

Key issues in medical translation among English-Vietnamese professional medical translators and medical professionals

A descriptive survey

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Abstract

While Kościalkowska-Okońska (2008), Muñoz-Miquel (2018), Badziński (2018) and Badziński (2019) all indicated major issues in medical translation such as specialized terminology and inequivalences, in Vietnamese context, until the end of 2020, there was no research relating to any specialized translation (Hoang, 2020). The aim of the study is thus to analyze problems in English-Vietnamese medical translation, which is a crucial communication and knowledge exchange medium of the human race by medical translators and medical professionals. A survey questionnaire with further comments is used to understand key problems in medical translation. The paper then discusses key position of some other problematic issues besides collocations that differs from Badziński (2019) results. A comparison with existing literature is fully incorporated as well.

Key Words

Medical translation, Medical collocations, Medical language, Medical translator, Vietnamese translation



1. Introduction

Medical translation has been among the oldest field of translation globally. Resurrecció and Vicent (2010) indicated its significant role in the building, sharing and exchanging of medical knowledge in the very early ancient times. Nowadays, together with the fact that the English language has become the

lingua franca not only in the global life generally, but also in the medicine world particularly, an immense progression in medical vocabulary is observed (Lee-Jahnke, 1998, Niebroj, 2010). Medical translation has thus become more crucial for the proper development of communication and knowledge in areas such as health care, patient education, health promotion, clinical research, drug development or the medical practice itself at international and inter-governmental scales, than ever. Tons of medical-healthcare information, which need to be translated, are generated in a daily basis with a wide variety of contexts: international health organizations, pharmaceutical laboratories, medical publishers, research centers, hospitals, universities and health institutes. The demands of well-translated medical-and-healthcare-related information and documents could be thus said to increase considerably as well.

At first, medical and health professionals with advanced language skills traditionally took care of the mission to translate medical texts. However, since the development of translation studies at university level (Navarro, 1997), and later, the design of exclusively post-graduate programmes on medical translation (i Resurrecció, 2007, Muñoz-Miquel, 2014) at a relatively recent time, things have changed significantly in developed translation markets. Medical translation, accordingly, requires more than just familiarity with language and a thorough knowledge of the source and target texts. Kościalkowska-Okońska (2008), Muñoz-Miquel (2018), Badziński (2018) and Badziński (2019) all indicated that specialized terminology, inequivalence and untranslatability are among the major issues in the field. Given the stated problems, the academic communities in developed nations of the field have largely discussed the question of who should translate medical texts and what competences they should have (Gile, 1986, Kelly, 2002, Balliu, 1995, Wakabayashi, 1996, Balliu, 1998, Lee-Jahnke, 1998, Lee-Jahnke, 2001, Lee-Jahnke, 2005, Serrano, 2006, Serrano, 2003, Resurrecció and Davies, 2007, Martín, 2012, Mugüerza, 2012). The focal point of these discussions was the strengths and weaknesses of professional translators with medical knowledge and medical and health professionals with language skills.

On the other hand, as for the Vietnam, an under-developed translation market, with the intensive searching carried out by the author of this paper, up until the end of 2020, there was no piece of research available relating to medical translation conducted. Findings of Hoang (2020) found that many Vietnamese translators considered the translation profession as a temporary job only, rather than a serious occupation that they could rely on in the long-term, and need to further invest in. The aim of the study was thus to analyze problems in

English-Vietnamese medical translation which are experienced by both medical translators and medical professionals involved in the process of doing medical translation. A survey questionnaire was used as a research tool in the present study in order to obtain information regarding the key problems related to medical translation with an open comment section at the end to make sure that any missing ideas would be freely expressed. The structure of the article, after this introduction, is as follows: the literature review and the methodology, respectively located in parts 2 and 3; the results in part 4, with the follow-up discussions in part 5; and finally, the conclusions and some future lines of research presented in part 6.

