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ПОНЯТИЙНЫЙ АППАРАТ БИОЭТИКИ КАК ЧАСТЬ ЛИНГВИСТИКИ МЕДИЦИНСКОГО ДИСКУРСА

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Аннотация. Лингвистические науки нацелены на исследование лексических единиц современных междисциплинарных наук. Предпринята попытка рассмотреть некоторые примеры лексики биоэтики, новой области медицинских и гуманитарных наук. Проведен этимологический анализ основных понятий биоэтики, а именно ее принципов и названий моделей общения врача и пациента. Выяснено, что большинство английских слов из исследуемого понятийного аппарата были заимствованы из французского языка и пришли во французский язык из латинского и греческого языков, причем имеют праиндоевропейские корни. В то же время эти слова считаются неологизмами, так как обозначают понятия новой науки. Этимология лексики, обозначающей термины биоэтики, помогает шире представить содержание принципов этой науки или моделей взаимоотношений врача и пациента, понять особенности медицинского дискурса.

Ключевые слова: языкознание, медицинская лексика, биоэтика, этимология.

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PHILOLOGY

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Original article

Conceptual apparatus of bioethics as a part of the linguistics of medical discourse

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Abstract. Linguistic sciences are aimed at the study of lexical units of modern interdisciplinary sciences. An attempt is made to consider some examples of the vocabulary of bioethics, a new field of medical and human sciences. An etymological analysis of the basic concepts of bioethics, namely its principles and names of models of communication between a doctor and a patient, has been carried out. It was found that most of the English words from the studied conceptual apparatus were borrowed from French and came to French from Latin and Greek, and have Proto-Indo-European roots. At the same time, these words are considered neologisms, as they denote the concepts of a new science. The etymology of the vocabulary denoting the terms of bioethics helps to provide a broader understanding of the content of the principles of this science or models of the relationship between a doctor and a patient, to understand the features of medical discourse.

Key words: linguistics, medical vocabulary, bioethics, etymology.

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Introduction

Modern medical sciences are developing as interdisciplinary ones. These new sciences include Bioethics that emerged at the beginning of the 20th century. Bioethics became widespread in the scientific world in 1969 in the works of the American scientist and physician Van Rensselaer Potter. The term Bioethics apparently came into use in the early 1970s. The discipline was recognized in the United States through the founding of the Hastings Center in Hastings-on-Hudson, New York, in 1969 and the Kennedy Institute of Ethics at Georgetown University in Washington, DC, in 1971 [21, p. 169].

The aim of this research is to view the system of terms of Bioethics, in particular, the etymology of the main lexical units and their historical development. The important part of Bioethics is that it aspires to understand and react quickly to scientific or technological developments, policy decisions, and societal changes [6, p. 22]. Thus, we believe that the vocabulary of Bioethics would be widely used by the doctors, researchers, social workers, philosophers, and ethicists.

Discussion

Many professional terms in English are traditionally of Greek or Latin origin. The word Bioethics also comes from Greek (Greek bios – life; ethos – behavior). It was first used in 1927 by Fritz Jahr, a Protestant pastor, philosopher, and educator, in an article about the use of animals and plants in scientific research [25, p. 280]. Sometimes the term biomedical ethics is also used.

The basic terms of Bioethics (here we mean its branch studying the ethic aspects of doctor – patient communication) are the words and word combinations such as confidentiality, patient’s autonomy, consent, medical malpractice, etc. There is a need to make up a corpus of the terms of Bioethics, but it is supposed to be the aim of the further research.

We are going to analyze the vocabulary denoting the names of the models of doctor – patient communication, and the names of the principles of Bioethics. These names are of special interest for our research as they belong to the professional medical discourse.

Most researchers have outlined the following principles of bioethics:

- principle of respect for autonomy,
- principle of non-maleficence,
- principle of beneficence, and
- principle of justice.

The word autonomy means “autonomous condition, power or right of self-government”. It was first mentioned in the English language in 1620s. It comes from the Greek *autonomia* (independence), while the Greek word comes from the adjective *autonomos* (independent, living by one’s own laws). *Autos* means “self”, and *nomos* means “custom, law”. The noun *nomos* comes from Proto-Indo-European root **nem-* “assign, allot; take” [2]. The word autonomy is usually used in the phrase patient’s autonomy, as many authors discuss this aspect of Bioethics in different contexts.

