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LINGUOCULTURAL FOUNDATIONS OF CLINICAL TERMINOLOGY IN ENGLISH AND UZBEK: A CONTRASTIVE STUDY

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Abstract

Clinical terminology identifies diseases, symptoms, procedures, and physiological states, but it is never completely separated from culture. This study examines the linguocultural foundations of selected English and Uzbek clinical terms and patient-oriented expressions. A qualitative, document-based contrastive method was applied to lexical and phraseological units drawn from medical-linguistic studies, clinical classifications, and analyses of doctor–patient discourse. The comparison focused on international terminology, lexical layers, synonymy, metaphor, euphemism, register, and forms of address. The results show that English and Uzbek share a standardized Greco-Latin core, but differ in the cultural framing of illness, sensitive physiological events, interpersonal respect, and patient-friendly explanation. Effective bilingual communication therefore requires terminological, cultural, and pragmatic competence.

Keywords: clinical terminology, linguoculturology, English, Uzbek, medical discourse, equivalence, euphemism, patient-centred communication.

Introduction

Clinical terms classify medical knowledge and mediate communication among professionals, patients, and families. International systems such as ICD-11 promote a common diagnostic language, while actual clinical encounters require terminology to be adapted to the listener's linguistic competence and cultural expectations. A term may therefore be scientifically equivalent across languages but pragmatically unequal in a consultation. The distinction between biomedical disease and culturally experienced illness likewise demonstrates that diagnosis and personal suffering are not identical categories (Kleinman, Eisenberg, & Good, 1978).

Studies of English and Uzbek medical language identify internationalisms, synonyms, antonyms, metaphors, euphemisms, and phraseological units as important components of the clinical lexicon. Fatullayeva proposes analysing medical terms within lexical-semantic fields because they form interconnected conceptual systems. Haydarova shows that death, childbirth, ageing, and recovery are expressed through culturally marked phrases. S. Yorova demonstrates that clinical interaction is also influenced by culturally specific greetings and address forms. The present study integrates these perspectives to explain how terminological precision and cultural meaning interact in bilingual clinical discourse.

Materials and Methods

The study used qualitative document analysis and contrastive linguocultural interpretation. English-Uzbek items were selected from four functional groups: standardized terms, including hepatitis/gepatit and hyperglycaemia/giperglikemiya, explanatory equivalents, such as high blood pressure/yuqori qon bosimi and heart-rhythm disorder/yurak urishi buzilishi, expressions for sensitive events, including pass away/olamdan o'tmoq and give birth/ko'zi yorimoq, and patient-reference or address forms, such as person with diabetes/qandli diabet bilan yashovchi inson and sir, madam/aka, opa, otaxon. The units were compared according to origin, semantic structure, register, connotation, metaphorical image, communicative function, and degree of equivalence. No patient records or human participants were involved.

Results

The first finding is the existence of a shared international layer. Both languages use Greco-Latin elements in hepatitis/gepatit, tachycardia/taxikardiya, hyperglycaemia/giperglikemiya, and hypoxia/gipoksiya. This layer supports professional precision, yet borrowed forms may not be

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transparent to every patient. Both languages therefore employ a dual register in which a specialist label can be accompanied by a descriptive expression. English hypertension may be explained as high blood pressure, Uzbek gipertoniya may be reformulated as yuqori qon bosimi. Similarly, aritmiya can be clarified as yurak urishi buzilishi. Such paraphrases convert professional classification into accessible clinical meaning.

The second finding concerns lexical-semantic asymmetry. Disease, illness, and sickness overlap, but they may emphasize pathology, lived experience, and general unwellness differently. Uzbek kasallik, xastalik, and dard likewise form a semantic field rather than a set of mechanically interchangeable equivalents. Dard may refer to a bodily condition, pain, suffering, or emotional distress. Literal substitution can consequently erase the patient's intended meaning. Translation must determine whether the speaker is naming a biomedical condition, describing symptoms, or expressing personal suffering.

