Stylistic aspects of English and Polish medical records. Implications for translation

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ABSTRACT

The present paper attempts to delineate variations in the style and register of medical documentation in English and Polish based on a range of sample discharge summaries. The aim of such a differentiation is to suggest implications for specialised translation and guidance for translation trainees. The discharge summary is a vital tool used to communicate a framework of healthcare between hospitals, doctors and patients- often internationally, thus the purpose of its translation is to communicate this globally in the most effective manner. This article demonstrates syntactic differences in sentence patterns in medical documentation of both languages and discusses their degree of formality reflected *i.a.* in the level of (in)directness and (im)personality. It also observes the inclusion (or lack thereof) of certain information in the analysed material. Numerous discrepancies in linguistic, stylistic and composition features indicate that it is necessary for the translator to implement certain stylistic alterations. The author presents a number of tips offering a functional approach to translating such texts.

KEYWORDS

Translation training, LSP, medical translation, style, medical record, discharge summary.

1. Introduction

In specialised translation theory, particular attention is given to terminology, but according to Newmark (1988) or Byrne (2006), it is a common misconception that lexical items are the most significant feature of specialised texts. Although in specialised translation it is the informative function of the text that is of uttermost importance for translators, the content may be expressed in a variety of ways and a variety of styles. A translator needs to be familiar with differences between general language (LGP) and language for specific purposes (LSP), not only as regards terminology but also syntactic and stylistic features. There are numerous exceptions to the stylistic rules of LGP and LSP within the same language. Moreover, the style and register of medical LSP in one language may differ from the conventions in the style and format typical of the same text written in another language. From the perspective of stylistics, the same content may therefore be expressed in a number of forms; in the case of translation, those may be specific for the source and target LGP as well as the source and target LSP. The minutiae of each representation of the same content must be known and respected by the translator.

The specific stylistic features typical of medical documentation produced by health care providers in various countries will be analysed in the present article so as to illustrate the differences and highlight a few

important considerations for successful medical translation. It will also attempt to establish whether the style of the source text should be preserved in the target text so that it imitates the document issued in the source country or replaced with the stylistic features typical of target texts comparable to the one being translated.

2. Linguistic and stylistic features of specialised language

Although medical terminology is said to be similar in western languages because of its common origins in Greek and Latin (Fischbach 1998: 1), medical prose is a specific genre where terminological problems are surmountable provided that translators find the term they need and have some conceptual knowledge about it, for example a basic understanding of the concept behind the term together with some theoretical underpinning of the field in question. However, languages are governed not only by syntactical and lexical rules but also stylistic patterns. As Bowker and Pearson (2002: 193) observe, "if you are lucky enough to find the terms you need, you may still have trouble knowing how to put the whole text together in a style that is appropriate to the LSP". Robinson (2003: 93) adds that, "the translator of technical texts tends 'naturally' to assume that translation is all about accuracy and has nothing to do with fluency or style". As Grego (2010: 61) aptly identifies the problem, "words may be the building blocks of language, but syntax binds them together into sentences and textual construction organises them into texts endowed with coherence and cohesion required for the communicative purpose they must serve." Nevertheless, such aspects of specialised translation as textual features still "suffer from a quantitative bias with respect to lexical issues" (Grego 2010: 60). Strict adherence to translation brief is a prerequisite in all kinds of translation, regardless of the level of specification. However, what needs to be emphasised is the way in which the target specialised discourse matches the spirit of the academic and professional settings.

The issue of meaning is not limited to semantics. Meaning regarded as a collection of seven constituents, as Leech (1983: 9–20) puts it, comprises conceptual, connotative, social, affective, reflected, collocative and thematic meaning. Where conceptual and connotative meanings are addressed and effectively set, the translator should take into account the problem of social or affective meaning. Both source and target texts function in a communicative context which may differ, but they may also differ stylistically. If the two environments are not parallel, the stylistic features of the texts do not have to be equivalent. The translator must know the contextual differences and decide whether both cases call for the same communicative imperatives.

