – international medical English: a standardized variety used for international communicative purposes. Linguistically speaking, synonyms are defined as words with similar or very close meanings and they are rather unwanted phenomena in medical terminology (cf. Džuganová 2013: 61), given the desired precision of medical texts. Unfortunately, synonyms are not a rare occurrence in medical language since many languages have adopted Greek/Latin-derived terminology and simultaneously have developed native terminology. Actually, they are so common that they can be found in any branch of medicine. Confusion in medical nomenclature was noticed already in mid-19th

century when William Farr (1807–1883), the first medical statistician who endeavoured to systematize medical terminology for reporting purposes, observed: "Each disease has, in many instances, been denoted by three or four terms, and each term has been applied to as many different diseases: vague, inconvenient names have been applied" and further postulated: "The nomenclature is of as much importance [...] as weights and measures in the physical sciences, and should be settled without delay" (*Eighth Annual Report...* 1842: 92). Despite many attempts at constructing a uniform medical nomenclature, synonymous expressions still abound in usage, irrespective of the national language involved. As emphasised by Gabi Berghammer, "'medspeak' is full of concepts that go under several names which are basically equivalent but may differ according to whether they derive from anatomical, pathogenic, historical, or descriptive considerations" (Berghammer 2006: 42).

From a translational perspective, synonyms can pose dilemmas for several reasons. Depending on their types, synonymous expressions can have different stylistic values and thus a translator needs to assess their validity in specific text types and for specific receivers. In cases when both learned forms (specialized terminology) and everyday ones (colloquial terms) are available, the choice of the synonymous expression will usually be guided by "the genre or type of text to be translated and on the needs and expectations of its audience" (Berghammer 2006: 42). Yet these expectations may be different in different cultures. When writing about the text type to be translated and the audience for whom the target text is created, Berghammer actually indirectly touches upon the idea of *skopos* in translation theory. The *skopos* theory, as developed by Hans J. Vermeer, assumes that any translation is conceived as an action and thus it has an aim (Vermeer 1989/2003: 221). This aim and the mode in which it is to be realized needs to be "negotiated with the client who commissions the action" (Vermeer 1989/2003: 221). In other words, it is the translator who should either define the purpose of the translation with the client or determine his *skopos* by creating hypothetical audience. Depending on the client's preferences or who the receivers of translation action are, the mode of realization may differ. As Lawrence Venuti comments, "the skopos [is] a complexly defined intention whose textual realization may diverge widely from the source text so as to reach a 'set of addressees' in the target culture" (Venuti 2003: 217). The translator of medical texts must then define his audience and its expectations (medical doctors, non-medical receivers), as well as to analyze discourse conventions to be able to select

appropriate equivalents in terms of stylistic value, frequency of usage and simplicity/difficulty level if synonymous expressions exist.

Additionally, synonyms can also have quite similar stylistic values and be used interchangeably. This often leads to confusion and uncertainty as to which expression should be selected and why. Moreover, translating for clients who have command of medical English, the translator may be faced with criticism resulting from clients' personal preferences. This is frequently the case now especially as regards medical doctors who need to publish in international journals. The problem is that bilingual dictionaries and lexicons of medical terminology do not necessarily provide information concerning frequency of use, stylistic value, and contexts for use, but merely list equivalents for the source word. This complicates the translator's situation, especially a novice, even further because research is necessary to assess the applicability of a given synonymous equivalent in a particular context.

Yet another problem may emerge when along with the development of diagnostic criteria different names for the same clinical condition appear, such as *atherosclerotic cardiovascular disease*, *atherosclerotic heart disease*, *coronary artery disease*, *ischemic heart disease*. Differences between these terms may be difficult to grasp by a translator who does not specialise in a particular branch of medicine, especially when one term tends to supersede another as is the case with *coronary artery disease* (CAD) which seems to be preferable currently to *ischemic heart disease* (IHD). Pitfalls awaiting translators of medical texts are numerous, and synonyms constitute just one, but important group of problematic terminological aspects.

