

# Medical translations — a job for professionals

by Simon Andriesen

**P**roduct inserts and labels for pharmaceutical products have to be available in the official language(s) of the country where such products are marketed. For companies that have all of Europe as their market, this can be a complex affair. The majority of pharmaceutical companies operate on an international or even global level.

Research and development of medicinal products are often done centrally, sales and marketing are often done in a decentralised way, i.e. locally. Many larger pharmaceutical companies have chosen to leave the translation issue to their national offices. Regulatory Affairs staff in these country offices know the product and they know the local requirements. While they may not translate the materials themselves, they can perfectly judge and, where necessary, revise translated documents that have been done by a local freelance translator or a translation company. Smaller pharmaceutical companies often organise the translations centrally and hire outside experts to check the work.

Europe counts an estimated 900 languages, which is a lot for just a few dozen countries. While of cultural importance, the majority of these languages are of no concern for the industry. The 15 EU member states together have 11 official languages (Austria, Belgium, Ireland, and Luxembourg: thank you for sharing your language with your neighbours). Europe, of course, involves more than just the EU, but even to cover linguistically all 19 countries of the European Economic Area (the EU plus the European Free Trade Association), it only takes 13 different languages. One of these (usually English) is the source language and, therefore, any EEA-wide translation effort implies 12 target languages. When compared with the total of 900, this is not much. Still, 12 target languages can be quite a nightmare to handle. And it will get worse: there are more than a handful EU-candidate member states where law is being written based on EU directives. It is just a matter of time before medicinal product documentation will be legally required to be in the local languages of those countries as well.

## The 13 languages of the European Economic Area (EEA)

Danish	Icelandic
Dutch	Italian
English	Norwegian
Finnish	Portuguese
French	Spanish
German	Swedish
Greek	

## Types of texts to be translated

For a number of legal and marketing reasons translation of many kinds of medical product related texts is required. Documents such as the Summary of Product Characteristics (SPC), the Patient Information Leaflet (PIL), product monographs, as well as text on labels and on the packaging have to be translated. The SPC is the basis of information for health professionals on how to use the product safely and effectively (see Council Directive 65/65/EEC). The PIL must be consistent with the SPC, but should be written in such a way that it can be easily understood by non-professionals (Council Directive 92/27/EEC).

## It's not always easy

Organising the translation of these documents and related texts is a time-consuming exercise. Quality is the major issue. If medical information is translated, it has to be done well. The end user, but also the authorities, need to be certain that the translated version is correct. Quality starts with allocating the right people to the job, which is already a challenge. We are often contracted to validate the work of others. In too many cases we see that translators lack sufficient medical translation expertise. In other cases we see that translators are probably medical professionals, but without the required skills to write. We also see problems concerning consistency. Different terms are used for the same concepts, sometimes even within one document, but more often between different documents.

Problems on a more technical level include font problems (notably Greek, Czech or some Scandinavian fonts): a translation may look OK on the screen of the translator in Greece, but it may be displayed differently on your PC in the UK or on the system the printing company uses.

Checking of the proofs by a native speaker of the language is always important. We were once asked by a customer to polish up a Czech translation which reportedly had over 300 errors. We quickly found out that a few characters with uncommon diacritical marks were just not displayed on the screen and did not print. Installing the right font and loading specific printer drivers solved this problem in our office and this solution could easily be replicated at the customer's site.

## Who should do medical translations?

In a paper published in the American Translators Association Scholarly Monograph Series (Vol. X, 1998), Marla O'Neill, MD, discusses the question 'Who makes a better medical translator: the medically knowledgeable linguist or the linguistically knowledgeable medical professional?' O'Neill argues that, since there will always be more medical translations than can be handled by the relatively few physicians who translate, medical translation

will perform to be done by non-physicians.

'Medical professionals' in this sense comprise more than physicians. The curricula for most medical and paramedical fields include the same core courses: biology, chemistry, biochemistry, organic chemistry, anatomy, physiology, pharmacology, etc. This means that physicians, pharmacists, nurses, dentists, physician's assistants and paramedics have essentially the same basic medical knowledge.

