



## Genre And Communicative Features Of Medical Documents In Uzbek And English

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### ABSTRACT

This article develops a genre-based framework for comparing Uzbek and English medical documents. Clinical notes, diagnostic reports, discharge summaries, and patient information leaflets are distinguished by audience, purpose, information structure, and pragmatic function. A synthesis of research and functional examples supports a genre profile and clarifies the distinction between grammatical similarity and communicative equivalence.

**KEYWORDS:** Medical document, genre, communicative purpose, discharge summary, diagnostic report, patient information leaflet, equivalence.

### INTRODUCTION

Although medical documents share health as their general subject area, their communicative functions are not identical. A routine clinical note records a patient's condition at a particular point in time, a diagnostic report interprets examination findings, an epicrisis summarizes a stage of treatment, and a patient information leaflet organizes information on medication use. Comparing these texts within a single undifferentiated "medical style" may obscure the influence of genre on linguistic form. In comparative research, it is therefore necessary first to determine which documents are functionally comparable and only then to compare their lexical and grammatical features.

Abduraxmanova's (2024) PhD dissertation abstract on instructional discourse in English and Uzbek specifically discusses the compositional and communicative characteristics of medical instructions. Burxonova (2025), in turn, addresses the professional and institutional foundations of medical communication. These local studies provide a basis for examining the relationship among terminology, genre, and function. The purpose of the present article is to extend this line of inquiry by developing general criteria for comparing several types of medical documents and by analyzing selected Uzbek-English functional models.

The study was conducted as a theoretical-comparative investigation. The material comprises local dissertation abstracts and Uzbek and international articles on medical genres; no claim is made that a new clinical corpus was compiled. The sources were examined according to communicative purpose, document type, addressee, and method of analysis. The examples are author-constructed models illustrating how a particular meaning may be formulated in the two languages. They are not evidence of official document formats or of the frequency of particular forms in either language. This distinction prevents comparative commentary from turning into unverified generalization.

## Main Part

Functional basis for genre identification. The name of a document is an initial clue for identifying its genre, but it is not a final criterion. A genre passport records who produces the document, who reads it, at what stage of a process it is created, what information it communicates, and what subsequent action it is intended to support. For example, the same heading "conclusion" may refer either to a brief interpretation of examination findings or to a summarized account of a stage of treatment. In translation, lexical correspondence between headings does not guarantee complete functional equivalence. Therefore, the document title should be evaluated together with its internal sections and conditions of use.

Grabowski (2015) examines patient information leaflets, summaries of product characteristics, clinical trial protocols, and textbooks as separate registers in English pharmaceutical discourse. The genre dependence of recurrent phrase-frame functions demonstrates the limitations of treating medical texts as a single homogeneous category. The implication for comparative research is clear: before grouping an Uzbek patient leaflet with an English product description intended for specialists, their intended audiences must be checked. Otherwise, differences in textual complexity or in the number of imperative forms may be incorrectly interpreted as language-specific differences.

The current-information function of a clinical note. A clinical note may be described through the functional sequence "time - observation or report - interpretation - subsequent plan." It is important to identify both when a change occurred and from whom the information was obtained. When the English model "The patient reports improvement" is rendered in Uzbek as "Bemor ahvoli yaxshilanganini bildiradi", the source of information is preserved. The form "Ahvoli yaxshilandi" does not explicitly indicate that source. Thus, comparison should take into account not only the lexical correspondence between improve and yaxshilanmoq, but also the function of the reporting construction. This distinction does not in itself constitute a judgment about the reliability of the clinical information.

Evidence and interpretation in a diagnostic report. In this genre, a finding recorded during an examination and its diagnostic interpretation are related but non-equivalent layers of information. For "No evidence of X," the Uzbek model "X belgisi aniqlanmadi" indicates that evidence was not identified; for "Cannot exclude X," the model "Xni inkor etib bo'lmaydi" indicates that the possibility remains open. Both contain negation, but the scope of the negation differs. Interpreting the first as proof that the disease is completely absent, or the second as a confirmed diagnosis, would constitute a semantic shift. The limits of the examination in context help clarify the interpretation.

The high frequency of nominal units in a diagnostic document is not sufficient to classify the text as purely nominative. A short noun phrase may perform a concluding function when interpreted together with a preceding heading, result, or probability marker. When seeking equivalents for the English terms report, findings, and impression, the name of the document as a whole should not be confused with the names of its internal sections. Uzbek sections such as "natijalar" ("results") and "xulosa" ("conclusion") may serve as starting points for functional comparison, but their actual content must be verified in each document. Position within the text forms part of the pragmatic interpretation.

The retrospective and prospective structure of the epicrisis. An epicrisis is a document that summarizes a patient's condition, examinations, and treatment over a particular period. A

discharge epicrisis may be functionally compared with the English discharge summary; however, it is not appropriate to equate every type of epicrisis with this term. Such texts connect a summary of past events with the planning of future follow-up. Accordingly, temporal markers, completed actions, and subsequent recommendations should be examined separately. The objective is not merely to find a translation equivalent for a term, but to preserve the logical continuity of information transferred from one institution to another or from one specialist to another.

