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Two open-access glossaries

EDITORIAL

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The Journal of the Norwegian Medical Association's glossary has now been revised and supplemented with a glossary of Norwegian translations of English medical terms.

Photo: Sturlason

We need words to create order in a complex and confusing reality. Doctors need words to convey research findings and clinical observations to other doctors and patients. Word choice is based on knowledge and experience, while spelling and usage are governed by norms both within and outside the relevant field.

In the 1970s, the Journal of the Norwegian Medical Association created its own glossary, intended to provide authors with guidance on the recommended spellings of words and terms that were typically problematic. The glossary has been revised continuously, with major updates in 2006 and 2019 (1). Since then, a new revision has been needed to reflect developments in language, both within and outside the medical field. This revision has now been completed through internal discussions within the editorial team. We have taken into account what we perceive to be current linguistic practices in the medical communities. For the most part, we have followed the spelling and terminology used in the *Store medisinske leksikon* (2) and medical dictionaries such as *Medisinsk ordbok* (3). Valuable input has also been drawn from the Language Council of Norway's website (4). The revised glossary is now openly available on the Journal's website.

We have made three major changes. First, medical terms based on Latin or Greek now primarily have a 'Norwegian' spelling (referred to by linguists as '*norvagisering*), without a Latin or Greek equivalent alongside. Where the Journal previously listed both *afasi* and *aphasia*, *alopesi* and *alopecia*, and *amenoré* and *amenorrhea* (three of the terms listed under the letter A), only *afasi*, *alopesi* and *amenoré* remain. This also means that anatomical terms such as *larynks*, *sklera* and *tyreoidea* stand alone; *larynx*, *sclera* and *thyreoidea* have been omitted. Some exceptions apply: we maintain paired spellings such as *cerviks* and *cervix*, *koklea* and *cochlea*, and *toraks* and *thorax*, because the latter forms are still firmly established in the medical community.

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These changes do not affect terms with adjectives written and placed according to Latin conventions; *alopecia areata*, *plexus brachialis* and *myasthenia gravis* should still be used. However, even here the language seems to be evolving toward a more 'Norwegian' spelling; for example, *polymyalgia revmatika* now appears to be almost exclusively used within the relevant medical communities. The linguistically 'correct' spelling is still *polymyalgia rheumatica*.

We have also added many new technical terms. In 2006, terms like *gitterceller* (grid cells), *e-konsultasjon* (e-consultation) and *surrogati* (surrogacy) were barely known. Terms such as *covid-19* (COVID-19) and *tarmflorabehandling* (gut microbiota treatment) did not exist. These and many others are now included in the glossary. By the same token, we have also removed certain terms deemed outdated and explanations of word meanings. The names of many medical and scientific institutions have been removed (these can easily be found on the Internet), although we have retained and updated some names we consider useful to include. Authors are still encouraged to avoid abbreviations that are not well-known outside their specific field.

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Perhaps the most important innovation is that the glossary is now supplemented with a glossary of Norwegian translations of English medical terms, many of which have been introduced or discussed in the Journal's language column (*Språkspalten*) (5). The list includes both well-established and proposed translations. Some examples include *vaktpostlymfeknute* (for sentinel node), *forhåndssamtale* (for advance care planning) and *infeksjoner oppstått utenfor sykehus* (for community-acquired infections). We consider this an important measure to stem the tide of English-language terms in clinical and scientific medicine in Norway (6). The meaning of English medical terms may be obvious to those working within a specific field, but not necessarily to those outside it. We believe that Norwegian translations can aid communication between doctors across different specialties, as well as with patients, their families and the general public.

The aim of the Journal's glossaries is to help authors, peer reviewers and editorial staff follow a consistent approach to terminology and spelling. We also hope the glossaries can serve as a guide and set a standard for how medical terms are written beyond the pages of the Journal. However, the glossaries are not without faults or omissions. Entries only appear in one of the variants of the Norwegian language (Bokmål) and represent a pragmatic selection. We welcome feedback and suggestions for improvement.

The Journal is not alone in shaping Norwegian medical terminology. This responsibility is also shared by the various medical communities and the four medical faculties in academia, which are legally required to 'use, develop and strengthen Norwegian academic language' within their fields (7). The terminology database *Termportalen*, an initiative by the language departments at the University of Bergen, supported by the Language Council of Norway, aims to cover all Norwegian specialist terminology (8). Effective communication and meaningful professional reflection are dependent on our collective language awareness.

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