

Challenges of Medical Text Translation for the Sworn Translator: A Comparative Study in Light of the Algerian Experience and Selected International Practices

تحديات ترجمة النص الطبي لدى المترجم الرسمي

دراسة مقارنة في ضوء التجربة الجزائرية وبعض التجارب الدولية

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Abstract:

Medical translation is a sensitive field that presents linguistic, terminological, cultural, and legal challenges for sworn translators. In Algeria, these difficulties are compounded by multilingualism, the absence of unified terminology references, and limited specialized training. A comparison with Canada, Germany, the United Kingdom, and Spain shows that advanced countries regulate medical translation through academic training, terminology banks, and legal frameworks, whereas Algeria relies on individual initiatives. The study recommends reforms in training, legislation, and terminology to improve translation quality and enhance professional practice.

Keywords: Medical translation – sworn translator – terminology challenges – Algeria – international experiences.

ملخص:

تُعدّ الترجمة الطبية مجالاً حساساً يطرح تحديات لغوية ومصطلحية وثقافية وقانونية أمام المترجمين المحلفين. وفي الجزائر، تتضاعف هذه الصعوبات بفعل التعدد اللغوي، وغياب المراجع الموحدة للمصطلحات، وضعف التكوين المتخصص. تكشف المقارنة مع كندا وألمانيا والمملكة المتحدة وإسبانيا أنّ الدول المتقدمة تُوطّر الترجمة الطبية عبر التكوين الأكاديمي، وبنوك المصطلحات، والأطر القانونية، بينما تعتمد الجزائر على المبادرات الفردية. وتوصي الدراسة بإصلاحات في مجالات التكوين والتشريع والمصطلحية لتحسين جودة الترجمة وتطوير الممارسة المهنية.

كلمات مفتاحية: الترجمة الطبية – المترجم المحلف – تحديات المصطلح – الجزائر – التجارب الدولية.

1. Introduction

Medical translation is among the most sensitive and complex fields of translation, due to its direct connection to human health and life. While literary or legal translation requires high precision, medical translation goes further, becoming a vital matter where any error may have serious consequences (Byrne, 2017, p. 45). In this context, the sworn translator faces doubled responsibilities, being entrusted with conveying medical information in a language that is correct, accurate, and compliant with the laws of his country.

In Algeria, the importance of official medical translation has grown with the increasing demand for translating medical certificates, health records, and legal documents related to treatment both inside and outside the country. Yet sworn translators encounter many obstacles, most notably: the lack of terminological unification, limited specialized training, difficulties handling multilingual texts (Arabic, French, English), in addition to the cultural dimension requiring adaptation of texts to beneficiaries (Benhattab, 2020, p. 118).

These challenges are compounded by current transformations in the Algerian health system, especially with the introduction of English into medical education, requiring medical translation to keep pace with these changes. Thus, the study of "Challenges of Medical Text Translation for the Sworn Translator" becomes a scientific and professional necessity, aimed at identifying the local practice and comparing it with leading international experiences.

From this perspective, the general research question can be formulated as follows:

"What are the main challenges faced by sworn translators in translating medical texts in Algeria, and how can international experiences be used to overcome these challenges and improve professional practice?"

Sub-questions include:

- What are the linguistic and terminological challenges faced by sworn translators in Algeria?
- How do technical and legal aspects affect the quality of official medical translation?
- What role does the cultural dimension play in guiding the sworn translator's choices?
- What are the most successful international practices in medical translation, and how can Algeria benefit from them?

Objectives of the study:

- Diagnose the main challenges faced by sworn translators in the field of medical translation in Algeria.
- Analyze the dimensions of these challenges (linguistic, terminological, technical, cultural, legal).
- Compare the Algerian experience with various international models (France, United States, Spain, Germany, UK, Canada, Scandinavian countries).
- Propose practical recommendations to improve the reality of official medical translation in Algeria.

Methodology: The study adopts a descriptive-analytical comparative method combining:

- Review of the literature related to official medical translation.

- Analysis of terms and expressions found in medical files translated by sworn translators in Algeria.
- Comparison between the Algerian experience and advanced international practices in the field.

