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CERLIS Series
Volume 5

Maurizio Gotti, Stefania M. Maci, Michele Sala (eds)

**The Language of Medicine: Science, Practice and
Academia**

CELSB
Bergamo

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CERLIS SERIES Vol. 5

CERLIS

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THE LANGUAGE OF MEDICINE:

SCIENCE, PRACTICE AND ACADEMIA

Maurizio Gotti, Stefania Maci, Michele Sala (eds)

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MARELLA MAGRIS / DOLORES ROSS*

Gender Dysphoria: How do Specialized Centers Communicate to Potential Patients?

1. Introduction

In the last two decades, Applied Linguistics and Translation Studies can be said to have experienced a similar shift: both disciplines have increasingly extended their focus of attention on social questions. It is true that the purpose of Applied Linguistics has always been “to solve or at least ameliorate social problems involving language” (Davies 1999: 1): but it is especially with the relatively new branch of Critical Applied Linguistics that issues such as identity, sexuality and power have become central questions to be addressed (Pennycook 2004: 785). Similarly, also Translation Studies have been more and more concerned with social factors involved in translation, with the translator’s social responsibility and issues of translation ethics (see for instance Pym 2006, Baker/Maier 2011). The ‘ethics of difference’ (Venuti 1998) has become a fundamental concept which has opened up many new lines of enquiry and has also influenced the authors of the present chapter. Being particularly interested in matters concerning human rights and vulnerable subjects, we have recently started to investigate communication to disabled people in three languages, i.e. Italian, Dutch, and German (see Magris forth.; Magris/Ross forth. a, b). In this chapter, we will present a new pilot study involving another group of subjects, i.e. people with gender dysphoria and transsexualism. More precisely, we will focus on texts published

* The introduction and conclusion were written jointly by both authors. In the remaining sections, Marella Magris was responsible for the observations on Italian and German, Dolores Ross for those on Dutch.

on the websites of Italian, German and Dutch hospitals and other specialized centers, which are meant as a first source of information on this condition and on the range of possible treatments. The aim of the analysis is to identify possible cultural differences in the communicative styles employed to deal with such sensitive matters.

While in the past, society only recognized the binary distinction between two sexes, it is now gradually accepting the variety that exists in real life. However, there is still a long way to go, and people who do not conform to the traditional categories often continue to face stigma and discrimination. Communication is an important factor in the struggle for social acceptance. Moreover, this is one of the cases where language does not only express or reflect one's identity as a particular kind of social subject, but also contributes to constitute it (Pennycook 2004: 393). Against this background, translators, language experts, and other professional communicators may play a fundamental role in identifying and helping to spread the best linguistic and communicative practices. In the field of medical translation and interpreting, the ethical question has been highlighted, among other authors, by Montalt-Resurrecció/González Davies (2007) and by Angelelli (2004), who wrote the first study on the role of medical interpreters in hospital settings. In particular, we share the view of Montalt-Resurrecció and González Davies (2007: 22- 23) that one of the ethical priorities of the medical translator should be to promote understanding, respect and empathy towards specific groups of patients, and towards different cultural views on health.

2. Terminological issues

Before turning to the presentation of the analysis, some terminological clarification is necessary. As an area both characterized by medical progress and interdisciplinarity (psychology, medicine, psychiatry, social assistance, etc.) and affected by social change, the field of gender dysphoria provides a perfect example of rapidly evolving

terminology, with many neologisms, variation and controversial terms. As will be seen, the key term itself, *gender dysphoria*, is still open to debate. But first of all, a look will be taken at some basic concepts and their respective designations in the three languages of this study, Italian, German and Dutch. The starting point will be English terminology, as many of the reference works, guidelines and other documents have originated in English-speaking countries or are written in English. Here, reference will be made to the definitions contained in the guidelines of the American Psychological Association (2011):

Sex refers to a person's biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female). There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia.

Gender refers to the attitudes, feelings, and behaviors that a given culture associates with a person's biological sex. [...]

Gender identity refers to 'one's sense of oneself as male, female, or transgender' [...].

Gender expression refers to the 'way in which a person acts to communicate gender within a given culture; for example, in terms of clothing, communication patterns and interests. [...]'

Sexual orientation refers to the sex of those to whom one is sexually and romantically attracted. Categories of sexual orientation typically have included attraction to members of one's own sex (gay men or lesbians), attraction to members of the other sex (heterosexuals), and attraction to members of both sexes (bisexuals).

In Italian, these concepts are expressed by the terms *Sesso*, *genere*, *identità di genere*, *ruolo di genere* and *orientamento sessuale*. English and Italian thus seem to show a significant terminological overlap: the only remarkable difference concerns the rendering of the concept of *gender expression* with *ruolo di genere* in Italian, which is defined as "tutto ciò che una persona fa o dice per indicare agli altri e a se stesso la propria connotazione sessuale: il grado della propria femminilità,

mascolinità o ambivalenza”,¹ and which is used much more frequently than *espressione di genere*. In English, on the contrary, a further subdivision has been introduced, with *gender role* designating “the social expectation of how an individual should act, think and feel upon one’s assigned gender” (LGBT Resource Center). This distinction is only gradually gaining ground in Italy; for the time being, *ruolo di genere* is generally used with the above-mentioned meaning, and not as a direct equivalent of *gender role*.

