

# **Translating the Discourse of Medical Tourism: a catalogue of resources and corpus for translators and researchers**

Emmanuelle Davoust

Gloria Corpas Pastor

Miriam Seghiri

*Universidad de Málaga (Spain)*

*Abstract: The recent increase in medical tourism in Europe also means more written contents are translated on the web to get to potential clients. Translating cross-border care language is somehow challenging because it implies different agents and linguistic fields making it difficult for translators and researchers to be fully apprehended. We hereby present a catalogue of possible informative resources on medical tourism and an ad hoc corpus based on Spanish medical websites —focused on aesthetics and cosmetics— that were translated into English.*

*Keywords: Medical tourism, web for corpus, website translation, specialised translation, electronic documentation*

## **1. Introduction**

Medical tourism is defined broadly by the UNWTO (i.e. the World Tourism Organization)<sup>1</sup> as the transfer to hospitals of patients wishing to receive some treatment outside of their home country (Kelley 2013). In 2010, the European Union adopted a 10-year strategy setting up agreements on economic growth and social inclusion for all its members. This “Europe 2020” Plan included the health sector and further developed into the Directive 2011/24/EU<sup>2</sup> of the European Parliament and of the Council on the application of patients’ right in cross-border healthcare (Lunt et al. 2011). During the last decade, trade in medical services within Europe has increased (Bookman & Bookman 2007) since most medical providers have seen in the 2011 Directive a potential way to attract foreign patients to their hospitals.

Internet is today a major channel used to attract these future international clients (Lee, Soutar & Daly 2007) so clinics and hospitals promote their services on corporate web pages or specific medical tourism platforms that are translated into different languages. Both the public and private healthcare sectors try to be attractive to these “medical tourists” with translated websites, multilingual services on site or over the phone... to attend patients’ linguistic and cultural demands during their stay. The Spanish public and private hospitals are a clear example of this new and challenging medical tourism tendency and, as underlined by the Study on cross-border health services by the European Commission (2018)<sup>3</sup>, there is a real need to enhance the information provision to European patients, through the National Contact Point websites<sup>4</sup>, almost five years after the implementation of the Directive. The information contained in the websites is fundamental to ease communication between patients and public or private healthcare providers.

From a linguistic point of view, medical tourism is often seen as a two-fold concept linking medicine and tourism though, for specialised translators, finding information on medical tourism web translation is more complex than that because this network links agents from very

different areas. Despite the growing interest of researchers on medical tourism issues, virtually nothing has been published on its linguistics, social or cultural implications.

Translators take part in this new European medical tourism system and face both linguistic and cultural issues that have to do with localization, adaptation to new technological tools and marketing (SEM<sup>5</sup>/SEO<sup>6</sup>) rules, for example. The present research is to provide medical tourism translators and interpreters with a digital catalogue of classified resources together with a first insight on the existing medical tourism agents and language supports in Europe. Specific documentation on the subject is fundamental to meet translation quality standards. We have also undertaken to build a first ad hoc specialised medical tourism corpus that is both qualitatively and quantitatively representative.

## **2. Background**

Though travelling to get treated abroad has existed for centuries, the definition of medical tourism is still being debated (Kelley 2013) which shows in the different terms used: “health tourism”, “medical travel” (Baker 2015), “wellness tourism”, “medical tourism” (Ehrbeck 2008). All specialists involved in the medical tourism network tend to use the term that best accounts for their personal reality. Some of them, highlight the “leisure” part and some the “medical” one. Medical tourism is often considered as a sub-set of the touristic or of the medical industry though it also implies other cultural, social, legal and commercial issues.

Literature published on medical tourism focus on social and cultural issues (Milstein & Smith 2006, Kangas 2010), on the economic implications of this new impulse for the industry (Carrera & Bridges 2006, Lunt et al. 2011), and some analyse the application of new directives (Bertino et al. 2005) or quality standards and patient expectations (Crozier & Baylis 2010, Samabadbeik et al, 2017). Other authors consider the motives for medical the tourists to travel (Smith & Forgione 2007, Bristow et al. 2009., Keckley & Underwood 2008). Patient mobility (Glinos, 2006, 2010) is also reviewed with regional examples (Ehrbeck, Guevara & Mango 2008, Whittaker 2008, Johnston, Crooks & Ormond 2015). Recent publications on medical tourism deal with the type of medical and touristic information available for potential patients on the World Wide Web (Cormany & Baloglu 2010 and Moghavyemi et al. 2016): accommodation, cultural services and medical techniques are most particularly under review.

