

Exploring ethical issues in the Chinese translation of medical terms: The convergence of translation ethics and medical ethics

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Abstract. This article explores the ethical aspects of translating medical terminology into English, with a particular emphasis on the joint influence of medical ethics and translation ethics. This study identified four key issues in current translation practice through the analysis of various cases from the perspective of Chesterman's five kinds of translation ethics, including representation ethics, service ethics, communication ethics, norm-based ethics, and commitment ethics. The four issues involve discrimination, superstition, contempt, and overgeneralization. These issues may hinder the provision of appropriate medical services and social acceptance by fueling social stigma, public misunderstandings, and negative perceptions of diseases. This study suggests that medical translation is not only about language conversion, but also involves considerations of cultural, ethical, and social factors. This article attempts to provide practical advice for medical translators and healthcare workers by combining medical ethics with translation ethics. It suggests that future research should prioritize interdisciplinary collaboration to improve ethical standards in medical translation and promote more accurate and respectful descriptions of diseases in different cultures.

Keywords: medical terms, medical ethics, Chesterman translation ethics, destigmatization

1. Introduction

With the rapid development of society and the continuous improvement of medical ethics, people's understanding of medical ethics has undergone significant changes. The above evolution has shifted from a subjective perspective centered on the individual's right to survival to a more objective approach, including the physical and mental health of vulnerable groups, as well as broader social principles such as freedom and peace [1]. However, despite these advances, a recurring obstacle still exists: inadequate translation of medical terminology can lead to serious misunderstandings and even harm patients' health.

Inaccurate interpretation of medical terminology may lead to significant ethical issues. Thorneoft et al. emphasize that for patients (with mental illness), they face a dual danger: the impact of the primary disease and the serious consequences of stigmatization [2]. Poor translation of medical language may lead to the continued existence of stigma and prejudice against patients with certain diseases. The impacts of this stigmatization include contact with communities and services (barriers to seeking help), care provision (behavior of service providers towards people with mental and physical illnesses), and various forms of social exclusion (such as marriage, workplace, and educational environments). This is particularly evident in the context of infectious diseases, where fear and misinformation can lead to negative public health consequences [3].

In order to address these issues, it is necessary to adopt an ethical approach to the translation of medical terminology, taking into account cultural and social influences, in addition to medical interventions. In 1979, Beauchamp and Childress proposed the four principles of biomedical ethics: the principle of autonomy, the principle of non-maleficence, the principle of beneficence, and the principle of justice. Although these four basic principles cannot provide clear or direct guidelines for behavior, they all reflect humanitarianism and the concept of "compassionate doctor"[4]. Today, the interdisciplinary integration of translation studies with other disciplines is becoming increasingly close and profound; And medicine is not just about pursuing objectivity and accurate scientificity. It is necessary to promote the integration of medical humanities and medical sciences, and pay attention to the spirit of humanistic care in medicine. Therefore, medical translators should not only follow the principles of fidelity and fluency in translation, but also give due attention to medical humanities, including medical ethics, during the translation process. Medical terminology has the characteristics of standardization and normalization, which is crucial for the

communication and dissemination of medical science. Therefore, in the process of translating medical terminology, ethics should be fully considered [5].

This study aims to explore the ethical significance of medical terminology translation, by studying various cases that integrate medical ethics and translation ethics, with a particular emphasis on Chesterman's five principles of translation ethics, elucidating the cultural and social impact of disease naming and discussion, and proposing some suggestions to improve the ethical standards of medical term translation, reduce social stigma, and correct misunderstandings related to certain diseases.

2. Literature review

Medical translation is traditionally classified as a form of technical translation. However, contemporary research increasingly acknowledges that medical ethics is a crucial component in this field, underscoring its importance in the dissemination and transmission of medical knowledge. Cai emphasized that medical terminology has the characteristics of standardization and normalization, which is crucial for the communication and dissemination of medical science [5]. Therefore, the translation of medical terminology not only needs to follow the language level standards of "faithfulness and fluency" to disseminate medical science; but we should also focus on the ethics behind the text and convey medical culture. This change indicates that people are increasingly recognizing that translation is fundamentally an ethical effort that requires a delicate balance between linguistic accuracy and cultural and social sensitivity.

