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Investigation of English language contact-induced features in Hungarian cardiology discharge reports and language attitudes of physicians and patients

PhD dissertation

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Abstract

Since the 1950s English has become the predominant language in health sciences. The aim of this study is to describe the Hungarian language of cardiology through contact linguistic analysis of Hungarian cardiology discharge reports. This study focuses on only one field of medicine, cardiology, attempting to give an overview of the linguistic interferences in this subdiscipline. The hospital discharge report is the tertiary/secondary care physician’s major tool of written communication toward the patient, and toward colleagues in primary health care. By investigating a yet rarely studied text type in medicine, the dissertation attempts to contribute to a better description of the language of Hungarian physicians.

The present study is designed to investigate how Hungarian physicians are influenced by the English language in their professional lives, and what types of interference can be found in the Hungarian documents written by them. The author aims at going beyond general conclusions about the phenomena of interference in the language of medicine by investigating not only written documents, but also by exploring the attitude of physicians and patients towards the English language and the interferences. A triangulation of two methods has been used: the investigation of medical documents is complemented by the implementation of semi-structured interviews. The combination of data collected by the two methods may provide a more complex and better insight into present day Hungarian for medical purposes.

This study suggests that a common code has been developed in medicine which is a mixture of mainly Hungarian vocabulary and grammar, and Latin and English terms, and other borrowed English structural features. This common code is used by the members of the two discourse communities (family physicians and cardiologists), and it promotes understanding between the two parties. Patients, however, cannot speak or understand the code which is used in the discharge reports.

As is evidenced by the results of the interviews, discharge reports are written about the patients, and not for them, and the medical content needs to be mediated toward the patients by members of the medical society at various levels.
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