The term non-maleficence is derived from the Latin phrase *Primum non nocere*. This phrase can be found in some early versions of the Hippocratic Oath, and it is one of the principal precepts of Bioethics. The root *mal-* is a word-forming element of Latin origin meaning bad, badly, ill, poorly, wrong, wrongly. It comes from French *mal*, and Old French *mal* means evil, ill, wrong, wrongly. This French word, in its turn, comes from Latin adverb *male* (badly), or adjective *malus* (bad, evil), (fem. *mala*, neuter *malum*). The Latin word comes from Proto-Italic *malo*, from Proto-Indo-European **mol-o-*, or probably from a Proto-Indo-European root **mel-* (false, bad, wrong). Most Modern English words with the element *mal* are the coinages of the 19th century. It generally implies imperfection or deficiency, but often it is simply negative. It is equivalent to *mis-* of Germanic origin [19]. The word *maleficence* meaning “act of doing or producing evil” comes from French *maleficence* or directly from Latin *maleficentia* (an evildoing, mischievousness, injury), from *maleficus* (wicked) [20].

The next is the principle of beneficence. Since the late 1970s, principles of beneficence have been a mainstay of the literature of biomedical ethics. According to Stanford Encyclopedia of Philosophy, persons engaged in medical practice, research, and public health try to prevent or reduce harm and to produce a positive balance of goods over inflicted harms [28]. The word *beneficence* means quality of being beneficent, kind, or charitable, practice of doing good. It appeared in the English language in the middle of the 15th century, and comes from Latin *beneficentia* (kindness, generosity), that in turn comes from *beneficus* (generous, kind, benevolent, obliging). The Latin root *bene-* means good, well, and *-ficus* means doing, from *ficere*, combining form of *facere* (to do, to make) [3].

The word *justice* from the term principle of justice derived from the Latin term, *jus*, which is defined in dictionaries as “right” and “law”. One of the etymologies for *jus* posits that it came from

the Latin word *jussi*, meaning “that which is ordained by laws human or divine”. *Jussi* is a form of the Latin verb *jubeo*, meaning “I command” [5, p. 6]. According to another etymology, the English word *justice* derives directly from the Latin *justitia* meaning righteousness or equity [4]. In Old French, the spelling of the word was sometimes *justise*, and sometimes it was spelled like the modern English word. The Latin word *ius* (right) was spelled *iOUS* in Old Latin, and its Proto-Indo-European equivalent was **yews-*. In Middle English, the equivalent to *justice* was *rightwished* or *rightwisnes* (from Old English words *rihtwīsnas* “justice, righteousness” or *geriht* “justice”) [1].

We are going to analyze the next cluster of Bioethics’ vocabulary, the names of the models of doctor – patient communication. These models are in general as follows:

- paternalistic model,
- informative model,
- interpretive model,
- deliberative model,
- technical model,
- contract based model, and
- collegiate model.

Paternalistic model presuppose that the patients are passive recipients of care [13, p. 7]. The word *paternalistic* is of Latin origin (from Medieval Latin *paternalis*, from Latin *paternus* – of a father, fatherly, pertaining to a father, from the noun *pater*. In the Old French there was also an adjective *paternal*. The Proto-Indo-European noun **pāter* meaning father gave rise to Sanskrit noun *pitar-*, Greek *pater*, Latin *pater*, and Old Persian *pita* [12]. In Bioethics, the adjective *paternalistic* means “pertaining to, characteristic of or practicing paternalism, or the quality of being paternal, i.e. like a father”, e.g. characterized by behaving in benevolent and yet intrusive manner towards underlings [24]. *Paternalism* means taking all the decisions for the people one governs, employs, or is responsible for, so that they cannot or do not have to make their own decisions [23]. To sum it up, the meanings of the adjective *paternalistic* presuppose that the patients can’t make their own decisions, and *paternalistic* is an antonym to *collegiate* (*collegiate model of doctor – patient communication*).

Informative is an adjective derived from the verb *to inform*, that means “to instruct; to communicate knowledge to; to make known to; to tell; to give intelligence”. In Business English it means “to tell someone about something, especially officially”. If a doctor uses *informative model*, he provides a patient with certain information concerning the state of health, diagnosis, methods of treatment, etc. The verb *to inform* dates to the early 14th century and means “to train or instruct in some specific subject”. This verb originates from Old French *informer*, *enformer* (meaning *instruct*, *teach*) dating to the 13th century. The old French word comes directly from Latin *informare* “to shape, give form to, delineate”, that is “train, instruct, educate”. *In-* has derived from Proto-Indo-European root **en-* “in”, and *formare* (to form, shape) has derived from *forma* (form). In early use in English (the beginning of the 17th century) it was spelled *enform* [15]. The adjective *informative* means “providing a lot of useful information”, the synonyms to this adjective are *useful*, *helpful*, and *valuable* [16]. One more meaning is “instructive, didactic”. It comes from Medieval Latin *informativus*, from Latin *informatus*, and is Past Participle of *informare* “to train, instruct, educate” [17]. We can make a conclusion that while using the *informative model* a doctor ought to be helpful, and to instruct the patient what to do in order to recover.

