
Everything that can be said in English can be said in Norwegian

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Doctors should write and speak in a way that makes them understood. Finding good translations of English medical terms is easier than many people think.



Photo: Sturlason

We use language to think and to record observations, thoughts and appraisals. We use language to be understood and to convey a message. Language mastery is therefore just as important as up-to-date knowledge and practical skills for a doctor or researcher (1).

English is now the predominant lingua franca in medicine. Most scientific journals are published in English, and all major international conferences, including in the Nordic region, are conducted in English. Everyday Norwegian is also under pressure from English. It is therefore not surprising that new English terminology and formulations are quickly adopted in Norway. Many professionals prefer using English terminology when writing and speaking Norwegian – and some insist on it. It's easy to slip into.

Some will regard this as a sign of linguistic laziness, but it is worth bearing in mind that most doctors are not trained in creating good translations. Using English terminology that is difficult for outsiders to understand can thus be a barrier to effectively presenting and disseminating research. Technical jargon is becoming a tribal language, accessible only to the initiated.

'We have to use English terminology because professionals in the field are using it' is a common justification. This may be a reasonable explanation when the target group is only colleagues in our own professional community; however it does not work when dealing with professionals *outside* of it, or for doctors who are not very familiar with the topic, and particularly not when the target group is patients, their families or the general public. And once you have started using an English term, it is often difficult to switch back to Norwegian in other contexts.

There may also be another, more psychological explanation for someone insisting on using English terminology: a desire to be exclusive. Do they feel that they belong to a niche group with connections to the international stage? That they are 'on the ball' and staying abreast of the latest developments? That this is so complex that only we – with our insight and experience – understand how complicated it really is? It could also be said that most Norwegians do not have the same linguistic awareness and pride in their language as, for example, the French or Icelanders.

«The chance of a Norwegian term being adopted increases if you act quickly and involve prominent figures in the field»

A common reason for using English terminology is that 'the term does not lend itself to a Norwegian translation,' and that suggested translations are not exact enough or are inadequate. A suggested translation can be perceived by some as strange, foreign or clumsy to the Norwegian ear. However, what they forget is that an English term can often have the same connotations among English-speaking people as the Norwegian replacement word has among Norwegians (2). Suggestions can be met with astonishment, reluctance or even laughter, but there are also examples of translations that are initially met with opposition only to be adopted at a later date.

Of course, it can often be difficult to find Norwegian replacement words for English terms. I would still argue, however, that it is much easier than many people think. Online dictionaries and translation software can sometimes throw up relevant words that will help to form the basis of a Norwegian translation. The Norwegian words *vaktpostlymfeknute* (sentinel node), *ikke-underlegenhet* (non-inferiority) and *røvertidsskrift* (predatory journals) are good examples of this (3–6). The chance of a Norwegian term being adopted increases if you act quickly and involve prominent figures in the field. Nevertheless, establishing a Norwegian term as a replacement for an English term can take a long time and requires perseverance. The Norwegian and English terms may indeed live side by side for some time. You may lose out if you are too slow off the mark, and a replacement word will fade into oblivion if it turns out to be a damp squib.

Good use of language and Norwegian terminology are important in most fields, but particularly in medicine and other healthcare sciences, because doctors and other healthcare providers have to communicate directly with patients and their families about life and health. The term 'health language' could be applied here, as described by Erlend Hem and Magne Nylenna in the Language Column in the Journal of the Norwegian Medical Association (7). On their initiative, and that of the Group for Norwegian Medical Terminology, whose members include representatives for the Journal, an interdisciplinary online seminar on health language will be held on 21 May 2021 (7). The Journal's readers and other language enthusiasts are hereby invited to attend via their computer or smartphone. One of the organisers' goals is to raise language awareness among healthcare professionals and reinforce their understanding of the importance of using correct and comprehensible language.

A longer version of this article will be published in the book on health language Helsespråk (6). The headline is a translation of a quote by Raida Ødegaard, a long-time manuscript editor at the Journal of the Norwegian Medical Association (8).

LITERATURE

1. Gjersvik P. Språket er en del av faget. Tidsskr Nor Legeforen 2012; 132: 613. [PubMed][CrossRef]
2. Wyller TB, Hem E. De skrøpelige. Tidsskrift for omsorgsforskning 2020; 6: 1–3. [CrossRef]
3. Schlichting E, Babovic A, Kåresen R. Vaktpostlymfeknute. Tidsskr Nor Lægeforen 1999; 119: 2009. [PubMed]
4. Gjersvik P, Hem E, Jacobsen GW et al. Hva bør non-inferiority-studier kalles på norsk? Tidsskr Nor Legeforen 2014; 134: 852–3. [PubMed][CrossRef]
5. Hem E. Se opp for røvertidsskrifter. Tidsskr Nor Legeforen 2014; 134: 1273. [PubMed][CrossRef]
6. Gjersvik P. Norske faguttrykk fremfor engelske: Hvorfor så vanskelig, hvorfor så lett? I: Hem E, Nylenna M, red. Helsespråk. Michael 2021; 18: Supplement 26.
7. Hem E, Nylenna M. Hva er helsespråk? Tidsskr Nor Legeforen 2021; 141. doi: 10.4045/tidsskr.21.0224. [CrossRef]
8. Feiring E. Språkdoktoren. Tidsskr Nor Legeforen 2013; 133: 1346–7. [CrossRef]

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