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Stories Behind Gene Names

By Dr. Andrey Azov

rare moment of joy reigns in the lab: after what seemed like endless work a new gene is cloned. The gene may not make its discoverers famous; yet, it offers them a unique opportunity to write a piece of history to give the new gene a name and to leave it to posterity. The question is what name to choose.

Whereas in some fields of genetics strict nomenclature guidelines exist, in others researchers enjoy more freedom. Fruit-fly geneticists follow the example set by one of the founders of the science, Thomas Hunt Morgan. It was he who first was confronted with a need to choose an appropriate name for a mutant gene. Observing the normally red-eyed fruit flies, he noticed that some had white eyes (and that most of them were males, too). Apparently, eye color was coded by a certain gene, and he was dealing with its variant. So what should he call the new mutant? Well, the choice was obvious: white, abbreviated as w. The corresponding normal ("wild-type") gene Morgan designated w⁺.



Thus began a long tradition in fly genetics: name the gene as you see the mutant. An objectionable tradition, some would point out, since the normal gene, the form selected by evolution, is defined through a mutation, at a time when the normal function is no longer available to the organism. Such backwards manner of gene naming can get particularly confusing if the mutant develops not as a direct consequence of the mutation, but rather as an outcome of a complex series of events. An analogy from a tale attributed to Benjamin Franklin illustrates why. The story recounts a simple chain of events: for want of a nail, a horseshoe was lost; for want of a horseshoe, a horse was lost; for want of a horse, a rider was lost, for want of a rider, a message was lost; for want of a message, a battle was lost; for want of a victory, a kingdom was lost. The idea that from small events big consequences may follow is absolutely valid. But to conclude from the story that the function of horseshoe nails is to prevent the loss of kingdoms would be a fallacyobserved, however, in gene naming.

Meanwhile, a number of interesting names appeared. Some mutant patterns were too complex to be described with a single adjective, so the discoverers searched for associations that would stick. Ingenious gene names popped up one after another. Let's review them.

Names characterizing the mutants' appearance

Besides the commonplace *white, black*, or *brown*, one can find far more remarkable comparisons:

- *clown* (the eyes of clown flies are a mosaic of red and white)
- *starry night* (hairs on mutant flies' wings are arranged in a swirling pattern, similar to this Van Gogh's painting)
- *dachshund* (mutant flies have crippled legs, thus resembling a dachshund)

- *dreadlocks* (the connections between nerve cells of mutant flies are defective, so that the result resembles this hairstyle)
- *ken and barbie* (both male and female mutants lack external genitalia)
- *swiss cheese* (the brain of mutant flies has holes)
- *hedgehog* (mutant larvae have an excess of denticles along their antero-posterior axis reminiscent of hedgehog spines)
- *sasquatch* (mutant mice have six toes on their paws, as Bigfoot was reported to have)



For a fly biologist, a look in the microscope (hair growth pattern on a fly's wing, above) can bring to mind a picture of Van Gogh's Starry Night (below) (adapted from Vacek M A gene by any other name // American Scientist, vol. 89, 2001).



Names describing the mutants' behavior

- *kinky-waltzer* (mutant mice are hyperactive and "dance" about their cages accompanying this performance with kinks of their tails)
- *ether a go-go* (mutant flies shake their legs under ether anesthesia)
- *lush* (the mutants are strongly attracted to alcohol)
- *cheap date* (these mutants are sensitive to alcohol and get easily intoxicated)
- *icebox* (female mutants do not care about courting males)
- *dunce* (dunce flies are learning-impaired)
- *drop dead* (the brain in these mutants deteriorates rapidly; the flies start walking in uncoordinated manner and soon die)
- *agoraphobic* (mutant larvae look normal, but never crawl out of the eggshell)

Names referring to historical persons

- *tudor* (mutants don't get any progeny, a misfortune they share with the royal Tudor family)
- *cleopatra* (the name alludes to the lethal interaction between the mutant and the *asp* genes: Queen Cleopatra is said to have committed suicide by exposing herself to the bite of a poisonous asp)
- *groucho* (mutants have an excess of facial bristles, reminding of the mustachioed comedian)
- *barentsz* (like Willem Barents, a Dutch navigator whose ship got caught in the ice near the North Pole, key RNA in this mutant also gets stuck in wrong places)
- *yuri* (as the first cosmonaut Yuri Gagarin, who died in an air crash during a test flight, these mutants also have problems with gravity)

Names alluding to mythical and fictional characters

• *ariadne* (without *ariadne* the growing axons of nerve cells don't find their targets)

- *amontillado* (mutant larvae are unable to hatch and are effectively buried alive, as was Fortunato in Poe's *The Cask of Amontillado*)
- *lot* (mutants crave salt more than usual, not unlike biblical Lot, whose wife was turned into a pillar of salt)
- *sarah* (mutant flies are infertile, as was Sarah, Abraham's wife, until at the age of ninety she bore him a son)
- *malvolio* (the gene is needed for normal sense of taste; otherwise the mutants, as Malvolio of Shakespeare's *Twelfth Night*, would "taste with distempered appetite")
- *hamlet* (named for Hamlet's "To be or not to be" soliloquy, because in flies the mutation affects development of IIB cells)
- *tinman* (mutants lack the heart, as did Tin Woodman in *The Wonderful Wizard of Oz*)
- *smaug* (the gene represses activity of the *nanos* gene, "nanos" being Greek for "dwarf", like the legendary dragon Smaug in Tolkien's *Hobbit*, who drove dwarves away from their caves)
- *tigger* (this is a mobile genetic element that jumps around the human genome like bouncy, flouncy, pouncy Tigger of Milne's *Winnie the Pooh*)

Names originating in popular culture and sports

- *I'm not dead yet* (protested to the dead collector, an old man in *Monty Python and the Holy Grail;* these mutants live about twice as long as normal flies)
- *sonic hedgehog* (the name of a human gene analogous to *hedgehog* in fruit flies was inspired by this Sega videogame character)
- *maggie* (development is arrested in mutants as seems to have happened to Maggie in *The Simpsons*)
- *technical knockout* (mutant flies are very sensitive to mechanical shock—they fall over and are temporarily paralyzed)

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• *stranded at second* (the name comes from baseball and describes mutants whose development is arrested at the second larval stage)

Names from researchers' notes

- *yippee* (the graduate student who cloned the gene used to write "yippee" in the margin of her notebook when she had a good result)
- *pray for elves* (an outcry of a frustrated researcher, "It is the middle of the night... I am away from my friends and family, it has been this way for over 2 years, I can't sleep because of all the work there is yet to do, and there is no end in sight. So when do the magic little elves appear out of nowhere and get everything done?")

Names that go together

- *grim and reaper* (these two genes mediate programmed cell death in the fruit fly)
- mad and max (proteins coded by human genes mad and max bind to each other forming the name of Mad Max played by Mel Gibson)

Names better known for their abbreviations

- *clock* (or circadian locomotor output cycles kaput—mouse gene which, when mutated, disrupts sleeping and waking cycle)
- *ring* (acronym for "really interesting new gene", so named because its function was unknown)
- *JAK* (coding for one of the numerous enzymes called kinases, it originally stood for "just another kinase"; only later, when the gene was shown to play a key role in intracellular messaging, it was renamed "Janus kinase", as a reference to the Greek god of gates and doorways)

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Miscellaneous names

- *rosa parks* (RNA of the mutant gene would not move to the back of the cell, as if following an example of this Civil Rights heroine, who refused to move to the back of the bus in the then-segregated South; the name, however, was found too politically incorrect to be actually registered)
- *redtape* (mutation in this gene blocks transport along axons; genes that produce similar effect when mutated include *roadblock*, *gridlock*, and *Sunday driver*)
- *daeh* (wordplay on the mutation effect: head involution is disturbed in mutants).
 There is a lesson to be learnt from these extravagant names. Their coinage and use shows that—unbelievably!—deep inside, scientists are also human.

References:

- 1. Smaglik, P. Creativity, confusion for genes // The Scientist 12:1.
- Cohen, H. Light moments in the lab: Gene names provide comic relief to the pensive postdoc // The Scientist 16:48.
- Vacek, M. A gene by any other name // American Scientist, vol. 89, 2001.
- Wilkins, A.S. Gene names: the approaching end of a century-long dilemma // Bioassays 2001, 23:377-8
- 5. Clever gene names: FlyBase (a database of the Drosophila genome)





Clinical Round

One of the venerable educational tools in medicine is Grand Rounds (less often called Grand Grounds) where a hospital or medical school department, unit, or individual hosts an educational meeting to review and discuss a clinical case. It is an event where medical theory meets practice, confronting all aspects of a patient's disease or condition, including peculiar manifestations, management, complications, outcome. A patient case, or even a topic of current medical interest can be a presentation subject. These rounds are intended to reflect clinical medicine's search for immediate practical knowledge and its dissemination.

Several medical journals also include sections that replicate the idea of clinical rounds for the readers. Caduceus would like to do this also as an educational experiment for translators. After all, you the translator do have a 'patient' - the text or document. You face a new text (the clinical situation), analyze it for context and terminology (signs and symptoms), and come up with your translation (management response). As in hospital service or office practice, you are under pressure to analyze and manage your case quickly and efficiently, while still meeting the standards of the profession. Sooner or later, it is inevitable that you will face "cases" that are unusual, troublesome, sometimes bitterly challenging, and sometimes gloriously successful (as when you find the desired term on Google or ProZ.com). These experiences of doubt, success, competence or incompetence are common to us all - and are worth sharing when presented and published in the form of "clinical notes."

