

EUPHEMISMS IN MEDICAL DISCOURSE: THE ROLE OF THE LATIN LANGUAGE AND ETHICAL ASPECTS OF COMMUNICATION

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Euphemisms in medical discourse ensure professionally and ethically sound doctor-patient communication. They are used to replace words and phrases that have a negative and undesirable connotation or appeal to foul language with neutral expressions. The basic areas of their common use are presented; the topics of medical discourse subject to euphemization and the objectives of using euphemisms in doctor-patient communication following the principles of deontology are highlighted. The professional medical language with Latin medical and clinical terms can serve as a means of euphemization. Thus, the issue should be explored to develop the linguistic worldview and communication culture among the future physicians and to communicate with the patient effectively.

Keywords: euphemism; medical discourse; Latin language; medical terminology; speech ethics; deontology

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ЭВФЕМИЗМЫ В МЕДИЦИНСКОМ ДИСКУРСЕ: РОЛЬ ЛАТИНСКОГО ЯЗЫКА И ЭТИЧЕСКИЕ АСПЕКТЫ КОММУНИКАЦИИ

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Эвфемизация в медицинском дискурсе рассматривается как средство обеспечения профессионально корректной и этически выверенной коммуникации врача и пациента через замену выражений, которые могут вызвать у последнего отрицательные эмоции, обладают нежелательной экспрессией или апеллируют к табуированным темам, нейтральными выражениями. Представлены основные сферы бытования эвфемизмов; обозначены темы медицинского дискурса, подвергающиеся эвфемизации, а также задачи использования эвфемизмов в коммуникации врача и пациента с учетом соблюдения принципов деонтологии. В качестве одного из средств эвфемизации может рассматриваться использование профессионального языка врача, основу которого составляет латинская медицинская (в частности, клиническая) терминология. Это определяет особую актуальность ее изучения для развития лингвистического мировоззрения, формирования коммуникативной культуры будущих врачей, что, в свою очередь, способствует конструктивному взаимодействию с пациентом.

Ключевые слова: эвфемизм, медицинский дискурс, латинский язык, медицинская терминология, речевая этика, деонтология

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Euphemisms (coming from the Greek words εὖ “good” and φημί “speech”) include emotionally neutral words or expressions utilized instead of their synonyms that may seem rude or impolite [1].

In other words, “the process of euphemization consists in a *synonymous replacement* of the linguistic unit, which, when written or pronounced, is inconsistent with the public liking and may shock the interlocutor” [2] According to Kovshova SP, euphemisms are “the expressions, that denote a problem, failure or any lacking resource and are widely found in the culture and language of this particular community” [3]

Euphemization “is associated not only with the rules of politeness, but also with the cultural, social and ideological factors that allow the speaker to select the required designation” [2].

Thus, euphemization facilitates the indirect use of the concepts, which, if designated directly, seem culturally inappropriate or undesirable in a certain situation.

EUPHEMISMS IN MEDICAL DISCOURSE

Krysina LP states that euphemisms are used in diplomacy, politics, army, intelligence service, police, etc. as the spheres [4]. Apparently, euphemization is of particular relevance for medical discourse. Thus, the doctor-patient interaction is meaningful when acute issues such as physicality, intimacy, suffering (fatal diagnoses, severe conditions), disability or death are discussed in a delicate way, “cultivating the patient’s hope for a favorable outcome” [5].

The relevance of the subject is shown in numerous papers covering medical discourse outside Russia [2, 6, 7, 8]. Once the research has been analyzed, euphemization was shown to correlate with certain subject matters equally common to the discourse of both Russian, and non-Russian origin:

- **Lethal outcome** (lost patient, arrested vital signs).
- **Fatal diseases** (malignancy; poor prognosis; life-threatening condition).

- **Severe condition** (a patient's condition raises concern; instable condition; intense surveillance required).
- **Drug and alcohol addiction** (addiction; use of psychoactive substances; substance addiction).
- **Taboo body parts** (pubic area; delicate area; genitals; external sexual organs).
- **Physiological processes** (bodily excretion processes; natural body processes).
- **Physical and mental disorders** (health limitations; developmental disorders; special needs; disturbed functions; cognitive difficulties).
- **Medical procedures** (surgery; surgical correction; invasive surgery; diagnostic testing; therapeutic intervention) [2, 6, 7, 8].