The German and Dutch terminologies are more complicated. In German, there are not two different words to distinguish between sex and gender: *Geschlecht* is widely used to express both concepts, although the loan word *Gender* has been introduced to designate the social aspect. In the compound nouns referring to identity and role, both elements – *Geschlecht* and *Gender* – are used, with the more ‘ambiguous’ terms, *Geschlechtsidentität* and *Geschlechtsrolle*, being much more widespread than the more precise hybrid forms *Genderidentität* and *Genderrolle*. Other possible alternative terms, such as *Genus-Identität*, are very seldom used (25 occurrences on Google.de): the word *Genus*, in fact, is mainly restricted to the grammatical domain. The concept of sexual orientation is expressed by *sexuelle Orientierung*, *Sexualorientierung* or *Geschlechtsorientierung*.

Dutch uses the words *sekse* or *geslacht* to refer to the biological differences between man and woman and, more recently, the loan word *gender* to refer to the social, psychological and cultural aspects related to being man or woman. This term also appears in many compounds such as *genderchirurgie*, *genderteam*, *genderkliniek*, *genderkenniscentrum*, *genderzorg*. Obviously, the new term *gender* has not been systematically introduced as there existed already several compounds with *geslacht*. Therefore, as in German, the distinction between the two concepts becomes sometimes blurred in compound nouns, where *geslacht* is used to express not only the biological sex, as in *geslachtshormonen* and *geslachtsaanpassende behandeling*, but also the cultural and psychological aspects, as in *geslachtsidentiteit*.

1 Everything that someone does or says in order to show to others and to themselves their specific sexual nature: the degree of their femaleness, maleness or ambivalence, <<http://www.agedocuneo.it/comprendere-per-rispettare>>.

At any rate, the importance of the concept of gender in the Netherlands is also demonstrated by the replacement, in the Nineties, of most academic *vrouwenstudies* (women's studies) by *gender studies*. As for other 'synonyms', in legal language the term *kunne* is also used, which is an old word for *sekse*. Finally, like German, Dutch has the term *genus*, but this is not really a viable alternative, as it is usually restricted to its grammatical or biological sense. *Genderrol* and the less common *geslachtsrol* are the equivalents of *gender expression*, whereas *seksuele geaardheid* and – less frequently – *seksuele oriëntatie* designate the concept of sexual orientation.

The combination of the above mentioned factors (sex, gender identity etc.) can give rise to a wide range of possible situations. Here we will focus on the cases when one's gender identity and biological sex are not congruent, and we will refer to these situations of 'mismatch' as *gender dysphoria*. This is the term adopted in the latest (5th) edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM, the standard reference work in this field, APA 2013), which replaces the older term, *gender identity disorder*, used in the 3rd and 4th editions.

This change is by no means casual and aims to avoid stigmatizing effects. Indeed, the term *gender identity disorder* is often considered offensive, as it labels affected people as 'disordered', as 'mentally ill'. One could argue, of course, that the choice of keeping these conditions in a manual of mental disorders is per se stigmatizing. However, as the members of the Sexual and Gender Identity Disorders Work Group of the manual have pointed out, removing the condition as a psychiatric diagnosis altogether could jeopardize access to treatment (see Lescher 2013): the diagnosis is necessary for affected people to claim coverage for surgery, counseling and other treatments on their private or public health cover. So, while the term *gender identity disorder* stresses the incongruence between biological sex and gender identity, the new one emphasizes the discomfort, the distress as necessary feature to diagnose the condition: in fact, dysphoria originally means "a state of unease or generalized dissatisfaction with life" (OED). It must be noted, however, that *gender dysphoria* is not uncontroversial either. First of all, it is not a new word: as a matter of fact, it was introduced in 1973 by Norman Fisk and is now considered

'obsolete' by some authors (Motmans *et al.* 2009: 26). The DSM has therefore not coined a neologism, but has rather recycled an existing word. Secondly, this term also has been criticized for not being neutral, already before the release of the 5th edition. The World Professional Association for Transgender Health (WPATH) has begun to stigmatize this term, arguing that it contributes to pathologizing the phenomenon: what actually is a difference, is considered as a disease or disorder. The term *dysphoria*, in other words, is not respectful for the transgender otherness (Motmans *et al.* 2009: 24). However, the DSM work group chose this word exactly because it helps to make clear that the incongruence is not in itself a disorder: the crucial element to make such a diagnosis is the presence of clinically relevant distress associated with it.

The Italian (APA 2014a) and Dutch (APA 2014b)² translations of the manual use the terms *disforia di genere* and *genderdysforie*, respectively; while the German translation introduces *Geschlechtsdysphorie*. At present, it is too soon to evaluate the success of the DSM terminological proposal. For the time being, we can only observe that the three languages seem to have reacted differently to the new terms, at least as far as their use in web communication is concerned. As our analysis has shown, in Italian the terms *disturbi dell'identità di genere* (with the corresponding initials *DIG*) and *disforia di genere* are now often used as synonyms, sometimes in the same text, and most of the time without conceptual differentiation. See for instance the following excerpt, taken from a report on a symposium on the subject:

- (1) Disturbo dell'Identità di Genere: la Disforia di Genere è una patologia dall'eziologia, dall'inquadramento e dalla valutazione estremamente complessi.³

In German, *Geschlechtsdysphorie* has not caught on very much, at least so far, and is considered a controversial term by some people.

2 The Dutch translation of the 5th edition of the DSM manual, published in 2014, is the first translation of the handbook for a Dutch public.

