

COMMUNICATIVE AND FUNCTIONAL FEATURES OF MEDICAL TEXTS IN ENGLISH AND UZBEK

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Abstract

This article examines the communicative and functional features of medical texts in English and Uzbek. Medical texts serve multiple purposes, including providing information, giving instructions, expressing professional evaluation, maintaining communication, clarifying terminology, and linking language to factual reality. Examples illustrate the use of specialized terminology, native equivalents, compound forms, and patient-oriented expressions. The study highlights the importance of these features for translation, clinical practice, patient education, and terminology standardization. Findings show that English texts are concise and rely on international terminology, while Uzbek texts often provide additional explanation for better patient understanding, demonstrating the role of cultural adaptation and functional purpose in medical communication.

Keywords: Medical texts, Communicative features, Functional features, Terminology, English-Uzbek translation, Synonymy

Ключевые слова: Медицинские тексты, Коммуникативные особенности, Функциональные особенности, Терминология, Перевод английский–узбекский, Синонимия

Kalit soʻzlar: Tibbiyot matnlari, Kommunikativ xususiyatlar, Funksional xususiyatlar, Terminologiya, Ingliz–oʻzbek tarjima, Sinonimiya

Medical texts represent a specialized discourse that serves as a crucial tool in healthcare, education, and scientific research. Unlike general literary language, medical language is designed to be precise, objective, and functional, aiming to convey knowledge, provide instructions, and standardize medical terminology. In bilingual contexts, such as English-Uzbek communication, understanding the

communicative and functional features of medical texts is essential to ensure clarity, accuracy, and usability for both professionals and patients [3, 4.]. The theoretical foundation of this analysis relies on Speech Act Theory [1, 4.], which classifies language acts into informative, directive, commissive, expressive, and phatic, as well as on Halliday's Functional Linguistics, which emphasizes ideational, interpersonal, and textual functions. Terminology theory provides a basis for understanding term formation, synonymy, and semantic precision [2, 6, 8.].

Medical texts perform multiple communicative functions simultaneously. The informative function is primary, providing objective data on anatomy, diseases, diagnostics, and treatments. For example, in Uzbek: *Gepatit A – infeksiyon jigar yallig'lanishi* and in English: *Hepatitis A – infectious inflammation of the liver*, or *Hipertoniya – qon bosimi oshishi* (*Hypertension – high blood pressure*). These statements demonstrate the need for accuracy and clarity in both clinical practice and scientific publications. The directive function guides recipients to follow medical instructions, as in *Bemorga kuniga ikki marta dori qabul qilish tavsiya etiladi* (The patient is advised to take the medication twice daily) or *Bemor har kuni 30 daqiqa yurishi kerak* (The patient should walk 30 minutes daily), ensuring safe implementation of medical procedures [7].

The expressive function conveys evaluation, urgency, or professional judgment, evident in statements like *Shifokor og'ir holatni tashxis qildi* (The doctor diagnosed a severe condition) or *Laboratoriya natijalari xavotirli holatni ko'rsatmoqda* (The laboratory results indicate a concerning condition), which highlight the severity of a condition [1]. The commissive function reflects responsibility and commitment, as in *Shifokor bemorni kuzatib borishni davom ettiradi* (The doctor will continue to monitor the patient) or *Jamoa bemor bilan muntazam tekshiruvlar olib borishga majbur* (The team is obliged to conduct regular check-ups), emphasizing accountability in clinical practice [8].

The phatic function maintains communication and rapport, especially in doctor-patient interactions, for instance: Xizmat ko'rsatishdan mamnunmiz, sizni kuzatishda davom etamiz (We are happy to assist you and will continue monitoring) and Savollar bo'lsa, bemor ularni bimalol so'rashi mumkin (If there are questions, the patient can ask freely), which foster trust and cooperation [5]. The metalinguistic function clarifies terminology and ensures comprehension, such as Sarg'ayish – ikterus (Yellowing of the skin and eyes – jaundice) and Dispepsiya – oshqozon hazm qilishning buzilishi (Dyspepsia – impaired digestion) [4]. The referential function links terms to factual reality and evidence, e.g., O'tkazilgan laboratoriya tahlillari gepatit A ni tasdiqladi (Laboratory tests confirmed Hepatitis A) and X-ray natijalari o'pka o'smasini ko'rsatdi (X-ray results revealed a lung tumor), ensuring scientific credibility (Grinev, 1993).

Medical texts are further characterized by semantic and terminological features, including terminological precision, synonymy, stylistic neutrality, interlingual correspondence, and textual cohesion. Synonymy is particularly notable in medical terminology, where different terms may refer to the same concept, such as Oftalmolog – okulist or Sarg'ayish – ikterus [2]. Synonyms can be absolute (e.g., Dispnoe – nafas qisishi, Derma – teri), partial (e.g., Aktivatsiya – qo'zg'atish – stimulatsiya), interlingual doubles (e.g., Abduktsiya – otish), compound (e.g., Aeroembolizm – havo emboliyasi), root variants (e.g., Angiografiya – vazografiya), or colloquial/patient-oriented (e.g., Ochlik shishishi – alimentar distrofiyasi). Such synonymy allows flexibility while preserving precision and clarity [8, 3.].

Comparing English and Uzbek medical texts reveals both similarities and differences. Both share informative, directive, and commissive functions, but differ in phatic and metalinguistic aspects, with Uzbek often providing more explanation for patient comprehension. English medical texts tend to be concise, using Greco-Latin terminology, while Uzbek incorporates native terms and descriptive equivalents [2]. Directive language in English is often imperative, whereas in Uzbek it is polite or

advisory, reflecting cultural norms. Expressive tone is limited in English but may appear moderately in Uzbek patient-oriented texts. Textual cohesion is maintained in both languages through structured headings and numbering.

Understanding these communicative and functional characteristics has important implications. For translation, it ensures accurate conveyance of meaning and adherence to professional norms. In clinical practice, it supports effective communication among multilingual medical teams. For patient education, clear explanations enhance understanding and compliance, and for terminology standardization, awareness of synonymy and functional use guides the development of bilingual dictionaries, manuals, and educational materials [3, 4].

In conclusion, medical texts in English and Uzbek are highly functional and communicatively structured, designed to convey precise, reliable, and contextually appropriate information. Recognizing the interplay of communicative functions, terminological precision, and cultural adaptation ensures that these texts serve their essential roles in healthcare, education, and professional communication. Effective understanding of these features allows medical texts to be both scientifically accurate and comprehensible, meeting the needs of professionals and patients alike.

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