Analysis of the 19th- and 20th- century literary texts has shown that the “medical” euphemisms of that time were primarily correlated with the issues of diseases, death, physicality and “social embarrassment” as well. It proves that euphemization is a lasting event of cultural significance which goes far beyond the medical sphere [5].

EUPHEMISMS AS CLINICAL LATIN TERMS

It should be pointed out that medical discourse is asymmetrical as doctors possess specific expertise, whereas a patient is informed and emotionally influenced by the doctor. Thus, the doctors, regardless of what they say, are responsible for the communication outcome. Euphemisms can make the discourse more effective. In other words, the use of euphemisms “is essential for conscious speech as it controls the course of communication and prevents etiquette-related, ethical and emotional risks” [3].

Therefore, researchers [2] point out two basic reasons why physicians use euphemisms in speech:

- 1) To replace words or phrases that commonly arise *fear* among patients.
- 2) To replace *taboo* or *indecent* words or phrases.

Euphemisms can have different features depending on the type of medical discourse used. Means and tools of euphemization are thoroughly examined by Krysin LP [4]. According to Kovshova ML, euphemization “stems from semantic uncertainty, generalized description of a negative denotation, semantic reduction, namely reduced amount of information within a language unit” [3].

The researcher notes that euphemisms sound as terms that convey the meaning behind the words without any emotional or etiquette-derived “tension” (for instance, sexual signs, genitals, penis, biological fluid, lethal outcome, funeral ceremonies, acne-prone skin, deviant behavior, etc.) [3].

Therefore, Latin terms, which are widely used in medical discourse, form “the basis of a physician's professional language” and serve as “the foundation of a future physician's professional training” [9]. While sounding neutral, they properly denote undesirable events or describe emotionally colored facts thus functioning as the means of euphemization.

During the Latin class, clinical terms are explained and definitions are provided. The students get an opportunity to improve their speaking skills and linguistic feeling. For instance, defining the terms “euthanasia” and “hemophilia” is commonly hampered as students try to grasp the meaning of separate morphemes:

- Euthanasia (*eu* for “normal” and *thanasia* for “death”) means not the “normal death” but an *intentional interruption of a patient's life to avoid physical sufferings due to an incurable disease*;

- Hemophilia (*haem* for “blood” and *philia* for “love”) has nothing to do with “love for blood” but denotes *predisposition to haemorrhage* (the first idea that strikes students' mind is the relation to vampirism).

The term “anesthesiologist” can be used as an example since students can define it as “a doctor who administers anesthesia”. When morphemes are analyzed (*anaesthesiologus* for “absence”, *aesthesio* for “sensitivity” and *logus* for “a doctor”), the definition changes into “a doctor who ensures the lack of sensation among patients”.

The euphemisms presented below correspond to the following lexical sets:

- hyperhidrosis (excessive sweating), helminthiasis (infestation by parasitic worms), hyperkeratosis (thickening of the outer layer of the skin on the bottom of the foot) and other abnormal conditions disapproved by the community;
- per rectal, transvaginal, which are the names of the procedures associated with the intimate area;
- exhumation, decapitation require using euphemisms in certain scientific areas such as medicine and forensics to ensure successful communication;
- perforation, resection are surgeries;
- cancerogenic, malignization, melanoma (lipoma) are terms related to severe and incurable diseases;
- infantilism, strobism, and virilism refer to abnormal conditions;
- gerontology, senile are age-related;
- thanatogenesis refers to death.

