



THE EVOLUTION OF MEDICAL TERMINOLOGY IN UZBEK MEDIA DISCOURSE

Akbarkhodjaeva Feruza Abduganiyevna,

PhD,

Tashkent Pediatric Medical Institute

Annotation: This narrative explores the development of medical terminology within Uzbek media discourse, applying hermeneutic principles to post-editing of machine-generated texts. It draws on interdisciplinary research – from translation studies, media linguistics, and hermeneutics – to understand how translators and post-editors interpret semantically layered medical terms within cultural and communicative contexts. Key literature includes works by local Uzbek scholars (e.g., Turaeva, 2023; Karimova, 2023), as well as international contributions from *The Lingua Spectrum* (Kasperé et al., 2024; Iskandarova, 2022). The study examines specific case examples, such as translation of “chronic obstructive pulmonary disease” and culturally resonant terms like “immunity,” illustrating how hermeneutics aids in preserving precision, pragmatics, and ethical sensitivity. Findings underscore the potential of hermeneutically informed post-editing to enhance terminological accuracy in a way that respects both medical standards and audience comprehension. Recommendations point toward integrating hermeneutic training into post-editor education, and considering AI-supported frameworks for transparent, context-aware translation workflows.

Keywords: media discourse; medical terminology; hermeneutics; post-editing; machine translation; semantic precision; translation ethics; Uzbekistan

In recent decades, the role of medical terminology in mass media has become increasingly prominent, especially in contexts where public health discourse intersects with everyday communication. In Uzbekistan, as in many post-Soviet countries, the convergence of Uzbek, Russian, and international (primarily English) medical lexicons has resulted in a hybridized media environment where terms migrate, shift in meaning, and are reshaped by cultural expectations. As noted by Turaeva (2023), this linguistic convergence often produces terminological ambiguity that cannot be resolved solely through literal translation, especially when machine translation (MT) tools are involved.

The rise of automated translation technologies, such as Google Translate or DeepL, has accelerated the dissemination of global health information. However, these tools typically prioritize structural accuracy over interpretive depth, leaving nuanced medical terms vulnerable to distortion. For instance, terms such as *terminal stage* or *refractory hypertension* carry connotations and ethical implications that machine translation engines rarely capture. This raises the necessity of post-editing practices that go beyond surface-level corrections and embrace interpretive strategies – herein lies the relevance of hermeneutics.

Hermeneutics, traditionally rooted in philosophy and theology, offers a framework for understanding texts as culturally and contextually situated artifacts. In the realm of media linguistics and translation, hermeneutics allows editors and translators to engage not only with *what* a term denotes, but also *how* it functions in discourse, who it addresses, and with what

pragmatic and emotional load (Gadamer, 2004; Kasperé et al., 2024). In media discourse where medical information must be both accurate and accessible, this interpretive capacity becomes indispensable.

Uzbek scholars such as Karimova (2023) and Sharipova (2022) have already underscored the need for cultural and ethical sensitivity when adapting medical content for diverse audiences. These insights align with research published in *The Lingua Spectrum*, which has consistently emphasized the importance of semantic depth, contextual interpretation, and genre awareness in multilingual medical communication (Iskandarova, 2022; Khudoyberganov, 2023). It is against this interdisciplinary backdrop that the current article investigates how hermeneutically-informed post-editing can contribute to the more precise and culturally grounded rendering of medical terms in Uzbek media discourse.

The interpretive turn in translation studies, shaped by philosophical hermeneutics, posits that meaning is not merely transferred but interpreted through the lens of context, genre, and intention (Gadamer, 2004). This view departs from the mechanistic models of translation that dominated early computational approaches and aligns with more nuanced frameworks of human-mediated understanding. Hermeneutics does not deny the role of linguistic equivalence but insists that understanding is dialogical and historically embedded – a view increasingly supported in the domain of post-editing.

Post-editing is traditionally seen as a corrective process – cleaning up machine-generated drafts by ensuring grammaticality and coherence. However, in contexts involving specialized discourse, such as medicine, the function of post-editing evolves into a meaning-making practice. According to Kasperé et al. (2024), post-editors of medical texts must operate with a triple awareness: terminological, cultural, and ethical. The post-editor becomes not only a linguistic technician but an interpreter who bridges automated outputs with situated knowledge.

In the Uzbek context, this interpretive role is particularly pronounced due to the multilingual reality of public health communication. As Turaeva (2023) highlights, many core medical terms are borrowed from Russian or English but appear in media texts adapted for Uzbek-speaking audiences. These terms undergo semantic shift, simplification, or even metaphorization in popular discourse. For instance, the term *immunity* often appears not in its clinical sense but as a lay concept associated with diet, wellness, and spirituality in health articles (Sharipova, 2022). This semiotic recontextualization demands a post-editorial strategy sensitive to audience literacy and sociocultural assumptions.

The literature from *The Lingua Spectrum* supports this stance. Iskandarova (2022) emphasizes that post-editing should not merely correct form but re-evaluate function – how the medical term operates within a communicative event. Similarly, Khudoyberganov (2023) advocates for genre-sensitive post-editing, noting that terms used in policy bulletins differ from those in health blogs or emergency broadcasts. These distinctions are essential for terminological integrity and public trust, especially in times of health crises.