The research on translation ethics in both the East and the West started relatively late, but more and more scholars are beginning to devote themselves to the study of ethical aspects associated with different forms of translation, such as medical translation [6]. Translation ethics refers to the norms that translators must abide by in their translation activities, discussing the relationships between translators and other subjects, and exploring the translation strategies adopted by translators in the process of translating texts. Chesterman proposed five ethical models based on previous research: ethics of representation, ethics of service, ethics of communication, norm-based ethics, and ethics of commitment [7]. Specifically speaking, Representation Ethics emphasizes a faithful reproduction of the original text. Service ethics focus on whether the translation meets the needs of the target audience. Communication ethics emphasize the function of translation in cross-cultural communication. Norm-based ethics require translators to follow established translation norms and social and cultural conventions. Commitment ethics emphasize the responsibilities of translators to all relevant parties.

Zhou examined the ethical dilemmas involved in translating terminology related to Traditional Chinese Medicine (TCM) and pointed out that serious cases of mistranslation, misinterpretation, and repetitive translation of TCM terminology hinder the dissemination of medical knowledge in target language countries [8]. It is proposed that translators should distinguish between different types of translation tasks and choose appropriate ethical frameworks, such as representation, communication, or service ethics, to ensure the accuracy and ethical rationality of translation. Utilizing the examples of translating traditional Chinese medicine terminology, Luo suggests that the translation of traditional Chinese medicine terminology should use the technique of "alienation" whenever possible, in order to maintain the profoundness and promote the widespread dissemination of traditional Chinese medicine culture, which the author strongly agrees with [7].

As investigated by Zuo, the examination of translation taboos adds to the complexity of the ethical landscape [9]. Translators may be constrained by ideology, religious ethics, socio-economic culture, etc. in the translation process, which may lead to certain concerns or taboos in the translation content and translation methods. Translating ancient works, such as the Yellow Emperor's Canon of Internal Medicine, sometimes involves dealing with taboos. Translators' choice of specific methods and techniques in translation is also influenced by political, social ideology, ethics and other factors. They may face the challenge of respecting the original culture while ensuring that the material remains understandable and applicable to contemporary readers. The ethical dilemma lies in deciding whether to strictly adhere to the original text and when to modify the original text for the target audience while maintaining a strong sense of ethical integrity.

In the context of medical translation, these ethical considerations are not only theoretical, they also have practical significance for the cognition and treatment of diseases. Zheng emphasized that the current number of medical translation literature is increasing, but ethical issues are often ignored [10]. Translation work should be combined with moral ethics to maintain the physical and mental health of patients. In this regard, this article analyzes the basic principles of medical ethics, explains common problems in the translation of medical terms, and finally explores the translation measures of medical terms from an ethical perspective. It strives to call on the academic community to strengthen its attention to the ethics of medical terminology translation by clarifying the translation standards of terminology, enriching medical translation methods, and mastering medical English translation skills, so as to help prevent the spread of misinformation and reduce the social stigma associated with specific diseases.

In addition, Shen stressed the importance of ethical principles in medical interpretation, especially in the context of ensuring that the rights and autonomy of patients are maintained during medical consultations [11]. The Code of Ethics of the International Association of Medical and General Interpreters was compared, and two ethical principles (advocacy and respect) were found to be unique to the former. The principle of advocacy should not be abused or misused and has practice conditions and standards. The principle of respect focuses on the patient's right to self-determination and requires flexible practice, emphasizing the importance of a detailed understanding of the ethical complexities associated with medical translation and interpreting.

In general, previous studies on the ethics of medical translation have shown that medical ethics and translation studies have found an intersection between “accuracy” and “sincerity.” The translation of medical terminology should pursue the dialectical unity of “precision” and “sincerity” and be subject to its ethical constraints. In addition to considering whether the translated name meets the national and international terminology translation guidelines, the determination of medical terminology translation should also take into account the needs of patients and the general public [4, 5, 7, 8]. It emphasizes the importance of adopting a comprehensive approach to medical translation, combining linguistic accuracy with ethical awareness to improve public understanding and reduce social stigmatization of diseases.

3. Case studies on errors in translating medical terminology

There are ethical concerns associated with translating the term “Alzheimer’s disease” from “老年痴呆症” to “阿尔茨海默病” [4]. This modification is driven by the need to ensure that medical accuracy and ethical issues are met. The previous translation had stigmatizing implications, which might foster social prejudice and misconceptions. The updated translation, although less instantly recognizable, demonstrates a greater regard for the dignity of those impacted by the illness and corresponds more closely to ethical principles in both the medical and translation fields. These problems are classified into four types: discrimination, superstition, contempt, and over-generalization.

