

# Academic Writing and the Irruption of Inclusive Language

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## Abstract

The scientific language in medicine was dominated by the French language until the second half of the XIX century. From the 1950s onwards, the English language has gradually gained in importance. Today's medical language is built on precision, correctness, clarity, and conciseness. The non-sexist language, which has appeared in recent years, has been adopted by universities and ministries for their internal communications, but its use has not been reported in scientific texts, and this is because it clashes with the latter, since it adds new words that make it difficult to the reading. This article develops the concept of scientific language in Medicine and the irruption of non-sexist language.

**Keywords:** Scientific language; Medical language; Non-sexist language

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## Introduction

In the Middle Ages and until the 19<sup>th</sup> century, the language used by doctors was Latin. Starting in the 19<sup>th</sup> century, vulgar languages derived from it began to be used. From the 18<sup>th</sup> century until approximately the 1950s, French was the language that most influenced Spanish, reaching its peak in the second half of the 19<sup>th</sup> century. During all that time, French medical literature was the basis of knowledge and training of doctors. From that time, excellent books are preserved, treatises on Internal Medicine and other specialties, scientific articles, in which the detailed and incomparable semiological descriptions of the French school of medicine stood out. Since 1950, the English language has been acquiring increasing importance and is currently the language with the greatest international influence in medical training. The main databases are in that language and can be consulted by students and doctors in training. Most of the medical findings in recent decades have been published in English, which has resulted in many terms being derived from it [1]. For Asensi-Pérez et al. [2], the invasion of Anglicisms has been the most pernicious influence on medical language, especially by including the so-called crude foreign words, that is, words directly in English instead of their equivalents in Spanish. As an example, we can mention the use of bypass instead of a bridge, feedback instead of feedback, stress instead of stress, stent instead of vascular endoprosthesis, to name just a few.

The concepts of language, language and language, began to be considered with the development of linguistics as a science in the 19<sup>th</sup> century [3]. Language is the system of signs that form language and that all the inhabitants of a linguistic community possess. The

information that comes through the senses and perception is encrypted in a code of signs and symbols called language. In this way, there is the opportunity to classify what was experienced, plan hypotheses and confirm assumptions to give meaning to the experience, to use it during the process of acquiring and constructing new knowledge [4].

Language is a person's way of expressing themselves. It is the style and way of speaking and writing of each individual in particular and is exhibited in all professions and trades. Language refers more to the language of a people or nation [5].

Having established this difference between language and language, it is then necessary to distinguish two modalities of writing: scientific language and professional language.

Scientific language is what is developed in the writing of biomedical articles. It must be objective, categorical, impersonal, logical, clear, brief, precise, concise, rigorous, and direct. This scientific style shows data and should be free of jargon and pomposity [6].

The professional language of doctors adopts the literary style that is usually emotional, subjective, and personal. This literary style is associated with extensive descriptions that, at times, make reading difficult, and can mix facts with opinions, which confuse the reader [7]. One of the classic examples of the use of professional language is the preparation of a patient's medical history, defined as the written narration of the events that occurred at the patient's bedside, which includes the description of the signs and symptoms presented by the patient, patient and the complementary studies and the writing down of their interpretation and their daily evolution.



Jargon is a special language of certain professions or groups. Professional jargon, as in the case of medicine, responds to a search for precision and universality.

Medical jargon enriches the doctor in its technical lexicon, but in many cases, the cultural level of health professionals is not at the level of a higher degree. This cultural impoverishment is due to the fact that, in the design of the medical school curriculum, high priority is given to science (the doctor only reads medicine). The result is seen in poor written and oral language in general and in poor use of language [8]. Both shortcomings are related to the lack of incentive for young doctors to dedicate time to reading and writing.

## Inclusive Language

Inclusive language has been defined as a social movement originating in the United States and Europe, which later continued in Latin America, and that seeks equality between human beings. It is based on the assumption that people's behavior and their discriminatory and unfair attitudes can be changed by modifying some practices in the use of language that, historically, have favored and made visible men and not women. The term inclusive refers to a proposal to advance with a new non-sexist linguistic model, which annuls the distinction between the feminine and the masculine in words linked to the human sphere, with the aim of making visible and exalting gender equality [9]. This fact is seen more and more frequently at medical conferences and meetings and seeks to become more generalized over time.