2. Previous literature

Section 2. 1 Collocations

Since collocations possibly constitute of the key issues in medical translation, they have particularly gained the long-term attention from language researchers so long time ago. Newmark (1979) commented that the translator will often be criticized neither by grammar nor vocabulary, which might surprisingly be better than that of native speakers sometimes, but rather by improbable collocations. That is a term that was originated in the 1950s by Firth (Pavičić Takač and Miščin, 2013). For the purpose of this paper, the adopted definition of the term collocation accordingly includes fixed combinations of lexical items. Interestingly, it should be borne in mind that while single-word terms can be exchanged quite freely without contexts, collocations “are characterized typically by greatly native-level precision, because they reflect the content and culturally implicit concept or notion of the collocation meaning” (Krzywda, 2014).

In the analysis of the translation of collocations, nouns and adjectives of collocations were investigated the most (Cowie, 1998, Gledhill, 2000, Nesselhauf, 2005) followed by the formation of abbreviations, acronyms or initialisms, and semantic and syntactic transformations. Within this context, the transposition - a sub-part of semantic and syntactic transformations - is the replacement of one word from one class by another word with the simultaneous preservation of meaning (Vinay and Darbelnet, 1995). It is also the use of a descriptive equivalent based on the extension of translation by placing further information in the target text for more accurate and precise

understanding (Radziszewska, 2012). Furthermore, there is also the temptation to use calque. Vinay and Darbelnet (1995) also defined calque as ‘the borrowing[s] taken from other languages by literal word-for-word or root-for-root translation’ (DžUganová, 2013). In reality, calques seem to be particularly odd to medical specialists in a given field, especially when they themselves usually use specialized terms within the medical/healthcare industry. This procedure is of course, risky when different prefixes are used in both languages or when they occur in a different order as well. Newmark (1979) thus argued that transparent collocations ‘sound convincing but have not been previously seen are among the translator’s biggest pitfalls’ accordingly.

There are also analyses from the terminological density of the text. For example, Radziszewska (2012) observed that vocabulary related to general science and specialized vocabulary in German remains at the level of <30%, and this result is even lower in English. However, this observation in the language of medicine seems to be too far-reaching, and any generalization in this respect is thus impossible. Further studies are thus warranted. Additionally, a very interesting study that needs to be mentioned was conducted by Gayle (2016). Based on the Oxford English Corpus (OEC) of nearly 2.5 billion words, Gayle used computational linguistics to extract collocations most likely to occur in medical English writing and assessed the proportion of different parts of speech. After an elimination of duplicate terms, 5,436 entries of 10,000 collocations were then categorized, depending on the grammatical relationship. The study demonstrated that terms of Greek and Latin origin are, in fact, considerably less prevalent than it is generally thought, showing a high prevalence of dependent prepositions in medical English.

Last but not least, issues from cultural perspectives also contributed to the improper use of collocations in translation. In specific, as a result of the increasing migration among different nations, translators should be more than ever particularly aware of the culture-specific domain in which collocations may also play a part and pose some problems (Resurrecció and Davies, 2007, Baker, 2018), especially in healthcare-related settings. For example, it may also occur in the case of Chinese medicine and its approaches to treatment in confrontation with the Western medicine and its mode of treatment. Problems may arise at the level of active substances or even certain procedures. Clearly, it is extremely difficult for translators to provide correct translation of some medico-philosophical concepts since they are isolated from the environment into which they are placed (the Western world), and are also introduced into an entirely different language with a completely different system of metaphors and

set of values (Unschuld, 2012, Lakoff and Johnson, 1980). Finally, religious dietary restrictions must also be considered and further explained (if necessary) in the case of, i.e., kosher products. For example, in the multicultural society in the UK, it is vital for prescribers and patients to engage in an open dialogue, and to consider religious dietary restrictions to optimize treatment. In short, medical translators should be familiar with all these culture-related issues and frequently use the strategy of adaptation when cultural differences occur between the source language and the target language.

