Translating Vague Language in Patient Information Leaflets

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Abstract

Vague Language (VL) is an integral part of language (Channell 1994; Cutting 2007; Sabet and Zhang 2015). Studies showed that VL is a typical feature of medical discourse. Patient Information Leaflet (PIL) as the most important source of information about a medicine that users have access to (Bjerrum and Foged 2003) and the written medical discourse that has to communicate complex health-related information in clear and easy to understand language to lay people, potentially the entire population of a country, is not an exception. The present study focused on translating of VL in PILs. Parallel corpus of the study was built of existing English PILs and their Persian translations. To describe and analyze VL in the selected corpus, Channell's (1994) framework was adopted. After identifying and analysing VL items in the selected corpus, observations were presented in detail. Findings of the study demonstrated the importance of investigating VL in health communication settings especially PIL as it has been tried to produce and translate PIL as plain and easy to understandable as possible.

1 Introduction

Vague Language (VL) is an integral part of language (Channell 1994; Cutting 2007; Sabet and Zhang 2015) and has been recognized as "a pervasive property of texts, and a property of considerable social importance" (Fairclough 2003, 55). VL cannot be treated as "the exception rather than the rule" in any theory of language (Channell 1994, 196). Channell (1994) one of the early founders of VL studies from the perspective of linguistics believed that an expression or word is vague if (a) it can be contrasted with another word or expression which appears to render the same proposition, if (b) it is purposely and unabashedly vague or if (c) the meaning arises from intrinsic uncertainty.

VL has been studied in various settings but suffers a dearth of research in health communication setting. Uncertainty, instantiated through the use of VL, is a typical feature of medical discourse (Adolphs et al. 2007; Bryant and Norman 1979; Prince et al. 1982; Varttala 1999; Sarangi and Clarke 2002). It has been showed that several tensions emerge regarding the appropriateness of using VL in the healthcare communication. Due to institutional requirements, healthcare professionals must provide precise and clear information about a patient's medical problems and gaining precise understanding of a patient's symptoms, while at the same time they must elicit and deliver such medical information in a way that the patient can understand and not find unduly alarming (Adolphs et al. 2007). Adolphs et al. (2007) discussed that in order to provide patients with a truthful and clear account of their illness, the use of any VL would seem to be undesirable. At the same time, the use of VL would be appropriate, in order to provide the patients with an account of their illness which is understandable (Varttala 1999; Adolphs et al. 2007). Moreover, the use of VL items would seem to be appropriate, in order to be a marker of politeness, minimize an imposition on the patients, leave room for the patients to add their own description of the situation, serve as a strategy to elicit a fuller description of the patient's symptoms, and convey to the patient the uncertainty within the medical subject-matter (Adolphs et al. 2007).

The scopes of previous studies carried out in healthcare setting were limited to spoken discourse. The present study tried to focus on written discourse i.e. PILs, "the most important source of information about a drug that patients have access to" (Bjerrum and Foged 2003, 58), a different setting with distinct institutional contexts and requirements.

Patient Information Leaflets (PILs) which accompany all medication and inform patients about dosage, side effects, etc., are known as the bedrock of methods used to inform people about their medications (Buck 1998; Raynor et al. 2007) and a tool which empowers patients and people to be more involved in making decisions related to

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their medications and health. Nisbeth Jensen (2015) stated that PIL has to communicate complex health-related information to lay people or general public. It is essential for the correct use of medication. If the receivers don't understand the communication, significant consequences will happen.

Considering its importance, the present study sought to investigate VL in PIL. More precisely, it intended to investigate typologies of VL in PILs, major reasons and functions of using VL in PILs, and choices made in translating VL in PILs.

2   Method

To achieve the objectives of the study, a parallel corpus of existing English PILs and their Persian translations was built. The official website of the European Medicines Agency (EMA) (http://www.ema.europa.eu/) was consulted in order to build the corpus. The EMA is the authoritative body in charge of the scientific evaluation, supervision and safety monitoring of medicines in the European Union (EU). 5 authorised PILs (English) which are available on the website were randomly selected. Existing Persian translations of the English PILs were used as target texts (TT).

To describe and analyze VL in the selected corpus, Channell's (1994) framework provided in the following was adopted. VL items were identified in the selected corpus, their frequencies were illustrated in tables, and they were examined in their contexts to find reasons for using them and functions they perform. Then, choices made in translating these items were identified and discussed in detail.

2.1   Channell's (1994) Typology

1. Vague additives

Channell (1994) defined vague additives as "a word or phrase is added to what would otherwise be a precise statement, to result in a vague reading" (18). One type of vague additives is "Approximation" which contains "approximators" i.e. some lexical material such as about or approximately, "exemplar numbers" i.e. one or two numbers, and also optionally a "measure noun" such as pounds, feet, etc. (Channell, 1994). She believed that there is another set of expressions which is used to approximate in much the same way as the approximators i.e. "Partial specifiers" (Wachtel's (1981) term) which specify upper or lower limits for quantities on the number continuum. The other type of vague additives

referred by Channell (1994) is "Vague category identifiers" such as 'coffee or something like that' which consist of "Exemplar" (coffee)+"Tag" (or something like that).

2. Vagueness by choice of vague words

According to Channell (1994) in these cases "speakers choose words which are always, and unabashedly vague, such as thingummy and whatsit" (18). She stated that terms such as loads of and heaps of exist for quantities. These words are referred by Channell (1994) as non-numerical vague quantifiers. Adverbs of frequency are also included in this area because it is possible to replace some them with exact amounts of frequency. She stated that the terms always and never are precise, not vague.

3. Vagueness by implicature

In this case "an apparently precise sentence can be used and understood to have a vague meaning" (18). For example, "Sam is six feet tall" can be both precise (Sam may be exactly six feet tall) or vague (Sam is exactly six feet and a quarter of an inch).

3   Results and Discussion

After analysis of the selected corpus based on Channell's (1994) VL typology, 94 VL items were identified in the source texts (ST) i.e. English PILs. The second main typology i.e. vagueness by choice of vague words was the most commonly used VL typology in the corpus.

There are several reasons for using VL in different contexts. In this study, major reasons for using VL in the context of PILs were uncertainty, lack of more precise information, and institutional requirements. These reasons are consonant with Adolphs, Atkins & Harvey (2007), Bryant and Norman (1979), Prince et al. (1982), Varttala (1999), and Sarangi and Clarke's (2002) findings about uncertainty and Adolphs, Atkins & Harvey's (2007) observations about the institutional requirements. Also, it should be considered that PILs are produced for general public i.e. for patients with different conditions, so this peculiar nature of PILs could be another reason for using VL. These reasons lead to the use of VL which serves various functions in the context of PILs. After analyzing the corpus, it was found that displacement was major function of VL in the context of PILs. It occurs mostly when there is uncertainty about what the speakers want to say (Channell, 1994).

Two main choices made in translating VL items were identified: 1. ST VL items were translated by equivalent VL items in the target language (TL). The major reasons mentioned above could be possible explanation for this choice. 2. ST VL items were omitted in the TTs. One possible reason for the omission could be underestimation of the importance of VL.

Findings of the study demonstrated the importance of investigating VL in health communication settings especially PIL. The VL typologies, the major reasons and functions, and the translation choices discussed in the study help those who try to produce and translate PIL as plain and easy to understandable as possible.

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