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EQUIVALENCE AND TERMINOLOGICAL CONSISTENCY IN ENGLISH–UKRAINIAN MEDICAL TRANSLATION

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The article addresses the problem of equivalence and terminological consistency in English–Ukrainian medical translation as one of the key prerequisites for accurate professional communication in the healthcare domain. Medical texts are characterized by a high degree of terminological density, rapid neologization, extensive use of Latin and Greek elements, abbreviations, and eponyms, which significantly complicates the process of translation and increases the risk of semantic distortion. The study aims to analyze theoretical approaches to the notion of equivalence in translation studies and to determine their applicability to medical translation, with special attention paid to terminological consistency as a factor of textual coherence and professional reliability. The research is based on a descriptive-analytical approach and draws on contemporary studies in translation theory, terminology studies, and medical linguistics. The article examines different types of equivalence (full, partial, and functional) and demonstrates how they are realized in English–Ukrainian medical translation through selected examples from clinical guidelines, research articles, and educational medical texts. Particular emphasis is placed on terminological variation, synonymy, and the challenges of translating abbreviations and internationalisms. The findings indicate that the lack of unified terminological standards and insufficient use of terminological resources often lead to inconsistency and reduced equivalence in translated medical texts. The article argues that achieving a high level of equivalence is inseparable from subject-matter competence of the translator.

Key words: medical translation, equivalence, terminological consistency, English–Ukrainian translation, medical terminology.

Елагіна Наталія. Еквівалентність та термінологічна узгодженість в англо-українському медичному перекладі

Статтю присвячено питанням еквівалентності та термінологічної узгодженості в англо-українському медичному перекладі як ключовому аспекту забезпечення фахової комунікативної точності у сфері охорони здоров'я. Дослідження продемонструвало, що медичні тексти відзначаються високим рівнем термінологічної насиченості, широким використанням неологізмів, латинських і грецьких терміноелементів, аббревіатур та епонімів, що часто ускладнює процес перекладу і підвищує ризик семантичних спотворень. Проаналізовано теоретичні підходи до поняття еквівалентності у перекладознавстві та визначення можливостей його застосування в медичному перекладі з особливим акцентом на термінологічну узгодженість, яка є чинником текстової когерентності та професійної надійності. Дослідження виконано з використанням описово-аналітичного методу та сучасних праць із теорії перекладу, термінознавства та медичної лінгвістики. Представлено основні типи еквівалентності (повна, часткова та функціональна) й особливості їх реалізації в англо-українському медичному перекладі на матеріалі клінічних настанов, наукових статей та навчальних медичних текстів. Особливу увагу приділено термінологічній варіативності, синонімії, а також особливостям перекладу аббревіатур та інтернаціоналізмів. Отримані результати підтвердили, що відсутність уніфікованих термінологічних стандартів і недостатнє використання термінологічних одиниць спричиняють неузгодженість та зниження рівня еквівалентності в перекладених медичних текстах. Обґрунтовано, що досягнення високого рівня еквівалентності є нерозривно пов'язаним із предметною компетентністю перекладача.

Ключові слова: медичний переклад, еквівалентність, термінологічна узгодженість, англо-український переклад, медична термінологія.

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Introduction. The growing intensity of international scientific cooperation and the globalization of healthcare have significantly increased the demand for high-quality medical translation. English currently functions as the primary language of medical science, while national languages, including Ukrainian, serve as crucial means of disseminating medical knowledge within local professional communities, educational institutions, and healthcare systems. In this context, English–Ukrainian medical translation plays a vital role in ensuring access to up-to-date scientific information, clinical guidelines, pharmaceutical documentation, and educational materials. The accuracy of such translation is not merely a linguistic concern but a matter of professional responsibility, as inaccuracies may lead to misinterpretation of medical data and, in extreme cases, pose risks to patient safety.

One of the central issues in medical translation is the achievement of equivalence between the source text and the target text. In translation studies, equivalence is traditionally understood as the degree of correspondence between units of the source and target languages at semantic, stylistic, and functional levels. However, in the domain of medical translation, equivalence acquires a particularly complex and multidimensional character. Medical terms denote strictly defined concepts that are embedded in a specific system of scientific knowledge, and even minor deviations in meaning may result in conceptual distortion. Therefore, equivalence in medical translation must be considered not only in linguistic terms but also from the perspective of conceptual and pragmatic adequacy.