2. Synonyms of analogous stylistic value

Synonyms that have the same stylistic value often involve words that have been adopted by English a long time ago and so their non-English origin is no longer evident for common users and non-native translators in particular. Frequently such words do not refer to anatomical structures or pathogenic considerations, but are of descriptive value (they would involve adjectives that are part of expressions referring to medical conditions, or more generally to medical issues). In the case of such synonyms, the selection of a particular word in translation can be the personal preference of the translator, e.g.:
choroba współistniejąca

(1) coexisting disease
(2) concomitant disease
(3) concurrent disease

All listed adjectives are etymologically Latin-based (exist from *existere* – "to step out," "to emerge"; concomitant from *concomitant* – "accompanying"; concurrent from *concurrere* – "run together," "meet") and each can be found in medical discourse and medical terminology lexicons. The definition of each English phrase is analogous: each refers to the presence of one or more additional diseases. The choice of the term is then not dictated by semantic considerations and the stylistic value is also irrelevant, as all of these terms appear in medical contexts of a similar stylistic value (e.g., scientific papers), with perhaps "coexisting" being the least jargon-like, yet still employed in academic publications (compare: "Coexisting diseases of moyamoya vasculopathy," Wei et al. 2014). The selection of the equivalent is consequently the translator's arbitrary decision. This may lead to conflict with the client who knows medical English and may have a preference for a different word than the one used in the translation.

Unlike in the past when the interpreter was a mediator between two communicative communities that did not know each other's respective language and the translator produced texts for clients who did not know the source or target languages, depending on directionality, nowadays it is quite common to deal with clients who speak foreign languages, especially English. Presently many translations of scientific papers are commissioned by medical doctors who have passive knowledge of English (especially medical English). They read papers in academic journals published in English, attend international conferences and so are familiar with the terminology in their fields. They may be accustomed to specific words that they have come across in publications, but may not know their synonymous expressions. Consequently, they may question a solution adopted by the translator. What follows is the undermining of the quality of translation as such. For instance, the client has doubts about the choice of "concurrent" instead of "coexisting," generalizes his suspicions and expresses reservations as to the quality of the entire text based on this subjective assessment. Such situations involve issues relating to the translator's ethics: questioning the quality of the translation transfers directly to raising objections to the translator's (un)ethical behaviour on the assumption that the translator provides an incorrect target text. Such cases then demand from the translator certain competences in interpersonal communication and, more specifically, skills in relationship-building with the client:

the translator may accept the version suggested by the client, yet should not compromise his professional position by admitting to having committed a mistake since the choice of a synonym of an analogous or similar stylistic value is by no means a translation error. The translator needs to explain clearly, yet with authority based on knowledge, why the two expressions may be used interchangeably, demonstrating both his linguistic competence and negotiation skills. For instance, in the analyzed example the definition of a more jargon-like synonym (that would normally be used in the most professional and technical context) – *comorbidity* – justifies the employment of any of the mentioned adjectives: "In medicine, comorbidity is the presence of one or more additional diseases or disorders co-occurring with (that is, concomitant or concurrent with) a primary disease or disorder; in the countable sense of the term, a comorbidity (plural comorbidities) is each additional disorder or disease. The additional disorder may be a behavioural or mental disorder" (https://www.revolvy.com/topic/Comorbidity&item_type=topic).

Another synonymous adjective that appears in the above quotation is "co-occurring", substantiating one of the pitfalls for translators who might easily treat this word as yet another form of the same stylistic value to be used interchangeably with the others. Although this adjective covers the same semantic field as the other three, it collocates with disorders rather than with diseases. The phrase "co-occurring disorders" (rather than "co-occurring diseases") is most often used in psychology and psychiatry to refer to behavioural and mental disorders. In this case, the translator needs to differentiate even more and should not treat the phrase "co-occurring disorder" as a synonym of "coexisting disease" because of the specificity of medical fields covered. This demonstrates that apart from linguistic competence, the translator must be familiar with characteristics of particular branches of medicine when dealing with synonymous expressions.