Newmark (1988: 151) claims that technical translation is potentially non-cultural, which makes it universal. Indeed medical translation may be

considered less culturally bound if the texts are addressed to the general public, as in the case of medical books, research articles and publications of scholarly work which are typically fairly uniform in style and format. However, when it comes to practical medical prose addressed exclusively to a limited audience, e.g. medical record documentation produced by health care providers, there are far more culture-specific sociolinguistic features. Rendering such features into another language can be challenging, therefore the article attempts to demonstrate that, in the case of medical translation whose audience is restricted to practising professionals, the social and cultural environment of the source text producer does not necessarily have to be conveyed in the target text and the culture-bound stylistic elements should either be adapted or omitted (see section 3.4).

Rey (1996: 104) observes that specialised languages, "despite the relatively solid semantic framework provided by terminology and despite simplified rhetoric, pose problems which are not fundamentally different from those posed by semantic analysis and 'literary' translation". However, in contrast to literary translation, where the status of source texts remains relatively high (Snell-Hornby 1995: 111–119), specialised translation serves a specific purpose for a specific audience, so the source text is relatively less delimiting, at least in terms of its form. In order to provide the source message in the form most accessible to the target reader, the translator can feel free to change the form. Gerzymisch-Arbogast (2007: 29) emphasises the need for such changes resulting from the "gradual language-specific variation" of/in LSP characteristics.

As far as stylistics is concerned, particular choices made by source text writers can be explained by principles established to determine the conventional styles and registers. The next section of the article provides a comparative analysis of English and Polish medical records, but before explicating the stylistic differences within this pair of languages, it is important that a terminological disambiguation be presented and pertinent terms be clarified.

If stylistics is understood as the study of style and defined as "the analysis of distinctive expression in language and the description of its purpose and effect" (Verdonk 2002: 4), style is a distinctive manner of expression that uses various levels of language to express an idea or, to follow Haynes' phrasing, "the study of finer shades of meaning within a more general commonness" (1995: 2). Register, as Ferguson (1994) states, is a communication situation within a society, not a language style that may be found in this setting. Ferguson regards some of the features of register, like formulaic sequences or 'routines', as facilitators of rapid communication (1994: 20). Setting aside intra-speaker variations, the speaker converges toward the common style and uses these formulaic sequences which make up the type of language used in a given setting.

In order to give the lie to unfounded but popular beliefs that style does not matter in specialised translation, Byrne (2006: 4) states that if we view style from a literary perspective, then it does not have any place in technical translation, but "if we regard style as the way we write things, the words we choose and the way we construct sentences, then style is equally, if not more, important in technical translation than in other areas because it is there for a reason, not simply for artistic or entertainment reasons." The non-artistic value and function of medical prose does not mean it is devoid of style, form and "linguistic identity" (Byrne 2006: 5). Hence, the medical translator's decisions should not only eventuate from the rules of LSP, but also cultural particularities. What needs to be decided on is whether the target text should reflect the textual and stylistic features of the source text or rather resemble comparable texts produced in the target language.

House (1997: 90) discusses interculturally varying discourse preferences between "members of different linguacultures" (ibid.) and uses the term 'cultural filter' to distinguish translations which reflect the source and target text culture. The 'cultural filter' is employed with the aim of adapting to the "conventionally established expectation norms of the target addressees" (House 2011: 164). The question whether or not to use the 'cultural filter' in the translation of medical records and "make a concomitant switch in discourse worlds" (House 2008: 109) may be answered with the definition given by Graham (1983: 103) who considers the translation to be a "finished item, divorced from its original Source Text". As is observed in the following sections of the article (3.1–3.3), some typical features of register occur and may call for various stylistic shifts in register.

