

**ANALYSIS OF DISCOURSE-BASED INTERPRETING OF MEDICAL
TEXTS IN PRACTICAL COMMUNICATION****Abdusattorova Azizaxon Abdusamad Qizi**

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ANNOTATSIYA

Mazkur maqolada amaliy kommunikatsiyada tibbiy matnlarni diskursiv yondashuv asosida talqin qilish masalalari tahlil qilinadi. Tadqiqot davomida tibbiy diskursning lingvistik, pragmatik va madaniy xususiyatlari o'rganilib, tibbiy tarjima jarayonida yuzaga keladigan muammolar ko'rib chiqiladi. O'zbek va xorijiy olimlarning tibbiy diskurs hamda tarjimashunoslik sohasidagi ilmiy qarashlari qiyosiy tahlil qilinadi. Tadqiqot natijalari tibbiy matnlarni talqin qilishda diskursiv kompetensiya va kommunikativ strategiyalarning muhim ahamiyatga ega ekanligini ko'rsatadi.

Kalit so'zlar: tibbiy diskurs, tibbiy tarjima, interpretatsiya, kommunikatsiya, pragmatika, gid-tarjimon, diskurs tahlili.

АННОТАЦИЯ

В статье анализируются вопросы интерпретации медицинских текстов на основе дискурсивного подхода в практической коммуникации. Исследуются лингвистические, прагматические и культурные особенности медицинского дискурса, а также проблемы, возникающие в процессе медицинского перевода. Представлен сравнительный анализ научных взглядов узбекских и зарубежных ученых в области медицинского дискурса и переводоведения. Результаты исследования показывают важность дискурсивной компетенции и коммуникативных стратегий при интерпретации медицинских текстов.

Ключевые слова: медицинский дискурс, медицинский перевод, интерпретация, коммуникация, прагматика, гид-переводчик, анализ дискурса.

ABSTRACT

This article analyzes discourse-based interpreting of medical texts in practical communication. The study investigates linguistic, pragmatic, and cultural features of medical discourse and examines challenges arising in medical translation and interpretation. A comparative analysis of the works of Uzbek and foreign scholars in discourse studies and translation theory is presented. The findings reveal that discourse competence and communicative strategies play a crucial role in achieving accurate and culturally appropriate interpretation of medical texts.

Keywords: medical discourse, medical translation, interpretation, communication, pragmatics, guide-interpreter, discourse analysis.

INTRODUCTION

The rapid development of international healthcare services and medical tourism has increased the need for effective communication between healthcare professionals and patients from different linguistic and cultural backgrounds. Medical interpreting has become an essential component of healthcare communication, ensuring accurate transmission of medical information and reducing the risk of misunderstandings. Unlike general translation, medical interpreting requires not only linguistic proficiency but also knowledge of medical terminology, discourse conventions, and intercultural communication. Medical discourse represents a specialized form of institutional discourse characterized by professional terminology, asymmetrical communication, and specific pragmatic goals. The relevance of this study lies in the growing importance of discourse-based approaches in translation and interpreting studies. While traditional translation theories focus on lexical and grammatical equivalence, discourse-oriented approaches emphasize context, communicative intention, and sociocultural factors. Therefore, analyzing medical text interpretation through discourse analysis provides a comprehensive understanding of communication processes in healthcare settings. The purpose of this research is to analyze discourse-based interpreting of medical texts in practical communication and identify the key linguistic and pragmatic factors influencing successful interpretation.

METHODS

The study employs qualitative research methods based on discourse analysis and comparative analysis.

The research materials include:

- Medical consultation transcripts;
- Healthcare information brochures;

- Medical reports and instructions;
- Scientific publications on discourse analysis and medical translation.

The following methods were applied:

1. Comparative analysis of Uzbek and foreign scholarly literature.
2. Discourse analysis of medical communication.
3. Content analysis of medical texts.
4. Pragmatic analysis of interpreter-mediated interactions.