Section 2.2 Equivalence and Untranslatability

Pieńkos (1993) discussed in the very earlier days on whether the translation process should be closer to the sender or the recipient of the texts. In view of the large number of interpretations, it could be said that previous attempts to define the phenomenon have not resulted in the development of any universally adopted definition. Although there is a common misconception that since science and medicine in particular have developed its own hermetic terminology, establishing the equivalent forms should not be problematic. However, in reality, even if context-free terms offered by medical dictionaries do actually solve the problem, the ideal 1:1 correspondence, is often impossible even right at the level of single words.

Specifically, Pilegaard (1997) states that ‘it should be borne in mind that shades of meaning are not necessarily expressed in the same way in the source language and the target language’. Even before that, in the 1960s, Nida (1964) formulated two types of equivalence: formal and dynamic. The first one ‘focuses attention on the message itself, in both form and content’, bearing in mind that ‘the message in the receptor language should match as closely as possible the different elements in the source language’. The latter one is based on Nida’s ‘principle of equivalent effect’ in which the relationship between receptor and message ought to ‘be substantially the same as that which existed between the original receptors and the message’. Based on the above, in the case of medical collocations, dynamic equivalence is the prevailing relationship between source and target units. Moreover, according to Dzierżanowska (1988), equivalence of the text as a whole is more important than the equivalence in terms of word(s). According to this researcher, the translation of a phrase consists on finding the equivalent of the main element, which is most often the noun, forming the basis for a collocation, and then its collocates.

Radziszewska (2012) also is of the opinion that one should bear in mind the fact that the existence of equivalents, which remain in the absolute 1:1 relationship, is not a rule even in the case of such highly specialized texts as medical ones. The most significant aspect in his comment is to convey the meaning of the original and not necessarily to provide complete grammatical or lexical identity. Vinay and Darbelnet (1995), finally, perceive equivalence-oriented translation as a procedure that ‘replicates the same situation as in the original, whilst using completely different wording’. Despite the fact that they mainly analyze equivalence in relation to idioms and proverbs, it can also be applied in the case of collocations.

From another side, one of the most thorough analyses of equivalence was proposed by Baker (2018), who discussed the phenomenon of equivalence at various levels, including first the level of words, and then, collocations. Baker mentioned the lack of understanding of collocations in the source text as a serious problem. She also emphasized the occurrence of marked collocations in the source text, i.e., new collocations, denoting new concepts and phenomena, which in the language of medicine could correspond to collocations that come into use in new fields, such as nanomedicine or oncology (for example: watch-and-wait strategy). Although for views of Baker (2018), or Pisarska and Tomaszkiwicz (1996) for example, a good translation is based on the equivalence of the global target text compared to the source text, which means that even if an equivalence exists, it is almost always approximate and, in fact, almost never absolute. Additionally, for Newmark (1988), the most important phenomenon is the so-called equivalent effect and in order to achieve it, the function of the source text must be identical to the function of the target text, which is of prime importance in the case of medical translation, where precision is a factor that may decide about human life.

Baker (2018), in turn, however, when discussing the lack of equivalence, postulates that among the procedures to overcome, the following ones should be used: super-ordinates (i.e., hypernyms – words with a broader and more general meaning), borrowing with further explanation, and, finally, translation by means of a paraphrase or translation by omission. The above procedures applied in the case of medical translation will obviously depend on the text itself, the receiver of the text and its purpose. Additionally, although Newmark (1981), theoretically, defined an eponym as ‘any word that is identical with or derived from a proper name which gives it a related sense’ and distinguished three categories of eponyms, respectively persons (inventors, discoverers), objects and places, interestingly, the phenomenon of equivalence in terms of

eponymy is not always received the agreements from medical/healthcare professionals over the appropriateness of eponymous terms with respect to both written and spoken medical discourse. For some, they honor the inventors, whereas, for others, they give no information other than historical one. Despite these controversies, medical language is still replete with eponyms in the number of over 13,000 (Perlińska and Krzyżowski, 2009).