3. The comparison of English and Polish hospital discharge summaries

Policies concerning the layout of medical records differ significantly but generally this type of document describes the history of medical conditions including clinical findings from previous and recent examinations, the current clinical status and diagnosis. The information is provided in a conventional form, typical of a given language. It needs to be noted that there are discrepancies also within one language and some discharge summaries do not communicate patient information according to the standardised summary template. For instance, a survey conducted in 2005 (Rao *et al*.) proves that there are various components used to communicate patient information. Having examined American summaries and rated them using indicators like clarity, completeness, efficiency and consistency, the authors demonstrated that the more concise the summaries are, the higher the quality, efficiency and the degree of informative insight (Rao *et al*. 2005: 339–341). General trends, however,

clearly observable in the comparison of the stylistic aspects conducted in the following sections (3.1–3.3), indicate that guidelines to which medical practitioners adhere are quite rigid and long-established, therefore both the author and the recipient of such medical prose are familiar with certain traditional ways of encoding the information.

When it comes to the variations between medical documentation in two different languages, they are more significant. As already mentioned they are embedded in social and cultural norms as well as discourse preferences. Clearly, stylistic differences do not make the message incomprehensible, but if the style and register typical of English medical documentation are maintained in its Polish translation, the latter may seem profoundly unnatural. This may be the case because of the room for the mental constructs present and active in the target readers. Such disparities in style between comparative medical texts can be demonstrated by means of an analysis of language-specific variation loosely based on categories for a multilevel stylistic analysis presented by Snell-Hornby (1995: 124), namely: syntax, semantics, formal text presentation and translation strategies. The structure of the article follows this division; the first section (3.1) analyses syntactic differences in sentence patterns in both English and Polish, with particular attention to syntactic structures, length, complexity and cogency of the analysed documentation. The next section (3.2) focuses on the semantics of impersonal discourse, showing the position and relevance of the patient in such patient-oriented documentation. Section 3.3 investigates areas of English and Polish discharge summaries which are incongruent as to the extent of information provided and illustrates the information missing from one and present in the other language. The last section (3.4) recapitulates the differences and provides some advice for medical translation trainees.

The contrastive analysis of the medical documentation is based on Vinay and Darbelnet's idea of external comparative stylistics which "seeks to identify the expressive means of two languages by contrasting them" (1995: 17). Against the background of similarities between English and Polish discharge summaries, the author conducted a qualitative translation-oriented analysis which provides empirical evidence from the comparison of the original texts. As regards the data used for analysis, the collection of the research repository was undertaken between the year 2011 and 2013. The material selected for this analysis comprises 51 Polish discharge summaries collected from a number of hospitals in central Poland, and 48 English discharge summaries obtained from a few hospitals in the United States. The size of the repository is rather limited due to the sensitive nature of private health information and hospital administration's reluctance to reveal personal documentation or apply specific standards of its de-identification and anonymisation.

3.1. Syntactic differences in sentence patterns

The first most significant difference lies in the use of particular syntactic structures and the resulting variations in the length and complexity of sentences. Polish discharge summaries generally consist of simple sentences or sentence fragments presenting pertinent information and are not syntactically developed, e.g.:

Polish: *5 letnia dziewczynka w stanie ogólnym średnim z cechami odwodnienia.*
[A 5-year-old girl in a stable condition with evidence of dehydration]

Contrary to the concise manner of writing in Polish, comparable English texts are written in a narrative tone; they consist of compound and complex sentences with embedded adjective phrases describing the patients or their state, e.g.:

English: *The patient is a 50-year-old white female with known history of asthma since infancy, possible environmental allergies, who presented with progressive wheezing and respiratory distress for the past two days.*

Moreover, English descriptions of hospital courses and treatment are elaborate and not particularly formal. On the contrary, Polish health records exhibit a formality of expression, which is caused mainly by the common use of verbless sentences.

Polish: *Przebieg pooperacyjny bez powikłań.*
[Post-operative course without complications]

English: *She had an uneventful post-operative course.*

While the Polish example is more formal, factual and apparently distant, the English one may appear all but spoken. Moreover, another characteristic feature of the syntax of Polish medical records is a frequent use of nominalisation.

