

## **ABBREVIATIONS IN MEDICAL DISCOURSE**

*Iuliana AVGUST, Facultatea de Limbi și Literaturi Străine*

*În acest articol este evidențiată importanța și principalele funcții ale abrevierilor în discursul medical. În articol prezentăm clasificarea și tipologia acestora, precum și tipurile de abrevieri ce predomină în discursul medical și factorii ce determină acest fapt, precum și trăsăturile distincte ale acestora atât în limbajul general, cât și în cel specializat.*

Abbreviations are used widely in medical discourse due to an increasing necessity to save time and contribute to the efficiency of communication in a rapidly changing society. New concepts, procedures and techniques are discovered and developed in medicine at present at a far more frequent pace than in the previous decades. This phenomenon is caused by multiple factors such as constant

development in technology, daily change in language and vocabulary (language is a “living instrument” which shifts quickly and evolves by introducing new words, terms and methods such as neologisms, abbreviations, clipping of words, etc.), increased environmental pollution and radiation that generate new types of diseases which require a space-efficient name. Specialists in the medical domain use abbreviations on a daily basis in order to preserve time, to act as fast as possible in an emergency situation, to create a unique universal code among doctors and to make the information inaccessible to patients due to ethical reasons.

Medicine is a domain in which the human factor has great relevance, thus pragmatic elements: setting, speaker and audience are paramount to anyone dealing with medical discourse. For instance, in highly-specialized settings such as medical conferences and conventions, conversations between staff members, speakers resort to abbreviations because the listeners receiving the information possess the necessary level of specialized knowledge and are able to comprehend the message. Emergencies are phenomena that often occur in the medical field and they require a quick reaction in order to prevent fatal consequences. Thus medical personnel should be able to provide a rapid response which is possible due to abbreviations.

The classification of abbreviations, their typology and taxonomy have always been rather controversial due to the relatively recent increase in the research of this domain. Linguists researching the field of word formation have discrepant opinions regarding the typology of abbreviations, therefore it is quite difficult to state that a certain classification is the ultimate version without stirring up serious debate. The reason this phenomenon occurs is that linguists view abbreviations through their own perspective based on certain linguistic, morphological or grammatical principles, thus they choose to consider categories such as *blends* or *clippings*, acronyms which consequently is definitely bound to cause confusion as different categories are mixed into one. The tendency to place the categories together originates from the fifteenth century when all the shortened forms of words were thought to be abbreviations [1, p.106]. For instance, López Rúa separates abbreviations into two categories: simple and complex shortenings. Simple shortenings refer to words written in their abbreviated form while in spoken form they preserve their full structure. Complex shortenings are words that preserve their

abbreviated structure in written form as well as orally (clippings, blends and initialisms). Further her classification divides initialisms into alphabetisms and acronyms. While Cannon and Harley opt for the term *initialisms* as the generic concept, thus initialisms are divided into acronyms and abbreviations. Plag, on the other hand resorts to *abbreviations* as the superordinate term which consequently includes acronyms and initialisms. Basically he follows the same classification as Cannon and Harley, the only difference being his choice of the generic term. Jackson and Ze Amvela consider that shortenings are the general category being divided into acronyms and initialisms. Fandrych believes the generic term should be acronyms which branch out into acronyms and abbreviations. Stockwell and Minkova have a slightly different view of the classification system. In their works they do not offer such a division as superordinate and subordinate. Instead they opt for a single group of abbreviations; in their case they call it acronyms and add a subgroup to it – initialisms [2, p.200].

According to a more or less agreed upon common classification, abbreviations are divided into graphical, initialisms and acronyms.

*Graphical abbreviations* represent shortened words and phrases that are used in written form, while orally they are pronounced and read according to their corresponding full structure. They are used for economy of space and effort in writing. Graphical abbreviations are more often used in pharmacology in prescriptions and drug recipes.

*A doctor must have a signed consent form from the family members of the deceased patient in order to perform a **p.m.** (post-mortem) examination.*

*Initialisms* (from Latin “beginning”) are abbreviations consisting of the first letter or letters of words in a phrase. They might also be called alphabetisms. They are slightly similar to acronyms, but unlike them initialisms are pronounced as a string of letters rather than as a whole word. They appear in a language in order to represent an existing concept in a shortened form with the purpose to save time in communication and space in writing.

*The Intensive Care Unit (ICU) is a unit in the hospital where seriously ill patients are cared for by specially trained staff.*

*Acronyms* represent shortenings that are perceived as common lexical units. They can be formed from different combinations of letters that can be either the initial ones or from several first letters and

one last letter, but it can also be any other possible order [3, p.550].

*AIDS is a syndrome caused by the HIV virus that gradually attacks the immune system.*

*Lexical abbreviation* which can also be called clipping consists of cutting a part of the structure in the beginning, middle or end in order to create a new lexical unit where either the meaning or the style are different from the full form. It is more likely to encounter clippings in surgical abbreviations than in any other medical sub-domain.

There are three main types of lexical abbreviation according to the part of the word that is clipped:

1) *Apocope* (also called final clipping) – it is the most common type of clipping because in many cases the beginning of the word represents its root and contains the lexical meaning. It consists of shortening the ending of the word. *Laparoscopic cholecystectomy (Lap Chole)* is a procedure in which small incisions are made and tubes are introduced to remove the gallbladder.

2) *Aphaeresis* (also known as initial clipping) - consists of shortening a word from its beginning.

3) *Syncope* (also, medial clipping) – consists of reducing the middle part of the word [4, p.120]. *The patient has stage 4 skin cancer with mets to the brain and lungs.*

Medical abbreviations appear relatively fast in modern English and are characterized by ambiguity due to the fact that they can have more meanings referring to the same or different domains. For example, the initialism *BC* has the following meanings: *bradycardia, breast cancer, blood culture, bar code, Boston College*, etc.

The main types of medical abbreviations are initialisms and acronyms due to the fact that these are the most common types of abbreviations used in general language, thus they are easier to create. Graphical abbreviations have ancient origins and usually refer to Latin or Greek words which means it is more difficult to create them. Clippings have a rather informal register; therefore they are more likely to be used in a non-professional setting or in conversations between medical personnel.

The function of abbreviations is to increase the efficiency of communication and to allow medical specialists to offer the best healthcare services to patients. Anyone dealing with medical discourse should be aware of this distinctive feature of specialized languages.

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