2. Linguistic, Terminological, and Technical Challenges

2.1 Linguistic Challenges

One of the most pressing issues for sworn translators in the medical field is the linguistic complexity of medical texts. Such texts are often characterized by:

Length and complex structures: physicians tend to use long sentences full of precise details that are sometimes difficult to parse syntactically. As noted by ‘Delisle’ : « La phrase médicale est souvent une construction à tiroirs, où chaque syntagme ajoute une précision essentielle qu’il serait dangereux d’omettre. » [The medical sentence is often a nested construction, where each syntagm adds an essential precision that would be dangerous to omit] (Delisle, 1993 : 81).

Medical abbreviations: such as “BP” (Blood Pressure) or “HR” (Heart Rate), whose meanings may vary depending on context or specialty. (Montalt & Davies) explain that : “abbreviations in medical discourse act as a code of professional identity, and their interpretation requires both linguistic and contextual knowledge” (Montalt & Davies, 2007: 89).

Multilingual origins of medical terms: many terms have Latin or Greek roots, while Algerian texts are often in French, adding extra difficulty when translating into Arabic or English. ‘Durieux’ remarks that : «La langue médicale est un palimpseste de langues anciennes ; comprendre sa structure, c’est déjà traduire. » [Medical language is a palimpsest of ancient languages; to understand its structure is already to translate] (Durieux, 2010 : 47).

For instance, the French term «infarctus du myocarde » appears frequently in Algerian medical files, while in English it corresponds to “myocardial infarction”, and in Arabic may be translated as “احتشاء عضلة القلب” (myocardial infarction) or “جلطة قلبية” (heart clot), creating variance in usage (Temmerman, 2000 : 214). The sworn translator thus bears the responsibility of choosing between “scientific accuracy” and “reader-friendliness” for non-specialists — a balance that ‘Delisle’ calls «le dilemme permanent du traducteur scientifique» [the scientific translator’s permanent dilemma] (Delisle, 1999 : 56).

2.2 Terminological Challenges

Terminological accuracy lies at the heart of medical translation. Sworn translators often struggle with the multiplicity of possible equivalents for a single term in Arabic, French, or English. This difficulty arises from the coexistence of “scientific, administrative, and popular designations” for the same concept. As ‘Cabré’ explains : «La terminologie médicale est un champ mouvant, où la variation est la règle plutôt que l’exception. » [Medical terminology is a shifting field, where variation is the rule rather than the exception.] (Cabré, 1999 : 62).

This instability is particularly challenging in Arabic, where multiple academies and institutions propose competing equivalents. For instance, the term “stroke” may appear as “سكتة دماغية”, “جلطة دماغية”, or “احتشاء دماغي”. ‘Temmerman’ notes that : “Conceptual variation across languages often reflects differences in cognitive categorization rather than mere lexical

divergence.” (Temmerman, 2000: 118).

Moreover, medical terminology evolves rapidly with technological and scientific advances, leaving translators to catch up with the pace of innovation. « Le traducteur médical doit être un terminologue vigilant, capable de vérifier la validité et l’actualité des termes qu’il emploie. » [The medical translator must be a vigilant terminologist, able to verify the validity and currency of the terms used.] (Durieux, 2010 : 53).

In Algeria, this problem is compounded by the “diglossic reality” between Modern Standard Arabic, French, and English. As ‘Boulaknadel’ observes : « Le traducteur algérien navigue entre trois terminologies : la terminologie héritée du français, celle imposée par l’anglais, et celle en construction en arabe. » [The Algerian translator navigates between three terminologies: the one inherited from French, the one imposed by English, and the one under construction in Arabic.] (Boulaknadel, 2018: 37).

This multiplicity forces sworn translators to make interpretive and methodological decisions rather than merely linguistic ones. Choosing between competing equivalents is, therefore, an act of “expert mediation” more than a simple lexical substitution (Montalt & Davies, 2007: 95).

2.3. Technical Challenges

Technical challenges in medical translation arise from the “format, legibility, and medium” of medical documents. Sworn translators often deal with handwritten prescriptions, laboratory reports, and electronic medical records, each of which presents its own set of difficulties. As ‘Montalt & González Davies’ note : “Medical translation requires not only linguistic competence but also document literacy — the ability to interpret formats, tables, and abbreviations specific to medical genres.” (Montalt & Davies, 2007: 134).

