

Once again as judge and jury, defending the medical language: flutter, shock and bypass

Nuevamente como juez y parte en defensa del lenguaje médico: flutter, shock y baipás

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ARTICLE INFORMATION

Key words: Language Arts, Translation, Unified Medical Language System

Palabras Clave: Estudios del Lenguaje, Traducción, Sistema de Lenguaje Médico Unificado

When CorSalud barely saw the light, we firmly believed that one of the most important aspects in order to achieve the utmost quality of its articles was the terminological treatment that would be given to the language used in them. Today, more than a believe, it is our conviction. However, we were not unaware of the current influence of medical English on our language, which was not only limited to the lexical-semantic field, but it had also a significant impact on the syntactic aspect¹.

In CorSalud² first issue of volume 2, it was decided to accept the English term “stent”, fully aware that the use of Anglicisms is detrimental to our language³, but with the purpose of encouraging the specific use of

certain terms in function of the context⁴. This time they were “flutter” and “shock”, because of its high frequency of use among cardiologists and other related specialists, and because we think it is unreasonable to object to a *fait accompli* that is to be accepted as a practical measure that facilitates communication and scientific progress as well as the linguistic enrichment that occurs between different languages².

Similarly, we have also accepted *baipás*, Hispanicized term and adaptation of the English word “bypass”, incorporated in the twenty-third edition of the dictionary of the Royal Spanish Academy and released by the Foundation of Urgent Spanish (Fundéu), acceptable only for the medical context as “alternative conduit through which, by surgery, the bloodstream or part of it is diverted to facilitate circulation” and “deviation done in a circuit, a communication channel, etc., to save an interruption”⁵.

As a variety of scientific language, medical language must define very precisely the signs and words used, and must have either ‘denotative’ character or rigor to

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achieve universal communication. Barbarisms, that threaten the physiology of language, should be avoided. While using some "prosthesis" (neologisms) is alright, altering its "metabolism", usually through vicious translations, is not. You should also avoid excessive rhetoric, abuse of acronyms, changing gender, pleonasm, ellipses... and gerunds⁶.

The extraordinary wealth of medical language, far superior to the common language, must be, of course, a source of pride for us, but it should also make us think of a deeply entrenched bad habit among Spanish speakers: to look at the Spanish Royal Academy as depository of the ultimate truth, even in relation to specialized languages such as ours.¹ We will go on passionately defending our language, without necessarily confining ourselves to make the necessary concessions in order to enable a better understanding among professionals in our cardiology community.

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