In the *interpretive model*, a physician plays an advisor by explicating and interpreting the appropriate medical status of the patient. The physician acquires the consent from patient and uses the patient’s decided intervention [26]. The English word *interpret* comes from Latin *interpret* “A translator, interpreter, expounder, expositor, explainer; dragoman; an agent between two parties; broker, negotiator, factor”. In the Table, the evolution from the Latin to Modern English word is presented.

The evolution of the word interpretive from Classical Latin to Modern English

Word	Its meaning	Language	Period
interpres	A translator, interpreter, expounder, expositor, explainer; dragoman. An agent between two parties; A broker, negotiator, factor.	Latin	Classical Latin, from 75 BC to the 3rd century AD
interpretare	To explain, interpret	Latin	Classical Latin, from 75 BC to the 3rd century AD, Ecclesiastical Latin, since 4 th century BC.
enterpreter	To translate	Old French	842 – ca. 1400
interpreten	To act as an interpreter; to translate	Middle English	1100 – 1500
interpret	To act as an interpreter. To apprehend and represent by means of art; to show by illustrative representation. To explain or tell the meaning of; to translate orally into intelligible or familiar language or terms [18].	Modern English	15th century AD – present

We cannot but mention the fact that the doctors use the so-called “Language of Medicine” when communicating to each other, but while consulting a patient they should “translate” their professional vocabulary, that is to use the words that can be easily understood by the patients.

In the deliberative model, the aim of the physician – patient interaction is to help the patient determine and make the best health-related decision that can be realized in the clinical situation [22, p. 52]. The English adjective deliberate comes from Latin *dēlībērāre* – “to consider well”, from *lībērāre* – to weigh, from *lībra* – scales [9]. In a metaphorical sense, we can describe this model like the scales (a balance between simply dispensing information to the patients by the doctors and trying to understand their needs, preferences, and values). A doctor’s communicative skills play a great role in this case, as he/she should be able to ask and answer questions properly, to find the best words and phrases when speaking to different patients. Greater patient satisfaction and better outcomes are expected in case of a doctor’s proper and ethic speech.

In the engineering (or technical) model, a physician is compared to a plumber who, hired by a client, uses the skills of his trade. A doctor is like a reservoir of scientific knowledge and dispenser of medical facts, presenting options to the patient without sharing his personal recommendations [10]. The term engineering comes from the noun engineer derived from *enginour*, “constructor of military engines” (in use since the 14th century). The Old French *engigneor* means “engineer, architect, maker of war-engines”, and it comes from Late Latin *ingeniare* [11]. In the English language, the word technical in the meaning of “skilled, skilled in a particular art or subject” has appeared since the 1610s. It was formed from the root *technic* and suffix *-al* (with the meaning “referring to something, having some quality”). It comes from the Greek *tekhnikos* “from art, referring to art, created by art”, from *tekhne* “art, skill”, and from the Proto - Indo – European **teks-* “to weave, to produce, to make” [27]. The etymology of both terms reveals clearly the nature of this model of doctor – patient relationship.

In the modern society, contractual relationships cover a wide range of human transactions and interactions in which equal parties agree freely and voluntarily as autonomous agents on particular undertakings with specific interests, purposes, and goals in mind. In private medical practice where doctors retain more control over the type, scope, location, and conditions of practice, the contractual nature is readily visible [14, c. 420]. The adjective contractual means “arising from a contract or agreement”. It was first used in 1827, and comes from Latin *contractus* “a drawing together”, in Late Latin a contract (noun) + *-al* (suffix). The English noun contract means “agreement between two or more persons to do or not do some particular thing”, originally especially of marriage, comes from Old French *contract* (Modern French *contrat*), from Latin *contractus*, from past participle of *contrahere* “to draw several objects together; draw in, shorten, lessen, abridge”. In its turn, it derives from assimilated form of *com* “with, together” + *trahere* “to draw” [8].

Using collegiate model of doctor – patient communication, a doctor provides truthful information about the diagnosis, treatment methods, possible complications and consequences of the disease. The patient participates in the discussion of this information. A patient has a right to freedom of choice [29, p. 6]. The word collegiate has several meanings. Moreover, two of them don't deal with the vocabulary of Bioethics. The first meaning of this adjective is academic, or related to college, the second one is related to the collegiate church. The third meaning is collegial, which is synonymous to corporate [7]. A patient and a doctor can be compared to the members of a certain corporation, we can imagine them speaking and interacting like colleagues having the same aim to achieve a patient's recovery.

Conclusion

We can see that modern words pertaining to Bioethics were built on the foundation of Latin or Greek words. Modern vocabulary was constructed in different ways, and the nuances of meaning are of great importance. The neologisms pertaining to the concepts of Bioethics are being used more and more often as many scientific articles describing the problems of medicine and ethic attitude to them are published. Our research has been the starting point of making the further investigation in linguistics of the new lexical units emerging due to the development of Bioethics and scientific progress in general.

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