3. Synonyms of analogous or similar stylistic value subjectively perceived as different

Synonyms of similar stylistic value yet perceived as different in terms of more technical and less technical register, are probably the source of most confusion for the inexperienced translator. They primarily concern words derived from different languages that function in English medical discourse of quite a comparable stylistic status, for instance:

• *insufficiency* (Latin-derived) and *failure* (French-derived)

- *kardia – cardia* (Greek) and *heart* (Germanic origin)
- *nephros* (Greek), *ren* (Latin), *kidney* (Old English)

Such lexical items form compounds that name particular diseases and confusion results from the fact that frequently the translator finds various names referring to the same disease in different sources (sometimes in the same source) and is uncertain as to which name to use. For instance, the Polish word *niewydolność* has two equivalents commonly used in English (insufficiency and failure) that are parts of names of diseases.

Cardiology:

(1) *niewydolność serca* – heart failure, cardiac insufficiency
(2) *niewydolność mięśnia sercowego* – myocardial failure, myocardial insufficiency
(3) *niewydolność wieńcowa* – coronary failure, coronary insufficiency
(4) *niewydolność krążenia zastoinowa* – congestive heart failure (but usually not congestive cardiac insufficiency)

Nephrology:

(5) *niewydolność nerek* – renal failure, renal insufficiency, kidney failure (but usually not kidney insufficiency)

Gastroenterology:

(6) *niewydolność wątroby* – liver failure, hepatic insufficiency

A cursory look at the above examples may lead to the conclusion that non-Latin/Greek words (kidney, heart, liver) more frequently collocate with other non-Latin/Greek words (failure), but this is not an absolute rule and the translator would be misguided by such an assumption since different combinations are possible; they are acceptable and appear in medical discourse. In terms of register, all the enumerated forms are used in medical texts targeted at specialists (academic papers), and so their stylistic value is at least comparable, if not analogous. Yet, words of Latin/Greek origin are subjectively perceived as of a more professional register than the ones derived from German, French and Old English. Hence translators, especially non-English translators who deal with languages in which Latinized and Greek-derived forms are more acceptable in academic and professional discourse, may have a tendency or be inclined to select equivalents from the first group when dealing with more professional texts (renal rather than kidney failure). This simplistic division into more professional and slightly less professional, yet still specialist jargon is, however, reductive and can prove misleading. Both Latin/Greek and Germanic/French/English-derived terms are used in academic papers and can be found in the International Statistical Classification of Diseases

and Related Health Problems (ICD) – the standard diagnostic tool for epidemiology, health management and clinical purposes. ICD is used by a variety of entities associated with medicine, in particular by physicians, nurses, other providers of health services, care-takers, researchers, health information managers, health information technology workers, policy-makers, insurers and patient organizations. For the translator of medical texts the ICD classification of diseases may serve as a very useful guide when one is not certain as to which synonymous phrase to select. Referring to the systematized source of medical nomenclature advocated by the World Health Organization may solve many terminological problems.

The 2016 version (http://apps.who.int/classifications/icd10/browse/2016/en) includes words of various origins, i.e., heart, myocardial, failure and insufficiency:

I25 Chronic ischaemic heart disease

but

I25.6 Silent myocardial ischaemia

Thus, when in doubt as to which synonym should be a constituent part of a compound, the translator instead of forming the compound himself can consult the English version of ICD and select nomenclature provided there. However, the real challenge is that with the rapid development of medicine and diagnostic measures in particular, different names of the same diseases continue to appear and function in medical discourse. The translator needs to be aware of that and be able to relate the name of the disease found in a given source text to the one that is currently in use. ICD provides a diachronic perspective on the development of medical terminology with its revised versions published periodically, normally every 10 years in the past. For instance: in the 1990s the commonly employed name was "asymptomatic cardiac ischaemia," which in the 10th revised version of ICD was changed to "silent myocardial ischaemia." The translator must know that these two terms refer to the same disease (as they may have only one name in his native language). In this particular case the two names stem from the different motivations underlying the naming process, which is often the factor behind the formation of synonymic expressions. In "asymptomatic cardiac ischemia" the absence of symptoms was emphasized (external perspective of the physician), whereas in the case of "silent myocardial ischaemia" a more specific term appears ("myocardial" as relating specifically to the muscular tissue of the heart), whereas "silent" refers to the notion that the disease does not allow the person involved to realize that he has developed it (internal perspective of the patient).