3.1. Discrimination

One of the most pressing challenges in medical translation is the possibility of discrimination via the use of stigmatizing or culturally inappropriate language. For example, “Narcissistic Personality Disorder” is transliterated as “纳克索斯症” instead of “自恋症” to avoid negative connotations. The word “自” may suggest that the illness is a choice rather than an uncontrolled disorder, putting unnecessary responsibility on the person. This option is consistent with Chesterman’s representation ethics, which prioritize the authentic reproduction of the original text while taking into account the cultural and historical context. By keeping the link to the Greek tale of Narcissus, the translation not only retains the original term’s purity, but also facilitates successful cross-cultural communication and lowers social stigma.

Similarly, the term “Alcoholism” is often translated as “酒精依赖症” in Chinese. However, this translation may carry a moral tone, as the term “依赖” may imply that this situation is the result of weak willpower or personal choice. To alleviate this situation, use more neutral terms such as “酒精使用障碍” or “酒精成瘾症.” These alternative solutions are consistent with Chesterman’s service ethics, which focuses on meeting the needs of the target audience, particularly reducing social judgment and emphasizing the medical nature of diseases.

An additional illustration is the Chinese translation of “Attention Deficit Hyperactivity Disorder” (ADHD) as “多动症.” Hyperactivity is the sole focus of the term “多动,” which neglects other symptoms, including executive function challenges and emotional regulation difficulties. A more comprehensive translation, such as “注意力缺陷多动障碍,” more accurately captures the complete continuum of the disorder, thereby minimizing the risk of social stigmatization. This method is consistent with Chesterman’s communication ethics, which underscore the significance of enabling non-discriminatory and transparent communication across cultures.

“Epilepsy” is another condition for which the frequently employed Chinese term “癫痫” conveys negative stereotypes that may result in discrimination. In Chinese, the character “癫” frequently implies mental instability or lunacy, which can lead to stigmatization of individuals with the condition. In order to cultivate a more precise and respectful comprehension of the disorder, it is essential to translate this term in a manner that avoids such connotations such as “痫症,” in accordance with Chesterman’s communication ethics.

Lastly, the Chinese transliteration of “Tuberculosis” as “肺结核” frequently coexists with popularized expressions such as “痨病” or “肺癆,” which are associated with historical connotations of high mortality and incurability. Despite the fact that modern medical advancements have rendered the disease treatable, these terms are frequently reinforced by media portrayals, perpetuating fear and stigma. A more neutral term, such as “结核病” or “结核感染,” could assist in the mitigation of these negative stereotypes and the promotion of improved public comprehension. This approach is consistent with norm-based ethics, which promote the compliance of translators with current societal norms that emphasize the reduction of stigma and the improvement of public health communication. These alternative solutions are consistent with Chesterman’s service ethics, which focuses on meeting the needs of the target audience, particularly reducing the media’s exaggeration of the severity of the disease, therefore weakening social judgment.

3.2. Superstition

Superstition has a substantial impact on the translation of medical phrases, often resulting in misunderstandings about the seriousness of diseases and their contagiousness. For example, the name “Smallpox” is rendered as “天花” in Chinese. The

character “天” means sky or by ancient people or certain religions the place where gods, Buddhas, immortals, and other divine beings reside in Chinese, while “花” refers to, in the past, prostitutes or anything related to them. Although this phrase has historical and cultural associations, it has the potential to give the public an inaccurate understanding of the true nature of the illness. The phrase “天花” may elicit historical connotations and perhaps downplay the seriousness and transmissibility of smallpox. A more precise and scientifically accurate translation, such as “发诺纳痘症,” will more accurately depict the medical nature of the condition and rectify any misunderstandings. This approach is in line with Chesterman’s ethics of representation, which prioritize the honest portrayal of medical facts in translations, rather than maintaining obsolete or superstitious ideas.

It is worth mentioning that the character “风” originates from the “六淫” (six exogenous pathogenic factors) in traditional Chinese medicine, including wind, cold, heat, dampness, dryness, and fire. The following three cases are all related to this character. Similarly, the term “Leprosy,” which is often rendered as “麻风” in Chinese, is burdened with significant negative connotations as a result of its connection to archaic beliefs and societal discrimination. This word elicits anxiety and has the potential to result in the marginalization of persons who are impacted by the illness. Using a more neutral translation, such as “莱普若斯症,” might mitigate the negative connotations and provide a more precise representation of the condition. This approach aligns with Chesterman’s communication ethics, which encourage the use of clear, precise, and culturally appropriate communication that upholds the dignity of those impacted by the condition.