3 Gender Identity Disorder: Gender Dysphoria is a disorder whose etiology, classification and assessment are extremely complex, <<http://www.stateofmind.it/tag/disturbo-dellidentita-di-genere-disforia-di-genere/>>

One of the reasons is that in the German-speaking area the term *Dysphorie* has long been used to designate a condition of bad mood⁴ and is associated with strong pessimism, a tendency to overcriticize and to isolate oneself (see for instance Nieder *et al.* 2013: 376).

In Dutch, on the contrary, the term *dysforie* has become very common, at least in specialized information. This is also demonstrated by the existence of compounds such as *genderdysforiepatienten* and by the creation of the corresponding adjective, as in *genderdysfore kinderen*. In explanations of the term, however, the older synonym *genderidentiteitsstoornis* is often used. The compound *geslachtsdysforie* is another, uncommon, synonym for *genderdysforie*.

Other two terms that need some clarification are *transgender* and *transsexual*. *Transgender* is usually considered the hyperonym, an umbrella term for all people who identify with or express a gender different than the one they were assigned at birth, for whom therefore gender incongruence applies. Along with *gender diversity* and *gender variance*, *transgenderism* is considered a neutral and appropriate designation. *Transsexual* or *trans people* are persons within this broad category who have a persistent desire to live according to their gender identity, rather than their biological sex. Transsexualism is sometimes seen as the ‘most extreme form’ of transgenderism. Transsexual people often undergo some kind of treatment (surgical, pharmacological etc.) to change their bodies in order to make them more consistent with their gender identity. Although this distinction is also drawn in the DSM, some people keep the two terms clearly separate and do not consider one as a superordinate of the other. Also for this word pair, therefore, a definite consensus has yet to be reached.

Both Italian and German use the loan word *transgender* and the loan translations *transsessuale* – *transsexuell*. German, however, has also coined other terms, exploiting its ample possibilities of composition. The words *Transidentität* and *Transident*, for instance, foreground the aspect of gender identity and make clear that transsexualism is not a matter of sexuality. But these terms are not

4 The *Roche Lexikon Medizin* defines the term as “die banale Alltagsverstim-
mung. Aber auch krankhafte Stimmungen bei hirnorganischen Erkrankungen”.

universally accepted either: some people prefer another neologism, *Transgeschlechtlichkeit*, while others propose *Trans** (pronounced *Trans Sternchen* when read aloud) as an umbrella word covering all forms of gender variance (cf. Nieder *et al.* 2013: 374-375). In Dutch *transseksueel* and *transgender* are very common. The latter is also used as first term in compounds (*transgendertraject*) or as an attribute in noun groups (*transgender personen*) and can be combined with the suffixes *-isme* and *-ist* (*transgenderisme*, *transgenderist*). Shortened forms such as German *Trans** do not seem to be used, whereas *transman* and *transvrouw* are very common. Dutch has created the neologism *transidentiteit* as well, but this term seems to have a lower frequency than in German.

3. The study: communicative styles in three countries

The first step in order to investigate communication directed to people with gender dysphoria was the selection of websites of Italian, German and Dutch hospitals and clinics specialized in the treatment of this condition. As the therapeutic options can vary depending on the individual needs of the subjects, it was decided to focus on the major centers offering the complete range of treatments, including sex reassignment surgery (SRS), i.e. procedures that change a person's external genital organs from one sex to another. This surgery is called *riassegnazione* or *riattribuzione chirurgica del sesso (RCS)* in Italian, *geschlechtsangleichende/geschlechtsanpassende Operation (GAOP)* in German, and *geslachtsaanpassende behandeling (GAB)* or, more specifically, *geslachtsaanpassende operatie (GAO)* in Dutch. Of course the protocols are different depending on the type of surgical intervention (male-to-female or female-to-male) and vary from hospital to hospital, but on the whole they mostly follow the guidelines developed by international and national bodies (see for instance the WPATH Standards of Care for the Health of Transsexual, Transgender and Gender-Nonconforming People, as well as the

national guidelines issued in Italy by the Osservatorio Nazionale sull'Identità di Genere [ONIG] and in Germany by the Deutsche Gesellschaft für Sexuālforschung, the Akademie für Sexualmedizin and the Gesellschaft für Sexualwissenschaft; the Netherlands follow the international treatment protocol established by WPATH, with some minor adaptations by the Dutch Health Council).⁵ Medical treatment, as defined by the Standards of Care, is focused on reducing distress caused by gender dysphoria, not on attempts to modify gender identity (Motmans *et al.* 2009: 24). Broadly speaking, most protocols are subdivided into four phases:

- Psychological/psychiatric assessment. During this phase, the suitability of the treatment for the individual patient is evaluated taking into consideration his or her history and specific condition. Not in every country a psychiatric assessment is required: in the Netherlands, for instance, psychological counseling will suffice in several cases;
- Hormone therapy and real life experience. During this phase, cross-sex hormones are administered and the patient gets acquainted with the new gender role, with the assistance of social workers;
- Sex reassignment surgery;
- Follow-up.

Italy is considered one of the leading countries in Europe in the field of sex reassignment surgery,⁶ with approximately a dozen hospitals providing this kind of treatment. However, when it comes to communication, at least to online communication to the public, the picture changes. Our search for dedicated websites yielded very limited results: only three public clinics (Bari, Bologna and Rome) offer some kind of information to potential patients, while the others can only be contacted by phone or e-mail.

5 Gezondheidsraad, <<http://tonderzoek.files.wordpress.com/2007/02/factsheet-transgender-van-paul-vennix.pdf>>.

6 <<http://www.italiasalute.it/3620/Italia-all'avanguardia-per-chirurgia-transessuale.html>>.