The translator must then possess knowledge on the development of terminology, must realize that he deals, in fact, with one disease differently named and select the name of most validity in a given period.

ICD can serve then as a point of reference for the diachronic changes in terminology as of the mid-20th century onwards and allow the translator to select a more up-to-date version of two synonymic names found in lexicons and other sources (generally printed sources: dictionaries, lexicons and encyclopaedias tend to "grow old" rather quickly and though periodically updated, they do not keep pace with the terminological development). The language of medicine constantly evolves and ICD may help the translator manage his terminological database. In order to be professionally successful and accurate, the translator needs to follow the evolution occurring in medicine and medical terminology and should employ terms which are in use in contemporary language rather than ones preferable in the past (obviously this rule does not concern texts providing a historical background to medicine or a particular disease, in which diachronic terminological changes may be recorded and so must be reflected in translation).

Hesitation as to which synonymous term to choose and the diachronic perspective may be illustrated with a common disease of the kidneys:

(1) niewydolność nerek
(2) przewlekła niewydolność nerek
(3) schyłkowa postać przewlekłej niewydolności nerek

could be potentially translated as:

(1a) renal/kidney insufficiency/failure/disease
(2a) chronic renal/kidney insufficiency/failure/disease
(3c) end-stage/final-stage renal/kidney insufficiency/failure/disease

With such a plethora of possibilities the inexperienced translator may feel at a loss because semantically there is no difference between these synonymic expressions. Additionally, they are often used interchangeably in sources comparable as to the stylistic value and register. Referring to ICD may solve at least some dilemmas. The 2003 version of ICD (http://apps.who.int/classifications/apps/icd/icd10online2003/fr-icd.htm) provides the following classification and nomenclature:

(N17-N19) Renal failure
(N18) Chronic renal failure
(N18.0) End-stage renal disease

The classification is consistent in adhering to the Latin-based name of the organ, yet depending on the clinical condition either "failure" or "disease"

is employed (potentially confusing the translator). In this period most academic papers would use that terminology with the abbreviation ESRD standing for end-stage renal disease frequently found.

The 2010 version of ICD (http://apps.who.int/classifications/icd10/browse/2010/en) revised the nomenclature and introduced a new, more specific classification:

(N17-N19) Renal failure

but

(N18) Chronic kidney disease
(N18.5) Chronic kidney disease, stage 5
including: End stage kidney disease

The naming changed due to the altered way of staging the advancement of the disease and this was reflected in scholarly papers, where one would find the abbreviation CKD with the appropriate stage. This classification also appears in the latest 2016 version of ICD and so presently the translator should select CKD (chronic kidney disease) rather than apparently more sophisticated (because derived from Latin) chronic renal insufficiency.

ICD can resolve the translator's dilemmas more authoritatively than research which may not be conclusive and is quite time-consuming. Different sources (especially online sources which are presently the most common and quickest way of conducting research and accessing information) often provide two synonymic names. This is not helpful in making an informed decision as to which synonymous term to select. For instance:

(1) "Chronic kidney disease (CKD), also known as chronic renal disease" (https://en.wikipedia.org/wiki/Chronic_kidney_disease)
(2) "End-stage kidney or renal disease (ESRD) What causes end-stage kidney disease?" (http://www.healthline.com/health/end-stage-kidney-disease#overview1) – American source: Health line USA
(3) "Kidney failure, also called end-stage renal disease (ESRD)" (http://www.kidneyfund.org/kidney-disease/kidney-failure/?referrer=) – American source: American Kidney Fund
(4) "The stages of CKD (Chronic Kidney Disease)" (http://www.renal.org/information-resources/the-uk-eckd-guide/ckd-stages#sthash.2JwbHSmr.dpbs) – the UK source: the Renal Association UK
(5) "Myocardial ischemia, also called cardiac ischemia" (http://www.mayoclinic.org/diseases-conditions/myocardial-ischemia/basics/definition/con-20035096) – American source

Conducting research as well as consulting parallel texts and various relevant materials are among the basic translator's obligations when striving for mistake-free and good-quality translation. Yet, as these examples

demonstrate, fulfilling this obligation does not necessarily solve the problem when one term must be selected. Translators are left with a choice of two alternatives and they must make the final decision. It is best when this decision is made based on the knowledge of terms in current use rather than intuition (selecting terminology that sounds "more scientific," as is often the case).