The third finding is the cultural role of metaphor and euphemism. English pass away and Uzbek olamdan o'tmoq soften direct reference to death through a metaphor of departure or transition. In childbirth discourse, English give birth foregrounds the act of giving life, whereas Uzbek ko'zi yorimoq is an idiomatic cultural image rather than a literal equivalent. These expressions can preserve dignity and emotional comfort, but they may create ambiguity in emergency instructions, informed consent, or formal documentation.

The fourth finding concerns interpersonal norms. Uzbek speakers may address unrelated people as aka, opa, xola, or otaxon, signalling respect and social closeness. English clinical speech more often uses names, titles, or neutral professional forms. Current patient-centred guidance also favours person-first, nonjudgmental wording, such as person with diabetes rather than diabetic when this reflects the individual's preference. Culturally appropriate communication therefore depends on both communal respect strategies and patients' preferred self-description.

Discussion

The findings indicate that clinical equivalence has at least three levels: conceptual, linguistic, and communicative. Conceptual equivalence identifies the same medical phenomenon, linguistic equivalence supplies a terminological counterpart, communicative equivalence makes the expression understandable, respectful, and appropriate to the situation. A bilingual glossary offering only one equivalent cannot cover all three levels. It should include the standardized term, a patient-friendly paraphrase, register labels, culturally marked variants, and warnings about ambiguous or stigmatizing expressions. This three-level model represents an interpretative synthesis of the contrastive evidence examined in the study.

Standardization and localization are therefore complementary rather than contradictory. ICD-11 and related systems support coding, documentation, research, and interoperability. In consultations, however, clinicians must move between formal terminology and culturally intelligible language. English-Uzbek communication particularly requires attention to internationalisms, native explanatory constructions, euphemistic phraseology, and respect-bearing forms of address. Medical-language education should consequently teach contextual shifts, not isolated word lists.

Conclusion

English and Uzbek clinical terminology share an international scientific foundation, yet their actual use is shaped by different lexical histories, metaphors, social relations, and attitudes toward illness. Effective bilingual practice combines an exact clinical term with a comprehensible and culturally appropriate explanation. Linguocultural competence is therefore essential to accurate translation, ethical doctor-patient interaction, and safer clinical communication.

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References

1. Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine*, 88(2), 251–258. <https://doi.org/10.7326/0003-4819-88-2-251>
2. World Health Organization. (n.d.). International Classification of Diseases (ICD). <https://www.who.int/standards/classifications/classification-of-diseases>
3. Fatullayeva, K. R. (2026). Tibbiy birliklarda sinonimik va antonimik munosabatlar (ingliz va o'zbek tillari misolida) [PhD dissertation abstract]. Bukhara State University. [PDF manba](#)
4. Haydarova, N. A. (2020). Linguocultural analysis of English and Uzbek medical phraseological units describing physiological processes. *European Journal of Research Development and Sustainability*, 1(4), 15–17. [Maqola sahifasi](#) | [PDF](#)
5. Yorova, S. K. (2021). Social-cultural characteristics of Uzbek and English medical speech. *International Journal on Integrated Education*, 4(5), 294–298. [PDF manba](#)
6. Dickinson, J. K., Guzman, S. J., Maryniuk, M. D., O'Brian, C. A., Kadohiro, J. K., Jackson, R. A., D'Hondt, N., Montgomery, B., Close, K. L., & Funnell, M. M. (2017). The use of language in diabetes care and education. *Diabetes Care*, 40(12), 1790–1799. <https://doi.org/10.2337/dci17-0041>
7. Семантическое поле “болезнь” и “лечение” в клинических текстах: цепочка симптом-диагноз-терапия в русском и узбекском языках и ее интерпретация ИИ. (2026). *Зарубежная лингвистика и лингводидактика*, 4(1/S), 155-159. <https://doi.org/10.47689/2181-3701-vol4-iss1/S-pp155-159>