Polish: *Stłuczenie głowy i mózgu wskutek upadku.*
[Head and brain injury secondary to a fall]

Noun phrases are assumed to obscure agency since they elide the mention of the participants. In such phrases, an activity is transformed into an event or state while "participants can be deleted or given a peripheral syntactic status" (Puurtinen 1998: 182). Furthermore, a frequent usage of impersonal verb forms and subjectless clauses also characterises Polish discharge summaries, for instance:

Polish (1): *Od kwietnia obserwuje się u dziecka większą męczliwość*.
[Since April <impers.> observes greater fatigue in the child]

Polish (2): *Nie stwierdza się zgrubień opłucnej.*
[<impers.> detects no pleural thickening]

Thus, the concern of the message is greater fatigue in 'Polish (1)' and lack of thickening in 'Polish (2)'. It is worth mentioning that such impersonal forms also shift the focus away from the agent but still the focus is placed on the verbal action (Geniusiené 1987: 279). Contrary to 'Polish (1)' and 'Polish (2)', similar English instances of such observations do not create such interpersonal distance and describe a state/condition as something experienced by the patient (see 'English 1') or by means of an inanimate subject (see 'English 2'):

English (1): *A 6-year-old boy has been suffering from excessive fatigue.*

English (2): *The pleura showed areas of fibrinous pleuritis.*

Moreover, the aforementioned longer and more descriptive English sentences are connected by means of linking expressions, such as the ones used in the examples given below.

English (1): *The patient had been doing well on only p.r.n. medications per family's report. However, just previous to admission, the patient was exposed to dust and other particles after moving into a new house. After conservative treatment at home, the patient was brought into the emergency room where she did not improve on albuterol, Atrovent treatments or intravenous steroids immediately.*

English (2): *The patient showed no signs of drug withdrawal on admission; therefore, she was not put on any withdrawal medication and showed no signs of any drug withdrawal whatsoever.*

English (3): *The patient's past medical history is significant for the fact she has a history of chronic liver disease.*

English (4): *She also states that she has biopsy proven cirrhosis. She also states that she has had a heart murmur that she has known about for several years.*

English (5): *An Angio Seal hemostatic device was placed. However, this failed and she did have bleeding after the catheterization and*

had to have a FemoStop placed. Despite this her hemoglobin did remain stable, dropping only from 11.3 to 10.0.

It needs to be noted that discourse markers are employed less frequently in Polish medical documentation than in comparable English texts. However, despite their peripheral position, linking expressions appear indispensable, especially in view of the fact that Polish medical discourse abounds in nominal phrases and verbless clauses which must form a logical and cohesive whole. Nevertheless, as will be demonstrated below, there seems to be a limited set of recurrent linking words and expressions typical of Polish discharge summaries:

Polish (1): *Z powodu anemizacji wielokrotnie przetaczano masę erytrocytarną.*
[Because of anemisation <impers.> repeatedly transferred erythrocyte mass]

Polish (2): *Aminophylina 2 x 1 kropla przez 2 tyg, potem odstawić.*
[Aminophylline 2 x 1 drop for 2 weeks, then withdraw]

Polish (3)*: Leczenie opóźniono o 7 dni z powodu utrzymujących się podwyższonych wartości transaminaz*
[The treatment has been delayed by 7 days because of consistently elevated transaminases]

Polish (4): *Pacjent komunikatywny, chętny do współpracy. Dyskomfort psychiczny w związku ze stanem fizycznym. Zastosowano psychoedukację, również kontakt z dietetykiem szpitalnym.*
[The patient communicative, willing to cooperate. Psychological discomfort resulting from physical condition. <impers.> used psychoeducation, also contact with a hospital dietitian]

Polish (5): *Chory z rakiem żołądka po gastrektomii, przyjęty celem założenia portu naczyniowego. Ze względu na leukopenię zdyskwalifikowany z zabiegu*.
[The patient with stomach cancer after gastrectomy, admitted for the implementation of a vascular access port. Because of leukopenia disqualified from the procedure]

The main difference between Polish and English lies in a more common usage of conjunctive adverbs like *potem* [then] (see 'Polish 2') or *również* [also] (see 'Polish 4') which come at the end of one clause and start the second or subordinate clause. English documentation presents a range of sentence connectors such as *therefore* (see 'English 2') or *however* (see 'English 1' and 'English 5'), used in the initial position within a sentence to show:

- a clear logical result (see 'English 2'),
- contrast (see 'English 1' and 'English 5'),
- additional information (see 'English 4').