Browsing through a variety of available publications may also leave the translator confused as to the preference for one term in the USA and another one in the UK. Referring to the standardized up-to-date version of the classification of diseases proves to be a reliable source of information and can become the translator's guide when the synonymic expressions are of similar frequency and stylistic value. ICD can also be of use when discussing the choice of terminology with the client and explaining why a given term is more valid.

However, it should be remembered that medicine is one of the fastest developing fields and terminology may change even faster than the updated versions of ICD. This can be seen in the new name for "acute renal failure" (N17) according to the 2016 version of ICD. Although this term is the one recommended by experts who contributed to the latest version of the diseases classification, some nephrologists tend to employ a different name now, i.e., "acute kidney injury" (AKI): "Acute kidney injury (AKI) refers to an abrupt decrease in kidney function […]. The term AKI has largely replaced acute renal failure (ARF), reflecting the recognition that smaller decrements in kidney function that do not result in overt organ failure are of substantial clinical relevance and are associated with increased morbidity and mortality" (Palevsky 2017, online). This quotation is taken from a constantly updated website, but this terminological change was suggested earlier than 2017. As early as in May 2004 a new classification, the RIFLE (Risk, Injury, Failure, Loss of kidney function, and End-stage kidney disease) classification, was proposed in order to define and stratify the severity of acute kidney injury (AKI) (Lopes and Jorgea 2013: 8), formerly called acute renal failure (ARF). Thus as of 2004 this new term has gradually been replacing the older one (as is evident in the terminology found in many publications devoted to this clinical condition from the last decade), yet this change is not reflected in ICD, even in its most recently updated version. Consequently, the translator must not treat ICD as his only and ultimate source of information, but needs to follow the most current literature on the subject to be able to discriminately employ synonymic terms. When translating into English, he should select the term in accordance with the latest classifications proposed by specialists in a given

field (AKI rather than ARF nowadays). This requires one's terminological database to be constantly developed and updated. In other words, the translator must not be satisfied with having one equivalent at hand that was in use previously for a particular disease since its name may have been altered over the years. Because the two names refer to one clinical condition, and are synonymous, it is the pragmatic choice that the translator must make: one governed by the currency and validity of the term.

4. Synonyms of different stylistic value

The relatively easiest group from a translational point of view consists of synonyms formed by translating (usually by means of syntagmatic translation or descriptive equivalents) Greek/Latin terms into English and other national languages. In modern medical languages usually a Greek/Latin-based term functions side by side with its native version or versions (more than one may exist). Though semantically analogous, such terms differ in their stylistic values and validity (Džuganová 2013: 62) and thus are employed in different types of texts and for dissimilar audiences. The Greek/Latin-derived terms are typical of a very specialist jargon and would appear in diagnoses, patients' records and histories, medical manuals describing diagnosis, treatment, management, and prognosis of disorders targeted at specialists as well as in medical journals publishing original papers, case reports and overview articles (though exceptions to the rule may appear). Native equivalents are of a less specialist register and consequently appear in medical texts intended for non-specialist recipients, patients or common readers interested in a given subject. Božena Džuganová distinguishes international Greek/Latin terms and native ones and rightly observes that: "While the international terms *erythrocytes*, *leukocytes*, *thrombocytes* and *coagulation* serve for specialists, their English equivalents *red blood cells*, *white blood cells*, *blood platelets* and *blood clotting* are used in articles or speech determined for the common reader or listener" (Džuganová 2013: 62). Whether they are of a descriptive nature (acholuria vs. absence of bile pigments from urine; acholia vs. suppressed bile excretion) or result from syntagmatic translation of original words (haematopoiesis vs. blood cell production), the native phrases are always less cryptic and are more informative for non-specialists, hence they are more likely to appear in less specialized discourse types. Depending on the translator's *skopos*, the choice of the equivalent will be often

guided by the distinction between educated and non-educated audience as well as specialized and less specialized texts.