Taking all the above into account, this view considers the fact that equivalence (or inequivalence) can be obtained at different levels. The concept of equivalence can be seen as a gradual phenomenon, which means that the correspondence may be higher or lower, and the decision lies between the complete equivalence and its absence. This concept is consistent with the approach of the Leipzig School and illustrates three types of equivalence. Firstly, the complete equivalence is a 1:1 correspondence (Lee-Jahnke, 1998, Van Hoof, 1993). Secondly, facultative equivalence is the existence of more equivalents in the target text for one concept from the source language (Lee-Jahnke, 1998, Van Hoof, 1993). Finally, zero equivalence shows no equivalent at all (Lee-Jahnke, 1998, Van Hoof, 1993).

Furthermore, in discussion on equivalence, the notion of untranslatability - the inability to express or convey certain concepts in the target language that can be expressed in the original language (Wojtasiewicz, 2005) – certainly should be mentioned as well. Although Wojtasiewicz (2005) theoretically considered scientific texts, including medical discourse, the problem of untranslatability is minimal. The translator thus should attempt to find a substitute for the term if any. The situation, however, is not always so obvious as the theory. In the language of medicine, according to Pilegaard (1997), the lack of physical correspondence between concepts also occurs because some concepts and terms in a language, really might not be exist in another language, even in medical contexts. Furthermore, in the medico-pharmaceutical areas, untranslatability can also be observed. It could be said that due to the differences in legal, economic and educational conditions of the countries, things will also become complicated. The notion of untranslatability was clearly observed in one Turkish study. Authors of the study stressed the significance of errors resulting from mistranslations of the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), which is a self-report questionnaire. Specifically, ‘discrepancies due to the real and the comprehended meaning of untranslatable terms in self-reports resulted in statistically meaningful changes in the total BASDAI score which affect[ed] the whole treatment approach in these patients’ (Atagunduz et al., 2015). Therefore, they argued that the type of

terms used should not have been translated into single-sentence questions in self-reports, and further visual or verbal explanations ought to be attempted for better understanding by patients to avoid such mistakes in the future. In other words, it means that untranslatability observed in the language of medicine may be associated with the cases of medico-legal and economic terminology and nomenclature, which can be interpreted as exceptions to the general principle of translatability (Wojtasiewicz, 2005).

However, caution should be taken, too for both extremes, as Catford (1965) wrote, 'source language texts and items are actually more or less translatable rather than absolutely translatable or untranslatable'. Lipiński (2000) seems also agree, when further interpret in detail, a very balanced opinion that most 'untranslatable cases are relative'. It is due to the fact that not all parts of the message are equally important, and 'introducing a hierarchy among these features allows for necessary changes so that the "losses" are the least tangible'. As Lipiński further demonstrates, these 'losses' are, in fact, not always losses. Furthermore, for Lipiński, it is not the difference between the source text and the target text that matters. More importantly, it is question of to what extent these differences may influence 'the similarity in the reception of the source text and the target text.'

3. Methodology

The survey was conducted between November 2020 and January 2021. Twenty third (23) respondents were recruited to participate the study. Within the context of this article, the term "translator" refers to medical translators who are experts in their field by profession. For the term "medical/healthcare professionals", within the scale of this study, they are those who have competent language skills and translation experience, and usually do not possess formal knowledge related to linguistics or translation. The former group therefore was labelled as "professional medical translators" (or in short "medical translators" sometimes) (9), whereas the latter ones were defined as medical professionals (14). The medical/healthcare professionals in this study have no formal language background in linguistics. Ten of them (10), however, are U.S citizen with an expected native-level of proficiency in English and four of them (4) have an English proficiency level equivalent to B2 according to the Cambridge CEFR with IELTS scores or above. Regarding the professional translators, all of them (9) are graduates of English Studies Departments.