Translation and interpreting in the medical field have been researched and analyzed from a social and linguistic point of view (vid. Varela Salinas & Meyer 2015). The need for specialised training of these medical translators (Goretti 2016) or, more recently, the influence of internet and new technologies on translation (Barceló & García 2016, Zaretskaya, Corpas Pastor & Seghiri 2015) also highlights the recent challenges of the translation industry. Almahano & Postigo (2013) draw an introduction of the Medical Tourism issues in Spain for translators from a training point of view and, finally, Ramírez & Varela (2017) explain how web translated contents are also linked to marketing rules of SEO and SEM. From a linguistic perspective, medical tourism translation of webs published contents is also linked to other thematic, technical and cultural issues. Our analysis of medical tourism websites in Spain clearly shows this multi-directional network.

### 3. The medical tourism discourse: different linguistic fields

Translating medical tourism websites is linked to stylistic and terminological issues but also to considerations on the very purpose of such websites or the public it is made for: potential patients from all over the world looking for specialised attention and expert treatment at reasonable prices (Ehrbeck, Guevara & Mango 2008). These translated contents link different areas of knowledge like tourism and medicine, because they provide treatments for patients but also accommodation for their relatives or for themselves before, during or after their stay for example.<sup>7</sup> Immediate communication between providers of services and clients, that are miles apart, is made possible thanks to the translation and localization of this information. Medical tourism digital contents promote a specific product that is adapted linguistically and culturally, in a short period of time, to get to the target market (Pym 2010; Jiménez Crespo 2013).

Medical tourism websites also include other communicative sections responding to different purposes, because patients need to be fully informed before they travel to a foreign country to be treated. Most web include a legal section (Data Protection, Insurance Policies, Visa forms, inter alia), a technical section (cookies, etc.), a marketing or news section (blogs, newsletters...) that are to be translated too. This is one of the most distinctive features of the medical tourism website language: it conveys a message including different specialised fields any translator needs to be aware of. Medical tourism texts represent the characteristics of specialized medical language (Mayor Serrano 2010) —with clear and concise terminology— together with other touristic features (Durán Muñoz 2012, 2014). Geographical and cultural information of the receiving country for example can be found in most of them. These websites also convey the best images of both worlds, with photos of technological surgical devices, main monuments to visit or even links to accommodation sites (for relatives or post-surgical care of patients).<sup>8</sup> Descriptions and recommendations of these websites are persuasive and explanatory and have an educational function (Terestyényi 2011) that is to arouse the interest of potential clients. The specialist/non-specialist communication between doctors and patients use direct or indirect supports: phone calls, personal mails, general mailings, websites, blogs, frequently asked questions sections or fill-in contact forms included in the website. The language of medical tourism is mixed from both a linguistic and thematic point of view.

Álvarez García (2017) establishes a “mixed thematical texts-based taxonomy” and classification of texts, produced in foreign trade that can be applied to medical tourism contents. So, in the following Table we adapt the taxonomy created by Álvarez García (2017) and we present different examples of thematic or linguistic fields included in every medical tourism website:

<b>Linguistic field</b>	<b>Contents (some examples)</b>
Medical	Descriptions of pathologies, treatments, technological means used, techniques, specialists ‘CVs,
Touristic	Descriptions of accommodation transfer from airport to facilities/hospital, geographical links to maps, cultural insight on the receiving country, multilingual and multicultural services available

	on-site.
Commercial /marketing	Price-lists, posters, leaflets, blogs on specific services, social media links, promotional events...
Administrative or corporate information	Fill-in or contact forms, organigram, mission and values of the company
Legal	Privacy policy or services conditions, data protection conditions, use of the logo or brand, cookies,
Technical	Buttons, icons, banners, links, videos, photos, graphics.

*Table 1: Linguistic fields of translated medical tourism texts with content examples*

Different types of classifications attending the electronic resources available on-line for translators wishing to get specialized information have been set up. Some of these data collections on particular topics are organised under diverse formats: electronic books, computer files, journals, bibliographies, databases, websites, corpus...and are ready to be used by translation students or professionals. Literature published on the electronic classification and cataloguing codes has traditionally versed on bibliography, author, topics or access points (Alcina 2008) as mains points of interest. Other authors have focused on the relationship between technology and language processing (Melby 1983 and Hutchins and Somers 1992), on the translator's workbench (Hutchins 1996) or on the use of corpora (Corpas Pastor 2004 and Laviosa 2003a, 2003b), to mention only a few.

Now, there are medical corpora available on line,<sup>9</sup> though nothing specific on medical tourism. The main medical tourism linguistic resources being thus represented by healthcare providers and insurance brokers' websites. There is no specific bibliography, no list, nor chat available on the subject to provide useful linguistic and cultural answers for translators. Some authors have reviewed the medical tourism discourse in the media (television and newspaper news) in geographical areas like South America (Viladrich & Baron-Faust 2014), Asia or Australia (Imison & Schweinsberg 2013), though they mainly focus on the means used to convey the message in such medias, not on the linguistic area. Chantrapornchai & Choksuchat (2016) discuss the use of information and knowledge engineering in tourism and evaluate the methods used to study the ontology. Their linguistic study of medical tourism is based on the Spa and Hotel sector in Thailand, where the authors acknowledge the ever changing and increasing volume of published medical tourism contents and the difficulty of defining precisely the medical tourism industry as such. The purpose of the present medical tourism catalogue and corpus project was then, firstly to detect the specific localized features of these websites—with the first bilingual and unidirectional medical tourism corpus built from specialized Spanish to English sites—and then to provide specific resources for researchers and translators interested on the subject.

