

The Role of Euphemisms in Medical Communication

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Annotation. The article briefly characterizes use of euphemisms in the professional medical sphere; it describes techniques to create euphemisms. The article also covers ethical problems of euphemisms use in the speech of health care professionals.

Key words: medical communication, importance of euphemisms, synonyms, medical professionalism, cultural euphemisation

Nowadays, euphemisms are an integral part of the everyday communication. According to the definition "a euphemism is traditionally regarded as the replacement of an unpleasant or offensive signifier by another that functions as a 'veil' thrown over the signified".[1,35] Although at first glance it may seem that euphemisms provoke an ambiguous and dishonest communication, a number of research studies on euphemisms prove the opposite. The use of euphemisms is a sign of very well developed communication skills. Euphemisms are usually used in the situations which demand the avoidance of some unpleasant effect and a certain degree of thoughtfulness and correctness connected with the encounters between people. Just as everything else, euphemisms are beneficial as long as they are not overused. In fact, they are essential and inevitable for a successful communication in the 21st century. Therefore, we want to show that they can be researched in many different ways, both purely linguistically, and also non-linguistically. In this article we want also to show that euphemisms are just a small part of something more complex, which is called medical communication. This article offers an insight in the viewpoints of some relevant authors referring to euphemisms and doublespeak, the basic extra-linguistic features of a successful medical communication and some common mistakes which the doctor should avoid, the most desirable linguistic tools for a successful medical communication, the role and importance of euphemisms in terms of medical communication.[2,87]

Euphemisms are the highest form of lexical diplomacy in medicine because they are more affordable, decent synonyms of and substitutes for unwanted or inappropriate words for a particular situation. The use of euphemisms is determined by psychological factors, but in healthcare they acquire moral and social characteristics. Euphemisms are necessary for communication with terminally ill adults in hospices and children who suffer from an incurable disease. These patients show specific hypersensitivity due to their condition and age. The consciously chosen language contributes substantially to the achievement of optimal results in diagnosis and treatment. In modern medical practice, mastering the correct use of euphemisms is no longer a sign of good breeding and medical professionalism, but a legal requirement. In healthcare euphemisms play a special role - they describe and present realities, concepts and facts that cause negative emotions.[1.65] Euphemisms are used to name stressful medical pathology, and to deliver bad news in a descriptive and acceptable way, e.g. information about cancer, poor prognosis, reporting the death of a patient to his/her relatives. Today it is unacceptable to use direct language to achieve a communicative purpose. Our experience and research has proven that this is a new linguistic phenomenon which should be described as medical euphemisation unlike traditional ethno cultural euphemisation. For example, out of all synonymous phrases referring to death only the ones in bold are appropriate in a medical context: died, passed away, passed and passed on. There are some examples for medical euphemism:

1. Accouchement-Lying in, childbirth, parturition.
2. Anticipating-Pregnant. As a rule women who are anticipating do not actually have babies; rather they bring forth vital statistics or blessed events.
3. Aversion therapy-The use of pain and fear to persuade a person to change his or her behavior, also called behavior modification.

4. Blessed event-the birth of a babe.
5. BM-The abbreviation stands for ‘‘bowel movement’’.
6. Call (Needs) of nature-The periodic requirement that body discharge waste materials.
7. Caught or caught out-To be made pregnant and seldom shown in the present tense.
8. Criminal abortion-Abortion back when it could not be mentioned in polite society, and operation was against the law.
9. Crud-a general term for a number of nasty things such as vomiting, diarrhea
10. Dentures-False teeth and prosthesis close to this word.
11. Dump-defecation. Short for ‘‘dump a load of a shit’’.
12. Happy hour-A time that is set aside for drugging the mind and loosing the inhibitions through consumption of alcoholic beverages.
13. Ill/illness-Sick or worse, even unto death.
14. Inconvenienced-Crippled/disabled.
15. Indisposed/indisposition-People who are indisposed are usually slightly and sick. When a woman is said to be indisposed, chances are she is suffering from an unmentionable female complaint or from some entirely fictitious illness.
16. Insane-Crazy; a euphemistic stopover on the road from ‘‘mad’’ to mentally ill.
17. Lose/loss-Discreet allusions to death.
18. Mental hospital-a present-day madhouse or insane asylum,variants include mental home, mental health center.
19. Miscarriage-a spontaneous abortion.
20. Montezuma’s revenge-Diarrhea or dysentery.
21. No Mayday-in hospital parlance, this translates ‘‘Do not resuscitate this patient.’’
22. Not doing well-dying, a circumlocution used by nurses in hospitals when breaking the bad news to the patient’s doctor.
23. The old man’s friend-pneumonia.
24. Posttraumatic neurosis-a psychiatric casualty.
25. Saddle block anesthesia-if only the patient were riding a horse instead of an operating table.
26. Sanatorium/sanitarium-a cleaned-up tuberculosis clinic or a madhouse.
27. Social disease - venerable disease, specifically, syphilis or gonorrhea.
28. Stress-producing stimulus-An electric shock administered by an accredited scientist or doctor.
29. Thanatology-the study of death, including its effects on the dying.
30. Therapeutic accident-it helps cover up an error by a doctor or other medical person.
31. Variety meats-organs or the parts of organs.
32. Youth-oriented merchandise-drug-taking paraphernalia.

To sum up, in my paper I wanted to point out that medical euphemism should not be researched as a single linguistic unit. By introducing the basic principles and extra -linguistic features of medical communication and providing the opinions of medical workers and patients on specific types of euphemisms, I think that I have successfully supported and justified my statement. By representing Warren’s model and my corpus analysis I have represented the linguistic nature of euphemisms, but while doing the research for my paper I have come to the conclusion that medical euphemisms in the 21st century are omnipresent linguistic units strongly influenced by many different extra-linguistic factors.

Used literature:

1. Dunn, Stewart M., et al. (1993). ‘‘Cancer by Another Name: A Randomized Trial of the Effects of Euphemism and Uncertainty in Communicating With Cancer Patients’’.
2. Holder, R. W. . How Not To Say What You Mean: A Dictionary of Euphemisms. New York: Oxford University Press Inc. 2002.