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SECONDARY NAMES IN MEDICAL DISCOURSE: CAUSES

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The difficult path of development of the Ukrainian scientific language, caused by socio-historical and political circumstances, led to a complex process of creating terms on a foreign language basis. It is commonly known that about 60% of Ukrainian medical terms are borrowings, mostly Greek and Latin, which are unclear to patients. Hence the various phobias, as well as the fear of hearing a term or diagnosis that is unclear to them. That is why in the modern Ukrainian medical discourse secondary names appear more and more often, motivated by special terms or created on the basis of commonly used vocabulary. The study of the causes of secondary names – one of the pressing issues of modern linguistics.

The aim of the study is to find out the reasons for the formation of the second, even the third name for the objects of the extralingual reality of the medical sphere, which have already been marked by means of language. Research material: statements taken from medical discourse in communicative situations doctor – doctor, doctor – patient, patient – doctor, etc. Methods of research: comparative, descriptive, historical, analysis and synthesis.

The need to promote medical knowledge is due to a change in the core competencies of medicine, which, in turn, requires changes in communication models in situations specialist – specialist, specialist – non-specialist. Undoubtedly, the basis of the language of the medical worker is medical terminology, which performs informative, epistemological and orienting functions. However, secondary names are increasingly appearing in the conversation of healthcare professionals, which simplifies the process of communicating with colleagues in typical and atypical situations, as well as creates an atmosphere of trust and understanding with patients. The first case is characterized by the use of foreign language medical terminology, while the second requires an active dialogue without perfect knowledge of one of the parties, ie the use of native equivalents.

Secondary nominations appear mostly in oral speech, in particular in cases where medical terminology is difficult to perceive and understand, such as: transplant (instead of transplantation), probing (instead of palpating), cutting off (instead of amputating), implanting (instead of implant), improvement (instead of remission), duration of action (instead of prolongation), cause (instead of etiology), conclusion (instead of epicrisis), penetration, entry (instead of penetration), drilling (instead of perforation), interesting patient / uninteresting patient (relative course of the disease and methods of treatment), severe patient / non-severe patient (in terms of complexity or severity of the disease), acute abdomen / non-acute abdomen, hard abdomen / soft abdomen (acute surgical pathology), dirty operating room (operating room for patients with purulent diseases), pure operating room (operating room for patients with planned surgical interventions), etc.

Secondary names are used to denote medical workers by their internal occupational characteristics, as well as patients by their inherent disease. The typical way to create them is suffixation. For example: a nurse (from a nurse), an ophthalmologist (from an ophthalmologist), a pneumatic (from a patient with pneumonia), a gastritis (from a patient with gastritis), a heart attack (from a patient who has had a heart attack), a tuberculosis patient (from a patient with tuberculosis), and others.

Thus, the main reason for the creation of secondary nominations in modern Ukrainian medical discourse is the ethical factor – the desire of the doctor to avoid communication barriers when communicating with the patient. Another reason is the simplification of the process of professional communication with colleagues (during emergencies, surgical interventions, examinations, etc.).