Clinical Notes

What translation does not have a due date? Every commercial translation has one. Just as with patients who leave the waiting room and may not return, perfection has to be balanced against reality. We usually do not have time to search extensively for improvements or to savor moments of success. That is why it is worthwhile, even in the heat of battle, to create or maintain a file or log and briefly enter one's experiences as they occur – a possible term, a good Website, an unusual meaning to be highlighted in a

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By Leon McMorrow, M.D.

dictionary (a mere reference is sufficient to jog one's memory). At the end of the day or during a break you can go back and do some real discovery work, thereby enhancing your own knowledge. There is a reward: you will not have to face that same problem or question again when business is brisk. Your "clinical notes" can be a lifeline. They can also be educational tools for the medical translation profession.

Here are two examples of Clinical Notes generated from my own annotations in dictionaries and archived files. You might call them "glossaries" but that is giving them more standing than they deserve – they are collections of comments and notes, mere precursors or adjuncts to glossaries.

Example of Clinical Notes

1. Medical Titles

Who has not at some time bumped into a medical title that is unfamiliar? When this happens, a Clinical Note is needed.

The problem with medical titles, as with *all* titles and designations, is that they are culture- and systemspecific. Look at the challenge a European or Asian translator would currently have if asked to translate a U.S. report of the firing of Carly Fiorina, the head or boss of HP (Hewlett Packard, the world-famous technology company) in early February, 2005. What was her title? In fact, like the medieval kings in Europe, she had several. She was CEO, President, and Board Chairman. She needed all of these to be the full boss. There is no single title for "boss" of a U.S. public company because power can be shared. But in the rest of the world there is usually only one boss and one title, generally the "president" of the company.

Organized medicine has developed into 50+ specialties; it also has acquired numerous titles, to separate positions and duties of individuals within a specific system. Here is a list of Italian medical titles for hospital-based doctors that I am familiar with; there may be others. English equivalents are suggested for the U.S. but not for the U.K. since medical titles are different in British hospitals. The equivalence of course is only partial if there is such, since the systems are different.



Medical Titles from italian

Direttore	Director (for want of a better equivalent). Generally, the <i>direttore</i> is the head of a
	laboratory, a specialized service, or even a department (your Clinical Note is more
	effective if you keep a record of the kind of service the person directs)
Primario	Department Head. The context is hospital medicine, and the <i>primario</i> holds primary
	responsibility for running a particular service, department, division, or section (all four
	words are in use in hospitals to designate the medical units of the system). It may be
	possible also to use the title Chief of Staff, but this too varies in meaning from one
Aiuto	Deputy Chief of Service
- Huro	Deputy Chief of Bervice
Medico Assistente	The closest title may be Resident (in both hospital and university settings), although
	it may have wider connotations in the Italian system. There are several subspecies of
	this title:
	A. Ordinario Ordinary Resident
	A. Speciale Special Resident / Fellow (?)
	A. Supplente Substitute Resident
	Such a resident may be paid (<i>"incaricato"</i>), unpaid (<i>"voluntario"</i>), or a fellowship
	Nolder ("borsista").
	Professore Associato, Professore a contratto, Docente.

2. Patient's Medical History – One or Many

The three German-speaking countries (Germany, Austria, Switzerland) have their own linguistic and cultural peculiarities. These peculiarities are also present in medical writing, particularly in the areas of titles, medical delivery systems, and occasionally with the nomenclature of diseases.

In all German-speaking countries, the medical history is called an *Anamnese* (in popular language Krankengeschichte)– a word that has maintained its Greek roots (Gk. $a_a\mu__is$). Not very long ago I ran into the term *Eigenanamnese* and without a second thought translated it as "personal medical history." When proofing the job, a doubt arose in my mind: are

these exact equivalents? Am I certain of the meaning of each of these independently? I checked Pschyrembel (Medizinisches Wörterbuch, ed. 258) and found that *Eigenanamnese* means a history given by the patient himself or herself; it is contrasted with *Frem*danamnese, which is a history given by someone else. On the English side, in several preprinted commercially available Personal Medical History forms I found that a personal medical history means a history about the patient, regardless of who gives it; a sample Personal Medical History form on the website of the ACEP (American College of Emergency Physicians) confirms this: "Please complete a form for each member of your family." The German equivalent of 'personal medical history' is *biographische Anamnese*. So how do we translate *Eigenanamnese* and *Fremdanamnese*? I suggest "personal medical history (self-given)" and "personal medical history (given by); or "personal medical history (given by others)" if we do not know who provided the information.

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Other types of medical history listed by Pschyrembel are: aktuelle, frühere, allgemeine, soziale, familiäre, kurze. These correspond fairly closely to the abundance of designations in the English medical literature: current, recent, previous, past, social, family, complete, brief. What English calls a "limited" medical history is a "gezielte" Anamnese in German.

It is amazing how much knowledge can be generated simply by following up a stray doubt. The "good doctor" has often been described as a "doctor with a high degree of suspicion" – one who does not accept a situation immediately at face value. Translators benefit from this approach also, especially with the classical *faux amis* (false cognates). These are a source for endless Clinical Notes. One cognate (?) that comes to mind because of our topic of medical histories is the Italian "*anamnesi remota*". As far as I know, "remote history" is not used in current English medical language; either "previous" or "past" medical history is used.

These two topics of medical titles and medical histories are examples of time-saving, educational notes for busy translators.

You probably have your own stories from the translator wars that could be enlightening to most *Caduceus* readers. There is no minimum word count. Talk to the editor about format and length. Your contributions will receive a warm and sympathetic welcome. Based on your experiences, here are some questions you might like to answer for us:

1. What is your favorite medical website? (Medscape? others?). Why do you like it?

2. Have you translated a difficult CT/MRI/US report? Would you like to submit to us parts of it, and your suggested translation? (patient confidentiality required)

3. What kind of medical document would you absolutely refuse to tackle? What do you see there as the main impediment?

4. Have you ever been "conned" by a persistent persuasive Project Manager into accepting a medical document for translation that you found out too late was not really medical? Tell us the story of how you handled it.

5. If you have been given a patient questionnaire to translate that has very localized questions (e.g. "How often do you eat kimshi?"), how do you handle this? Can you suggest a good guideline?

We know the difficulty of unguided writing for translators because there is no "source" to adhere to, and creativity is discouraged. This is why it is important to record your own experiences -and share them. Write to us.



By Rafael A. Rivera, M.D., FACP

St. Vitus dance:	Dr. Hanna Nosova, a Russian trained physician and Ph.D in Infectious Diseases reminds us that St. Vitus dance is also known as rheumatic chorea - besides the eponym Sydenham's chorea which we used in the Match of our last issue. Indeed, the spectrum of the disease known as rheumatic fever – a complication of group A, B-hemolytic streptococcal infection – covers a variety of clinical manifestations known as the Jones Major Diagnostic Criteria: migratory polyarthritis, carditis, chorea, subcutaneous nodules and erythema marginatum. This type of chorea, that carries the name of Dr. Thomas Sydenham, occurs in children and is characterized by involuntary jerking movements of the face and extremities all of which eventually disappear. The name chorea St. Viti or St. Vitus dance was originally used for "dancing mania", a form of hysteria common in Europe in the 15 th -16 th centuries. In time the dancing mania became known as chorea magna and Sydenham's disease as chorea minor. Synonyms for rheumatic chorea are many: chorea St. Viti, St. Vitus' dance, Sydenham's disease, chorea minor, chorea rheumatica. The disease was, in fact, described first by the German physician Gregor Horst in 1625. Sydenham's chorea should not be confused with the hereditary Huntington's chorea – an
	autosomal dominant disease which is invariably fatal.
"Broken Heart Syndrome":	a recent article published in the leading US peer-reviewed medical publication, The New England Journal of Medicine, described the work of doctors at Johns Hopkins University who have demonstrated what doctors and the public have always known or suspected – strong emotional experiences can induce heart failure. The condition is technically known as Stress Cardiomyopathy. In 19 carefully studied cases a heart attack was ruled out and heart function returned to normal. The striking finding was levels of serum catecholamine 30 times higher than normal, a hormonal surge that prevents the heart from pumping effectively.
dose vs dosage:	a recent query on our listserv. In pharmacology dose refers to the quantity of medication to be administered at any one time, also known as a single dose , whereas dosage , also known as posology , refers to the total number of doses to be taken during a given period.

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- known as **posology**, refers to the total number of doses to be taken during a given period of time. In the example: Thorazine 50 mg four times a day, 50 mg is the dose, and 50 mg four times a day is the dosage. Unfortunately, in daily parlance dose and dosage are often used interchangeably.
- **low back:** the term "low back pain" seems confusing because in common parlance the back is thought to correspond to the back of the thorax which is not correct. Anatomically part of the back lies low in the lumbar area, corresponding to the lumbar spine. Lumbar comes from the Latin *lumbus* meaning between the loins, the part of the back between the thorax and the pelvis.
 - **crud:** a slang expression occasionally heard in medical circles to refer to illnesses that are annoying but trivial and which defy accurate diagnosis. In another sense, "crud" is an incrustation, a sticky crust. The origin of the word is unknown but it may be a transliteration of "curd," the coagulum of soured milk.



By Elena Sgarbosa, M.D.