Among these translators, some (3) even have a major in translation studies. Three of them (3) also has some basic continuing professional development courses related to medicine or medical translation only, and the rest had no any medical background officially. This did not potentially affect the survey results, nor did they have any post-graduate healthcare or medical-related studies.

The total number of respondents who were provided with the survey questionnaire was initially twenty-six (26). However, three of them did not return the survey questionnaire with their answers. After careful consideration, they agreed that they only translated healthcare general documents very rarely (all respondents had previously given their consent to participate in the study), and thus, withdrew from the survey (3). Therefore, the final total number of respondents was 23, where there were 15 women and 8 men between the ages of 28 and 56. All of the professional translators have had at least four years of experience in medical translation either from working as freelance translators or from providing services to translation agencies as in-house translators. In the group of medical professionals, they also have had at least between three to four years of experience in translation, and their experience as medical doctors ranges from five to twenty years. Both groups were provided with the anonymous survey questionnaire adapted and modified from Badziński (2019) to assess the problems encountered in the process of translation within the Vietnamese translation context (Table 1). The respondents were also asked to share further comments (if any) to further clarify their thoughts.

The questions in the questionnaire survey were divided into two parts. The first one was connected with the characteristics of the respondents (gender, age, years of experience in translation for example). The second part relates to the detailed analysis of key problematic issues. All of the survey participants were requested to comment only on issues related to their English language use due to the fact that the interference of other non-native languages could be a factor potentially adversely affecting the results of the questionnaire survey. Compared to the initial survey of Badziński (2019), the present article removed “5. Number of translated articles:” as the medical professionals commented (almost anonymously that they cannot count this issue so accurate) and they are actually not so significant as well for the paper. As the main goal also was to reach active translators who are practically involved in the process of translation, the survey questionnaire was distributed among medical/healthcare professionals in groups where potentially they are really working on named “VietMD Medical Interpretation/Translation and Coding”, “Medical Vietnamese English Club at Saigon Medicafe” and “VietMD Medical

English”. In the case of professional translators, dissemination was via the group “Vietnamese Freelance Translators/Interpreters Community” the biggest translators’ community of Vietnam in Facebook and also via the contacts in proz.com in Vietnamese-English pair. The questionnaire survey was prepared specifically for the purpose of the study and was exactly the same for both study groups. Additionally, while no medical professionals have had translated any article that was outside of the domain of their own specialties including cardiology, oncology, neurology, diabetology, psychiatry, surgery, and public health, the medical specialties translated by professional translators who were survey participants were as follows: healthcare, neurology, oncology, paediatrics, radiology, surgery, dermatology.

Furthermore, due to the fact that medical professionals may not necessarily be familiar with the technical terms used in linguistics (for example: passive voice, collocations, register). Some examples were provided to illustrate the meaning where necessary for question clarity. Next to the items in the survey questionnaire, a score point range of 1-5 was developed to indicate the frequency of a particular problem (the higher, the more common). Table 1 presents the complete survey questionnaire. Additionally, table 2 provides the questionnaire results with the number of respondents who indicated particular problems and the scores of the problem intensity for key analysis only. For the purposes of clarity and visibility, the problem specified in the table is given with a shorter description (for further details: please see Table 1). Please note that the table with the most problematic issue is in bold.

GENERAL INFORMATION
1. Gender:
2. Age:
3. A. Years of experience in translation: B. Years of experience in clinical practice (for medical/healthcare professionals only)
4. Your specialization (for medical professionals only)
5. Medical specialties which were translated:

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No.	Problems related to	Frequency of the problems - score ranging from 0 to 5 where 0 = no problems 1 = some minor problems 2 = rarely problematic 3 = quite problematic 4 = frequently problematic 5 = highly problematic
1.	use of tenses	
2.	use of passive voice	
3.	a large number of noun phrases	
4.	length of sentences in the Vietnamese language	
5.	lack of appropriate tools (for example: glossary, dictionary)	
6.	finding an appropriate grammar construction in the English language	
7.	articles - (a/an/the)	
8.	prepositions (on/at/in/by)	
9.	collocations, for example: fixed combinations of lexical items	
10.	other problems (please specify)	
11.	no problems	

