

Editorial

MEDICAL EDUCATION AND THE LANGUAGE

By

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It is difficult for me to believe that I am in a situation that I have to write- and in English- to convince my colleagues that we have to teach medicine to our students in the Arabic language, our only native language for the last fourteen centuries.

Since the establishment of medical schools in Egypt the teaching has been in English. The reason for this is that the first medical school was established by the English and hence, naturally, the first group of professors were English, and the first group of Egyptian professors were trained in England. With the medical terms being- at the time- only in English, teaching went on in English, and natural transmission from one generation to the next played its role.

But that was many decades ago. Now that the teaching and caring staff , the students and the patients are all Arabic speaking, and most of them are only Arabic speaking, why we did not change to the Arabic language in our teaching?.

Consulting the internet you will find that there are more than one hundred languages used in medical education all over the world, many of these languages are not known to us. The sheer number suggests that every country or nation uses its native language for medical education with few exceptions. The arab world is the main exception, we use the English language in most of our countries .

Managerial logic and efficiency would tell you , to change an established and apparently successful system you must have a reason, granted, but we do have not only one reason but many reasons.

Logic and necessity mandates that all members of a team should speak the same language, and who are the members of a medical care team? They are the doctor or doctors, the nurses, the technicians, the patient himself and the close relatives of the patient. With the exception of the doctors, other members of the team do not speak English or at least they do not communicate in English. We cannot change the team so we have to change the language.

But what will be gained from changing to the Arabic language. With the doctors speaking the native language, the public's knowledge of medical matters will improve, this will help in the prevention of many preventable diseases. It will also encourage compliance of the patients to

medical instructions and advises. Will also facilitate patient sharing in the medical care, he is a member of the medical care team, remember.

Also with the doctors speaking to and with the rest of the medical care team using a language they know will help raise their knowledge of the relevant clinical matters of the patient they are dealing with. This will help better execution of the job, better dealing with the patient and better reporting. I am sure that lawyers, when needed, will also be happier to deal with reports in the native language.

At present we doctors speak to each other by the patient bedside in English and then translate briefly to the rest of the team In Arabic. This gap in communication may lead to miscommunication that may harm the patient.

As for the students, I noted that many of them translate some of what we told them in English to the Arabic, they say, it is difficult to understand when it is totally in English. They are good at communicating with patients in Arabic, but even this advantage is lost when reporting in English. Their study books in English, is full of Arabic translations on the side or as foot notes.

Will the teaching staff benefit from teaching in Arabic? They certainly will, we know that a person thinks in his own language, and that the language is the pot of imagination, thought and knowledge and hence is the ground for creation. Harmony between thinking and speaking helps creation and saves effort.

The advantages of converting to the Arabic language in our medical education are all -so far - related to the fact that it is our native language. But the Arabic language offers us an extra bonus. If you compare a report of a patient's medical condition written in English to its literal translation in Arabic you will notice that the Arabic language report is shorter i,e it is written in less number of pages or in a less number of lines than the English language report. This is due to inherent qualities in the Arabic language. To start with an Arabic language word should not exceed seven letters (except some words imported from other languages). This is achieved by the fact that whereby the English language uses the vowels after the consonants to direct the pronunciation of the word, the Arabic language uses the dots and the accents which are small marks above or below the letter that determines the pronunciation. Interestingly, most of the times you do not even need to use these marks when the pronunciation is clear by itself and is not confused with another word. Also many of the sounds common to both languages are represented in the English language by two letters, such as....gh....and Kh... while the equivalent for either in the Arabic language is one letter only.

The end result is that on the average the English language word made of 7-10 letters has the Arabic language equivalent word made of 4-6 letters. Consider for example the words headache, intestines, brain, liver, heart, lung, the Arabic equivalent for each of these words is 1-3 letters shorter.

In another feature We will find that in the English language, very frequently, the noun and adjective are made by the addition of a suffix at the end of the word, usually an 'ion' as in the words amputation, examination, prescription, consultation, preparation, constipation,

cancellation; or by the addition of a prefix as in the words intravenous, intramuscular, subcutaneous. The Arabic equivalent for each of these words is a simple word derived or modified from the original word and usually of the same number of letters, which -as we said - is shorter than its equivalent English word.

A fourth feature that makes the Arabic language shorter is using the equivalent of the letter M to be added at the beginning of the word which then makes the meaning "the place where the action happens, thus avoiding adding an extra word: consider the words , airport ,swimming pool, playground and compare them to their equivalent in the Arabic language.

We should add to the above the fact that in all printed matter the English language word is written in separate letters side by side but not connected to each other, while in the Arabic language the letters of a single word are usually connected to each other thus saving space.

These inherent features in the Arabic language which makes words and hence sentences, paragraphs and whole reports shorter has an obvious economic advantage. The Arabic language saves effort material and energy. What a bonus that is.

Let us now discuss the views of the anti-Arabic in medical education and see how valid these views are. They say the medical terms are in English, to this I say that all the medical terms have been translated to the Arabic language and the translation is available at the regional office of the W.H.O. Moreover Prof. Rakhawy, professor of anatomy, has single handed translated all the anatomy terms to the Arabic language years ago. Thank you professor Rakhawy.

Opponents say that the Arabic medical terms are strange and unfamiliar. The fact is that all scientific professional terms are unfamiliar in every language and in every field.

The opponents also say, medical Arabic education will make it difficult to communicate and attend conferences which are usually held in the English language. To this I say how do the Japanese, Spanish, Israelis....and others communicate and attend conferences? They simply learn the English language besides their own native language which they use in medical education.

Some medical students are among the opponents, they say learning medicine in English keeps the opportunity open for us to work abroad. To this I say that in Syria where medical schools uses only the Arabic language for years, statistics say that 25% of the graduates practice in U.S.A. successfully.

I think all the objections to teach medicine in Arabic in all Arab countries are not valid.

Let us remember that Arabic was the most important scientific language of the world for many centuries. "Al quanoon" of Ibn Seena was the final reference authority on medical matters in Europe for several centuries, it was in the Arabic language. Those were the centuries when a lot of research and innovations were done by Arabic scholars.

One may ask if converting to the Arabic language in medical education is so obviously useful why it didn't happen up till now? The reasons are :

—The objection of some for the false reasons as mentioned above. Also snobbism probably play a role. Some may feel that the dear knowledge they earned hardly should be kept in the profession.

—The absence of political will is a main reason. Politicians seem to always have more pressing matters to attend to.

— How could it happen if no special entity has been assigned for the job? And no budget.

To get it done we need:

—Special higher committee to manage the conversion to the Arabic language.

The persons capable of contributing are many and ready.

Training courses for the present teaching staff.

Preparing the undergraduate books in Arabic.

Ensuring some medical journals in Arabic.

The political approval and help to effect the change.

The budget will be covered by Arab countries, it is a pan Arab project.

I know for sure that the W.H.O. ,through its regional office, has always been ready to support this change.

So, let us do it. We can.

Editor- in- Chief

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