FB

• foreing body: any material that has accidentally entered the body or that after being administered/placed with medical purposes remains inside the body.

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• flexible bronchoscopy: instrumentation of the bronchi, not uncommon in the attempted extraction of foreign bodies (also abbreviated "FB").

• fluid balance: for certain hospitalized patients, it is a written record of fluid intake and output charted by nursing personnel

• family burden: usually refers to family illness burden (i.e., genetic/hereditary trends), but it can refer to external stressors (e.g., imposed either by sustained caregiving, by children with special needs, by single parenthood, or by other stressing situations).

FBD

• functional bowel disorder/distress

• fibrin binding domain: a peptide that acts as a fibrin binding site for fibronectin (which is a large dimeric glycoprotein in human plasma). Genetically engineered FBD is used in diagnostics as a radiopharmaceutical target for the imaging of active thrombus in deep vein thrombosis (DVT).

• familial British dementia: hereditary condition similar to "familial Danish dementia (FDD)" associated with amyloid deposition in the central nervous system and neurodegeneration.

• **fibrocystic breast disease**: may be mentioned in imaging studies as "FBD"–as can *fibrin binding domain*.

GALOP: a syndrome, stands for "Gait disorder, Autoantibody, Late-age, Onset, Polyneuropathy".

Gallop at auscultation refers to an abnormal heart cadence given by a third cardiac sound (normally not audible).

GED

- gastric emptying duration
- gastric epithelial dysplasia

GMP

- glucose monophosphate
- guanosine 5'-monophosphate (cGMP: cyclic guanosine monophosphate)

• **good manufacturing practice:** a set of principles and procedures to ensure that all therapeutic products manufactured have the required quality.

GHT

• **geniculo-hypothalamic tract:** an anatomical nervous tract that indirectly connects the retina to a brain area involved in circadian activity (the suprahiasmatic nucleus)

• growth hormone therapy: growth hormone (GH) or somatotropin is a hormone normally secreted by the pituitary in the brain during childhood and youth. Growth hormone therapy is the use of recombinant human GH to treat growth deficiencies. GHT is a form of hormone-replacement therapy (HRT).

GNB

• **ganglioneuroblastoma:** a tumor of the nerve tissue (sympathetic trunk, adrenal medulla, cerebral cortex, and other locations) that affects mainly children.

• gram-negative bacteria: bacteria (bacilli or rods) that when stained with the Gram stain appear pink (while grampositive bacteria appear purple). Gram-negative bacteria often cause severe infections.

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By Gilberto Lacchia, M.D.

Bilingual and multilingual medical sites

MERCK MANUAL

The Merck Sharp & Dome website

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(http://www.mercksharpdohme.com) with its celebrated Merck Manual is available online in many languages (Table 1). The presently online edition is the 17th English edition with its translations.

Some national editions (e.g. the Italian one) does not require any prior registration, whereas others (e.g. the French and the German) do.

From within the Merck Manual site the user can search the text with the built-in search engine or browse the book by the index.

For the translator needs, however, a quick and accurate search is very important to locate terms or expressions: some search engines (the French and the German one) are excellent tools to quickly find words or phrases within the text. On the contrary, some other national sites (the Argentinian and the Italian) have search engines with a poor performance.

Since all the online translations of the Merck Manual are from the 17th edition, they can be compared with the original English edition or with that in another language (Table 2). Although they are reviewed and highly reliable translations, they are not always flawless and should be verified with another source. Example: the English medical term "pulse pressure", "pressione differenziale" in Italian, has been translated unevenly in different chapters:

ENGLISH: Initial upstroke, maximum systolic pressure, and *pulse pressure* increase http://www.merck.com/mrkshared/mmanual/section16/chapter198/198c.jsp.

ITALIAN: La velocità della fase ascendente dell'onda sfigmica, la pressione sistolica e la *pressione differenziale* aumentano http://www.msd-italia.com/altre/manuale/sez16/1981741.html

Or:

ENGLISH: Before heart failure occurs, tachycardia, a wide *pulse pressure*, sweating, [...] develop. http://www.merck.com/mrkshared/mmanual/section1/chapter3/3j.jsp

ITALIAN: Prima che compaia l'insufficienza cardiaca si osserva tachicardia, *polso ampio*, sudorazione. http://www.msd-italia.com/altre/manuale/sez01/0030047b.html

Table 1 | Merck Manual National Websites

Merck Manual

http://www.merck.com/mrkshared/mmanual/home.jsp Merck Manual of Geriatrics http://www.merck.com/mrkshared/mm_geriatrics/home.jsp

Manuale Merck – Italian http://www.msd-italia.com/altre/manuale/ricerca.html Manuale Merck di Geriatria – Italian http://www.msd-italia.com/altre/geriatria/home.html

Das MSD Manual - German

http://www.msd.de/msdmanual/secure/home.html (registration needed)

Manuale Merck – Spanish (Argentine, registration needed) http://www.msd.com.ar/msdar/jsp/hcp/library/manualmerck.jsp

Manuel Merck - French (registration needed)

http://univadis.fr/ (This portal allows to access the Merck Manual and many other medical resources)



Table 2 | Chapter 202 of the Merck Manual and its translations

(some links may not work if you are not registered on the site).

Chapter 202. Coronary Artery Disease

http://www.merck.com/mrkshared/mmanual/section16/chapter202/202a.jsp

202. CORONAROPATIA

http://www.msd-italia.it/altre/manuale/sez16/2021779.html

202 / Koronare Herzkrankheit http://www.msd.de/htbin/msd_parser.pl?chpt=hkr&id=91

202 / ARTERIOPATÍA CORONARIA

http://www.msd.com.mx/content/biblioteca/manual_merck/content_mmerck/MM_16_202.htm

202 / CORONAROPATHIE

http://pro.msd-france.com/secure/html/manuel_merck/16cvsa39.html

English-Spanish medical sites

MedlinePlus (http://medlineplus.gov/) is a service of the National Institutes of Health. Presently it contains authoritative information on over 650 diseases and conditions, a medical encyclopedia and a medical dictionary, information on drugs and thousands of external links. Most, although not all, of the English pages have a Spanish translation (the user can switch between English and Spanish by clicking on the yellow tab on the right). The Adam Health Illustrated Encyclopedia includes over 4,000 articles about diseases, tests, symptoms, injuries, and surgeries. It also contains an extensive library of medical photographs and illustrations.

The search can be run on the whole site, by inserting the keywords in the general query box (top, left) or by browsing the single sections (Health topics, Drug information, Encyclopedia, Dictionary,...).

Another useful English-Spanish resource is the Medical **Encyclopedia on the University of Maryland website** (http://www.umm.edu/ency/index.html): it contains information about diseases, injuries, nutrition, toxicology, surgery, laboratory tests and more. On each page an English and a Spanish version is available by clicking the language link on the top. The site is fully searchable with its built-in search engine (it also finds pages beyond the Medical Encyclopedia without a Spanish translation).

Journal of the American Academy of Orthopaedic Surgeons

On the JAAOS website

(http://www5.aaos.org/jaaos/index.cfm) the article abstracts are freely available: moreover, they have been translated in 8 foreign languages (French, German, Greek, Italian, Japanese, Portuguese, Spanish, Turkish). The translations start from the 1999, but unfortunately not all the issue abstracts have been translated in all these languages (in Turkish only a 2002 issue and the 2003 volume have been translated). The most complete translation is the Spanish one. I evaluated the Italian translations: they are not free summaries, but quite literal translations and it was possible to align the source and target abstract to create a very useful translation memory.

Journal of the American College of Cardiology

In the archive of the Italian site of the JACC (http://www.accitalia.it/jacconline/bulletin.asp) it is possible to find the Italian abstracts of the articles published on the English edition (from 2000 to date). The "translations" are not so literal as the JAAOS ones and it is not possible to compare them word by word with the original English text. However, they can be very useful to find the translation of a specific or very technical term. The original English text can be found on PubMed (Table 3)



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Table 3 | Search of an English abstract on PubMed

Predittori di mortalità in pazienti con scompenso cardiaco e funzione sistolica preservata nel trial Digitalis Investigation Group

http://www.accitalia.it/jacconline/article.asp?2046

The original English abstract of this Italian translation can be found on PubMed. The journal abbreviation is "J Am Coll Cardiol": the variables may be entered in the Single Citation Matcher (http://www.ncbi.nlm.nih.gov/entrez/query/static/citmatch.html) or in a PubMed query:

"J Am Coll Cardiol"[jour] AND 44[volume] AND 5[issue] AND 2004[pdat] AND Jones[auth]

Bilingual mesh sites

The mesh (Medical Subject Headings) is a thesaurus produced by the National Library of Medicine (NLM). The terms (more than 22,000 in the 2004 edition) are arranged by subject categories with more specific terms arranged beneath broader terms (see also M. Rosdolsky, Medical Nomenclatures and Classification Systems, Caduceus, Summer 2004).

The English vocabulary thesaurus can be searched online through the NLM website: http://www.nlm.nih.gov/mesh/mbrowser.html. Some scientific institutions responsible for the mesh translations offer an online consultation of the national edition.

The **French edition** can be searched or browsed through the INSERM (Institut National de la Santé et de la Recherche Médicale) website (http://disc.vjf.inserm.fr:2010/basismesh/mesh.html). The user may search by single word (in French) or through the indexes (French or English descriptors or synonyms). The mesh term record contains the information of the English edition plus links to searches with the mesh Browser, pubmed, the bibliographic INSERM database (password needed) and the bibliographic database of the cismef (Catalogue et Index des Sites Médicaux Francophones).