Table 1. The survey questionnaire related to the most common problems encountered in the process of translating medical texts

4. Results

No.	Problems related to	Total number of professional translators and medical professionals	Number of		Total number of points from both groups	Number of points given by	
			professional translators	medical professionals		professional translators	medical professionals
1.	use of tenses	6	2	4	18	6	12
2.	use of passive voice	2	2	0	2	2	0
3.	a large number of noun phrases	5	3	2	13	8	5
4.	length of sentences in the Vietnamese language	18	6	12	36	21	15
5.	lack of appropriate tools (for example: glossary, dictionary)	13	6	7	38	27	11
6.	finding an appropriate grammar construction in English	21	9	12	54	36	18

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7.	articles	9	6	3	19	14	5
8.	prepositions	7	5	2	16	14	2
9.	collocations	23	9	14	102	38	64
10.	other problems	0	0	0	N/a	N/a	N/a
11.	no problems	0	0	0	N/a	N/a	N/a

N/a - not applicable

Table 2. Problems related to medical translation as indicated by both study groups

Twenty-three survey questionnaires were completed and returned (88% of the total number of questionnaires distributed), which is representative enough considering the fact that no other studies on medical collocations have been conducted on such samples in the Vietnamese context as yet and that medical translation is a highly specialized discipline that not so many translators in the field can deal with. The study generally revealed interesting results in both groups, namely problems related to collocations, length of sentences in the Vietnamese language, lack of appropriate tools (for example: a glossary or a dictionary), and finding an appropriate grammar construction in English. Of note, in total, seven (7) participants (30%) commented further in their survey responses. Three (3) respondents provided their additional comments to explain something more about their choices on lack of tools such as an online glossary or terminology sources different to an offline dictionary. Furthermore, one (1) also noted that they feel the minor grammar issues might not be affected as significantly as the contents to be translated will be to explain why they give the low mark for the voice, tense or not to give any mark to some grammar issues. Two (2) other – both physicians – explained that they did think that the contents to be translated are their focus and so are the terms. Finally, one (1) respondent also indicated that the length of sentences in both source and target languages can be her problems sometimes.

Survey respondents indicated problems with all of the issues listed in the questionnaire except the option “no problem” and “other problem”. The detailed characteristics of the results are presented in Table 2. As for the problems given attention, in general, collocations (23; 9 & 14) rank 1st, with

finding an appropriate grammar construction in English (21; 9 & 12) followed. The 3rd position belongs to length of sentences in the Vietnamese language (18; 6 & 12). Other detailed findings are as follows (specific number of each group will be placed after the total number): use of tenses (6; 2 & 4), use of passive voice (2; 2 & 0), a large number of noun phrases (5; 3 & 2), lack of appropriate tools (for example: glossary, dictionary) (13; 6 & 7), articles (9; 6 & 3) and prepositions (7; 5 & 2). Interestingly, no respondent considered themselves as having no difficulties related to the translation of articles, which was indicated in the questionnaire.

However, when it comes to the frequency of the difficulties, the results were slightly different. Specifically, the three first positions respectively are collocations (102; 38 & 64), finding an appropriate grammar construction in English (54; 36 & 18), and lack of appropriate tools (for example: glossary, dictionary) (38; 27 & 11). The other issues are rated as follows: length of sentences in the Vietnamese language (36; 21 & 15), articles (19; 14 & 5), use of tenses (18; 6 & 12), prepositions (16; 14 & 2), a large number of noun phrases (13; 8 & 5), use of passive voice (2; 2 & 0).