Closely related to the problem of equivalence is the issue of terminological consistency. Terminological consistency refers to the systematic and uniform use of terms to designate the same concept throughout a text or a set of related texts. In medical discourse, consistency is essential for maintaining textual coherence, ensuring clarity of reference, and preventing ambiguity. Inconsistencies in term usage may arise due to synonymy, the coexistence of borrowed and native terms, differences between international and national nomenclatures, or the translator's individual preferences. In English–Ukrainian medical translation, this problem is further complicated by the ongoing development and standardization of Ukrainian medical terminology.

Despite the growing body of research on specialized translation, the issues of equivalence and terminological consistency in English–Ukrainian medical translation remain insufficiently systematized. Many existing studies focus either on general theoretical aspects of equivalence or on isolated terminological problems without offering an integrated view that combines translation theory, terminology studies, and practical translation analysis. Moreover, rapid advancements in medical science continuously generate new terms and concepts, which outpace the development of standardized bilingual terminological resources. This situation places a considerable cognitive and professional burden on translators, who must independently evaluate terminological variants and make informed choices under conditions of limited normative guidance.

The relevance of the present study is therefore determined by both theoretical and practical considerations. From a theoretical perspective, the article contributes to the refinement of the concept of equivalence in specialized translation by examining its application in a highly regulated and conceptually dense field. From a practical standpoint, the research addresses real translation challenges faced by professionals working with medical texts and highlights strategies for achieving terminological consistency. The study also responds to the current needs of Ukrainian medical translation, which has gained particular importance in recent years due to the expansion of international medical cooperation, humanitarian healthcare initiatives, and the integration of Ukrainian medical education into the European academic space.

The aim of this article is to analyze the nature of equivalence and terminological consistency in English–Ukrainian medical translation and to identify the key factors that influence their achievement. To accomplish this aim, the article pursues the following objectives: (1) to review and systematize theoretical approaches to equivalence in translation studies; (2) to examine recent research on medical terminology and specialized translation; (3) to analyze typical translation challenges related to terminological variation and inconsistency; and (4) to illustrate these challenges through selected examples from English–Ukrainian medical texts. The article ultimately seeks to demonstrate that equivalence and terminological consistency should be treated as interdependent categories that jointly

determine the quality and reliability of medical translation.

Analysis of Recent Research and Publications. The concept of equivalence has historically been regarded as one of the foundational categories of translation studies, shaping both theoretical reflection and practical translation methodology. Early approaches to equivalence emerged within structural linguistics and were primarily concerned with establishing formal correspondences between linguistic units of the source and target languages. One of the most influential models was proposed by J. C. Catford, who defined translation equivalence as the replacement of textual material in one language by equivalent textual material in another language at specific linguistic levels. Although this approach provided a systematic framework for analyzing translation shifts, it was later criticized for its reductionist focus on linguistic form and insufficient attention to extralinguistic knowledge, communicative function, and subject-matter specificity.

The limitations of formal equivalence models became particularly evident in the translation of specialized texts, including medical discourse, where terminological precision and conceptual integrity outweigh structural similarity. This critique paved the way for the development of communicative and functional theories of translation. C. Yan and J. Huang's distinction between formal equivalence and dynamic equivalence marked a significant turning point by emphasizing the effect of the translated text on the target audience [8]. While dynamic equivalence has been widely applied in literary, religious, and popular scientific translation, its relevance to medical translation remains constrained. Medical texts are governed by institutional norms, regulatory requirements, and standardized terminological systems, which limit the translator's ability to prioritize receptor response over conceptual accuracy.

P. Newmark further refined the discussion by differentiating between semantic and communicative translation, arguing that scientific and technical texts generally require a semantic approach that preserves the exact meaning of the source text [7]. In the context of medical translation, this position has been supported by numerous scholars who emphasize that even minimal semantic deviations may lead to misinterpretation of clinical information. Consequently,

equivalence in medical translation is increasingly conceptualized as a form of terminological and referential correspondence rather than stylistic or pragmatic adaptation.

Functionalist theories, particularly Skopos theory, introduced a broader understanding of translation as a purposeful activity determined by the intended function of the target text [10]. From this perspective, equivalence is not an absolute requirement but a strategic choice shaped by communicative goals. However, researchers note that the functional flexibility advocated by Skopos theory is significantly restricted in medical translation due to the normative nature of medical discourse. Clinical protocols, pharmaceutical instructions, and scientific articles demand a high degree of terminological stability, which reinforces the necessity of consistent equivalence at the conceptual level.