This links can be useful to locate specific information. For example, from the "Complexe Eisenmenger" record (http://tinyurl.com/59w2s) the cismef link allows the access to a full-text article in French about congenital heart defects (the page contains also multimedia documentation in French, such as pictures or echocardiographic images of heart defect-related conditions).

The "**Biblioteca virtual em salude**" (BVS, Sistema Latinoamericano y del Caribe de Información en Ciencias de la Salud) allows the search of the trilingual decs (Descriptores en Ciencias de la Salud) in English, Spanish and Portuguese (http://decs.bvs.br/).

In each of the three languages, the terms may be searched by simple word/term or exact descriptor; the index search allows to browse the index with alphabetic or tree-like criteria or a "Keyword in Context" search useful to locate the descriptors with only a broad knowledge of the context. For example, searching the Spanish word "cabeza" we find a list of medical terms containing this word ("cabeza del femur", "trauma de la cabeza", "gusanos de cabeza espinosa", etc.).

Is the face of medical care changing? Take a look.

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Cruise ship medicine – Dr. Lee Lindquist and his colleague Dr. Robert Golub authored an article in the November 2004 issue of the Journal of the American Geriatric Society entitled: Cruise Ship Care: A Proposed alternative to Assisted Living Facilities. The article examines the needs of seniors in Assisted Living Facilities (ALF) and then explores the feasibility of cruise ship care in answering those needs. Similarities between both options as well as the monetary costs are defined. A cost effectiveness analysis showed that cruises were priced similarly to ALFs approximately \$3000 a month - and were more efficacious. Here's a breakdown that appeared in the most recent issue of the AARP (American Association of Retired Persons) Bulletin. The American College of Emergency Physicians has issued a Policy Statement titled Health Care Guidelines for Cruise Ship Medical Facilities. ACEP.org - Health Care Guidelines for Cruise ...

Services Provided	Assisted Living	Cruise SHips
 Meals provided 	optional	yes
 Housekeeping 	optional	yes
• 24/7 medical care	no	yes
• Escorts to meals	optional	yes
• Staff-to-client ratio	1 to 10-40	1 to 2-3
• Average cost/month	\$3,000	\$3,000
 Housekeeping 24/7 medical care Escorts to meals Staff-to-client ratio Average cost/month 	optional no optional 1 to 10-40 \$3,000	yes yes yes 1 to 2-3 \$3,000

Concierge medicine: physicians in the USA find their incomes threatened in many ways: lower reimbursements from payers, higher overheads – particularly the extraordinary rise in malpractice premiums – greater administrative burdens, delayed payments, claims processing hassles and the like. To offset the financial burden, physicians often see even more patients in an attempt to maintain their practices. A very small percentage, however, have responded in a drastic and risky manner. They remove themselves from participation in all third party payer programs (Medicare and private insurers) and, instead, offer a limited number of patients the opportunity to pay a fixed annual fee in exchange for "premium services and amenities." This is known as Retainer Medicine. The latter would include • Nicer, less crowded reception areas • Priority/same day/guaranteed next day/ extended Saturday appointments • 24-hr pager, cell phone, home access to the physician • House calls and out of office care, possibly including accompanying patients to appointments with specialists • Preventive care /weight loss/ nutrition/ wellness advice. • Telephone and email consultations • Spa-like amenities and décor • Free check ups • Physicals and other normally uncovered services.

The cost for such memberships could run as low as \$1000 per year on up to \$20,000 or more per year – it all depends on what services are actually provided, the age and health of the patient, and the like. There are unresolved issues in these types of arrangements. However the American Medical Association in a June 2002 statement indicated the concept was consistent with AMA's policies on pluralism in the delivery and financing of health care.

Reference: Report of the Council on Medical Service / Special Physician – Patient Contracts



Requesting Clarification in the Triadic Encounter

By Zarita Araujo-Lane, LICSW and Vonessa Phillips

In a perfect world, interpreters, patients and providers would have pre- and post- sessions together where expectations, questions and concerns would be discussed and resolved. Each would understand and respect the others' expertise. Medical content would belong to the provider, language and technique to the interpreter, and authority on symptoms and personal beliefs to the patient.

But we are not living in a perfect world, and there has never been a perfect triadic encounter. Time is limited, providers and interpreters are not getting trained on how to work well with each other, and each interpreter has developed an individual understanding of what it means to "clarify". Our work environments are full of double messages and double standards.

For the past several months, one double message has stood out to me: providers' conflicting opinions on the interpreter's role as a **clarifier**. On one hand, many providers want interpreters to stick to the conduit role, interpreting only what was said by each speaker. On the other hand, a sizable number of providers prefer interpreters to intervene when there is a linguistic misunderstanding, to take care of the situation and speed up the session. In cases of potential linguistic misunderstanding, medical interpreters often work too hard in their attempts to "explain" or "simplify" information for the provider and the patient. In this process, they will invariably leave out one of the members of the triadic encounter.

Let's imagine a session in which the provider uses the word *anus*. The word exists in the patient's target language, but the patient is from a rural area in which the popular expression is one that when translated, would equate to the term "*behind*" or "*eye of your behind*". The interpreter-conduit first uses the word *anus*. The patient seems puzzled but does not say anything. The interpreter identifies a linguistic **red flag**, or warning sign, sensing that the patient likely does not comprehend the term *anus*. The interpreter is now left with no fewer than five options:

- 1- Stick to the role of conduit and repeat the word anus.
- 2- Ask the patient if he understands what was said.
- 3- Explain the meaning of anus.
- 4- Explain the meaning of anus and relay the explanation back to the provider.
- 5- Ask the provider to "break down" the term anus with a concrete explanation.

All of the potential interventions listed above are based on the assumption that the patient does not understand the word *anus*. Two of the options are clearly wrong. The others each carry a unique power and **may or may not** promote better understanding between patient and provider. When faced with a linguistic red flag, the interpreter should take a deep breath before acting on the impulse to "explain" or "simplify" and ask, "If this patient spoke English, what would be my role in this situation?"

Clarification yes, but from whom?

It is best if the interpreter resolves to act as a **coach**, and not as a **band-aid**. As a coach, the interpreter can assist the provider with tools to encourage a stronger therapeutic alliance. Clarification is essential in cases of linguistic misunderstanding, and it is the interpreter's duty to identify potential red flags. But once identified, what should the interpreter do about a possible problem in communication? Let's take a look at each of the above-mentioned options and their potential ramifications:

- Stick to the role of conduit and repeat the word anus. While conduit is the primary role of the interpreter, it is not the interpreter's only role. In fact, the interpreter carries a certain responsibility for a patient's understanding. This principle of professionalization is supported by the MMIA *Standards of Practice*, Section A-8, which states that the interpreter must "ensure that the listener understands the message". According to the *Standards*, an indicator of the interpreter's mastery is the ability to "pick up on verbal and nonverbal cues that may indicate the listener is confused or does not understand". So clearly, in this case, the interpreter must step outside the role of conduit.
- 2. Ask the patient if he understood what was said. While this course of action is not wrong, its efficacy is doubtful. I have noticed that most of the patients I have interpreted for are not comfortable taking the initiative to request clarification. Due to a respect for providers, a perceived power differential between themselves and the interpreter and provider, and

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frequently some embarrassment about lack of education, patients will likely answer "yes" when asked if they understand the message transmitted, and this "yes" is often meaningless.

3. Explain the meaning of *anus*.

Interpreters and providers who also work as social activists often feel that the interpreter should take the liberty to simplify or expound upon the provider's remarks to the patient because the interpreter carries the best understanding of the patient's culture, educational level and cognitive abilities. Some providers would go as far as suggesting, "you explain this information to the patient, and I'll be back to resume the interview." This, however, confuses the patient about who does what in the medical session. It may cause the patient to quietly doubt the provider's competence (for allowing the interpreter to explain so much), or may cause the patient to look to the interpreter for medical advice.

Other providers may want to have complete control of the session. But if they are working with interpreters who feel empowered to delve into lengthy commentary on their remarks, they may begin to wonder what exactly the interpreters are saying to patients. The provider can be made to feel left out and robbed out of the patient-provider alliance and the trust that is built direct dialogue, mutual understanding and rapport.

Not only is it beyond the scope of the interpreter's profession to practice medicine, who's to say that the interpreter's explanations of medical terms are just what the doctor ordered? What if the interpreter explained *gall bladder* as "the organ that helps your body fight infection" (spleen) or *angina* as "the pain when you're having a heart attack". Interpreters often refer to *strep throat* as a mere "infection", when in fact strep, if not treated with antibiotics, may cause health problems such as rheumatic fever, which are far more serious than those generally caused by an average throat infection. See the danger of providing your own "explanations"?

4. Explain the meaning of anus and relay the explanation back to the provider.

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Like Option 2, this course of action is not wrong per se. However, providers and interpreters are under real time constraints. Imagine how long a session could drag on if the interpreter provided an explanation of every difficult term, and in turn relayed the explanation back to the provider? And what if the interpreter's explanation was not exactly the meaning the provider hoped to convey? The provider would then reexplain, and for each difficult term, you have lost about five minutes of a 15-minute session. There must be a better way...