In Germany there is approximately the same number of hospitals and clinics providing sex reassignment surgery. Starting from some lists available on the Internet, 13 centers (both public and private) were identified. But again, the consultation of the websites led to rather similar findings as for Italy: only four of them include detailed information, while six hospitals just mention *geschlechtsangleichende Operationen* or similar terms among their treatments; in the remaining three cases, no mention at all can be found. In Italy and Germany, therefore, this field of medical intervention still appears to be covered by taboos or at least affected by lack of communication.

In the Netherlands there are only two public clinics and information centers: this is in line with the growing tendency to concentrate highly specialized medical assistance in few centers of excellence. The most important clinic is the Centre for Knowledge and Health Assistance on Gender Dysphoria, belonging to the VUmc (Medical Centre Free University of Amsterdam). There is also a smaller gender unit belonging to the University Medical Center of Groningen (UMCG).⁷ In both clinics the whole process of diagnosis, assistance and treatment is performed by a gender team, i.e. a group of professionals from various disciplines: psychologists, psychiatrists, endocrinologists, plastic surgeons, gynaecologists and specialists from other medical fields.

The VUmc website is very detailed and information is well structured. The site has on its left side eleven clickable titles (including 'FAQs and waiting time', 'what is gender dysphoria', 'diagnostics', 'operations', 'patient brochures') and also gives a short overview of the site contents:

- (2) Op deze website vindt u:
- algemene informatie over diverse begrippen, zoals bijvoorbeeld genderdysforie en transseksualiteit
 - informatie over de teams binnen het Kennis- en Zorgcentrum voor Genderdysforie
 - informatie over de werkwijze van het Kennis- en Zorgcentrum voor Genderdysforie

⁷ See: www.umcg.nl, click on 'organisatie' and then on 'specialismen', 'genderteam'.

- informatie over de behandelrichtlijnen en behandelmethoden van het Kennis-en Zorgcentrum voor Genderdysforie⁸

The site presents ten patient brochures, varying in length from 10 to 20 pages, some of which with a glossary, and there is also a completely electronic brochure. It must be kept in mind that the VUmc gender clinic is a 'Kennis-en Zorgcentrum', a center not only for health care but also for knowledge transmission. In the past twenty-five years the Netherlands have seen an enormous increase in the number of knowledge centers. They are government-funded and their aim is to gather and disseminate information and knowledge in different social and economic sectors, such as health, education, environment. The principal deliverable of these knowledge centers is the creation and continuous update of a website (Ketting 2002: 10).

The site of the UMCG gender team (Groningen) is less elaborate, with less information than the website of the Amsterdam gender clinic, but it has a detailed and easy-to-read 18 page brochure, and the overall information seems to be satisfactory.

These first findings can already give a hint about cultural differences in the perception of transsexualism and other forms of gender variance in the three countries involved, and also about different perspectives on communication. So, in spite of the limited number of websites, it was decided to go on with the analysis of the texts in order to collect some preliminary data, to be verified in the future by contacting the hospitals and examining other text types. In this first phase, the analysis was focused on the collected texts, and did not cover other aspects, such as layout, images, audiovisual material etc., which will be dealt with in a second stage of the study.

8 On this website you find:

- general information on different concepts including gender dysphoria and transsexuality
- information on the teams working in the Centre for Knowledge and Health Assistance for Gender Dysphoria
- information on the working procedures of the Centre for Knowledge and Health Assistance for Gender Dysphoria
- information on treatment methods and protocols of the Centre for Knowledge and Health Assistance on Gender Dysphoria

The text analysis has indeed revealed a number of features that can be attributed to different communicative approaches, and that seem to confirm the results of our previous studies in the health sector (see Magris/Ross 2012, Ross/Magris 2012). The Italian texts are characterized by a high degree of technicality and can be described as doctor- rather than patient-centered. They focus mainly on the transmission of factual information without showing awareness of the different cultural and technical background of the potential readers; much less attention is paid to interpersonal interaction. The German and Dutch texts, on the contrary, are more geared towards their potential readers and are probably the result of an intra-linguistic translation and/or adaptation of more complex texts.

In the Italian texts, many descriptions show a high density of terms, typical of a communication between experts and not suitable for informing potential patients. The following excerpts, where we have underlined the more technical terms, exemplify this point:

- (3) Il lembo, di forma rettangolare, viene successivamente tubulizzato per formare il neo-fallo e trapiantarlo in regione pubica dove viene inserito sopra un piccolo lembo cutaneo di forma triangolare creato sul pube per allargare la base di impianto. Come il lembo prelevato dall'avambraccio, anche questo viene trasferito con tecnica microchirurgica eseguendo microanastomosi arteriose, venose e nervose. (Azienda Ospedaliera San Camillo-Forlanini, Roma)

- (4) Intervento chirurgico in soggetti ginoandroidi: L'intervento di adeguamento prevede due fasi fondamentali. La prima consiste nell'intervento di mastoplastica, attraverso il quale si ottiene il rimodellamento del torace, con l'eliminazione delle ghiandole mammarie e dei seni. Successivamente l'intervento sui genitali, detta istereanessectomia prevede l'asportazione di utero ed ovaie, alla quale seguirà la fase ricostruttiva. Per ciò che concerne il modellamento del neofallo, esistono differenti opzioni, la fallo plastica con lembo infraombelicale, come la fallo plastica con lembo antibrachiale, e nuove tecniche, prevedono il confezionamento del neofallo a seguito dell'asportazione di un lembo di tessuto irrorato da addome, braccio o ultimamente anche coscia. (Policlinico Giovanni XIII, Bari)