One of the recurrent problems is “illegible handwriting” in physicians’ notes, which can lead to serious mistranslations if not verified. ‘Delisle’ emphasizes that : « L’illisibilité du document source place le traducteur devant une responsabilité éthique : celle de ne pas supposer le sens. » [The illegibility of the source document places the translator under an ethical responsibility: that of not presuming meaning.] (Delisle, 1999 : 59).

Another difficulty stems from the “technical hybridity” of medical discourse, which often includes Latin expressions, symbols, and data tables. As ‘Durieux’ remarks : « Le texte médical contemporain est un texte multimodal où les mots, les chiffres et les signes cohabitent dans un même espace de signification. » [The contemporary medical text is a multimodal text where words, numbers, and signs coexist within the same meaning space.] (Durieux, 2010: 61).

Furthermore, the rise of “digital medical records” adds a new layer of complexity. Translators must navigate through specialized software and electronic formats that can alter the structure of the text. ‘Cabré’ observes that : « La traduction des documents électroniques exige une compétence technologique nouvelle, car le médium influence la forme du message. » [The translation of electronic documents requires new technological competence, since the medium influences the form of the message.] (Cabré, 2003: 44).

Finally, technical translation tools such as CAT (Computer-Assisted Translation) software can facilitate consistency but may also limit contextual interpretation. As ‘Bowker’ points out :

“Technology can enhance terminological precision, but it cannot replace the translator’s interpretive judgment.” (Bowker, 2015: 22).

3. Cultural and Legal Challenges

3.1 Cultural Challenges

Cultural challenges in medical translation stem from the fact that health and illness are culturally mediated concepts. Translators must navigate between different representations of the body, disease, and healing practices. As ‘Good’ states, “Medicine is not only a scientific practice but also a cultural system that gives meaning to suffering.” (Good, 1994 : 31). Thus, translation is not a mere linguistic transfer but a cultural negotiation.

In the Algerian context, many medical expressions reflect “French biomedical culture”, which does not always coincide with local perceptions. ‘Durieux’ remarks that : « Les mots du corps ne sont jamais neutres : ils traduisent une vision du monde, un rapport au savoir et à la souffrance. » [The words of the body are never neutral: they convey a worldview, a relationship to knowledge and suffering.] (Durieux, 2010 : 68).

Furthermore, some idiomatic medical terms may lose their pragmatic impact when translated literally. For example, the English expression “terminal illness” might be rendered as « maladie en phase terminale » in French, while in Arabic, translators often choose softer expressions such as “مرض عضال” or “مرحلة حرجية”. As ‘Montalt & González Davies’ emphasize : « Traduire, c’est aussi atténuer, renforcer ou reformuler selon les attentes culturelles du public cible. » [To translate is also to soften, reinforce, or reformulate according to the cultural expectations of the target audience.] (Montalt & Davies, 2007 : 140).

Hence, sworn translators must develop “cultural sensitivity”, ensuring that translations convey medical precision while respecting local norms and the emotional dimension of the message. ‘Venuti’ reminds us that: “Translation always domesticates or foreignizes, never remains neutral.” (Venuti, 1995 : 19) — a principle particularly evident in the medical field, where words carry both scientific and human weight.

3.2 Legal Challenges

Legal challenges in medical translation are tied to the translator’s “sworn status”, which implies a formal oath of fidelity, confidentiality, and accuracy. In this context, the translator’s work is not only linguistic but also ‘juridical’. ‘Delisle’ explains that : « La traduction assermentée engage la responsabilité du traducteur devant la loi ; elle ne se limite pas à la justesse linguistique, mais vise la valeur probatoire du texte. » [Sworn translation engages the translator’s responsibility before the law; it goes beyond linguistic accuracy and seeks the evidential value of the text.] (Delisle, 1999 : 72).

In Algeria, sworn translators often deal with ‘medical certificates, expert reports, and forensic documents’, which may serve as legal evidence. ‘Šarčević’ notes that “Legal equivalence in translation is achieved not by reproducing words but by ensuring the same legal effect in the target legal system.” (Šarčević, 1997 : 113). This principle requires the translator to balance literal fidelity with “functional equivalence”, ensuring that the translated text maintains its juridical validity.

