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SPECIFICITY OF MEDICAL TERMS IN MEDICAL DISCOURSE

Abstract. *The article deals with the study of specificity of medical terms functioning in medical discourse. The term is analyzed in dynamics on the basis of such medical fields as diabetes mellitus and AIDS. The analysis of conversations between a doctor and patient revealed the fact that the term has a pragmatic function and depends on the types of discourse. Doctor and patient are the objects of the institutional regulatory activity as the bearers of medical knowledge. The goals of the doctor in communication with patients include making a diagnosis, choosing optimal treatments, and explaining his/ her actions with the use of medical terms and their comment. Using medical terms efficiently helps a healthcare professional to affect the patient favorably.*

Key words: *medical terminology; medical discourse; anthropocentric linguistics.*

Anthropocentric linguistics provides the possibility of studying the speech phenomena characterizing human activities. In scientific papers medical discourse is considered as an act of speech, which includes the knowledge about diseases; phenomena, related to diseases, their properties and qualities. Medical discourse is an aggregate of verbal and non-verbal structures with certain pragmatic features.

In this regard, we analyzed 156 protocols of conversations of a doctor with a patient, which allowed us to consider pragmatic terms used in them. One cannot disagree with E.I. Golovanova, who says that «the definition of pragmatic content of special units on different stages of professional communication and identification of the conditions for the implementation of this content are extremely important for modern science of terms». We agree that the term captures not all information associated with designated objects and situations. It focuses only on certain, communicatively significant ones.

The subject of our study is the pragmatic and medical terminology in the areas connected with diabetes and AIDS. We have specified two types of relationships here — formal and informal. Formal relationship includes «Doctor — patient», «doctor — doctor», and «doctor — medical sister» relationship. This type of relationship matches a set of standard situations. When communicating with a colleague, the main goal of communication is the optimization of medical tactics.

The main goal of the doctor when communicating with the patient is to diagnose and choose the optimal treatment methods. In the first case, mainly neutral, objectified units striving for accuracy and uniqueness of content provide the professional significance of

information. The medical terms, verbalized by the medical specialist has implicit effects on the patient. In communication with colleagues, the medical specialist uses terminological vocabulary understandable for all communicants.

Informal relationships have different presentation forms applied in many situations. Such communication is not limited. The problems of Diabetes and AIDS are addressed through advertisements, articles in non-specialized magazines, newspapers, and newsletters. The term is assigned the additional subjective knowledge, which is recorded and repeated in everyday, repetitive actions and operations. Each type related relations corresponds to significant selection of special units (terms). Since the main participant in medical discourse is a doctor, he/she is language person transmitting information through special lexical units. A linguistic personality acts as «a set of abilities and characteristics for creation and perception of speech, characterized by the degree of structural and linguistic complexity, depth and accuracy of reflection of reality, as well as certain purposefulness». The doctor's terminological space is determined by knowledge and professional experience. It is heterogeneous. The doctor-diabetologist operates the following special vocabulary: diabetes, insulin, diet, diabetic foot, islets of Langerhans, retinopathy, polyneuropathy, endocrinopathy, glucotest etc. The terminological space of the doctor-infectionist is composed of such terms as AIDS, HIV, immunodeficiency, «protective screen», «associated infections», demyelination, enteropathy, virus, antiretroviral drug etc. Each concept has its own cognitive and discursive space in which terms transmit certain information embedded in them. For example: immunity — immunodeficiency, immunodeficiency host, selective immunodeficiency disorder, primary immunodeficiency, immune pathology or insulin, insulin shock, insulin pump, insulin resistance shock. The term insulin shock denotes a coma against the background of hypoglycemia, the very fact of the existence of such a condition reflects in the mind of the doctor the features of the structure and function of the cells, and therefore the further treatment of the patient. Thus, the terms, being the result of the cognitive activity of a doctor, serve as a means of processing, storing and transmitting information. Medical terminology reflecting the concept of a doctor, “is formed not only as a set of units, but as a set of a very complex network of knowledge” The terms are intended to preserve, convey this knowledge related to the professional thinking of a specialist doctor. The value of the terms is representation the doctor's experience as a linguistic person. The doctor as a highly qualified specialist has a special set of knowledge, is able to act adequately in certain conditions, has the ability to control the situation and manage it. At the same time, the significance of the term as a cognitive-discourse unit, which «sets the program of activity and behavior». That is, the term implies the connection of professional knowledge and professional activity. The doctor in his/her activities is included in «a unique sub cultural context» and further builds his/her own mental activity, behavior, and, in accordance with them, his/her speech.