In contemporary translation studies, equivalence is widely viewed as a relative and context-dependent construct. Scholars argue that equivalence should be assessed in terms of the adequacy of concept transfer rather than lexical similarity [9]. This approach aligns with terminological theory, which treats terms as verbal representations of specialized concepts embedded within structured knowledge systems. M.T. Cabré emphasizes that terminology is not merely a collection of words but a cognitive and communicative system, a view that has profoundly influenced research on specialized translation.

Medical translation has received growing scholarly attention due to the increasing globalization of healthcare and biomedical research. Studies in this field highlight the unique challenges posed by rapid terminological innovation, extensive borrowing from Latin and Greek, and the proliferation of abbreviations and acronyms. V. Montalt and M. González Davies note that medical translators often operate in conditions of terminological instability, where newly introduced concepts lack standardized equivalents in the target language. This instability complicates the achievement of equivalence and increases the risk of inconsistency across translated texts [6].

Research on Ukrainian medical terminology reveals additional layers of complexity. Ukrainian scholars have documented the historical coexistence of international terms, calques, and native descriptive equivalents, resulting from different stages of terminology formation and

standardization. V.B. Konovalova analyzes English medical neologisms and their Ukrainian translations, pointing out that uncontrolled borrowing may undermine the transparency and normative status of Ukrainian medical discourse [5]. At the same time, excessive purism may lead to artificial or cumbersome equivalents that are not accepted by professional communities.

Another prominent issue in the literature is terminological synonymy and variation. While synonymy is a natural feature of language development, its presence in medical texts poses challenges for clarity and consistency. Ukrainian researchers observe that translators often alternate between synonymous terms without sufficient justification, which may obscure conceptual boundaries and weaken textual coherence. O. Ihnatiuk and N. Ionane emphasize that terminological inconsistency is particularly problematic in institutional medical texts, where precision and uniformity are essential for professional communication [4].

Recent studies increasingly focus on technological support for achieving equivalence and consistency. Corpus-based translation studies demonstrate the value of parallel and comparable corpora in identifying established translation equivalents and usage patterns [1, p. 189]. Terminology management systems and translation memory tools are widely recognized as effective means of maintaining consistency in large-scale medical translation projects. Nevertheless, scholars caution against overreliance on technology, stressing that automated tools cannot replace the translator's analytical competence, medical knowledge, and critical evaluation of sources [11, p. 104].

Despite significant advances, the literature reveals several unresolved issues. First, many studies address equivalence and terminological consistency as separate phenomena, without sufficiently examining their interdependence in medical translation. Second, empirical research focusing specifically on the English–Ukrainian language pair remains limited, particularly in comparison with studies involving major European languages. Third, there is a lack of integrative models that combine translation theory, terminology science, and medical discourse analysis. These gaps highlight the need for comprehensive research that situates equivalence and terminological consistency within a unified analytical framework, which the present study seeks to provide.

Theoretical framework. To address these identified gaps, the present study proceeds by systematizing the notion of equivalence as it operates in English–Ukrainian medical translation, thereby establishing a conceptual foundation for the analysis of terminological behavior in medical discourse and the mechanisms that ensure accurate knowledge transfer. This approach builds on the understanding of equivalence as a relative and context-dependent construct rather than a fixed linguistic correspondence [9, p. 234–235].

The analysis of English–Ukrainian medical translation demonstrates that equivalence in this domain is realized through several interrelated types, primarily full, partial, and functional equivalence. Such typological differentiation reflects established distinctions in translation theory between formal, semantic, and functional correspondences [3; 7]. Each of these types reflects a different degree of conceptual and terminological correspondence between the source text (ST) and the target text (TT) and is conditioned by the structure of medical knowledge and the state of terminological standardization in Ukrainian.

Full equivalence occurs when a medical term in English has a stable, standardized Ukrainian counterpart that fully coincides in meaning, scope, and professional usage. This type of equivalence is most commonly associated with international medical terminology derived from Latin and Greek, where conceptual systems are largely shared across languages [2, p. 96]. Thus, the English term *diabetes mellitus* is rendered as *цукровий діабет*, and *pneumonia* corresponds to *пневмонія*. These pairs demonstrate a high degree of semantic and conceptual alignment, ensuring unambiguous interpretation across clinical, academic, and educational contexts. Full equivalence contributes significantly to terminological consistency, as the same equivalent can be reliably used throughout the text, which is a prerequisite for coherence in specialized discourse [1, p. 69].