Another relevant example is the rendering of the term “Stroke” in the Chinese language. Stroke is translated as “中风” in Chinese, which is easily associated with superstition or traditional Chinese medicine’s concept of wind pathogen, rather than the neurological disorder in modern medicine. Such a term may lead to neglect of the scientific nature of the disease. The proper translation should use “脑卒中” or “急性脑血管事件.” These solutions are in accordance with Chesterman’s service ethics, which meets the needs of target people, therefore emphasizing its scientific nature and specific pathological background, and explaining preventive measures, early symptoms, and treatment methods to increase the public’s correct understanding. Besides, gout triggers the same issue. This kind of joint disease, in old medicine, the disease was thought to be caused by drops of viscous humor seeping from the blood into the joints, which turns out to be close to the modern scientific explanation. It often was caused by the drinking of heavy or sweet wines, or excessive beer drinking combined with insufficient food. Gout is translated as “痛风” in Chinese and its popularized expression is “发风.” The popularized one is not specific enough and can easily be confused with other rheumatic diseases, lacking a clear medical specificity and possibly carrying a certain superstitious color. The proper translation should be “高尿酸血症性关节炎.” These solutions are also in accordance with Chesterman’s service ethics, which directly describes the pathological mechanism, and explains the causes, symptoms, and treatment methods, ensuring the public correct understanding of the disease.

Lastly, an example is the rendering of the term “Syphilis” in the Chinese language. The phrase “梅毒” or the commonly used idiom “花柳病” both have moral connotations suggesting sexual promiscuity. The phrase “梅毒” incorporates the character “毒,” which translates to “poison” and has historical connections to traditional Chinese medicine. In this context, “毒” often denotes detrimental drugs with uncertain outcomes. This character might elicit superstitious and unfavorable associations. Furthermore, the term “花柳病” originates from ancient poetry and has traditionally been used to describe brothels, so intensifying negative connotations and perpetuating the social stigma around the condition. These interpretations might worsen the stigmatization and conceal the medical essence of the problem. A translation that is more morally sound, such as “西非利斯病” (transliteration), eliminates the negative implications and offers more precise and correct medical information. This decision exemplifies Chesterman’s dedication to ethics, specifically emphasizing the translator’s obligation to all parties involved, including patients and the wider public. Translators fulfill their ethical obligation to promote respectful and informative medical terminology by choosing translations that limit damage and encourage correct comprehension.

3.3. Contempt

Translations that show contempt or trivialize might diminish the gravity of certain medical illnesses, resulting in insufficient public awareness and treatment. As an example, the phrase “Uremia” is sometimes rendered as “尿毒症” in translation. However, this name has negative implications because of the character “毒,” which connotes poison and may trigger irrational worries. This translation may not adequately portray the gravity of the problem. A more precise word such as “慢性肾衰竭” (chronic kidney failure) better emphasizes the seriousness of the condition and its medical consequences. This technique not only enhances comprehension but also adheres to commitment ethics, which prioritize the translator’s duty to accurately communicate the genuine essence of the situation and promote public awareness while minimizing unwarranted fear and misunderstandings.

Acute Upper Respiratory Tract Infection is translated as “急性上呼吸道感染” or “感冒” in Chinese, which may downplay its potential severity and complexity. A more appropriate translation would be to use the former one, which reflects Chesterman’s representation ethics, and explain its symptoms, causes, and treatment options to increase public awareness of the disease.

Coronary artery disease is often referred to as “冠心病” in popular language. This word may be misleading since it fails to accurately depict the intricate nature of the illness or its symptoms. To have a more accurate comprehension, it is advisable to use the technical phrase “冠状动脉粥样硬化性心脏病.” This word offers an intricate explanation of the disease’s pathophysiology and enhances the comprehension of the general audience. This decision is consistent with normative ethics, which emphasizes the need to adhere to medical accuracy in order to preserve the integrity of the information and fulfill current social norms.

3.4. Over-generalization

Over-generalization happens when a medical phrase is translated in a manner that is too inclusive, resulting in misconceptions about the ailment. For example, the term “Poliomyelitis” is sometimes rendered as “小儿麻痹,” implying that only children are impacted, disregarding the reality that adults may also get the illness. Using a more accurate translation such as “脊髓灰质炎” will provide a clearer understanding of the disease’s characteristics and avoid any misunderstandings. Ensuring correct representation of the disease’s breadth and features is crucial in maintaining ethical standards in translation.