It is also noticeable that while medical professionals care more about tenses and collocations, translators put a greater attention to grammars (from sentences, phrases to words). Also, in this study, we have more medical professionals who translated medical translations than professional medical translators (9 compares to 14).

5. Discussion

Section 5.1 Key issues

Firstly, it should be noted that none translators and medical professionals in this study said that they felt they have no problem whatsoever when doing translation. It is actually quite a positive result. It means that they at least are aware of the imperfection of translation. Secondly, it consists with the fact that medical translation is a difficult one, not to say that its exposure to the Vietnamese people in Vietnamese language, is very limited, especially in such a specialized field. In a more complicated context, practically in Vietnam, most of the terms in such fields will be either remained in English or used only by physicians or health professionals.

Secondly, the most problematic issues indicated by both medical translators and medical professionals are collocations and finding an appropriate grammar construction in English, with almost all the respondents in each component. When it comes to the frequency of the difficulties that they have to encounter, the number of points attached to collocations also remarkably surpasses the number of points in the case of finding an appropriate grammar construction in English. They both then are far from the rest other issues both in terms of points and number of people. It showed that collocations and grammar constructions in English are the most troublesome no matter for medical translators or medical professionals. Furthermore, while length of sentences in the Vietnamese language took the 3rd place in terms of problems to be cited, regarding the points of frequency, lack of appropriate tools (for example: glossary, dictionary) rank the 3rd rather than the former. With a slight shift of position and statistic between them, they are also indicated to be the second most difficult issues when both professional medical translators and medical professionals do the translation tasks. Together with comments from two medical professionals, in short, it can be seen that the target (English in this case) native expressions (terms and longer fixed constructions) are the focus, and often considered as more important than the grammar issues (other issues) to be analyze below. The length of both target and source languages were emphasized as well since Vietnamese language and English have quite different ways of construct their statements, especially in medical contexts where the writers of these documents are physicians. The participants also clarified that they lacked of online glossary rather than an offline dictionary, which is consistent with the assumption that the community of medical translators and medical professionals who do translation tasks are really tiny.

Section 5.2 Other issues

Aside from the problems with the above key problems, other issues were indicated as well. Problems with tenses were reported by both groups, which is surprising in the case of medical translators due to the fact that all of them had a language background and were graduates of different departments of English studies or even with translation studies concentration. However, it is not surprising that medical/healthcare professionals also reported English tenses as a significant problem. However, articles, prepositions and a large number of noun phrases all were reported to be not problematic since both the number of people and the frequencies to be cited are small. Together with the comments

that ‘both medical translators and medical professionals tend to concentrate on the contents more than the minor possible grammar issues’, it can be seen that professional translators and medical professionals are very flexible in following grammar issues and sometimes consider the context-related usage. In this case, it is of paramount importance. While positively, it shows a necessary flexibility that medical translators in reality needs to finish the translation well, on the other hand, it is necessary that those who ‘tend to concentrate on the contents more than the minor possible grammar issues’ should be further interviewed in-depth to see whether the flexibility is must, and whether the grammar issues are really tinny, or they are simply over-confident.

Surprisingly, only a few respondents indicated problems connected with the passive voice. However, because this is not a deep interview qualitative research, there are thus two possible reasons for this kind of response. Firstly, it might be partially explained by the fact that passive voice is mainly used in medical texts and both professional medical translators and medical professionals already know that. Otherwise, in worse case, they both were not aware of the fact that passive voice was used frequently and typically in medical field and just care about whether they linguistically translate things correct or not.