5. Ask the provider to "break down" the term anus with a concrete explanation.

Now there's a thought! In the case of the word *anus*, the interpreter could deal with the red flag by simply asking the provider to "break down" the meaning of the term. There is no need to explain why the clarification is needed. And of course, the request would be interpreted back to the patient, so that everyone understands what is happening in the session.

With this suggested course of action, the interpreter is still working with the assumption that the patient does not understand the term used by the provider. But the interpreter is not injuring the patient's self- esteem or damaging the therapeutic alliance, because the interpreter does not attribute the request for clarification to the patient's supposed lack of understanding. And if at some point during the session the provider begins to sound too "simple" or "concrete", the patient will likely cue the provider and interpreter by himself using the word "*anus*", rather than "*eye of the behind*".

The interpreter must pay careful attention to the patient's register as an indicator of his level of understanding, especially after the first request to the provider for clarification. If the patient begins to comfortably use the word "anus", that should be the register at which the interpreter resumes interpretation. There would be no further need for the provider to break that term down.

"Checking In"

However, it does not hurt to encourage the provider at the end of each interpreting session to ask the patient if there are any concerns or questions, which is a good medical practice anyway. In addition, during pre-session activities, the interpreter can make a habit of reminding all patients that they can feel free to ask the provider for clarification whenever they are unsure of the provider's full meaning.

"...we are not living in a perfect world and there has never been a perfect triadic encounter."

Clarifications by the provider should happen at the moment they are perceived as necessary. This can usually be done quickly and efficiently. But what if the provider is not familiar with lay expressions like "eye of the behind" or if he or she uses such expressions in an inappropriate manner or with patients who themselves speak at a higher register? The interpreter may opt to wait until the end of the session and meet with the provider regarding the cultural-linguistic appropriateness of certain terms, and may, if necessary, warn the provider of the potential pitfalls of using certain expressions with certain groups. The point is that we want to encourage progressive learning and integration of new information, so that the provider can implement this information as a tool during future triadic encounters. This frees the interpreter from the heavy burden of repeated culture brokering in similar situations with the same providers.

Stepping Out

In the event where an interpreter asks for a clarification or "break down" of information and the results of this intervention are largely unsuccessful, the interpreter may then request an immediate consult with the provider outside the room. This can be done as simply as saying, "Doctor, could we please step outside"? The patient should be informed that both the provider and the interpreter will briefly step out of the room.

Naturally, this may leave the patient worried. So, after a short consultation regarding the interpreter's perception of the situation and an exchange of tools for clarification, the provider and the interpreter need to agree on a strategy for reentering the triadic encounter. There should be no secrets in the session. Thus, the provider, the one carrying the most power in the patient's eyes, should explain the interruption of the session by introducing the concept of "interpreter as consultant". So the session resumes with the provider stating, "Marina (name of interpreter) was concerned that I may not be aware of a possible linguistic issue that might have arisen in this session. She was so kind as to coach me on this. Let's see if this works for you..."

The idea of a provider calling in a consultant is not new. Recently, I brought my daughter to an endocrinologist, and during the session the doctor decided to seek a consult. She stepped out of the room, met briefly with a colleague, and upon reentering the room, explained that she had needed some clarification and that her colleague had recommended a course of action. So, in the triadic encounter, why not use a model already in place in health care institutions worldwide? Surely, the interpreterconsultant can do much as a coach and clarifier without venturing outside professional boundaries.

Recommended Reading:

Carrillo, J. Emilio, Green, Alexander R. and Betancourt, Joseph R. Cross- Cultural Primary Care: A Patient-Based Approach. May 1999. Annals of Internal Medicine, Volume 130, Issue 10. American College of Physicians.

Kleinman AK, Eisenberg L, Good B. Culture, Illness and Care. Clinical Lessons from Anthropologic and Cross-Cultural Research. Annals of Internal Medicine. 1978; 88:251-258. American College of Physicians.

Roter, Debra and Hall, Judith, A. Doctors Talking with Patients. Improving Communication In Medical Visits. Patients Talking With Doctors. 1992. Auburn House, Westport, Connecticut.

Stoeckle, John D., M.D, Editor. Encounters between Patients and Providers. An Anthology. 1987. MIT Press. Cambridge, Massachusetts.

MATCH

(answers on page 32)

- 1. "white coat effect"
- 2. laberynthitis
- 3. gout
- 4. fruity odor
- 5. menopause
- 6. free radicals
- 7. anthrax
- 8. pelvic floor
- 9. statins
- 10. tinnitus

- a. cholesterol
- b. diabetes
- c. sofocones
- d. hypertension
- e. terrorism
- f. urinary incontinence
- g. metabolic products
- h. zumbido
- i. uric acid
- j. vertigo

Newborn screening availability

CAH -Congenital Adrenal Hyperplasia PKU -Phenylketonuria CH -Congenital Hypothyroidism GAL -Galactosemia HCY -Homocystinuria BIO -Biotinidase SCD -Sickle Cell Disease Cystic Fibrosis CF -Human Inmunodeficiency Virus HIV -Glucose 6 Phosphate Dehydrogenase Deficiency G6PD -TOXO -Toxoplasmosis MSUD -Maple Syrup Urine Disease TYR -Tyrosinemia

Source: National Screening and Genetics Resource Center. Austin, Texas

Glossary of Terms used in Clinical Research

Caduceus

A PUBLICATION OF THE MEDICAL DIVISION OF ATA

German Translation

By Dr. Maria Rosdolsky

English	German	Definition
ADME	ADME (absorption, distribution, metabolism, elimination)	Absorption, Verteilung, Metabolismus und Elimination eines Arzneimittels
ADMISSION CRITERIA	AUFNAHMEKRITERIEN	Kriterien für die Auswahl der Zielpopulation einer bestimmten Studie. Für alle Studien muss eine Liste der Einschluss- und Ausschlusskriterien vorliegen. Patienten müssen diese Kriterien erfüllen, um für die Studie in Frage zu kommen.
ADVERSE DRUG REACTION (ADR)	UNERWÜNSCHTE ARZNEIMITTELWIRKUNG (UAW)	Ein unerwünschtes Ereignis (siehe unten), das im Verlauf einer Studie auftritt und dessen Beurteilung einen kausalen Zusammenhang mit dem/den Prüfpräparat(en) ergibt.
ADVERSE DRUG EVENT (AE)	UNERWÜNSCHTES EREIGNIS (UE)	Ein unerwünschtes Ereignis, das im Verlauf einer Studie auftritt unabhängig davon, ob ein kausaler Zusammenhang mit dem Prüfpräparat besteht. Alle unerwünschten Ereignisse müssen der/den zuständigen Regulierungsehörde(n) berichtet werden
AMENDMENT	(das) AMENDMENT	Ein Dokument, in dem Änderungen und Zusätze zu einem bestehenden Studienprotokoll beschrieben werden

English	German	Definition
BASELINE	AUSGANGSWERT(E), AUSGANGSBEFUND(E), (die) BASELINE, BASELINE-BEFUNDE	Laborwerte und Untersuchungsbefunde am Beginn einer klinische Studie, mit denen im Verlauf der Studie ermittelte Werte und Befunde verglichen werden.
BIAS	(der) BIAS (SYSTEMATISCHER FEHLER)	Faktor, der eine unbeeinflusste Beurteilung von Daten, die in Beziehung zu diesem Faktor stehen, verhindert. In klinischen Studien wird diese Verzerrung durch Verblindung und Randomisierung eingeschränkt.
BIOAVAILABILITY	BIOVERFÜGBARKEIT	Ausmaß und Geschwindigkeit, mit der ein Arzneimittel oder sein Metabolit resorbiert wird und am Wirkort zur Verfügung steht
BIOAVAILABILITY STUDIES	BIOVERFÜGBARKEIT-STUDIEN	Studien, in denen Blutspiegel, zeitlicher Verlauf der Höhe der Blutspiegel und die Elimination verschiedener Formulierungen des Arzneimittels miteinander verglichen werden
BIOEQUIVALENCE	BIOÄQUIVALENZ	Gleiche Bioverfügbarkeit zweier Präparate verschiedener Hersteller (oder zweier mittels unterschiedlicher Verfahren hergestellter Präparate) mit demselben Wirkstoff
BIOLOGICAL LICENSE APPLICATION (BLA)	BIOLOGICAL LICENSE APPLICATION (BLA)	Antrag auf Marketingzulassung für ein biologisches Produkt in den USA
CARRYOVER EFFECT	CARRY-OVER-EFFEKT	Wirkung eines Arzneimittels, die nach Absetzen des Arzneimittels anhält
CASE REPORT/RECORD FORM (CRF)	PRÜFBOGEN, CASE REPORT FORM (CRF)	Für jede Studie speziell entworfenes Formular zur Aufzeichnung von Daten jeder einzelnen an der Studie teilnehmenden Person
CLINICAL HOLD	CLINICAL HOLD	Entscheidung der FDA, dass ein Teil der vorgelegten Daten über ein neues Arzneimittel in der Erprobung