Despite the fact that euphemisms in medical discourse rather correspond to *clinical* terms, *anatomic* (the terms associated with the lower part of the body such as vagina, penis, anus) and *pharmaceutical* (e.g., *laxative agents* for a group of medicines that treat constipation, which refers to the taboo bodily excretion processes) euphemisms are common too. In turn, a term widely used within the non-medical sphere (*-plastica* i.e., a reconstructive operation) is easily confused by a non-medical person with an esthetic term (*blepharoplasty*, *rhinoplasty*), hindering its proper comprehension (*gastroplasty* means reshaping of the stomach, which is not connected to aesthetics). Owing to euphemisms, interdisciplinary links are updated. Thus, explication of the term *homicidal tendency/ tendency to kill people* (area of law and psychology) makes it easy to grasp the meaning of a pharmaceutical term (*-cid-* in such medicinal preparations as Streptocidum, Gramicidinum makes it clear that they kill viral causative agents).

EUPHEMISMS AND MEDICAL ETHICS

It is noted that a physician uses euphemization not to frighten or shock a patient when an unpleasant diagnosis has to be announced, delicate or private problems and taboo or indecent issues are discussed.

According to Kovshova MP, “the main signs allowing to detect a euphemism in discourse include semantic ambiguity in designating denotation, which is perceived by the speaker as the ‘negative’ one, or taboo topics within the cultural community, on the one hand, and a formal character of denotation improvement without misleading the interlocutors” [3]. Meanwhile, “the need in them [euphemisms] indicates that purposeful discourse is required as it controls the course of communication and prevents risks associated with etiquette, ethics and emotions”. As Moskvina VP states, it is the purpose of use, which is protection instead of misinformation, that differentiates between a euphemism and a lie [5]. Consequently,

it could be considered that using euphemisms doesn't contradict the ideas of medical ethics.

Krysin LP believes that an attempt to avoid communication failures and make the interlocutor feel comfortable serves as the main purpose of euphemization. Euphemisms are intended "to camouflage the substance of the case" [4].

It has to be noted that euphemization is ethically justified if no principle of informed consent is violated, i.e. the patient's condition and related risks are properly understood [7]. Thus, a euphemism aims not to hide the truth but to make it sound acceptable.

Meanwhile, some authors note that the role of euphemization in medical discourse has undergone significant changes due to the growing tendency to being open and fair to patients [6]. Analysis of real-world communication cases has shown that "the underhanded function of euphemisms in medical discourse is extremely insignificant as successful treatment and trustworthy relations require total mutual understanding". According to the researcher, it is the patient who tends to hide taboo terms behind euphemisms to avoid discomfort because they are not keen on medical terms [6]. Dysphemisms pursue a similar aim (*to drop dead* instead of *to die*; *a vegetable* instead of *a critically ill patient*) treating a problem ironically and making communication sound informal with a decline in stylistic nuance.

In complex situation, when, for instance, relatives are informed of the patient's death, euphemization is not useful as "during the tense moment, the physician's words can be interpreted in a wrong way" [6].

Thus, a euphemism in medical discourse should be treated as a balancing tool between humanity and accuracy. Its aim is not to conceal the truth, but to make it acceptable for a patient without violating the doctor's professional responsibility [5].

CONCLUSION

The use of euphemisms in various professional discourses is determined by their functions and how they are commonly used. Improving the negative data, euphemization resolves conflicts and ensures comfortable communication [3]. In this context, medical discourse and doctor-patient communication are the specific areas where euphemisms are used.

As noted above, both parties of communication use euphemisms. However, their means and goals can differ. Thus, a patient tries to be comfortable while discussing sensitive issues, whereas a doctor aims not to embarrass the patient and cushion the blow when an unpleasant diagnosis is announced.

Given the fact that synonymy that rests on semantic ambiguity and semantic reduction belong to the basic means of euphemization, a wish to cushion the blow should not blur the meaning, conceal significant information from the patient and violate the principle of informed consent. In this case, medical terms turn into euphemisms that allow to overcome expressive language while preserving the accuracy and clarity of the message.

Successful treatment definitely requires complete mutual understanding and building trustworthy doctor-patient relations. Consequently, a future physician must not only master specific knowledge, but also develop their speech culture, communication skills and ideas of deontological responsibility. In turn, studying *the Latin language* allows to develop the specified core competencies. As a physician's linguistic mastery means understanding how terminology is utilized in communication, exploring euphemization during the Latin class seems ethically justifiable.

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