In contrast, partial equivalence arises when the source and target terms overlap conceptually but differ in scope, stylistic value, or degree of specialization. Such cases are widely discussed in studies of medical neologisms and terminological adaptation, particularly in languages undergoing active standardization processes [5]. A typical example is the English term

screening, which may be translated as *скринінг* or *профілактичне обстеження*. While both Ukrainian variants refer to the early detection of disease, *скринінг* functions as a professional internationalism, whereas *профілактичне обстеження* is broader and more descriptive. The coexistence of such variants requires the translator to make informed decisions based on text type, target audience, and communicative purpose, as inconsistent alternation may weaken equivalence at the textual level.

Functional equivalence is particularly relevant in procedural and instructional medical texts, where the primary objective is to ensure correct professional action rather than formal correspondence. This understanding aligns with functionalist approaches to translation, which emphasize communicative purpose and pragmatic adequacy [10; 6]. Thus, the English instruction «*Monitor vital signs regularly*» is functionally equivalent to the Ukrainian «*Регулярно контролювати життєві показники*». Although the lexical structure differs, the functional outcome remains unchanged. In such cases, equivalence is achieved through pragmatic adequacy rather than formal correspondence, yet terminological accuracy remains essential to avoid misinterpretation, particularly in clinical contexts.

While functional equivalence ensures the pragmatic adequacy of individual translation units, its effectiveness within a medical text as a whole depends on the systematic and uniform use of terminological equivalents. This interrelation supports the view that equivalence cannot be evaluated in isolation from terminological consistency, especially in specialized discourse governed by institutional and professional norms [2, p. 201].

Terminological consistency emerges as a crucial condition for maintaining equivalence across extended medical texts. Even when appropriate equivalents are selected, inconsistency in their usage may result in conceptual fragmentation and reduced clarity. This observation corresponds with corpus-based findings demonstrating that inconsistency is a major source of translation errors in technical and medical texts [1]. This issue is particularly salient in English–Ukrainian medical translation due to the presence of synonymy and parallel terminological systems. Thus, the English term *adverse drug reactions* may be translated as *побічні реакції*

лікарських засобів or *несприятливі реакції на ліки*. While both variants are acceptable in isolation, their uncontrolled alternation within the same document may obscure referential continuity, especially in pharmacovigilance reports or clinical trial documentation. Consistent use of one selected equivalent is therefore essential for preserving textual coherence and professional reliability, as emphasized in studies of institutional medical translation [4, p. 39].

In educational medical texts, inconsistency may also hinder knowledge acquisition. If the term *hypertension* is translated alternately as *гіпертензія* and *підвищений артеріальний тиск* without explicit differentiation, students may incorrectly assume that these expressions denote distinct conditions. This illustrates how terminological inconsistency directly affects not only linguistic equivalence but also conceptual understanding, a problem frequently noted in research on medical language teaching and terminology acquisition.

The problems illustrated by terminological inconsistency in educational contexts underscore the broader issue of synonymy and controlled variation in medical translation, where the choice between near-equivalent terms requires careful conceptual evaluation [4; 11]. This makes synonymy not merely a lexical phenomenon but a significant translation challenge with direct implications for both equivalence and terminological consistency [2; 9].

Synonymy represents one of the most persistent challenges in achieving equivalence and consistency. While synonymy is a natural feature of language evolution, in medical discourse it must be carefully regulated [5]. English medical texts often employ near-synonymous terms such as *disease*, *disorder*, and *condition*, which may be translated into Ukrainian as *хвороба*, *розлад*, or *стан*. The translator must determine whether these distinctions are conceptually relevant in the given context or whether a single Ukrainian equivalent should be maintained for consistency.

Terminological variation is further complicated by the coexistence of international and native Ukrainian terms. Thus, *inflammation* corresponds to both *запалення* and *інфламація*, although the latter is rarely used outside narrow academic contexts. Preference for internationally recognizable forms may enhance interlingual transparency, while native terms often improve comprehensibility. Achieving equivalence thus

requires balancing international standardization with national terminological norms.

The tension between international standardization and national terminological norms becomes even more pronounced when medical information is conveyed through abbreviated forms, which intensify the risk of variation and misinterpretation. Consequently, the treatment of abbreviations and internationalisms requires separate analytical attention as a factor influencing both equivalence and terminological consistency.

Abbreviations constitute a significant source of potential inconsistency in English–Ukrainian medical translation. English medical discourse extensively relies on abbreviations such as BP, COPD, or MRI. In Ukrainian translations, these abbreviations may be retained, adapted, or expanded, depending on convention and context. Thus, *BP* is typically translated as *AT* (*артеріальний тиск*). Introducing the Ukrainian abbreviation without explanation or alternating between *BP* and *AT* within the same text undermines terminological uniformity. Best practice requires the full Ukrainian term to be provided at first mention, followed by consistent use of the chosen abbreviation. This approach reinforces equivalence while ensuring reader comprehension.