Ethical challenges also arise, especially regarding patient confidentiality. “Pym” observes that “Ethical decision-making in translation begins when fidelity to the source text conflicts with responsibility toward the target reader.” (Pym, 2012 : 54). Translators must therefore apply “professional discretion”, particularly in cases involving sensitive data, mental health diagnoses, or minors.

Finally, the legal framework surrounding sworn translation in Algeria emphasizes the translator’s duty to certify the “integrity and completeness” of the translation. As ‘Durieux’ underlines : «Le traducteur assermenté est un garant de la transparence administrative et juridique, surtout dans le domaine médical où l’erreur peut avoir des conséquences graves. » [The sworn translator is a guarantor of administrative and legal transparency, especially in the medical field where an error can have serious consequences.] (Durieux, 2010 : 74).

4. International Experiences and Comparative Perspectives

Medical translation practices differ widely across countries depending on legal, institutional, and linguistic frameworks. As ‘Schäffner’ highlights : “Healthcare translation in Europe reflects the degree of institutional recognition of linguistic diversity within national systems.” (Schäffner, 2012 : 133). This section examines a selection of international experiences that can offer valuable lessons for Algeria.

4.1 The French Experience

France remains a major reference point for Algeria, given historical ties and linguistic influence. ‘Balliu’ explains that : « En France, l’organisation de la traduction assermentée repose sur une hiérarchie judiciaire stricte, où le traducteur est avant tout un auxiliaire de justice. » [In France, sworn translation is organized under a strict judicial hierarchy, where the translator is above all a judicial auxiliary.] (Balliu, 2005 : 67).

France benefits from standardized medical references such as ‘Vidal’ and the ‘Dictionnaire médical de l’Académie de Médecine’, which reduce terminological ambiguity. As ‘Durand’ points out, « La normalisation terminologique en médecine est un outil de sécurité linguistique et juridique. » Terminological standardization in medicine is a tool for linguistic and legal security.] (Durand, 2016 : 213).

However, linguistic precision does not eliminate cultural barriers. ‘Good’ remarks that: “Even within Western societies, conceptions of pain and suffering are mediated by cultural narratives.” (Good, 1994 : 59). Hence, sworn translators in France who handle documents for Maghrebi patients must navigate not only language but also intercultural sensitivity.

4.2 The Spanish Experience

Spain’s multilingual reality (Spanish, Catalan, Basque, Galician) makes it a laboratory for “multilingual medical translation.” ‘Montalt & González Davies’ assert that : « La traduction médicale en Espagne ne peut être dissociée de la diversité linguistique, qui exige une approche plurilingue et interculturelle. » [Medical translation in Spain cannot be separated from linguistic diversity, which demands a multilingual and intercultural approach.] (Montalt & Davies, 2007 : 98).

In Catalonia, universities have established degrees in “medical translation and interpreting,” combining biomedical and linguistic courses. As ‘Taibi & Ozolins’ observe: “Spain has institutionalized community medical interpreting, ensuring equitable access for immigrants and refugees.” (Taibi & Ozolins, 2016 : 112).

Thus, Spain demonstrates how academic specialization and multilingual awareness can strengthen both the quality and inclusivity of medical translation.

4.3 The German Experience

Germany’s approach is defined by rigor and legal precision. ‘Pöchhacker’ notes that: “In Germany, only ‘vereidigte Übersetzer’ (sworn translators) can produce legally valid medical translations.” (Pöchhacker, 2010 : 145). This exclusive certification system guarantees the authenticity of translated medical documents.

Moreover, as ‘Schäffner’ emphasizes : « L’Allemagne lie la formation des traducteurs assermentés à un double cursus : juridique et linguistique, assurant une compétence complète. » [Germany links sworn translator training to a dual curriculum—legal and linguistic—ensuring comprehensive competence.] (Schäffner, 2012 : 139).

Germany’s experience shows that institutional training and legal recognition of translators are essential to ensuring the reliability of medical translations.

4.4 The British Experience

The British model focuses on accessibility and service. Through the ‘National Health Service (NHS)’, translation and interpreting services are offered in over 120 languages. However, as ‘Flores’ reports: “The lack of qualified medical translators in the NHS leads to reliance on family members, increasing risks of misunderstanding and misdiagnosis.” (Flores, 2005 : 254). Similarly, ‘Bischoff & Denhaerynck’ found that “Untrained interpreters in medical encounters increase clinical errors and reduce patient satisfaction.” (Bischoff & Denhaerynck, 2010 : 412). The UK’s experience thus highlights the importance of ‘professionalization’ and ‘state-funded training’, areas where Algeria can draw inspiration.