English	German	Definition
		(Investigator's Brochure und/oder klinisches Protokoll und/oder Einwilligungserklärung) unzulänglich ist und vor Beginn der Studie korrigiert werden muss
CLINICAL PROTOCOL	KLINISCHES PROTOKOLL	Zusammenstellung der Ziele und Verfahren der Studie
CLINICAL STUDY AGREEMENT	CLINICAL STUDY AGREEMENT	Siehe CONTRACT
CLINICAL STUDY	STUDIENBERICHT,	Zusammenfassung der klinischen und statistischen Ergebnisse der
REPORT (CSR)	ABSCHLUSSBERICHT	Untersuchungen nach einem bestimmten Protokoll
CLINICAL TRIAL APPLICATION (CTA)	CLINICAL TRIAL APPLICATION (CTA), ANTRAG ZUR DURCHFÜHRUNG KLINISCHER PRÜFUNGEN (STUDIEN)	Antrag auf Bewilligung, Arzneimittel bei gesunden Probanden oder Patienten zu erproben. Die Bewilligung wird aufgrund eines Beurteilungsverfahrens der Europäischen Union vor Beginn einer klinischen Studie erteilt. Dieser Antrag wird nicht in allen Ländern gefordert.
CLINICAL TRIAL EXEMPTION (CTX)	CLINICAL TRIAL EXEMPTION (CTX)	Bewilligung der zuständigen britischen Regulierungsbehörde, Arzneimittel im Vereinigten Königreich zu untersuchen. Zur Untersuchung von Arzneimitteln bei gesunden Probanden wird die CTX nicht benötigt.
CO-INVESTIGATOR	PRÜFER	Ein Arzt oder eine andere qualifizierte Person, die unter Anleitung des Hauptprüfers an der Studie mitarbeitet.
COMMON TECHNICAL DOCUMENT (CTD)	COMMON TECHNICAL DOCUMENT (CTD)	Neuer allgemeiner Marketing- Zulassungsantrag, der die Regional Marketing Authorization Application (MAA) und die New Drug Application (NDA) ersetzt.

English	German	Definition
CONCOMITANT MEDICATION	BEGLEITMEDIKATION	Arzneimittel, die der Patient zusätzlich zum Prüfpräparat erhält bzw. einnimmt
CONTRACT	VERTRAG	Ein vom Prüfer (den Prüfern) und dem Sponsor (den Sponsoren) unterschriebenes Dokument, das die Übereinkommen bezüglich Haftpflicht, finanzieller Entschädigung sowie Delegierung und Verteilung der Aufgaben beschreibt. Das Dokument muss vor Beginn der Studie unterschrieben werden.
CONTROLLED CLINICAL TRIAL	KONTROLLIERTE KLINISCHE STUDIE	Eine Studie, in der das/die Prüfpräparat(e) mit Placebo oder mit einer anderen Behandlung, von der bekannt ist, dass sie gegen die in der Studie behandelte Krankheit wirksam ist, verglichen wird
CROSS-OVER-DESIGN	CROSS-OVER-DESIGN	Ein Studiendesign, das für alle Patienten mehr als eine Behandlung in einer vorbestimmten Reihenfolge vorsieht
DECLARATION OF HELSINKI	DEKLARATION VON HELSINKI, ERKLÄRUNG VON HELSINKI	Internationaler Standard zum Schutz der Studienteilnehmer
DOSE-RANGING STUDY	DOSIERUNGSSTUDIE	Eine Studie zur Beurteilung der Wirkung und/oder Sicherheit verschiedener Dosen des Prüfpräparates
DOUBLE-BLIND	DOPPELBLIND	Weder der Patient noch der Prüfer weiß, welche Behandlung der Patient erhält.
DROP OUT	DROPOUT	Ein Studienteilnehmer, der die Protokollanforderungen nicht erfüllt bzw. aus der Studie ausscheidet
ELIGIBLE PATIENT	GEEIGNETER PATIENT	Ein Studienteilnehmer, der die Einschluss- und Ausschlusskriterien erfüllt

English	German	Definition
ERB	ERB	Ethics Research Board ; siehe IRB
EVALUABLE PATIENT	BEURTEILBARER PATIENT	Ein Studienteilnehmer, der alle Protokollanforderungen erfüllt
EXCLUSION CRITERIA	AUSSCHLUSSKRITERIEN	Kriterien, die einen Patienten von der Teilnahme an einer Studie ausschließen
FOOD AND DRUG ADMINISTRATION (FDA)	Food and Drug administration (FDA)	Amerikanische staatliche Behörde, die für die Sicherheit von Nahrungsmitteln, Arzneimitteln und Medizinprodukten verantwortlich ist
GOOD CLINICAL PRACTICE (GCP)	GUTE KLINISCHE PRAXIS (GPC)	Standard für Design und Durchführung klinischer Studien sowie Bericht über die Studie
INCLUSION CRITERIA	EINSCHLUSSKRITERIEN	Kriterien, aufgrund derer sich ein Patient für eine klinische Studie eignet
INDEPENDENT ETHICS COMMITTEE (IEC)	INDEPENDENT ETHICS COMMITTEE (IEC), UNABHÄNGIGE ETHIKKOMMISSION	Siehe IRB
INFORMED CONSENT (IC)	EINWILLIGUNGSERKLÄRUNG, EINWILLIGUNG NACH AUFKLÄRUNG, EINWILLIGUNG NACH INKENNTNISSETZUNG	Zustimmung, an einer Studie teilzunehmen, die nach Durchlesen und Überprüfen aller vorhandenen Informationen über die Behandlung gegeben wird. Zu diesen Informationen gehören potenzieller Nutzen, potenzielle Risiken und Beschwerden, alternative Behandlungsmöglichkeiten sowie Rechte und Pflichten des Studienteilnehmers.
INSTITUTIONAL REVIEW BOARD (IRB)	INSTITUTIONAL REVIEW BOARD (IRB), INSTITUTIONELLE PRÜFUNGSKOMMISSION	Unabhängiges Gremium in den Vereinigten Staaten bestehend aus Personen in medizinischen Berufen und Nicht- Medizinern, deren Aufgabe es ist, sicherzustellen, dass Sicherheit und Rechte des Studienteilnehmers bei Teilnahme an der Studie bewahrt werden. Bezeichnungen in anderen Ländern sind ERB, REB und IEC (siehe oben und unten)

English	German	Definition
INTERNATIONAL CONFERENCE ON HARMONIZATION (ICH)	INTERNATIONAL CONFERENCE ON HARMONIZATION (ICH), INTERNATIONALE HARMONISIERUNGS-KONFERENZ	Spezielles Projekt, an dem europäische, japanische und amerikanische Regulierungsbehörden sowie Experten der pharmazeutischen Industrie teilnehmen, um wissenschaftliche und technische Aspekte der Produktregistrierung zu besprechen. Das Ziel dieses Projekts sind Empfehlungen von Methoden, die Interpretation und Anwendung technischer Richtlinien und Vorschriften zur Produktregistrierung besser harmonisieren. Damit soll die Notwendigkeit wiederholter Untersuchungen im Rahmen der Forschung und Entwicklung neuer Arzneimittel reduziert bzw. beseitigt und Untersuchungen an Menschen, Tieren und die Anwendung von Materialien ökonomischer gestaltet werden. Gleichzeitig sollen auch Qualität, Sicherheit und Wirkung sowie regulatorische Verpflichtungen gesichert werden, um das Wohlergehen der Bevölkerung zu bewahren.
INVESTIGATIONAL NEW DRUG APPLICATION (IND)	INVESTIGATIONAL NEW DRUG APPLICATION (IND)	Antrag zur Durchführung von Arzneimittelprüfungen bei gesunden Probanden oder Patienten in den Vereinigten Staaten
INVESTIGATOR	PRÜFER	Ein Arzt oder eine qualifizierte Person, die eine klinische Studie durchführt
INVESTIGATOR'S (DRUG) BROCHURE (I[D]B)	PRÜFERINFORMATIONEN, INVESTIGATOR'S BROCHURE	Alle relevanten, aktualisierten, über das Prüfpräparat bekannten Informationen. Dazu gehören chemische, pharmazeutische und toxikologische Daten sowie Daten früherer Studien sofern vorhanden. Der Prüfer entscheidet sich aufgrund dieser Informationen, ob er bereit ist, die Studie durchzuführen.

	German	Definition
MARKETING AUTHORIZATION APPLICATION	MARKETING AUTHORIZATION APPLICATION	Antrag auf Marketing-Zulassung in der Europäischen Union. Der Antrag muss chemische, pharmazeutische, biologische und klinische Daten enthalten.
MAXIMUM TOLERATED DOSE (MTD)	TOLERIERTE MAXIMALDOSIS	Höchste Dosis, unter der keine nicht zumutbaren Nebenwirkungen auftreten
MONITOR	MONITOR	Eine Person, die eine klinische Studie überwacht, über den Verlauf der Studie berichtet und Daten verifiziert
MULTICENTER TRIAL	MULTIZENTERSTUDIE	Eine klinische Studie, die nach einem Protokoll in mehr als einem Untersuchungszentrum von mehr als einem Prüfer durchgeführt wird
NEW DRUG APPLICATION (NDA)	NEW DRUG APPLICATION	Antrag auf Marketing-Zulassung in den Vereinigten Staaten
NO OBSERVABLE EFFECT LEVEL (NOEL)	NO OBSERVABLE EFFECT LEVEL (NOEL), DOSIS OHNE ERKENNBARE NEBENWIRKUNG	Dosis eines Prüfpräparates, die in Tierstudien keine beobachtbare Toxizität hervorruft
OPEN-LABEL STUDY	OPEN-LABEL-STUDIE	Studie, bei der Prüfer und Patient den Behandlungszeitplan, das geprüfte Arzneimittel und die Dosis kennen.
PHASE I STUDY	PHASE-I-STUDIE, PHASE I STUDIE	Erste Untersuchung eines Arzneimittels beim Menschen zur Bestimmung von Sicherheit und Verträglichkeit. Meist bei gesunden Freiwilligen durchgeführt. Ausnahmen sind Arzneimittel, die bei Gesunden nicht ohne toxische Wirkungen verabreicht werden können, wie z.B. antineoplastische Mittel.
PHASE II STUDY	PHASE-II-STUDIE, PHASE II STUDIE	Erste Untersuchung eines Arzneimittels bei Patienten zur Beurteilung, ob es wie angenommen wirksam ist