Internationalisms, due to their shared etymological basis, often facilitate equivalence. However, their use must be systematic. Inconsistent switching between *комп'ютерна томографія* and *КТ* without clear rules may weaken textual coherence, particularly in diagnostic reports [11, p. 103].

The challenges associated with the regulated use of internationalisms and abbreviations highlight the necessity of an active mediating role for the translator, who must ensure consistency and coherence through deliberate terminological choices. This perspective shifts the focus from isolated lexical correspondences to the translator's strategic responsibility in achieving integrated equivalence across the medical text.

The analysis confirms that equivalence in medical translation is not an automatic result of dictionary matching but a product of informed analytical decision-making. The translator must possess not only linguistic competence but also subject-matter knowledge and familiarity with current terminological standards. Thus, in oncology texts, the English terms *tumor*, *neoplasm*,

and *malignancy* may appear interchangeable at first glance, yet they represent distinct concepts. Incorrectly translating all three as *пухлина* without contextual differentiation may result in conceptual distortion, despite apparent lexical equivalence. Systematic terminological management, including the use of glossaries and reference corpora, is therefore essential.

Conclusions and Prospects for Further Research. The present study has demonstrated that equivalence and terminological consistency constitute two fundamentally interconnected categories that jointly determine the quality, reliability, and professional adequacy of English–Ukrainian medical translation. The analysis has shown that equivalence in medical translation cannot be interpreted as a purely linguistic or formal correspondence between source and target texts. Instead, it must be understood as a multidimensional construct that integrates semantic accuracy, conceptual integrity, functional adequacy, and pragmatic relevance within a highly regulated domain of knowledge. Medical terminology encodes specialized concepts that are embedded in structured systems of scientific understanding, and even minimal deviations in meaning may result in conceptual distortion or misinterpretation. The examination of full, partial, and functional equivalence has revealed that while full equivalence is achievable in cases involving standardized international terms, partial and functional equivalence dominate in situations characterized by terminological variation, synonymy, and the absence of unified standards in the target language. In this context, terminological consistency emerges not as a secondary stylistic requirement but as a prerequisite for sustaining equivalence at the textual and discourse levels. Inconsistent use of terms, uncontrolled alternation between synonymous variants, or unsystematic handling of abbreviations and internationalisms undermines textual coherence, weakens referential clarity, and ultimately reduces the communicative value of translated medical texts. The findings also confirm that the challenges of English–Ukrainian medical translation are intensified by the ongoing development and partial standardization of Ukrainian medical terminology, which places increased responsibility on translators to make informed, theoretically grounded, and professionally justified terminological decisions. Consequently, high-quality medical translation

requires an integrated approach that combines translation-theoretical awareness, terminological competence, subject-matter expertise, and systematic use of terminological resources. Equivalence and terminological consistency should therefore be treated not as isolated criteria of translation quality but as interdependent parameters that together ensure the safety, credibility, and effectiveness of medical communication.

The results of this study open several prospective areas for further research in the field of English–Ukrainian medical translation. First, there is a clear need for large-scale empirical investigations based on parallel and comparable corpora of medical texts, which would allow researchers to identify dominant translation patterns, stable equivalents, and areas of persistent terminological instability. Corpus-based studies could provide objective data on actual professional usage and contribute to the development of evidence-based recommendations for translators. Second, further research should focus on the comparative analysis of terminological standardization processes in Ukrainian and other European languages, particularly within the framework of international medical classifications and guidelines. Such stud-

ies would facilitate the harmonization of Ukrainian medical terminology with global standards while preserving its national linguistic identity. Third, the role of technology in ensuring equivalence and consistency deserves more detailed examination. While terminology management systems and translation memory tools are widely used in practice, their effectiveness in handling conceptual nuance, synonymy, and emerging neologisms in medical discourse remains insufficiently explored. Future research should therefore investigate optimal models of human–technology interaction in medical translation, emphasizing the balance between automated support and expert human judgment. Finally, further interdisciplinary studies combining translation studies, terminology science, medical linguistics, and healthcare communication are required to develop integrative theoretical models that reflect the complexity of medical translation as a professional activity. Such research would not only advance translation theory but also have tangible practical implications for translator training, terminological standardization, and the overall quality of medical communication in the Ukrainian context.

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