As an additional example, the term “Acne” is often rendered as “青春痘” in Chinese. This translation oversimplifies the ailment by implying that it is just a problem for teenagers, but in fact, acne is linked to several variables such as excessive production of sebaceous glands, obstruction of hair follicles, bacterial infection, and inflammatory reactions, which are not exclusive to adolescence. To improve public awareness and guarantee proper medical action, it is advisable to adopt a more precise name such as “痤疮” and provide extensive explanations about the condition’s medical background. This technique exemplifies the principles of service ethics, which prioritize the translator’s responsibility to provide information that fulfills the requirements of the intended audience and promotes a more precise comprehension of the condition.

“Rabies” is another instance where the often-used phrases “狂犬病” and “恐水症” could not completely encompass the intricacies of the ailment. Although “狂犬病” may be translated as “mad dog disease” and “恐水症” can be translated as “fear of water,” it is important to note that these translations are incomplete and may lead to misunderstandings. Rabies is a viral illness that may afflict several animals, such as dogs, cats, foxes, and wolves, which act as reservoirs for the virus. The phrase “拉贝斯感染” offers a more precise and complete depiction of the illness, incorporating both its characteristics and mode of transmission. This method is in accordance with communication ethics, which prioritize the significance of delivering unambiguous and accurate information to improve cross-cultural comprehension. Translators play a crucial role in reducing disinformation and unneeded panic by selecting a phrase that precisely captures the complexity and extent of the sickness. This ensures that the public gets a comprehensive grasp of the condition.

To summarize, translating medical jargon requires thoughtful deliberation of several ethical considerations, such as the possibility of bias, the need for coherence between technical and layman phrases, and the avoidance of irrational beliefs and disdain. By rectifying these concerns via more precise and culturally attuned translations, it is feasible to enhance public comprehension of illnesses, diminish social disapproval, and foster improved healthcare results. Chesterman’s principles of translation ethics provide a helpful foundation for effectively addressing these problems, guaranteeing that translations are both linguistically accurate and morally conscientious.

4. Implications

4.1. Theoretical implications

The critical significance of integrating cultural and ethical awareness into translation theory is emphasized in the paper by an examination of the translation of medical terminology from an ethical perspective, particularly through the lens of Chesterman’s translation ethics. Chesterman’s paradigm, which encompasses representation ethics, service ethics, communication ethics, norm-based ethics, and commitment ethics, offers a comprehensive framework for comprehending the ways in which translations affect public perception and contribute to the stigmatization of medical conditions. This investigation underscores the necessity of integrating both medical and translation ethics, as well as the discriminatory nature of certain colloquial expressions and the inconsistency in the Chinese translation of extant medical terms. Translation theory can develop into a more comprehensive approach that considers the cultural and social implications of medical translations in addition to linguistic accuracy by incorporating these ethical considerations.

4.2. Practical implications

The results of this study indicate that there are substantial advancements to be made in the translation of medical information, which will have direct implications for the clinical practice of future medical professionals. In order to guarantee that translations are not only precise but also culturally sensitive and socially responsible, translators must adhere to Chesterman’s ethical principles. This encompasses the avoidance of terms that perpetuate stigma or misconceptions, such as “慢性肾衰竭” in

place of “尿毒症” or “拉贝斯感染” in place of “狂犬病.” The clarity and efficacy of medical communication can be improved by the proper application of these ethical guidelines, which can also reduce public misinformation and anxiety. Additionally, this investigation emphasizes the vital role of translators in influencing public perceptions of diseases and recommends that future endeavors should prioritize the creation of comprehensive training programs that incorporate a variety of translation techniques, with a particular emphasis on ethical considerations and ongoing feedback, in order to enhance the influence of translations on public health outcomes.

5. Conclusion

This research emphasizes the crucial significance of ethical issues in the translation of medical language, driven by Chesterman’s principles of translation ethics. This highlights the need for precise and culturally aware translations in order to avoid stigma and misinterpretation. The implementation of these ethical principles—representation, service, communication, norm-based, and commitment ethics—has the potential to enhance public comprehension and mitigate negative stereotypes. Future endeavors should prioritize the incorporation of these ideas into translator education and professional work to improve the precision and ethical standards of medical translations.

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