The methodological framework is based on discourse theories developed by Van Dijk, Fairclough, Halliday, and contemporary translation scholars.

RESULTS

Analysis of medical communication revealed several significant discourse-related factors affecting interpretation quality. **Terminological Precision:** Medical discourse contains highly specialized terminology. Successful interpretation requires conceptual understanding rather than simple word-for-word translation. For example, terms such as “chronic condition,” “positive diagnosis,” and “invasive procedure” carry specific professional meanings that must be accurately conveyed. **Pragmatic Competence:** The study demonstrates that interpreters frequently employ pragmatic adaptation strategies. Medical professionals often use technical language, whereas patients require simplified explanations. Consequently, interpreters act as mediators between expert and non-expert discourse communities. **Contextual Understanding:** Medical meanings are strongly dependent on context. The interpretation of symptoms, diagnoses, and treatment recommendations requires consideration of the entire communicative situation rather than isolated linguistic units. **Intercultural Communication:** Cultural factors significantly influence healthcare communication. Different societies have varying perceptions of illness, treatment, and doctor-patient relationships. Effective interpreters recognize these differences and adapt communication accordingly. **Analytical Review of Foreign Scholars:** The discourse approach originates from the works of Teun van Dijk, who emphasized the cognitive and social dimensions of discourse. Norman Fairclough viewed discourse as a social practice reflecting power relations within institutions. Michael Halliday’s systemic-functional linguistics provided a foundation for understanding language functions in context. His theory explains how medical discourse fulfills informational, interpersonal, and textual functions simultaneously. Hatim and Mason argued that translation should be viewed as a communicative act rather than a purely linguistic process. Their discourse-oriented translation model highlights the importance of context and communicative purpose. Claudia Angelelli emphasized that medical

interpreters actively participate in communication rather than merely transferring messages. According to her research, interpreters influence interaction dynamics and facilitate understanding between participants. Analytical Review of Uzbek Scholars: Uzbek linguists have increasingly focused on discourse studies and pragmatics. Research by Sh. Safarov contributed significantly to the development of pragmalinguistics in Uzbekistan. His studies highlight the role of communicative intention and context in meaning construction. N. Mahmudov's works on language culture and communication emphasize the importance of speech effectiveness and communicative competence. His findings are particularly relevant to interpreter training. B. Yo'ldoshev's studies on text linguistics provide valuable insights into textual cohesion and coherence, which are essential for interpreting complex medical documents. Comparative analysis demonstrates that foreign researchers primarily focus on sociocultural and pragmatic dimensions of discourse, whereas Uzbek scholars pay greater attention to linguistic structures and text organization. Integrating these perspectives may improve interpreter education and professional practice.

DISCUSSION

The findings support contemporary discourse theories which suggest that successful communication depends on more than linguistic equivalence. In medical settings, meaning emerges through interaction among healthcare professionals, patients, interpreters, and institutional contexts. The study confirms that discourse competence is a fundamental requirement for medical interpreters. This competence includes understanding genre conventions, communicative intentions, cultural norms, and pragmatic strategies. Another important finding is the interpreter's role as a cultural mediator. Healthcare communication often involves culturally sensitive topics. Therefore, interpreters must balance accuracy with cultural appropriateness. The comparative review also reveals the necessity of combining international discourse-based methodologies with national linguistic traditions. Such integration can contribute to the development of effective interpreter training programs in Uzbekistan.

CONCLUSION

The study analyzed discourse-based interpreting of medical texts in practical communication. The results demonstrate that successful medical interpretation requires discourse competence, pragmatic awareness, and intercultural communication skills. The comparative analysis of Uzbek and foreign scholarship indicates that both traditions offer valuable perspectives on medical communication. Foreign studies emphasize discourse strategies and sociocultural adaptation, while Uzbek research contributes insights into linguistic and textual aspects of communication. Future

research should focus on empirical investigations of interpreter performance in authentic healthcare environments and the development of discourse-oriented training models for medical interpreters.

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