The process of the formation of a doctor as a linguistic personality is as follows: 1) work in a special (medical) field: this activity is formed as the scientific picture of the world mastered as a sequential «passage» of different levels of complex activities (period of socialization); 2) the formation of a scientific picture of the world in the process of education (training), which is a continuum of successive transitions from a naive to a scientific picture of the world, due to the multidimensionality of the consciousness of a

native speaker; 3) the formation of a professional experience in special medical field (in our case diabetology, infection); 4) discursive competence (knowledge of terminology, ability to communicate). Both the diabetologist and the infectious disease specialist have the above-mentioned characteristics. According to these processes, the term «doctor» is represented by the following sets of lexical units: 1) the availability of special training (qualified doctor, experienced doctor, intern, intern, doctor of the highest category, Candidate, Associate Professor, Professor, Academician, MD, MS); 2) complex of knowledge (classification of diabetes mellitus, genetic defects in the action of insulin, unusual forms of immune-mediated diabetes); 3) presence of a narrow specialty (diabetologist, podiatrist, endocrinologist, infectious disease doctor, podiatrist); 4) assessment of the doctor by patients (empathy, open-ended inquiry, reactive listening, worthy, talented, promising, bribe taker, competent, absurd, etc.)

The analysis of the speech of medical specialists, namely diabetologists, showed that they are subjective. Each message from a medical professional is an event that is reported. The essence of the message of the diabetologist is that another diabetologist is forced to choose a certain behavior (in the field of thinking). Therefore, we single out the semantic and pragmatic aspects of information in the message. For the addressee, the pragmatic aspect is important, and for the addressee, the semantic one.

The analysis of messages from doctors of Astrakhan medical institutions (N.V. Kazachkova, E.N. Suchkova) revealed the following signs of messages:

- Relevance (In most developed countries, diabetes takes 3–4 places in the structure of disability and mortality. These high indicators are primarily due to vascular complications of diabetes, involving many organs and systems in the pathological process. The real tragedy is the fact that diabetes is found in most patients almost by accident during a medical examination or to see a doctor with existing complications).

- Reliability (availability of tables, diagrams, comparisons).

- Scientific novelty (a set of measures not only of a medical, but also of a social nature).

- Completeness (analysis of complications of diabetes). The message for patients with diabetes lacks signs such as scientific novelty and completeness. For specialists, the completeness of the message is important, «the recipient must have the impression of completeness and integrity of the information transmitted to him/her». Each message includes certain terms. Speaking to patients, the doctor applies interpretation and explanation. Messages from medical specialists can be divided into several levels:

- 1) scientific and theoretical level (monographs, scientific articles, reports at scientific conferences, dissertations);

- 2) methodological level (textbooks, methodological developments, educational literature, etc.);

- 3) documentary level (medical history, prescription, instructions, etc.);

- 4) popular science level (articles in magazines, newspapers, speeches to patients).

The bulk in the selected levels is made up with terms, whose task is to clarify, transfer, preserve, and enrich special knowledge. The doctor uses the term «as appropriate» and builds the actual meaning, which coincides with the pragmatic installation of the communicant, not excluding the actualization of a certain meaning as a goal. It is necessary to clarify that medical discourse includes the following functions

of medical activity: translation of social experience, informative, cognitive, creative, communicative, and regulatory. It is the value-semantic unity of all discourse functions, which allows the doctor taking strategies and tactics for successful treatment.

Thus, the analysis of the minutes of conversations with patients, doctors' speeches revealed the following features of medical discourse: dynamism (a change in discourse under the influence of acting factors on it); sociality (actualization of discourse as a social phenomenon); integrating (synthesis, integration into a whole all components of medical discourse and their integrated interaction); personalization (in the center of medical interaction there is a patient suffering from diabetes, HIV-infected, his motives, problems, needs); dialogue (dialogue interaction with medical specialists, during which strategies and tactics for treatment and their verbalization are selected); contextually (taking into account the features of boredom in the context of medical activity); integrity (the presence of all the structural elements of counseling for an HIV-infected person); coherence (structurally-meaningful relationship between the components of discourse and patient statements); situational conditionality (taking into account socially, culturally, personally significant conditions and circumstances of a particular communicative situation); intentionality (taking into account the communicative intentions of the participants in the discourse); indiscrimination (the uncertainty of the boundaries of discourse as open dynamic system).

As for the term, it fulfills not only a nominating function, but also an orienting and pragmatic function.

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