Generally, it is uncomplicated to distinguish between expert jargon (even when more than one term exists) and layman language:

(1) expert – *zawał mięśnia sercowego/zawał serca*, myocardial infarction/cardiac infarction
(2) layman – *atak serca*, heart attack

It may be, however, more problematic for translators to select an equivalent when the number of available synonymous terms is different in the two languages involved and additionally they are not equally comparable as far as stylistic scales are concerned. For instance, based on the scale of generality or difficulty according to Peter Newmark (Newmark 1988: 14), in English three terms referring to one clinical condition can be distinguished, whereas one of them may fall into three different categories:

(1) opaquely technical (comprehensible only to an expert) – neoplasm
(2) technical – carcinoma
(3) educated/neutral/popular – cancer

In Polish, however, only two equivalents are available: *rak* and *nowotwór*, thus they would be differently classified in terms of generality or difficulty:

(1) opaquely technical/technical/educated – *nowotwór*
(2) neutral (if we assume after Newmark that neutral refers to using basic vocabulary only)/popular – *rak*

Technically, in the case of the above examples it is not so obvious to actually talk about synonyms because both neoplasm and *nowotwór* may be treated as superordinate terms with regards to carcinoma/cancer and *rak* (treated as hyponyms), since neoplasms may be both benign and malignant, whereas carcinomas/cancers are always malignant. The point is, however, that they are often perceived as synonymous by translators. Because these words may be classified differently on the scales of difficulty, the choice of the equivalent may be problematic. For instance, in Polish academic papers one would avoid the word *rak* since it is regarded both as not sufficiently educated and additionally it evokes negative connotations. Thus *nowotwór* or its descriptive version *choroba nowotworowa* would be used instead. Yet in English *cancer* is perfectly acceptable in analogous contexts. For instance, in the paper "Symptoms and Suffering at the End of Life in Children with Cancer" (Wolfe et al. 2000: 326) the term *cancer* features several times (apart from the title). The equivalent term *rak* does not share the analogous level of difficulty (educated) and so it appears in Polish in more tabloid-like contexts when specific feelings

are to be evoked in readers. In scholarly papers, it is definitely avoided. Thus the two synonymous terms (*rak* and *nowotwór/choroba nowotworowa*) differ in expressive meaning and consequently are preferable in different text types.

Since the stylistic scales are not always comparable between languages, the translator needs to be flexible and select the equivalent according to differences in expressive meaning and a generic tradition in particular cultures. Anna Browne, when discussing colloquial and specialized medical terms stresses that: "While translating from Polish into English the translator must avoid using colloquial expressions, which may be inappropriate in official translation." She illustrates her point with *smallpox* and *chickenpox*, claiming that they "are commonly used instead of their specialized equivalents" (Browne 2016: 125). Yet, she makes a reservation that "in some cases more informal terms may be used, for example in Patient Information Leaflet (PIL). If a word exists in general English and is used by patients who may not know its specialized equivalent (e.g. *chickenpox – varicella*), the translator should use the general term in PIL" (Browne 2016: 125–126). The situation, however, seems slightly more complex than that. Analogous text types may actually differ in terms of preferable stylistic scales between languages. For instance, in English medical journals one would frequently find less opaquely technical (specialized) terms than in Polish ones, especially when the English term is more popular than its Greek/Latin synonym, as can be illustrated by the following title of a scientific paper: "The incidence of chickenpox in the community. Lessons for disease surveillance in sentinel practice networks" (Fleming 2001: 1023). Selecting between *chickenpox* and *varicella*, then, does not only depend on different recipients (physicians versus patients), but also on the conventions in particular cultures (in the case of the aforementioned article the audience is, after all, educated – the scientific paper is dedicated to physicians and scholars).