In order to achieve this equality, the different proposals of supporters of inclusive language fight for the suppression of binary differentiation, avoiding the default use of the masculine morpheme "o" that historically made women invisible. This includes other gender identities in societies that develop around the Spanish language. The proposed morphological change affects not only nouns, but also articles, adjectives and determiners that function as marginal terms of the case. Thus, a new linguistic paradigm appears on the horizon that aims to overcome the binary opposition between masculine and feminine, to implement a neutral gender that includes other options not taken into account within these two categorizations. In order to avoid this "supposed" idiomatic machismo, the use of the ending "x" and the at symbol (@) have been proposed to represent and signify the indistinct gender. However, both the use of the "x" and the "at" instead of the vowel that demarcates the gender, restricts inclusive language to the field of literacy, given that these graphic symbols lack a phonic correlation. A third variant that seems to have a better projection for the future is the use of the vowel "e" to identify and indicate the neuter gender. The replacement of the "e" with vowels that indicate a gender identity, even in the case of neutral articles, does not define a language but rather a language acquired by people or a social group [10].

Language without sex differences also suggests breaking with the binaristic model of the masculine/feminine grammatical opposition in such a way that it expresses all the different varieties of sexual identities accepted today. In this way the words all/all/todes and their variants arise in the elaboration of sentences or phrases. For any speaker of a language, this requirement generates a type of communication that becomes impossible. From the linguistic point of view, we thus arrive at an extreme case that clashes with at least two fundamental aspects of human language: the categorization of reality and the continuous nature of discourse and its textual organization [11].

## Is Inclusive Language Applicable in Medical Texts?

Medical language, like all scientific and technical languages, must

be built on four basic pillars to try to express the concepts of medicine: precision and correctness, accompanied by high doses of clarity and concision. This is achieved by using very precise and exact terms, and renouncing the linguistic concessions of colloquial language, which is full of evaluative connotations that have no place in scientific language [12]. Conciseness and precision collide with the new linguistic customs of inclusive language since the breakdown of the masculine/feminine binomial adds more words, making the discourse more cumbersome and extensive.

Medical language takes as its pattern scientific language, which is a specialty language, characterized by a specific vocabulary or terminology. Terminology is defined as the set of words related to a specific area and is part of the teaching of a science. Scientific language also has some of its own linguistic norms, the use of passive verbal forms and nominalization as new discoveries occur [13].

Non-sexist language refers to any verbal or written expression that makes explicit what is feminine and masculine but that also refers with respect to all people. Many universities and ministries have published guides on the use of non-sexist language and have adopted this form of language in their internal communications, but little has been communicated about its use in technical scientific language. Medical language and its jargon allow professionals to have their own terminology that allows them to communicate between Spanish-speaking peers. Its terminology, its rules and its norms begin to be learned from the moment young people enter medical schools and will accompany them throughout their lives.

In 2016, the Royal Academy of Language of Spain in its report on inclusive language stated that systematically using this language would make the speech boring, cumbersome and impractical. And as for the breakdown of the masculine/feminine binomial, he clarifies that it is unnecessary because in the nouns that designate animated beings, the grammatical masculine is not only used to refer to male individuals, but also to designate all individuals. of the species, without distinction of sex/gender. Such use of the masculine grammatical gender does not denote any discriminatory intention, but rather the application of the linguistic law of expressive economy [14].

Already in 1984, Criado Pérez [15] maintained that the objectivity of scientific knowledge requires that all kinds of subjective connotations (emotional, affective, or ideological) be reduced to a minimum. The only validly permitted are the referential (descriptive and informative) and the argumentative (deductive and inferential).

## Conclusion

Following Villa et al. [16], good scientific writing requires a long learning process that can only be achieved by knowing the rules of grammar and style, reading quality texts and writing. This must be instilled and taught from the first years of medical school and is usually ignored. In this way, students and future doctors do not adopt the habit of reading and writing scientific texts, in which the Spanish language must be prioritized. And, add, that there are numerous databases in the Castilian/Spanish language that will allow them to disseminate their biomedical and scientific findings, as important as those that are written and disseminated in English. The three fundamental rhetorical principles that govern the writing of texts are: a) the grammatical subjects of the sentences must be followed as soon as possible by their verbs, since the long clauses between subject and verb are interpreted by the reader as an interruption of the discourse; b) each sentence or each paragraph must serve a single function and make a single point;



c) the most important information should appear in the preeminent positions of the text.

The introduction of non-sexist language in Medicine and its adoption cannot emerge as an imposition but as a new way of identifying the objects of study of the career. Its implementation would modify the terms by which we know symbology (written language) and phonetics (oral language), which allows us to communicate knowledge with a particular style or set of features that defines them to this day.

We have not found references to the use of inclusive or non-sexist language in the medical career in the medical literature consulted. However, we consider that more voices and studies are needed to make a definitive resolution.

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### Conflict of Interest

The authors declare that they have no conflicts of interest.

### Ethics Statement

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