



**The pleasure of being a “non-native”:
How rootless wanderers find their ideal corner
among thick dictionaries**

by Ernesta Palombo-Kinne

Hilde Joosen has called for a dialogue on the issues related to being a non-native English speaking medical writer [TWS, 8:16-7, 1999]. As an Italian who has been living in Germany for the last 11 years (after having spent a few years in the United States), the “non-native” business is a three-headed monster that often takes paradoxical twists. You can hear the noise when the brain tries to sort the right drawer in the right situation (English-German at work; English-German-Italian at home).

Not only are we non-native English speakers, but we typically work in a non English-speaking environment. Even if most of our clinical or research colleagues are fluent in English, their documents are, editorially speaking, based on a non-English style. The British/American English dilemma, for example, remains a mental obstacle for those who have learnt their English in Europe but must write their documents in American English. We also are constantly faced with academic titles or denominations that do not have a counterpart in the British or American educational system, or that are stated in a country-specific style. Those of us who work in Germany know the long lists of Prof. Prof. Dr. Dr. titles in front of a single name; although clearly defining the academic weight of the person, these must be mercilessly reduced to a one-piece “Prof.” or “Dr.”; or the formulation “Dr. X. Such, MD”, which must also be mercilessly cut at one end.

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I always have at hand the Webster’s Style Manual of the New Encyclopedic Dictionary, for example to convince myself (and the pluri-professors I intend to declass) that such disrespectful rules truly exist (whereby I can also save my neck). Rather than consulting concise dictionaries, I also rely massively on the unabridged Webster’s (comfortably open on my left side). This is for three reasons: My Italian origin spoils me to the use of Latin-root terms (supposedly more elegant, what a kick for a “non-native”); sometimes I resort to thinking in Italian when I am dissatisfied with a certain English formulation. By doing so, however, I often end up anglicising terms that do not exist at all. Verification from the big Webster’s not only saves me from big embarrassments, but also represents a constant source of learning. The second reason is that the automatic correction of the word-processing underlines many terms that are actually correct, if only unusual or medical/technical (cause of severe irritation for somebody who writes medical texts *and* survives anglicising Italian terms!). The third, and in fact more frequent reason, is that large dictionaries provide more examples of which preposition must be used after a certain verb (and I tell you, this is not a joke if three languages strive for supremacy).

A typical “non-native” problem is also the use of terms loaded with a country-specific valence. In Germany, for example, the term “subject”, commonly used in UK and USA to define healthy volunteers [TWS 8:18-20, 1999], is not appreciated very much (I suspect because “*Subjekt*” implies a subordinate/impersonal position of the person receiving a certain treatment).

More generally, we are confronted with the necessity that our terminology also be accurate in its legal implications. Although we do not bear any primary medical/legal responsibility for our documents, it is part of our profession to provide our (mostly “non-native”) clinical colleagues with a high quality text. While this may prolong the completion time compared to “natives”, I console myself thinking that after all, the legal/administrative slang is Greek to everybody, “native” or “non-native”.

The medical-scientific terminology (for example laboratory parameters or disease definitions) is mostly regulated by our companies. However, no matter how standardised, the medical terminology is immense and the abbreviations endless. The “Medical Dictionary in Six Languages” (Raven Press) can already deliver a certain relief, especially with its smart 6-column cross-comparison. However, I could not survive without the (comfortably open on my right side) Stedman’s Medical Dictionary. Although, or perhaps because, I trained as a medical doctor and worked in research for some years, the scrupulous checking of every doubtful definition gives me added confidence. In this aspect, Hilde is absolutely correct: accuracy can transform our language weakness into communicative strength, because as long as we are looking

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for a term, why not look for the most accurate one? Indeed, our starting handicap trains us to the general philosophy: if good, why not better?

Medical writing, as we’ve all experienced, is a painful/delightful mixture of editorial and scientific skills. To learn how to couple sound content with impeccable form involves several years of professional education and experience. For “non-natives”, a scientific training in English-speaking

countries remains the easiest way to grow up to the professional expectations, especially if laboratory heads, acquainted with publishing in first-class journals, are capable of transmitting their enthusiasm for scientific writing (on this occasion, may I mention Dr. Louis Sokoloff, NIMH, Bethesda, MD, for his demanding but selfless dedication to his “non-native” alumni).

The experience in a multicultural laboratory also teaches a basic lesson: in the end, country-specific systematic mistakes can be easily identified and listed in a ready-to-use “don’t” lexicon (I can cite the Italians’ tendency to slip a “partecipate” because it is nearly identical to the Italian “partecipare”, and the Germans’ “with so-many years of age”). Silvia Rogers, in her Copenhagen seminar on “Medical/Technical English for Non-native Speakers”, has already provided us with a robust list of possible pitfalls and improvements, based on her multi-national professional experience. We can proceed

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with and customise her list for our purposes. Once we have identified our weak spots, gaining control of the English language becomes a progressive, balancing exercise between what we have learnt (no matter how simply we write at the beginning) and what represents our next learning challenge. Additional updates on emerging terminology can then be achieved via med-line searches.

So, being a “non-native” medical writer can definitely be a pleasure. Belonging nowhere and everywhere (language-wise but, who knows, perhaps also mentality-wise) prepares us to understand hidden lines that must be rendered in a good written form. Being anchored with a few familiar dictionaries helps us to tame the daily load of scientific matter.

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