Although these two passages do include some explanations, they cannot be considered really easy to understand for a non-specialist. First of all, they are highly characterized by a nominal style, which

does not seem particularly user-friendly. Moreover, several terms, especially the multi-affixed forms, lack any transparency for non-expert readers. Just consider the verb *tubulizzare* or the noun *micro-anastomosi* in example (3), and the adjectives *infraombelicale* and *antibrachiale* in (4). Another possible source of comprehension problems is the title of (4), *Intervento chirurgico in soggetti ginoandroidi*. To express this key concept, i.e. the ‘direction’ of surgical reassignment, the Italian language uses either the (Greek-Latin) adjectives *ginoandroide/androginoide* or the English abbreviations *FtM/MtF*, and has not created – at least so far – clear and simple labels, as the two Germanic languages have done (German: *Mann-zu-Frau-* and *Frau-zu-Mann-Operationen*; Dutch: *man-naar-vrouw operatie* and *vrouw-naar-man operatie*). As discourse specialist Renkema puts it, “a text can fail on the comprehensibility dimension when a writer puts too little effort into adjusting to the reader’s knowledge level” (2004: 183). The Italian texts seem to remain stuck in the horizontal dimension of specialist communication and do not exploit the vertical stratification of LSP.

For other concepts as well, the Italian texts use abbreviations, acronyms and English loan words without providing the full forms or an Italian equivalent. In one website, for instance, mention is made of an *intervento di SRS*. Acronyms and shortened forms are typical for communication between experts, but they are not quite recommendable for communication with laymen. Moreover, the decodification of the initials is further complicated by the foreign origin of the term.

In the German and Dutch texts, on the contrary, many instances of de-terminologisation can be found, that is “the process of recontextualisation and reformulation of specialized terms aiming at making the concepts they designate relevant to and understandable by a lay audience” (Montalt/Shuttleworth 2012: 16). Traditional terminology of Greek and Latin origin is not completely avoided, as it can be even useful for educational purposes, which are an important feature of patient brochures (Montalt-Resurrecció/González Davies 2007: 31), but it is often accompanied by detailed and understandable explanations. In the following examples in German, terms of Latin and Greek origin are preceded by paraphrases (5), and the reader is also provided with an explanation of the adjective *frei* in its technical meaning (6):

- (5) Dieser Eingriff dauert etwa sieben bis neun Stunden und beinhaltet:
- die Entfernung der Brüste (Mastektomie)
 - die Entfernung der Gebärmutter (Hysterektomie)
 - die Entfernung der Eierstöcke und Eileiter (Ovarektomie, Adnektomie)
 - die Entfernung der Scheide (Kolpektomie) (Klinik Sanssouci Potsdam)
- (6) Operationsschritt zur Penoidkonstruktion:
- Aus freiem Unterarmlappen oder
 - aus freiem Unterschenkellappen mit Anteilen des Wadenbeins zur Versteifung mit eigenem Gewebe (Fibula-Knochen)
- Frei bedeutet, dass das Gewebe vom Unterarm oder vom Unterschenkel bei der Operation unter dem Operationsmikroskop an die Blutgefäße in der Leiste angeschlossen werden muss. (Praxisklinik München)

Another widely used strategy is to combine erudite terms with their more popular synonyms. This is a field where the Germanic languages have a long tradition, having largely borrowed from Latin in the course of their history. As a matter of fact, both Romance and Germanic languages preserve in their lexicon “a multi-layered record of historical contacts” (Green 1990: 118). But the lexis of the Germanic languages has been enriched with extensive loanwords from Latin, with an admixture from Greek, either directly transmitted or through the influence of French and English (Hawkins 1990: 75, Finegan 1990: 81, Kooij 1990: 140), thus creating a fairly remarkable split in the vocabulary of these languages between popular and learned words. This is also clear in our corpus. Compared to Italian, the two Germanic languages clearly exploit their double-layered terminology: in German, for instance, almost every term of Latin or Greek origin has a synonym of vernacular origin (Puato 2011: 119), which is often built by substituting the erudite roots, prefixes and/or suffixes with their ‘inherited’ counterparts. In communicating with patients, the use of these ‘doublets’ can enhance comprehension and have an educational effect: “Die Arterien (Schlagadern) und Venen (Blutadern) [...]”, “Faszien (Bindegewebshüllen)”, “Urethra (Harnröhre)” are just a few examples from the analyzed websites. In other cases, the term of Latin or Greek origin is directly replaced by its more understandable synonym. The following sentence, for instance, avoids *Urethra* altogether and uses only *Harnröhre*: “Häufig kann das Prob-

lem mit einem durch die Harnröhre geführten endoskopischen Eingriff beseitigt werden”.

The Dutch texts show even greater efforts towards ease of comprehension and educational style. The following excerpt from a patient brochure on laparoscopic surgery contains very short sentences with simple syntax, word repetitions and explanations of terms in plain language.