English	German	Definition
PHASE III STUDY	PHASE-III-STUDIE, PHASE III STUDIE	Groß angelegte Studie zur Untersuchung von Wirkungen und Nebenwirkungen. Meist eine randomisierte, kontrollierte Studie, in der eine bekannte Behandlung mit dem Prüfpräparat verglichen wird.
PHASE IV STUDY	PHASE-IV-STUDIE, PHASE IV STUDIE	Auch Post-Marketing Surveillance Studie (PMS) genannt. Studie zur Erweiterung der Erfahrung mit dem untersuchten Arzneimittel und zum Nachweis der Richtigkeit angenommener Indikationen sowie um weitere Daten beim Vergleich mit zugelassenen Arzneimitteln zu erhalten.
PLACEBO	PLACEBO	Scheinmedikament, das wie das Prüfpräparat aussieht, riecht, schmeckt und sich so anfühlt
PIVOTAL STUDY	PIVOTALSTUDIE	Eine Studie, die sehr genau überwacht wird und Regulierungsbehörden grundlegende Daten zur Wirkung und Sicherheit zur Verfügung stellt. Studien, die GCP- und Intensivüberwachungskriterien nicht erfüllen, können von der FDA als "unterstützende Studien" angesehen werden. Sie können nicht verwendet werden, um angenommene Wirkungen zu bestätigen. Sicherheitsdaten werden jedoch akzeptiert.
PROSPECTIVE STUDY	PROSPEKTIVE STUDIE	Studie, für die Patienten nach Kriterien rekrutiert werden, die in einem Protokoll vor Beginn der Studie festgehalten werden. Heutzutage sind die meisten Studien prospektiv.
RANDOMIZATION	RANDOMISIERUNG	Zufällige Zuteilung der Patienten zu Behandlungsgruppen, wodurch die Wahrscheinlichkeit eines Bias reduziert wird

English	German	Definition
RESEARCH ETHICS BOARD (REB)	RESEARCH ETHICS BOARD (REB), AUSSCHUSS FÜR FORSCHUNGSETHIK	Siehe INSTITUTIONAL REVIEW BOARD
SAFETY MONITORING COMMITTEE	SAFETY MONITORING COMMITTEE, SICHERHEITSÜBERWACHUNGS- GREMIUM, SICHERHEITSÜBERWACHUNGS- KOMITEE	Unabhängiges Gremium, das sich aus Community Representatives und Experten für klinische Forschung zusammensetzt und die Daten im Verlauf einer klinischen Studie überprüft, um sicherzustellen, dass die Teilnehmer keinen unnötigen Risiken ausgesetzt sind. Ein Sicherheitsüberwachungskomitee kann einen Studienabbruch empfehlen, wenn Bedenken bezüglich Sicherheit bestehen oder die Ziele erreicht wurden.
SERIOUS ADVERSE EVENTS (SAE)	SCHWERWIEGENDE UNERWÜNSCHTE EREIGNISSE	Unerwünschte Ereignisse, die tödlich oder lebensbedrohlich sind, Invalidität zur Folge haben oder eine stationäre Behandlung bzw. eine Verlängerung eines stationären Aufenthaltes erforderlich machen. Angeborene Missbildungen und bösartige Tumoren werden immer als schwerwiegende unerwünschte Ereignisse angesehen.
SITE	ZENTRUM	Ort, an dem eine klinische Studie durchgeführt wird
SOURCE DATA	ORIGINALDATEN	Aufzeichnungen von Beobachtungen oder Aktivitäten einschließlich Krankenblätter, Laborberichte, Bemerkungen von Ärzten oder Krankenschwestern sowie Befunde wie z.B. EEG- oder Röntgenbefunde.
STATISTICAL SIGNIFICANCE	STATISTISCHE SIGNIFIKANZ	Wahrscheinlichkeit für ein zufälliges Zustandekommen eines bestimmten Ergebnisses. Das Signifikanzniveau hängt von der Zahl der Studienteilnehmer und der Größe der Unterschiede ab.
SUBJECT	STUDIENTEILNEHMER	An einer Studie teilnehmender Patient oder gesunder Proband

English	German	Definition
UNEXPECTED ADVERSE EVENT	UNERWARTETES UNERWÜNSCHTES EREIGNIS	Unerwünschtes Ereignis, über dessen Art, Schwere bzw. Häufigkeit bisher nicht berichtet wurde
WASHOUT PERIOD	WASHOUT-PERIODE	Periode zwischen zwei aktiven Behandlungen, um Spuren des zuerst verabreichten Arzneimittels zu eliminieren und Carryover-Wirkungen vor der Behandlung mit dem zweiten Arzneimittel zu beseitigen.

BOOK REVIEW

The Etiquette of Illness

What to say when you can't find the words.

Author: Susan Halpern Bloomsbury, 2004. ISBN 1-58234-383-7

s there a correct way to express your sorrow when your best friend tells you she has been diagnosed with cancer? What to say or do when tears appear? What to say or do when you hardly recognize your best friend as the bald person who lost her hair to chemotherapy? We would surely have a growth experience when visiting a support group of children with cancer - not a hair in their heads discussing their present and their future. No, there is no correct way to say the perfect words or write the perfect note. What is important is to be able to say or write, when you are so moved. "But what should I say?" It is to this question that the author responds in many ways, large and small. "I just don't know what to say..." can be the catalyst, and it goes from there. Just realize that it is the role of the "well person" to reach out, somehow.

Author Susan Halpern, a social worker and psychotherapist with special training in family therapy, speaks from the heart as someone who was diagnosed with a low grade lymphoma in 1995, a cancer of the immune system, and ever since has been working with individuals and leading cancer support groups. She founded the New York Cancer Help Program and was a facilitator of their Living Fully with Cancer group. In this book she explores the sensitivities that play a part in knowing how to respond when a person you care about becomes ill. She shows "how the context of the relationship matters far more than the actual words that are used". The word "patient" has a poor connotation and "survivor" has no place – all that matters in the words you choose is a recognition that we are all simply people dealing with various degrees of difficulty, including, for some, the end of our time.

The author's experience is gathered under chapters with titles like "Finding the Words", "Acts of Kindness", "Let Compassion Guide Your Heart", "At the End of Life". One of the stunning insights is how out of touch we are with illness and dying. Doctors are quite often useless when facing death. Death is not part of the curriculum. "Many doctors are afraid to confront death. They call the nurse and leave the scene," says the author. This truth is changing slowly with the advent of the latest specialty of modern medicine: Palliative Medicine.

A ver qué se cuece en los pasillos... Por Roberto Guzmán

ATARANTARSE:	estado leve de embriaguez. No se confunda con " atragantarse ", es decir comer excesivamente, lo cual puede llevar a un " empacho " o estado de llenura persistente y malestar estomacal.	JERINGA:	no designa en todo caso a la hipodérmica. En algunos países se refiere a una molestia, una incomodidad o un fastidio. Donde se usa la jeringa el verbo jeringar es de sentido obvio. Tanto el verbo como el nombre
BOQUERA:	se refiere a una irritación visible en la comisura de los labios, a		ya son reconocidos por la RAE.
	veces causada por deficiencia vitamínica.	MAMERTO:	se usa para designar al tonto, imbécil, persona con deficiencia mental.
COLGAJO:	es un eufemismo para referirse a los genitales masculinos.		Puede usarse como calificativo jocoso.
DUNDO(A):	es equivalente A "atontado", generalmente por problemas con el oído, digestivos, o secundarios a la ingestión excesiva de alcohol.	RAGÚ:	se le atribuye origen francés a esta voz. Vale por "hambre canina", equivalente de "apetito voraz".
VIENTRE SECO:	con la expresión "vientre seco" se define a la mujer incapaz de procrear. No debe confundirse con el "estítico" que es la persona estreñida. Vientre es una voz	TIRADO / DA:	es frase figurada. Úsase generalmente con los verbos nadar o estar. Se refiere a la persona que está en mal estado de salud, en mala situación.
	médica que se usa para designar el abdomen, la cavidad abdominal. En sentido coloquial se refiere a la parte baja del abdomen como bajo vientre, sede de problemas femeninos y, más específicamente a la matriz.	CAUSA:	la etiología desconocida de un problema médico recurrente, a veces se refiere a un hechizo también conocido como un "mal puesto."
GAMBAO:	voz de origen italiano. El que tiene las piernas curveadas.		L'ENT

These terms are used every day, often interchangeably. In fact, they are entirely different issues.

UBLICATION OF THE MEDICAL DIVISION OF ATA

By Rafael Rivera, MD, FACP

ealth is strictly a medical term defined as the absence of disease or infirmity, either physical or mental. This health vs. disease paradigm is experienced in everyday living. The question: Are you healthy? – as would appear in an employment form or similar questionnaire or even in daily conversation – is precisely understood too mean: Are you free of disease? What physicians practice day to day is disease care or disease management when medical problems are present or disease prevention when the person is healthy.