A survey of our team of medical translators shows that around 15% of them have a medical background and work or have worked as a medical professional – some made a childcare-related decision to work at home, some others live in countries with current or previous unemployment among physicians. The rest of our translators have a linguistic (or translation) background, in some cases complemented by a few years of medical training. Remarkably enough, many of them have a partner or relative who is a medical professional and who is available to provide support.

For most medical professionals with a position in the medical sector, a move toward medical translations is hardly considered a career option (often due to income-related reasons). Besides, most medical professionals in the field are far too busy to be involved in translation, even at more favourable conditions. It is safe to state that the great majority of medical translations is done by translators with a linguistic background and not by medical professionals. The best results are achieved by professional medical translators who have a mixed medical and linguistic background or at least extensive experience translating medical texts. Medical translators (but this is also true for any translator) have to be native speakers of the target language.

### The translation sector

The translation industry in Europe is composed of tens of thousands of independent translators, thousands of translation agencies, hundreds of general translation companies and tens of translation companies specialised in a specific field, i.e. in pharmaceutical and/or medical documents. Many of these just provide their own language; a handful of the specialised medical translation firms provide all European languages. Most pharmaceutical companies outsource a large part of the translation work. Basically, they have the choice of a handful of different operating models.

### In-house medical translators

In most companies this model has not survived the outsourcing trend of the 80s. To have access to your 'own' in-house translators may be easy to manage, but this model is found to be too expensive, it has proved to be too hard to find the right people and too difficult to spread the workload evenly over the year. Not many of our 100+ medical customers have in-house translation staff.

### In-house freelance medical translators

This model offers more flexibility and keeps the cost down: no work, no cost. However, with the possible exception of London, it may be hard to find the right people to do the work locally in other UK cities.

### Single-language medical translation vendors

There are few of these, most of which are based abroad and provide just their own language.

### Multi-language medical translation vendors

A very practical way (but I am biased) is to partner a specialised medical translation company. This gives access to the skills of experienced medical translators without having to find, test and recruit them and without having to deal with vendors in a dozen different countries.

### Translation support and reference materials

Thanks to the Internet, translators can access reference materials without leaving their PCs. Many leading medical journals have at least the abstracts of articles on their site. The *British Medical Journal* even gives free public access to the full text of the articles.

There are also many government institutions and international organisations (such as the WHO) that provide reference materials. The European Agency for the Evaluation of Medicinal Products (EMA) provides excellent support for the translation of medicinal product information. From the new and greatly improved EMA website (<http://www.emea.eu.int>) one can view and download a generic SPC and PIL document in 13 languages. The English version of this template provides extensive guidelines concerning the contents. All versions provide the standard headings and the most commonly used standard phrases and terms. The translations have been provided by the EU's Luxembourg Translation Centre and the main purpose is to ensure consistency and accuracy of translations of the medicinal product information. Obviously, the EMA templates do not provide completely translated SPCs, but they certainly are a practical starting point for any SPC translation.

The EC sponsors a multilingual list of medical terms available on the Internet at <http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>. This list is managed by the University of Gent in Belgium and provides common medical terms (both the medical and its layman's version) in nine West-European languages.

The EC also sponsors a more general but very comprehensive multilingual dictionary on the internet. It is called EuroDicAutom and it can be found at <http://eurodic.ip.lu/cgi-bin/edicbin/EuroDicWWW.pl>

High-quality, bilingual medical dictionaries are very hard to find. For some languages they just do not exist at all, for some others the quality is not good enough (many missing terms, errors). Most medical translators solve terminology problems by comparing an English and a target-language medical dictionary or they use the English and the translated version of medical publications such as the Merck Manual. For pharmaceutical translations the support of pharmacists is indispensable. Being able to take advantage of the specific know-how and expertise of the pharmacist is very helpful for medical translators, even for the most experienced among them.

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