- (7) De gynaecoloog voert een laparoscopische operatie uit via kleine sneetjes van ongeveer één centimeter in de buikwand. Door een van deze sneetjes wordt een laparoscopus in de buik gebracht: dat is een lange dunne buis waar men doorheen kan kijken. Het beeld wordt meestal weergegeven op een beeldscherm, de monitor. Via de andere sneetjes worden instrumenten ingebracht waarmee geopereerd wordt. De operatie is voor de medewerkers op de monitor te volgen. Er bestaan verschillende redenen om een laparoscopische operatie te adviseren. De meest voorkomende worden in deze brochure besproken. (VUmc)⁹

Example (8) as well is geared towards informing and educating lay readers. See for instance the explanation of the term *hormones* in this excerpt:

- (8) Behandeling met geslachtshormonen
Hormonen zijn stoffen die op een bepaalde plaats in het lichaam worden gemaakt (de hormoonklier), aan het bloed worden afgegeven en elders in het lichaam hun effect uitoefenen. De geslachtshormonen zijn testosteron en oestradiol. Zij worden zo genoemd, omdat zij in de geslachtsorganen worden gemaakt en verantwoordelijk zijn voor de ontwikkeling van het lichaam in mannelijke of vrouwelijke richting. (VUmc)¹⁰

9 The gynaecologist performs a laparoscopic operation by making small incisions of about 1 cm in the abdomen. Through one of these small incisions a laparoscope is introduced into the abdomen: this is a long, thin tube enabling the doctor to look into the abdomen. The image is mostly projected on a screen, on the monitor. Through the other incisions instruments are inserted for surgical purposes. The operation can be followed on the monitor by the team members. There are several reasons why laparoscopic surgery could be advised. The most important ones are discussed in this brochure.

10 Treatment with sex hormones.
Hormones are substances produced in a particular place in the body (hormone gland), they are released into the blood and have an effect elsewhere in the

There are only one Italian and one German website providing glossaries of key terms. These glossaries, however, do not cover all specialized terms contained in the texts, they force the reader to interrupt the reading process and definitely do not represent a reader-friendly alternative to lexical clarity of texts. We think that greater attention should be paid to terminological issues, as the terminology of this specific domain includes many neologisms and – as already seen – controversial terms. The Dutch sites seem more aware of the need for efficient communication with the lay public and potential clients. Some of the VUmc patient brochures include glossaries of difficult terms, but the descriptions given in the text are already quite clear in themselves and difficult terms are systematically explained. We have the impression that the authors of the site have made special efforts to guarantee proper communication, as this subject touches on quite delicate questions.

Other substantial differences regard the interpersonal function of the examined texts. The Italian texts are quite impersonal: they never directly address potential readers and refer to them in the third person as *persona*, *soggetto* and the like. Sometimes their style shows a tendency towards ‘officialese’: *il paziente viene preso in carico* is just an example. Moreover, they often tend to emphasize possible practical difficulties and negative consequences, as shown by the following passages. Example (9) highlights the difficult and long procedures necessary to gain access to SRS and to obtain the necessary authorization by the Court.

- (9) Il transessuale deve percorrere un iter medico legale molto lungo e faticoso prima di essere candidato all’intervento di riassegnazione chirurgica del sesso che prevede l’interazione con diversi specialisti quali urologi, ginecologi, endocrinologi, chirurghi plastici, psicologi ed ovviamente l’autorità giudiziaria che autorizza il cambio di identità e quindi l’intervento chirurgico. (Università di Bologna)¹¹

body. Sex hormones are testosterone and estradiol. They are so called, because they are produced in the sex organs and are responsible for the development of the body in the male or female direction.

- 11 Before being eligible for sex reassignment surgery, the transsexual must undergo a very long and difficult medico-legal procedure, which involves

It must be pointed out, however, that these difficulties are specific to the Italian situation. In Germany and the Netherlands, no court judgment is needed: in Germany two psychological assessments are required, while in the Netherlands the decision is taken by the gender team, which includes physicians from different specialities as well as a psychiatrist. The absence of similar passages in the Dutch and German texts, therefore, might be due not only to differences in communicative style, but also (and perhaps more prominently) to the legal context of the surgical intervention.

The next Italian example, on the contrary, is not related to any national specificity, as it points to the side effects, stressing that they can be minor, but also very serious and even life-threatening. Of course, it is fundamental to inform the reader about risks and complications, but not necessarily in such a way as to discourage potential patients.

- (10) Alcuni effetti collaterali, sia psichici che fisici, possono essere di scarsa rilevanza mentre altri possono essere gravi sino a mettere in pericolo la vita stessa della persona (p.es. depressione, tromboembolia polmonare). (Azienda Ospedaliera San Camillo-Forlanini, Roma)¹²

The German and Dutch texts are more personal and almost seem to be written in a dialogical style. They quite often address the readers with the polite pronouns *Sie* and *u*, respectively. While in German *Sie* corresponds to the standard form used in web communication, in Dutch *u* might seem a formal choice, as in most contexts the second person singular pronoun *jij/je* is used, but it may have been chosen to express respect towards people with this condition.

- (11) Wir bevorzugen es, wenn Sie sich an unserer Klinik ambulant vorstellen. Dies ermöglicht, die Details der Operation ausführlich persönlich zu besprechen.

interaction with various specialists, such as urologists, gynaecologists, endocrinologists, plastic surgeons, psychologists, and of course with the court authority responsible for approving the gender reassignment procedure and the surgical intervention.

- 12 Some side effects, both psychological and physical, can be minor, while others can be serious and even life threatening (e.g. depression, pulmonary embolism).