Section 5.3 A comparison to the existing relevant literature

There were several papers in the world discussing key issues in either medical translation separately or both in translation and interpretation; however, the present paper is the only one in Vietnam which until now has considered this topic. In the global context, Muñoz-Miquel (2018) showed differences between linguists and subject-matter experts in the medical translation practice with empirical descriptive findings to be analyzed. Later, in an important workshop titled “Towards understanding medical translation and interpreting” organized and published by the Gdańsk University Press in 2018, Karwacka and Gdański (2018), Muñoz-Miquel (2018) and Badziński (2018) with key research papers in the field discussed intensively the current issues of medical translation. Finally, Badziński (2019) also conducted a study on the same object - medical professionals’ and professional medical translators’ difficulties in translating medical texts - which is actually the inspiration that let the author of this paper to investigate the case in Vietnam. These three are not the only ones but the most relevant to the problems discussed here, and thus they were the ones selected. Within Vietnam’s context, Hoang (2020) study on the translation profession in Vietnam also showed several issues about the quality of

translation in general, which to some extent is relevant to this study and will thus also be covered.

Compared to the above studies, it has consistently been showed two problems. Firstly, medical translation texts are usually provided by medical professionals more than by professional medical translators. Secondly, not only many medical professional translators did not meet the international background requirements (degree, knowledge in the field), but also they did not meet the standards of quality for medical translation (Koścalkowska-Okońska, 2008, Badziński, 2018). Thanks to the establishment of post-graduate courses in specialized fields such as medical translation or legal translation in European countries, there were more professional medical translators there, with more advantages to meet the clients' requirements as well. In comparison with the statistics of those in Vietnam, where no fully-fledged translation degree can be found at the undergraduate level Hoang (2020), there is absolutely a huge difference. This is consistent with the comments of a Vietnamese translator that "in Vietnam, translators are more like low-skilled workers than those who in need of deep and comprehensive training". This actually shows that some Vietnamese translators themselves do not even have a full understanding about their own occupation. Secondly, Badziński (2019) also indicated that although theoretically, medical offline and online dictionaries should be enough for those who translate the medical texts, practically, they all complained about the lack of online glossaries in this field. In all those studies, and in the present study as well, the number of medical translators commenting about this issue is generally high. It raises the question of whether online dictionaries are enough, especially in Vietnam's context where the online public resources for translation in general and for medical translation in particular are extremely limited. Thirdly, both professional medical translators and medical professionals are reported to face serious difficulties in collocations, sentence and grammar construction in both the source and target medical texts. Specifically, both professional medical translators and medical professionals (Koścalkowska-Okońska, 2008), admitted that they are considered by clients to be "too formal, too impersonal, too stylistically complex". It thus could be concluded that medical texts shall be translated possessing knowledge not only in linguistics or with language proficiency only, but also in collocations and ways to construct texts of both source and target languages. However, compared to (Muñoz-Miquel, 2018, Badziński, 2019) studies, this study showed that Vietnamese professional translators and medical professionals possibly unintentionally caught up with the current trend in the translation:

focusing on the target translation as a whole rather than sticking to the conversion/translation of single words or phrases. However, there could also possibly be missing factors here since this study did not interview deeply those who think that they do not have problems with grammar problems.

6. Conclusions & Limitations

To the best of the author's knowledge, this is the first study in Vietnam about the problems and challenges related to the translation of medical texts which has been carried out on the basis of a survey questionnaire distributed simultaneously among active medical translators and medical professionals. Ignorance of collocations according to this study may be an obstacle to the dissemination of knowledge which under normal circumstances would have been published had it not been for the erroneous use of collocations. Universities (or Colleges) in Vietnam with translation concentrations thus should fully extend the courses into a full undergraduate separate degree in translation, and later, medical translation studies post-graduate degree to train them specifically in this field. Additionally, medical translators in Vietnam should also deepen the medical knowledge themselves in English phrases and terms instead of words in offline dictionary. Further efforts in unofficial (but professional in reality) groups to create a specialized dictionary in specific fields (medicine in this case) should also be called for.

It could be argued that the number of professional translators (eight) may be too little to be generalized. However, considering that it is not easy to become a medical translator and also for any translator to be open to showing their own mistakes, twenty three should be a possibly accepted generalization for this highly specialized translation field. However, future qualitative in-depth interview should be done to advance in the analysis of the case.

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