In Polish reports the focus is placed mainly on causality, which can be exemplified by a recurrent use of markers of:

- purpose, e.g. *celem* [for/in order to] (see 'Polish 5'),
- result, e.g. *w związku z-* [resulting from] (see 'Polish 4'),
- reason, e.g. z *powodu* or *ze względu na* [because of] (see 'Polish 1', 'Polish 3' and 'Polish 5').

The above-listed markers are used to add information that would explain the actions and states by showing the justification ('Polish 5'), explanation ('Polish 4') and cause ('Polish 1', 'Polish 3', 'Polish 5'). In contrast to English, Polish markers of cohesion are not customarily used to merely emphasise a contrast (see 'English 1' and 'English 5') or to stress clear logical relations (see 'English 2').

3.2. Patient as the subject in English discharge summaries

The majority of medical texts in Poland display a high degree of impersonality, as opposed to English documents which are more personal and straightforward.

English: *He presents a head and face trauma.*

Polish: *Uraz głowy i twarzy.*
[Head and face trauma]

The above example demonstrates the way in which medical presentation or diagnoses are most often provided. It would not be an overstatement to conclude that Polish texts formally state and describe the condition with little direct reference to the patient, who — if referred to — is conventionally called *chory* [the afflicted/diseased] with the adjectival noun used much more frequently than the noun *pacjent* [patient].

Another example of differences in modality is the lack of direct reference to the patient, for instance in the final section of discharge summaries where medical disposition is provided. In Polish, it is always a nominal phrase in the indicative mood; in English, it is expressed in the imperative form. This is illustrated by the following examples extracted from comparable English and Polish dispositions listed in discharge summaries:

Polish (1): *Zakaz obciążania operowanej kończyny*
[Ban on straining the operated limb]

English (1): *Avoid straining the limb.*

Polish (2): *W razie gorączki pilna kontrola w klinice*
[In case of high fever, an urgent visit in the hospital]

Polish (3): *Za dwa miesiące wskazana kontrola*
[In two months a clinical supervision is advised]

English (2): *In case of high fever, visit the hospital immediately.*

Such a manner of expression does contribute to the fact that, when compared, English discharge summaries are instructive and somewhat more friendly in tone as they are targeted directly at the patient.

It needs to be emphasised that the nature of some differences is inherent in the language structures of LGP, not only medical Polish and English. Among such differences, noun modifiers may be cited. When applied to qualifying a noun or a noun phrase, it is indeed typical of the Polish syntax, but not exclusive to medical prose, that the head of a noun phrase is post-modified. The example 'Polish (1)' demonstrates that the term for a particular condition is followed by its specification, i.e. post-modified by the bodily part affected by the disease. In English, the head of the phrase is usually pre-modified, which may be exemplified by 'English (2)'. Here, it is the infected or injured part of the patient's body that constitutes the head of the phrase and is pre-modified by an adjective describing the abnormality.

Polish (1): *Hipoplazja goleni prawej.*
[Hypoplasia of the right tibia]

English (1): *Hypoplastic right tibia.*

Despite such differences occurring across not only specialised but also general languages, this example can also substantiate the assumption stated in the previous section stipulating that the level of directness is much lower in Polish. Although less apparent and strictly conditioned by general language structures, it is also evident here that in English the patient and his body parts are given the priority even in the syntactic form.

Different approaches to the patient make source and target texts notably different in terms of information organisation and presentation, which results in a translatological query; the translator of medical records must be aware of the need to use a shift in perspective and topicalise the 'syntactically non-existent' Polish patient when translating into English.