Sie können sich umfassend informieren und wir Ihre Fragen beantworten.
(Markus-Krankenhaus Frankfurt)

- (12) Na een zorgvuldige en uitvoerige overweging neemt het Genderteam de beslissing of u voor een geslachtsaanpassing in aanmerking komt. Uw lichamelijke geslacht kan in een driejarig traject (achttien maanden preoperatief en achttien maanden postoperatief) worden aangepast aan uw genderidentiteit. (UMCG)¹³

The German and Dutch texts also tend to be much more empathetic, not only in their communication mode but also through their identification with the patients' experiences: the German text passage in (13), for instance, describes the intervention as an important contribution to overcoming the ill fate of gender mismatch. In the Dutch excerpt in (14), the authors show a deep understanding of the many individual experiences of being transsexual and of the difficulty of coping with it.

- (13) Bei gesicherter Diagnose und Indikationsstellung kann die Operation so einen wichtigen Beitrag zur individuellen Bewältigung dieses schweren Schicksals leisten. (Klinik München-Bogenhausen)
- (14) Tenslotte heeft u vele jaren geleefd in een voor u ondraaglijke situatie en heeft u zich in tal van bochten moeten wringen om u staande te houden in uw leven. Enerzijds zien we dat patiënten vaak jarenlang vermijdingsgedrag hebben laten zien en niet in staat zijn om diepgaande contacten te onderhouden met andere mensen. Anderzijds zien we patiënten die soms zo hard proberen zich aan te passen aan het biologische geslacht, dat zij kenmerken van extreem gedrag vertonen. Elke patiënt heeft zijn/haar eigen specifieke geschiedenis ten aanzien van de rol van genderdysforie. (UMCG)¹⁴

13 After long and careful consideration, the Gender team decides if you are eligible for sex reassignment treatment. Your biological sex can be adapted to your gender identity in a 3-year process (with an eighteen-month preoperative and an eighteen-month postoperative phase).

14 You have been living for many years an intolerable situation going to great pains to stand upright in life. On the one hand, we see patients who have shown avoidance behavior for many years, not being able to enter in real contact with other people. On the other hand, we see patients who sometimes try so hard to come to terms with their biological sex, that they show features

Another common trait of German and Dutch texts is that they appear to be much more reassuring than the Italian ones. In German, emphasis is often placed on the possibility of achieving good, sometimes even excellent, results, thanks to well-tested surgical techniques:

- (15) Mann-zu-Frau-Operationen sind inzwischen zu standardisierten Eingriffen herangereift, die bei sorgfältiger Indikationsstellung und guter Vorbereitung in mehr als 80 Prozent der Fälle nach ein oder zwei Operationen zu guten funktionellen und kosmetischen Ergebnissen führen. (Markus-Krankenhaus Frankfurt)
- (16) Operative Geschlechtsangleichungen bilden heute einen legitimen Bestandteil der urogenitalen und plastisch-rekonstruktiven Chirurgie und können sowohl bei Mann-zu-Frau- als auch bei Frau-zu-Mann-Transsexualität mit kosmetisch und funktional hervorragendem Ergebnis ausgeführt werden. (Klinik München-Bogenhausen)

The Dutch texts put special emphasis on the competence and multidisciplinary composition of the staff, as well as the intense collaboration between its members. They convey the idea that the patient will be 'in safe hands' and will get the most adequate treatment:

- (17) Het Genderteam van het UMCG bestaat uit een coördinator, een psychiater, een gynaecoloog/endocrinoloog, een maatschappelijk werker, twee plastisch chirurgen, een uroloog, een KNO-arts en een logopedist. Door de samenstelling van dit team is de nodige deskundigheid van verschillende disciplines aanwezig. Afhankelijk van de fase in het traject zult u te maken krijgen met een of meerdere specialisten. Er is regelmatig onderling overleg. (UMCG)¹⁵
- (18) Eine operative Geschlechtsangleichung ist eine enorme medizinische Herausforderung: Plastische Chirurgen, Gynäkologen, Urologen sowie Gefäß- und Nervenchirurgen müssen Hand in Hand arbeiten, um Ergebnisse zu erzielen,

of extreme behavior. Every patient has his/her own specific history with respect to gender dysphoria.

- 15 The UMCG Gender Team is formed by a coordinator, a psychiatrist, a gynaecologist/endocrinologist, a social assistant, two plastic surgeons, an urologist, an ENT specialist and a logopedist. This team composition assures expertise of different specialities. Depending on the phase you are in, you will come in contact with one or more specialists. There is regular consultation between the team members.

die funktional und optisch den verständlicherweise hohen Erwartungen der transsexuellen Patienten gerecht werden. Dies erfordert viel Erfahrung eines auf Transsexualität hoch spezialisierten Ärzteteams, welches in der Klinik Sanssouci Potsdam fester Bestandteil der transsexuellen Chirurgie ist. (Klinik Sanssouci Potsdam)

The German text in (18) almost turns into self-promotion when describing the clinic's expertise. And indeed, it cannot be ruled out that some of the positive attitudes traced in the texts are also linked to economic factors. As already said, the Italian selected websites are run by public centers, and the same goes for the two Dutch clinics, whereas the German corpus includes some private clinics as well. Moreover, in Italy the sex reassignment surgery is covered by the National Health System (provided that there is a court judgment allowing it), whereas in Germany and the Netherlands it is refunded by health insurance companies. In these two countries, therefore, there could be the need to 'promote' this kind of surgical intervention and also the clinics performing it, and this could have influenced the wording of the texts. Be as it may, a more empathetic and encouraging approach certainly helps to build a sense of trust between the reader and the medical staff.