In recent years a desire has become widespread to expand this narrow definition as something more than just the mere absence of illness. The term "wellness" has been coined to connote a general sense of well being above and beyond a state of non-diagnosable illness. Wellness has remained outside the boundaries of mainstream medical vocabulary, much to the chagrin of the general public that clamors for a less technological and more holistic approach from the medical profession. But that's a story for another day. Now to fitness.

Physical fitness is simply a person's ability to use oxygen. Take one extreme of the fitness scale

– a person who gasps and puffs during mild exertion - does so simply because he/she is unable to use oxygen. The body needs it, it is available, it is taken in, but because of poor absorption, transportation or usage the oxygen breathed in is puffed right back out. The opposite holds true with a very fit person who seems to exercise vigorously with little effort and who recovers quickly. Effortlessness is the body's ability to quickly supply and use oxygen at the tissue level. Effortlessness equals fitness.

Fitness is measurable. The test involves running or bicycling at an all out personal maximum effort at which time, for one minute, the amount of oxygen delivered and used is measured. The higher the amount of oxygen used the greater the fitness level. To get the oxygen breathed in from ambient air or from a machine through a mouthpiece all the way into the muscles requires healthy heart, lungs, blood and blood vessels to absorb and transport followed by fit muscles that can combine with sugar and fat for required energy. The test is called an Oxygen Uptake Test or VO2 max. (short for maximum volume of oxygen).

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By Gilberto Lacchia, M.D

Looking for chemical name translations

The translation of chemical names is often difficult. We have seen in a previous article about chemical resources (see Caduceus, Summer 2004) how useful can be ChemID, the National Library of Medicine database with more than 368.000 chemical records. Many, but not all, of the chemicals in this database have a translation in other languages.

A useful technique to find chemical names is the use of the CAS number. The CAS Registry number is a unique number assigned to a chemical by the Chemical Abstracts Service.

All the chemicals listed in ChemID have this number: it appears as RN (Registry Number) under the name of the substance. For chemicals found on ChemID without the needed translation, it is possible to use the CAS number in combination with Google.

Examples:

The Ammonium bichromate (RN 7789-09-5) record contains an Italian, French, German and Dutch translation, but not a Spanish one.

Searching with Google the Spanish web pages containing the following string

"7789-09-5"

is possible to quickly find the Spanish translation (Dicromato de amonio)

Taber's Medical Encyclopedia

The Taber's Medical Encyclopedia is one of the reference medical dictionaries: the online edition (http://www.tabers.com) contains over 56,000 entries and is fully searchable by keyword or phrase. The full features include pronunciations, appendices, illustrations and tables. The dictionary is also available as a book or CD-ROM. On the Taber website the dictionary search is free for 10 days (90 days purchasing the book): after that time 1 year subscription must be purchased for about \$30.

On the RxList website, an online drug database, a free Taber search is offered (http://www.rxlist.com/cgi/tabersearch.cgi). The dictionary may be searched by item or description; boolean operators (AND, OR), phrase searching, case sensitivity and whole-word search are available. Without selecting the "Whole word" option, all words containing the keywords are found (e.g. searching strepto, more than 40 items are found: Streptococcus, antistreptolysin, streptoangina, etc.). At the time when the site was tested, the links to the illustrations were not working. The search is very quick: results usually appear in few seconds.

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Integrated search utilities

In the translator daily routine the information searching process is vital: it is impossible to know everything and, in the hectic everyday work, the information should be reached as fast as possible.

MediLexicon (http://www.medilexicon.com/) offers two free search utilities (sponsored by AstraZeneca), useful to locate specific information. Both these tools, an IE toolbar and a standalone PC software, allow to quickly find information about:

- Medical Abbreviations: from the MediLexicon database of about 200.000 medical, biotech, pharma and healthcare acronyms and abbreviations. In the standalone software they may be searched by abbreviation or by definition (only by abbreviation in the IE toolbar).
- Pharma Companies: MediLexicon database.
- Medical Associations: MediLexicon database (not working when the software was tested).
- Medical Terms: through the On-Line Medical Dictionary (http://cancerweb.ncl.ac.uk/omd/) containing 46,000+ terms and acronyms relating to biochemistry, cell biology, chemistry, medicine, molecular biology, physics, plant biology, radiobiology, science and technology.
- Medical Articles: through PubMed (http://pubmed.gov/).
- Drug Information: through RxList (http://www.rxlist.com/).
- Medical Conferences: through http://www.medicalconferences.com.
- Merck Manual: through the MM online English edition http://www.merck.com/mrkshared/mmanual/home.jsp).
- Medical Books: Amazon.com.
- Medical/Drug US Spellchecker: through http://www.medical-spell-checker.com. The standalone software has also a Medical/Rx UK spellchecker not yet working when the it was tested.
- English Dictionary: Merrian-Webster Online (http://www.m-w.com).
- Thesaurus: Merrian-Webster Online (http://www.m-w.com).
- Web Search: Google.

A second free search utility is the "Tool4translators" (http://www.ilmh.be/ilmhtse/tool4trans.asp) offered by the Institut Libre Marie Haps (ILMH).

It is a resident software useful for running Eurodicautom or Google searches from within a Windows application (e.g. Word, Internet Explorer, PDF or TXT documents, etc.).

The use is very simple: a letter should be chosen to use it as an hotkey in combination with the Ctrl key. When finding in a document an unknown term or sentence, this must be selected with the mouse: by pressing the hotkey you may choose to search the term or sentence on Eurodicautom or Google.

It is possible to set the source and target language for Eurodicautom and the target language of the searched pages for Google.

2005 MEDICAL DIVISION ELECTIONS CALL FOR NOMINATIONS

The Nominating Committee of ATA's Medical Division is now accepting nominations for the following positions:

Administrator (2-year term) Assistant Administrator (2-year term)

Your assistance in helping us identify interested, capable colleagues is crucial to the election process and the division. Qualified candidates must be members of the Medical Division and Active or Corresponding members of the American Translators Association. Any division member may make a nomination, and self-nominations are also welcome.

Serving in a division leadership role provides enormous opportunity, both professionally and personally. Division officers frequently find themselves becoming more successful in their own careers as they develop additional people skills, make useful business connections, and share their experience and ideas with other members.

You can find an online review of division administrator and assistant administrator duties at http://ata-divisions.org/Officer_Duties.pdf

To make a nomination, you may contact the members of the Nominating Committee listed below or download the Nomination Form from http://www.ata-divisions.org/NomForm_MD.doc.

Mies de Vries (creativeserv@att.net) Michael P. Osmann (aad-abies@sympatico.ca)

And as always, your support of the Medical Division and ATA is greatly appreciated.

ATA Annual Conference

Sites and Dates

Plan early!

2005 Seattle Washington November 9-12

2006 New Orleans Louisiana **November 2-5**

2007 Miami Florida **Oct 31 – Nov 3**

Answers to MATCH

1 1	<i>.</i>
1. d	6. g
2. j	7. e
3. i	8. f
4. b	9. a
5. c	10. h

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FROM THE EDITOR

Caduceus A PUBLICATION OF THE MEDICAL DIVISION OF ATA

Spring 2005

medical divisio

Caduceus is a quarterly publication of the Medical Division of the American translators Association, a non-profit organization dedicated to promoting the recognition of translating and interpreting as professions.

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Please send all correspondence and contributions to: bukrak@bellsouth.net s you have noticed, Caduceus has undergone improvements. We have secured the services of a new art director who promises to improve not only our style and look, but also the process by which we put together this publication. After a full year's worth of experience, the learning curve is becoming less steep, we are settling on a format of regular features coupled to the contributions of our readers and the editorial staff. Comments from our readers are always welcome.

You will notice a new feature called Clinical Notes, a regular contribution of Dr. Leon McMorrow, an experienced physician-translator. Dr. McMorrow takes the time honored medical teaching tool called Grand Rounds and converts it into Clinical Notes, as would be produced by a translator in his daily work. Grand Rounds is the medical training conference where interesting clinical cases are presented to be broken down and discussed didactically into its component parts. What else could it be? What other clinical considerations come to mind? If this or that symptom or clinical finding were not present, how would that change your diagnostic considerations? When translators come upon new, confusing or polysemic words and phrases, what is the course of action? Look it up in the appropriate sources, consult with others, narrow down the possibilities until arriving at a suitable equivalency – all of this while keeping a written account, perhaps a personal glossary of meanings and sources.

Dr. Gilberto Lacchia, a member of our editorial board, will be in charge of the Resources feature. This is another area where readers' experiences should be shared with others. You will notice that the Clinical Research Glossary appears in this issue translated into German by Caduceus contributor Dr. Maria Rosdolski, to whom we are indebted for her continued excellent work.

Once again, my call to members and readers to submit material from your daily experience. It does not have to be an in-depth article. A small vignette, an interesting story you picked up in the news, a difficulty with a word or phrase, your personal knowledge or experience with a culturally bound popular belief – any of these would do.

Salud, Rafael

Instructions to Authors

Submissions for publications must be sent electronically in Word format. The deadline for submissions for the Summer issue of Caduceus is 15 June 2005.

Caduceus carefully reviews its content in order to eliminate any textual errors. Nevertheless, we apologize for any errors in grammar, punctuation, typography and the like which may inadvertently appear on our pages.

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