4.5 The Canadian Experience

Canada’s bilingual context (English–French) makes medical translation a legal and ethical imperative. As ‘Bélanger’ notes : « Le bilinguisme officiel du Canada impose une traduction systématique dans les institutions médicales. » [Canada’s official bilingualism requires systematic translation in medical institutions.] (Bélanger, 2014 : 78).

In addition, Canada created the ‘TERMIUM Plus’ terminology bank, offering precise equivalents for translators. ‘Bowker’ explains that “Terminology databases ensure consistency across health institutions and translation services.” (Bowker, 2015 : 79).

Canada’s experience proves that clear language policy and terminological infrastructure can guarantee translation quality and legal equality.

4.6 The American Experience

In the United States, medical translation is driven by the ‘Patient Rights Act’, which mandates the availability of translation for non-English speakers. ‘Flores’ underlines that: “Legal obligations toward language access have turned translation into a civil right in healthcare.” (Flores, 2005 : 256).

However, the absence of a unified certification system results in a fragmented market. ‘Pöchhacker’ observes that :« Les États-Unis disposent d’une offre abondante, mais dépourvue de cadre juridique uniforme. » [The United States offers a wide range of translation services but lacks a unified legal framework.] (Pöchhacker, 2016 : 91).

This highlights a key lesson: quality in medical translation depends on both accessibility and regulatory consistency.

4.7 The Scandinavian Experience

Scandinavian countries (Sweden, Norway, Denmark) provide a model of linguistic inclusion in healthcare. ‘Taibi & Ozolins’ explain that: “In Scandinavia, medical translation is considered a public service, integrated into national health systems.” (Taibi & Ozolins, 2016 : 119).

As ‘Pöchhacker’ points out : « Les pays nordiques ont institutionnalisé la formation des interprètes médicaux professionnels, dotés d’une double compétence linguistique et biomédicale. » [Nordic countries have institutionalized the training of professional medical interpreters with dual linguistic and biomedical competence.] (Pöchhacker, 2010 : 148).

This approach ensures both quality and patient safety values that Algeria can adopt when building its national system for medical translation.

5. Discussion and Comparison

The comparative analysis between Algeria and other countries reveals significant structural and professional differences in medical translation. These disparities concern the ‘status of the sworn translator’, ‘institutional training’, and ‘terminological standardization’.

5.1 Institutional and Professional Frameworks

In most European countries, sworn translators operate under a clear legal framework that defines their responsibilities. ‘Pym’ notes that: “Translation professions exist within systems of regulation that determine not only who can translate, but also under what conditions.” (Pym, 2012 : 36).

By contrast, in Algeria, the sworn translator remains a ‘judicial actor’ more than a specialized professional in medical translation. As ‘Balliu’ explains : « Le traducteur assermenté dans les pays francophones est avant tout un auxiliaire de justice, rarement un spécialiste de domaine. » [The sworn translator in Francophone countries is primarily a judicial auxiliary, rarely a domain specialist.] (Balliu, 2005 : 71).

This difference reflects a structural gap between ‘juridical translation’ and ‘technical specialization’, which in medical contexts can endanger both precision and patient safety.

‘Baker’ remarks that: “Institutional support is essential for maintaining translation quality in specialized domains such as medicine.” (Baker, 2011 : 87), a principle largely absent from Algerian practice.

5.2 Terminological and Lexical Challenges

The lack of a unified Arabic medical terminology remains one of the main challenges faced by Algerian sworn translators. ‘Temmerman’ emphasizes that “The absence of conceptual consistency across languages leads to terminological variation and confusion.” (Temmerman, 2000 : 52).

In the Algerian context, medical terms are often borrowed from French or English without standardization, resulting in multiple, sometimes contradictory equivalents. ‘Durand’ notes that : « La variation terminologique nuit à la cohérence et à la sécurité des traductions médicales. » [Terminological variation undermines the coherence and safety of medical translations.] (Durand, 2016 : 220).

This reinforces the need to create ‘national terminological databases’ inspired by systems such as ‘TERMIUM Plus’ in Canada or the ‘Vidal’ index in France.