4. Conclusion

These are in short the first findings of our study, which seem to point to some significant differences between the three countries and languages. As far as communication policies are concerned, while the Italian and German clinics seem to prefer more 'private' channels, which imply a direct contact by phone or email, the Dutch clinics attach great importance to online information, aware of the fact that web-mediated communication "has qualified as a powerful strategic resource in healthcare settings", creating a "new type of self-informed patient" (Vicentini 2013: 53, 54). When considering textual strategies, however, the distinction should be drawn rather between Italy, on the one hand, and Germany and the Netherlands, on the other. The Italian

texts appear to be heavily doctor-centered and monological, they present many instances of opacity of medical communication and are definitely not in line with the main functions of patient brochures, i.e. information and education. On the contrary, the German and Dutch websites demonstrate to be aware of the fact that patient brochures are typically used to bridge communication gaps (Montalt-Resurrecció/González Davies 2007: 59). Their texts are clearly patient-centered, dialogical and reader-friendly. They show multiple efforts to compensate mismatches of knowledge, through simple syntax, the frequent use of explanations and paraphrases, the combination of specialized and popular terms. Their communication style is more comprehensible for potential patients, and thus more efficient – although comprehensibility is not the only yardstick for measuring the effectiveness of a text (Renkema 2004: 180). Website communication is a very fast-moving phenomenon and a key instrument in the field of healthcare. The ability to communicate efficiently and effectively is particularly important for promoting health literacy. This seems to be the background against which the German and Dutch texts have been produced, and it is in line with what we already observed in the field of vaccination programs, where the two language communities have been demonstrated to give much more consideration than the Italian health sector to proper communication for the sake of health literacy and social inclusion (Ross/Magris 2012: 147).

In the present study we have also observed that the German and Dutch texts show more empathy with potential patients and adopt a more positive attitude when describing the surgical treatment, often emphasizing the competence of the medical staff and the high success rate of surgery. The Italian texts, on the contrary, tend to highlight possible difficulties and negative consequences, often failing – at least in our opinion – to strike the right balance between the necessary caution in informing the patients and due consideration of the emotional impact of this information.

Against the background of social acceptance and human rights, translators and other language experts could play an important role in disseminating the best communicative approaches. On the one hand, Critical Applied Linguistics turns out to be

far more than the addition of a critical dimension to applied linguistics, but rather opens up a whole new array of questions and concerns, issues such as identity, sexuality, access, ethics, disparity, difference, desire, or the reproduction of Otherness that have hitherto not been considered as concerns related to applied linguistics. (Pennycook 2004: 803-804)

On the other hand, recent developments in Translation Studies, such as sociological approaches (Buzelin 2013) and issues of translation ethics have gained considerable visibility (Van Wyke 2013), acknowledging the translators' role in society (Wolff 2010: 341).

In particular two factors might justify the increasing role of translators in the communication sector, especially medical communication. First of all, an important step in the translation process is the mastering of drafting techniques, and translators are commonly required to be familiar with "different types of target readers, their motivations, their expectations and their purposes in written medical communication" (Montalt-Resurrección/González Davies 2007: 37). As a consequence, translators are moving rapidly in the direction of interlinguistic and intercultural experts.

Secondly, these developments are also related to the fact that, generally speaking, the translators' operating environments "are significantly shifting, giving rise to new ways of working" (O'Hagan 2011: 21). In this new context, the translators' traditionally invisible role is not realistic anymore, giving way to a different status: that of an information broker with language counselling tasks. The development of technologies has changed the ways of producing, translating and distributing texts, with far reaching consequences for the integrity of the source text, which is increasingly a product of "multiple authoring" (Jiménez-Crespo 2013: 51, 53). In the translation of website information, user interaction is becoming an important parameter of communicative success, at the detriment of linguistic accuracy (Pym 2011: 424). With their terminological, interlinguistic and intercultural competences, translators can become active participants in the communication process instead of silent mediators, performing the language counselling functions which are increasingly required by modern society. A public service translator capable of handling various text types and facilitating communication between public

services and persons may offer promising perspectives in the field of medical translation, particularly in the sector of patient information.

It is our intention to collect and analyze other texts, such as informative material not directly available on line. Should the second stage of analysis confirm the first results, translators and other language experts could indeed play an important role in disseminating best practices, as mastering communicative skills constitutes communicative – and social – capital.

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- Policlinico Giovanni XIII, Bari, <<http://www.identitadigenere.com/index.php?mod=pagina&ida=18>>.
- Università di Bologna, <<http://www.urologia.unibo.it/Urologia/AttivitaClinica/Patologie/Idisturbidellidentitadigenere.htm>>.

Germany

Klinik München-Bogenhausen, <<http://www.chkmb.de/urologie/geschlechtsangleichende-operationen/transsexualitaet-uebersicht.html>>.

Klinik Sanssouci Potsdam, <<http://www.kliniksanssouci.de/de/transsexuelle-chirurgie/>>

Markus-Krankenhaus Frankfurt, <<http://tgd.transgender-germany.de/daten/Geschlechtsangleichung%20FzM/Operation%20FzM%20und%20MzF%20bei%20Dr.%20Sohn.pdf>>.

Praxisklinik München, <<http://genitalchirurgie.com/index.html>>.

The Netherlands

UMCG Groningen, <https://www.umcg.nl/NL/UMCG/AFDELINGEN/VERLOS_KUNDE_GYNAECOLOGIE/GYNAECOLOGIE/GENDERTEAM/Pages/default.aspx>.

VUmc Amsterdam, <<http://www.vumc.nl/afdelingen/zorgcentrum-voor-gender/>>.