Frings et al. (2025) classify the diagnosis section of German hospital discharge summaries according to structure, content, and level of detail. Their study shows that even a small subsection of a document may display internal genre variation. Its value for Uzbek-English comparison lies not in directly transferring German criteria, but in the principle of testing a classification within a specific document section. Functions such as “primary diagnosis,” “comorbid condition,” and “follow-up recommendation” may first be distinguished and then compared in terms of how they are expressed in the two languages.

The instructional and informational functions of a patient information leaflet. A leaflet written for patients combines such functions as providing information, warning, expressing permission, and indicating restrictions. By comparing British and Italian leaflets, Cacchiani (2006) discusses how text organization and ways of addressing the reader may differ even when the overall communicative purpose is shared. This does not provide direct evidence about English-Uzbek translation, but it does offer a theoretical basis for functional comparison. In translating a leaflet, the position of sections, the condition attached to a warning, and the expected action should therefore be analyzed together.

It is particularly important to distinguish a patient information leaflet from a summary of product characteristics intended for professionals. In the former, answering the reader’s practical questions may be foregrounded; in the latter, systematic information for professional decision-making may take priority. The models “Consult a healthcare professional” and “Tibbiyot mutaxassisiga murojaat qiling” preserve the direction of the action. However, if the conditional component is omitted or the time frame for consultation is changed, lexical correspondence does not ensure pragmatic equivalence. Therefore, the unit of translation should not always be the sentence alone; where necessary, it should be defined as an information segment combining condition and consequence.

Historical variability of genre. Pelizzari (2025) compares British patient information leaflets from different periods and analyzes changes in their communicative functions. This study shows that the date of a document cannot be treated merely as a bibliographic detail. When Uzbek and English materials are compared, the year of publication, revision version, target market, and intended audience should be recorded. Otherwise, diachronic change may be misinterpreted as a language-specific difference. In particular, when texts for the same product from different years are selected as a translation pair, content updates must be distinguished from translation shifts.

Expansion of the addressee range. Vanka et al. (2025) discuss patient-centered documentation in the context of open clinical notes. This tendency further complicates the boundary between interprofessional documentation and texts intended for patients. Even if the primary addressee of a document is a physician, the patient may also access and use it. Comparative analysis should therefore record the actual conditions of use: a version supplemented with explanations for

patients need not have the same information design as a version written solely for professional exchange. This difference should be evaluated separately from differences between languages. Grammatical similarity and communicative correspondence. In the models "Further assessment is recommended" and "Qo'shimcha tekshiruv tavsiya etiladi", the person making the recommendation is not explicitly named. This formal similarity does not prove that the two expressions carry exactly the same degree of obligation in every context. Analysis should include the section in which the sentence appears, the intended addressee, and its relationship to any preceding condition. An English modal verb may correspond in Uzbek to an analytical construction or another linguistic device. Consequently, a change of word class in translation is not automatically an error, just as preserving the same grammatical voice is not automatically a criterion of success.

As a practical outcome of the comparative analysis, a seven-field genre passport is proposed: name and type; author/producer; primary and secondary addressee; communicative purpose; structural sections; dominant speech acts; date and version. This passport is completed in the same sequence for each document. Lexical and grammatical devices are then compared within the corresponding fields. In a clinical note, source attribution becomes a central analytical point; in a diagnostic report, probability and negation; in an epicrisis, time and information continuity; and in a leaflet, the relationship between condition and directive.

The passport serves not only to group similar texts but also to document the limits of comparison. For example, if the Uzbek dataset contains only discharge epicrisis while the English dataset contains various types of clinical notes, the findings cannot be generalized to the language of all medical documents. Translated Uzbek texts should also be distinguished from texts originally produced in Uzbek. This procedure helps separate the effects of the language system, translation practice, and document format. No generalizations should be made about genres that are absent from the corpus.

The proposed model may also be applied in philological education. A student can identify the addressee, purpose, and speech act of a short document fragment in two languages and justify a translation choice on this basis. The need for different explanations of the same term across genres, the scope of negation, and preservation of the information source may be incorporated into task criteria. In this way, text analysis moves beyond compiling lists of terms and becomes oriented toward justifying genre-appropriate communicative decisions. This is a methodological proposal and does not replace a separate empirical test of educational effectiveness.

## Conclusion

When medical documents are compared, a shared subject domain does not guarantee genre equivalence. Clinical notes, diagnostic reports, epicrisis, and patient information leaflets differ in their temporal orientation, intended addressees, and expected actions. Analysis of functional models showed that source attribution, the scope of negation, probability, and preservation of directive conditions must be examined independently of grammatical similarity. Translation correspondence should therefore be evaluated at the levels of terminology, proposition, and pragmatic function.

The proposed genre passport provides a basis for the consistent selection and comparison of Uzbek and English materials. Functional correspondence between documents is established

first, and linguistic differences are then interpreted within those boundaries. The article does not draw empirical conclusions about frequency or dominant strategies across the two languages. The next stage should test the passport criteria on authentic documents belonging to the same period and genre, distinguish translated copies from originally produced documents, and verify identified semantic-pragmatic differences in context.

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