5.3 Cultural and Ethical Dimensions

Cultural mediation is a key component of medical translation. As ‘Venuti’ argues, “Every act of translation is also an act of cultural positioning, shaping the reader’s access to foreign discourse.” (Venuti, 1995 : 19).

In Algeria, the cultural distance between the biomedical discourse (of Western origin) and the patient’s perception of illness often creates interpretive challenges. ‘Good’ observes that: “Cultural models of illness shape both diagnosis and treatment.” (Good, 1994 : 61).

Sworn translators, therefore, play an ‘intercultural role’, bridging biomedical terminology and social representations of disease, a dimension often overlooked in official training.

5.4 Training and Academic Preparation

The lack of specialized programs in ‘medical translation’ at Algerian universities constitutes a structural deficiency. In contrast, countries like Spain or Germany integrate this specialization into translation studies.

‘Montalt & González Davies’ affirm that : « La traduction médicale exige une compétence discursive et cognitive fondée sur une double formation biomédicale et linguistique. » [Medical translation requires discursive and cognitive competence based on both biomedical and linguistic training.] (Montalt & Davies, 2007 : 102).

‘Schäffner’ adds that: “Professional translator education must align with the realities of institutional translation demands.” (Schäffner, 2012 : 140).

In Algeria, most sworn translators acquire their medical experience empirically rather than academically, an approach that limits terminological precision and textual coherence.

5.5 Towards an Algerian Model of Medical Translation

Drawing from these international models, Algeria could design a ‘national strategy’ centered on three key axes:

1. Institutional recognition of ‘medical translation’ as a professional specialization.
2. Creation of a ‘national terminological repository’ in Arabic, French, and English.

3. Integration of ‘interdisciplinary training’ (linguistics, medicine, law).

As ‘Chesterman’ notes : “Translation ethics are best served when translators act as informed professionals, not as mere intermediaries.” (Chesterman, 2001 : 153).

Such a vision would elevate the sworn translator’s role from mere executor to ‘cultural and scientific mediator’, contributing to the safe and accurate transfer of medical knowledge in Algeria.

6. Conclusion:

This study has shown that “medical text translation by official translators” in Algeria faces multidimensional challenges: linguistic, terminological, technical, cultural, and legal. The official translator occupies a complex position between scientific accuracy, legal requirements, patient needs, and healthcare institutions’ expectations. A comparison with international experiences reveals that these challenges are global, but the “difference lies in the level of institutional and legislative response”. In Canada and Germany, a clear legal framework protects translators and ensures patient rights. In Britain and Spain, medical translation has been integrated into specialized academic programs. Scandinavian countries recognize medical translation as a “health service” rather than a mere linguistic task. In contrast, the Algerian situation remains precarious, with translators working without clear legal protection, limited medical training, lack of standardized terminology tools, and weak digitization.

7. Recommendations

Based on the findings, the following practical recommendations are proposed:

7.1 Linguistic and Terminological

- Create “national medical dictionaries” in Arabic and English, drawing from international references (e.g., Vidal, Dorland).
- Develop an open-access digital terminology bank for translators, doctors, and students.

7.2 Training

- Introduce modules in “basic medical sciences” within Algerian translation programs.
- Establish a “university specialization in medical translation” combining linguistic and biomedical knowledge.
- Organize continuous professional development for official translators in collaboration with medical faculties.

7.3 Legal and Institutional

- Enact legislation clearly defining the responsibilities of official medical translators, inspired by the German model.
- Include medical translation as an essential health service to protect patient rights.
- Adopt “electronic signatures and digital authentication” for official medical translations.

7.4 Cultural and Communicative

- Train translators in “intercultural communication” to address patients’ diverse backgrounds.
- Avoid reliance on family members as interpreters to prevent ethical and professional risks.

7.5 Strategic Level

- Link medical translation to national language policies, especially in the context of shifting medical education to English.
- Promote regional and international collaboration (with Tunisia, Canada, France) to create joint research and training networks.

8. Future Research Perspectives

This study opens avenues for further research on:

- The role of medical translation in guaranteeing the right to health.
- The relationship between the “linguistic shift in Algerian medical universities” and translation practices.
- The impact of digitization and artificial intelligence on the future of official medical translation.

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