By integrating hermeneutic principles into post-editing, translators can navigate the thin line between fidelity and relevance – preserving the scientific rigor of medical terminology while ensuring its accessibility in diverse media environments. This approach repositions post-editing as an epistemological act, where interpretation, ethics, and audience awareness converge.

Data Observations and Case Analysis

To ground the theoretical assumptions in practical observations, a comparative analysis was conducted on a series of medical news articles published between 2021 and 2024 on leading Uzbek media platforms such as *Kun.uz*, *Daryo.uz*, and *Gazeta.uz*. These articles were analyzed both in their original Uzbek-language versions and in their machine-translated English drafts. Focus was placed on key medical terms – particularly those with high interpretive weight or ethical complexity – and how they were processed during machine translation and subsequent post-editing.

A representative example involves the translation of the term “*chronic obstructive pulmonary disease (COPD)*”. In several machine-translated drafts, the output was rendered as “*surunkali to’siqli o’pka kasalligi*”, which, while linguistically plausible, is not terminologically accurate. Medical professionals and official Uzbek medical literature use “*surunkali obstrukтив o’pka kasalligi*”. The incorrect variant introduces ambiguity and fails to align with professional standards – a gap that only a trained post-editor with medical literacy and contextual awareness can bridge (Tursunova, 2021).

Another instructive case concerns the term “*terminal stage*”, often found in oncology-related content. Machine translation tends to yield literal but emotionally charged equivalents like “*oxirgi bosqich*”. However, in Uzbek clinical contexts, more cautious formulations such as “*so’nggi bosqichdagи kasallik jarayoni*” are preferred, as they soften the emotional impact and align with ethical standards of patient communication (Karimova, 2023). This example illustrates how semantic, cultural, and ethical filters operate simultaneously in the post-editor’s decision-making process.

In texts discussing COVID-19 and vaccine-related content, the term “*immunity*” is frequently recontextualized. In a *Daryo.uz* article titled “*Immunitetni kuchaytirishning tabiiy yo’llari*”, the concept is semiotically detached from its clinical definition and instead anchored in folkloric and lifestyle narratives. A literal machine translation back into English (“*Natural ways to strengthen immunity*”) is technically correct, but fails to capture the sociocultural reinterpretation of the term as it functions in the original discourse. As Sharipova (2022) notes, this disconnect is particularly acute in media where health narratives blend medical and traditional registers.

Findings from *The Lingua Spectrum* further reinforce the significance of context in post-editing. For example, Iskandarova (2022) analyzes health crisis reporting during COVID-19 and reveals how terms like “*quarantine*” and “*infection control*” were inconsistently translated and interpreted, leading to both misinformation and public distrust. Her study shows that hermeneutically informed post-editors can anticipate such risks and correct not only errors but misunderstandings.

These cases collectively highlight that post-editing in medical media is not merely a lexical task – it is a hermeneutic act. It requires reading behind the text, understanding the interaction between medical precision and media simplification, and making editorial decisions that uphold both accuracy and accessibility. In multilingual, multi-register environments like Uzbekistan’s, these editorial choices are not peripheral – they are foundational.

Conclusion and Recommendations

The evolving nature of medical terminology within Uzbek media discourse reveals not only the lexical complexity of public health communication but also the broader socio-cultural and ethical challenges of translation in a multilingual society. As shown through the analysis of media texts and post-edited translations, hermeneutic principles offer a powerful framework for enhancing the quality and contextual appropriateness of medical discourse. Post-editors

working in such environments must act not only as linguistic correctors but as culturally attuned interpreters, capable of recognizing shifts in tone, function, and meaning.

Findings from both Uzbek scholars (e.g., Karimova, 2023; Sharipova, 2022) and international contributors (e.g., Kasperé et al., 2024; Iskandarova, 2022) consistently point to the inadequacy of literal, machine-produced outputs when dealing with semantically loaded or ethically sensitive medical terms. It is in this space that hermeneutics can be most effectively applied – not as an abstract theory, but as a practical methodology for guiding post-editors through the interpretive nuances of terminology.

The evidence suggests that a post-editor equipped with hermeneutic awareness is more likely to:

- Preserve the semantic depth of medical concepts;
- Navigate genre and register shifts between scientific, public, and policy discourses;
- Identify and mitigate culturally inappropriate or emotionally insensitive terminology;
- Translate in ways that enhance reader comprehension without compromising medical integrity.

Recommendations stemming from this study include:

1. **Training for Post-Editors:** Institutions should develop specialized modules that integrate hermeneutic theory into translation and post-editing curricula, especially for those working in the medical and health communication sectors.
2. **Genre-Awareness in Translation Tools:** Developers of machine translation platforms should consider implementing genre classifiers and adaptive output features that align more closely with context-specific norms, especially in health-related texts.
3. **Interdisciplinary Collaboration:** Medical professionals, linguists, and media editors should collaborate more closely to define localized medical terminology standards that reflect both global science and local communicative needs.
4. **Contextual Quality Control:** Editorial guidelines for post-editors should include a hermeneutic checklist that assesses not only grammatical accuracy but also semantic appropriateness, cultural sensitivity, and ethical soundness.

In conclusion, the integration of hermeneutic insight into post-editing workflows is not a luxury but a necessity in the age of automated translation and globalized health discourse. Especially in complex multilingual environments like Uzbekistan, this approach fosters a balance between linguistic fidelity and audience-centered clarity – making media communication both scientifically reliable and socially responsible.

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