3.3. Information not included in Polish discharge summaries

The following examples illustrate the form of information on the patient at the time of admission:

English (1): *On admission the patient was alert, neatly dressed and cooperative. Her mood was depressed and her affect was blunted.*

English (2): *Physical examination at the time of admission revealed a thin, pleasant female in mild respiratory distress.*

English (3): *The patient is a 50-year-old white female with known history of asthma since infancy, possible environmental allergies, who presented with progressive wheezing and respiratory distress for the past two days.*

The majority of Polish discharge summaries do not provide any information on the patient's emotional state at the time of admission but, if there is any introductory information given, it is significantly shorter, concise and syntactically simple, as demonstrated in the examples below.

Polish (1): *Przy przyjęciu: stan ogólny średni, z zaburzeniami czynności oddechowej.*
[On admission: stable condition, with respiratory disturbance]

Polish (2): *5 letnia dziewczynka w stanie ogólnym średnim z cechami odwodnienia.*
[A 5-year-old girl in a stable condition with evidence of dehydration]

Polish (3): *Dziecko przyjęto celem skleroterapii malformacji naczyniowej.*
[The child got admitted for sclerotherapy treatment of a vascular malformation]

Moreover, the comparison of admission diagnoses also shows discrepancies between English and Polish medical records as regards less direct reasons for the patient's admission. In this case English health records document all the facts, not only of the patient's medical history but also the details of the patient's experience and subjective assessment. If the patient's state results from an accident-related injury, there is a description of the circumstances of the accident, for instance:

English (1): *While walking, she accidentally fell to her knees and did hit her head on the ground, near her left eye.*

Polish (1): *Uraz głowy w okolicy lewego oka.*

[Head trauma near left eye]

Polish (2): *Uraz okolicy czołowej.*
[Trauma to the frontal area]

Polish (3): *Pacjent po wypadku z urazem głowy, bez utraty przytomności.*
[A post-accident patient with head trauma, no loss of consciousness]

It is a common practice in Polish discharge summaries to present only the patient's personal data followed by a diagnosis — often in Latin — and then describe the procedures performed as well as a disposition provided in the form of sentence fragments, either noun phrases or verbless sentences (see section 3.1).

English discharge summaries involve more complex descriptions even when presenting cases such as a normal, problem-free labour, which is not considered a medical condition and receives little intervention. In English such cases still deserve a detailed provision of basic information, while Polish discharge diagnoses are very limited in such a case:

English (1): *A viable baby boy with Apgars of 10 and 10 and a weight of 11 pounds was delivered. Postpartum course was unremarkable and the patient was discharged on April 24th to be followed in the office. The patient was afebrile and was passing flatus.*

Polish (1): *Ciąża 1 poród 1; 40 tyg. ciąży. Syn żywy donoszony. Apg. 10 pkt. kontrola u lekarza prowadzącego za 6 tygodni.*
[Pregnancy 1 delivery 1; 40 week. A viable baby boy. Apg. 10. A follow-up visit in 6 weeks]

In contrast to the Polish example, the English description is written in full sentences with connectives and more detailed information, which appears to form a cohesive whole. Furthermore, the structure and stylistic forms that operate in English reports allow for emotionality, as in the following example:

English (2): *Dr. X, who is the patient's cardiologist, was informed. Dr. X was kind enough to see the patient the very next day, and his impression was that the patient has atrial fibrillation.*

Unlike in Polish discharge summaries, where the emotional content is significantly pared down due to textual conventionality, English summaries tend to register a distinct emotional tone and provide personal remarks.

3.4. Recapitulation of major differences and implications for translation

To recapitulate, with the aim of adapting the target text so that it best suits the target reader, the translator needs to make allowances for the predominance of verbless clauses in Polish discharge summaries and complex sentences in comparable English documentation. All the disparities indicate that English records are also more narrative and informal, while the Polish ones display a higher level of formality. It has been demonstrated that, although common in all LSP texts, syntactic devices such as nominalisation, passivisation and pre- or post-modification are particularly prevalent in Polish medical documentation. Moreover, both English and Polish adopt common similar non-lexical strategies of textual organisation (Grego 2010: 62); in the Polish specialised language, however, some of them are employed to a significantly greater extent. The style and structure of Polish discharge summaries topicalise the diseases and conditions, reduce the role of the patient and depersonalise the communication by means of agent-less passive verbs which create more distance and may seemingly reduce the author's responsibility for the actions described. English language users, on the other hand, tend to prefer an 'interactional', addressee-focused style (House 2008: 122) not only in LGP but also in specialised medical discourse.