Differences in traditions and conventions (generally more specialized vocabulary used in Polish scholarly papers) can be also noticed when one deals with terms that are derived from toponyms. For instance, the disease transmitted by ticks is normally called *borelioza* (naturalized version of the Latin term) in Polish and this word appears in a variety of texts, be it popular, educated, or highly specialized. In English, two synonymous expressions exist: *borreliosis* and *Lyme disease*, the latter referring to the name of place (Lyme, Connecticut) where it was first reported ("History of Lyme Disease," http://www.bayarealyme.org/about-lyme/history-lyme-disease/). These terms are often employed interchangeably, sometimes the

toponym is added to *borreliosis*, for instance: "Lyme borreliosis (LB), or Lyme disease, which is transmitted by ticks of the *Ixodes ricinus* complex, was described as a new entity in the United States in the late 1970s" (Aguero-Rosenfeld et al. 2005: online). In Polish the syntagmatically translated name based on the toponym (*choroba z Lyme*) is occasionally given as another name for borreliosis, yet it is not normally used, just as another term for this disease (*krętkowica kleszczowa* – deriving from the type of bacteria and the insect that spreads it). It is the Latin-based term that is employed both in popular and technically medical language. In English scholarly medical papers, however, often the English term, apparently popular one, appears (cf.: "The emergence of Lyme disease" in *The Journal of Clinical Investigation*, "Lyme disease: a growing threat to urban populations" in *Proceedings of the National Academy of Sciences of the United States of America*, "Lyme disease update" in *Current Opinions in Pediatrics*, to give a few examples). It becomes apparent then that when dealing with synonyms of a different stylistic scale, the translator needs to select the equivalent based on the frequency of use of a given synonym in particular text types, governed by conventions and traditions, irrespective of the differences in stylistic value across languages.

5. Conclusions

Depending on the stylistic value of synonymic medical terms the translator may face different challenges and thus should be prepared to make different decisions.

1. In the case of synonyms of analogous stylistic value, the preference for a particular phrase may be questioned by a client. This requires creating a positive client-translator relationship based on the recognition of the translator's professionalism and competence. The translator needs to be able to cooperate with such clients and justify translative choices, but also be prepared to accept a different solution if necessary. Additionally, the translator should suppress the inclination for the introduction of many synonymic terms in one text. Medical terminology should be consistent and so it is advisable to employ one term for a given source expression throughout the text rather than a number of synonyms.
2. In the case of synonyms perceived as being of a different stylistic value which can actually be used interchangeably it is important that the translator follows changes occurring in medical terminology and constantly updates the terminological database to select terms in current use.

This requires not only referring to standardized terminology periodically revised, but also following developments in medicine and its associated terminology.

3. Synonyms with different stylistic value require from the translator a familiarization with preferences for terms of a particular level of difficulty in specific text types in particular cultures. Additionally, the translator may translate one text for different types of audiences. In such cases it is the translator's *skopos* that becomes a decisive factor when selecting either a synonym understandable to experts or one more commonly used.

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Streszczenie

Artykuł omawia wyrażenia synonimiczne w terminologii medycznej występujące w języku angielskim z punktu widzenia tłumacza. Analizowane są wyrażenia pochodzenia angielskiego oraz łacińskiego i greckiego dla nazwania tej samej jednostki chorobowej, jak również synonimiczne wyrażenia pochodzące z języka angielskiego odnoszące się do tego samego stanu klinicznego. Na podstawie wybranych przykładów (zaczerpniętych głównie z dziedziny nefrologii i kardiologii) oraz w odniesieniu do celu, jaki chce osiągnąć tłumacz (*skopos*) wskazane są czynniki determinujące wybór ekwiwalentu, w przypadku gdy synonimy mają analogiczną wartość stylistyczną, gdy różnią się wartością stylistyczną oraz gdy ich wartość stylistyczna jest analogiczna bądź podobna, lecz subiektywnie odczuwana przez tłumacza jako odmienna.