All the aforementioned characteristics of English and Polish medical language "can be used to upgrade reader orientation and/or tone down 'distance' and formality in discourse according to intercultural norms and assumed reader expectations" (Gerzymisch-Arbogast (2007: 29). Hence, when charged with translating a Polish medical report into English, the translator should bear in mind the English preference for complete sentences. It is advisable to produce full semi-formal sentences and link the whole text by means of cohesion markers so as to make the translation appear cogent as well as visibly complete and well-organised to the English-speaking readers. Similarly, although Polish medical practitioners are sparse with the number of discourse markers used, English documentation tends to add sentence connectors even if logical relations are obvious. What may be particularly problematic for translation trainees is a Polish unexpressed or invisible subject. Such subjectless clauses like *wykonano* [<impers.> performed] or *obserwuje się* [<impers.> observes] can be translated in an impersonal passive form, e.g. 'it was performed' or 'it is observed'. With a view to producing a more natural translation of dynamic equivalence, the translator can change the perspective and use a causative form, e.g. 'the patient had something performed,' which shifts the focus onto the patient. Using impersonal structures the translator can topicalise not only the patient but also the procedure, e.g. 'something was performed' or the condition, e.g. 'something is observed.'

Accordingly, if a medical report is translated from English into Polish, the translator is well advised to use many verbless clauses, for instance noun phrases (e.g. *Head and face trauma*) or clauses with the copular verb elided (e.g. *Post-operative course <was> without complications)*. Additionally, the majority of examinations and procedures performed is to be described with agent-less verb forms, e.g. *Dziecko przyjęto* [<impers.> admitted the child]. Furthermore, this direction of translation requires some reduction on the part of the translator. Even the most inconspicuous information about the patient's mood may prove of value to the Polish receiver, therefore it is not recommended to omit the type of details or personal remarks discussed in section 3.3. However, it is advisable that abundant linking be dropped and personal opinion toned down. The implementation of the aforementioned stylistic alterations and translation shifts enables the translator to render a given document in accordance with textual conventionality and expectation norms.

4. Conclusion

All the stylistic variations presented in the following article indicate that medical texts differ significantly, which is therefore not inconsequential to translation. As Baumann (2007: 334) puts it, "stylistic elements can make LSP text recipients understand the facts and processes better by building bridges between communicative partners' different presuppositions." Similarly, Taylor (2006: 33) states that "as writers produce and readers recognise 'bonded pairs', translators would do well to track such established bonding, and in their target language versions to create nets of equivalent bonding patterns in the target text." The use of the 'cultural filter' is therefore necessary in medical translation since "the complex cognitive structure of the special knowledge which has to be materialised in the communicative process needs a specific syntactic modification" (Baumann 2007: 337). Unfamiliar style or aberrant flow of words may result not only in a modulated impact on the reader who is not used to extraordinarily direct or excessively formal expressions, but also in a disorientation, hence a redundant hesitation, reading for the second time and as a final point an undesirable waste of doctors' and patients' time.

It is of primary importance for the translator to ensure that the text, which — in medical environment — must be read quickly but thoroughly, is as familiar as possible. Indeed, Gile (2009: 40) states that "as regards translation of primarily informational texts, translation instructors seem to hold the unanimous view that the sole applicable criteria of acceptability are those of the target language." Mason substantiates this claim with his belief that:

> the expectation that source text cohesive use is necessarily, or even desirably, transferable to a target text is, in itself, a naïve one, stemming from a view of

> translating as language transfer rather than as motivated behaviour within a particular context and responding to its own norms (2001: 723).

Translators' choices, either linguistic, pragmatic or stylistic, should be socially and culturally specific so that the target text is congruous and thus most immediately intelligible. If the text appears to be even slightly dissimilar to standard texts of the same type, it may constitute an impediment in what is usually an automatised process.

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