The present paper provides an “open” catalogue of e-resources that includes a multi-level library of data on the medical tourism network: it provides information on the agents involved—and therefore kinds of languages—, most particularly for the translation of ES>EN website contents. This catalogue is flexible because, though it is as detailed as possible, it is to include new resources shortly due to the rapid expansion of the medical tourism phenomenon worldwide. Following the idea developed by Gonzalo García (2004), we developed a mixed taxonomy of

institutional, normative, thematical and training resources on medical tourism in Europe. Further legislative, social and cultural resources are provided to represent the full network. Every section or linguistic field is sub-divided into categories meant to “respond the informative demands of translators to perform their training or professional activities” (Gonzalo García 2016).

To prepare a representative catalogue of e-resources available on medical tourism, we used different criteria. Due to the variety of resources implicated within the medical tourism network, a first selection of such resources was made considering the linguistic fields defined in the previous section: medical, touristic, technical, commercial-marketing, administrative, legal. The criteria used to establish a specialized, professional, representative and available on-line catalogue being based on linguistic, geographical and usability factors. Our catalogue is therefore:

- 1.- Professional: Information on most agents or “partners” of the medical tourism network as defined by Lizarralde (2013) —Medical Tourist/ Providers/ Insurance/ Brokers/ Websites/ Financial Products/ Conference and media/ Travel, Accommodation and Concierge services— was inserted into the different sections to provide a professional insight.
- 2.- Specialised: The portals and websites selected provide information on the different specialised languages of medical tourism websites.
- 3.- Representative of a geographical and linguistic reality: The present resources included information both in the English and Spanish languages, since the geographical area of the present research is Spain (Spanish medical tourism websites produced in Spain which are translated and localized into English).
- 4.- Availability: All resources are available on-line.

#### **4. Catalogue on ES<EN resources for medical tourism translators**

The telematic resources included in our catalogue are specific portals, websites, rings and lists that can be of interest when translating the medical tourism discourse. Other institutional (for data), personal (for expertise), normative and legal (for quality standards) resources were intertwined with the different linguistic fields to provide a short but specific thematic medical tourism ES<EN catalogue.

##### **1.-Linguistic resources**

Because the language used in medical tourism links different linguistic fields, translators need to be multi-tasking and use diverse monolingual or bilingual lexicographic, terminological and grammatical resources to provide a detailed translation of the original text.

##### *1.1.- Lexicography*

On-line dictionaries and glossaries provide definitions and information on medical concepts, though for specialized vocabulary in context on diagnosis and treatments, or even surgical descriptions, professional medical corpus or association websites provide the latest linguistic information on new techniques (Da Vinci robots used for surgery or mini-invasive “key-hole” techniques in the British Cardiovascular Society<sup>10</sup> for example). Novel translators can

find more general multilingual linguistic information in the Medical Online Dictionaries<sup>11</sup> and glossaries of medical terms<sup>12</sup>.

### *1.2.- Terminology:*

For general expressions and terminology, the data base by the World Health Organization portal<sup>13</sup> includes publications on medical subjects available alphabetically, together with former journal issues, in six different languages. Projects like the HUMANTERM<sup>14</sup> provide a context to specific Spanish expressions classified in alphabetical order, with further references to bibliography and publications on the subject.

### *1.3.- Grammatical*

For orthographic and style references, monolingual and bilingual manuals are available in English and Spanish<sup>15</sup>. In case of doubt, specific publication on the correct use of scientific terminology and acronym genres in Spanish by the Fundación Hospital Madrid<sup>16</sup> can be consulted. Monolingual<sup>17</sup> and bilingual medical acronyms and abbreviation lists provide useful information to translate technological and medical descriptions.

## 2.-Normative and legislative resources on medical tourism

There is no collection of legal texts on medical tourism as such. When looking up in the Eur-Lex portal<sup>18</sup> the expressions “*medical tourism/ tourisme medical/ turismo médico*”, no relevant match is found. With the “*cross-border*” expression though, a regulation on the movement of persons through borders appears<sup>19</sup> but nothing on medical tourism. For Spanish linguistic references, the JurisWeb<sup>20</sup> includes the present and past issues of the Official Journal (BOE) though translators need to look up the reference of a specific law or directive because no thematical search is possible.

The information provided by the normative and legislative resources on medical tourism focus on the legislation in force and on the quality standards of healthcare organizations. The websites or portals contain links to the legislative texts and fill-in forms, to associations with relevant aspects on patients’ rights, codes of conduct, links to external visa obtention forms, for example.

### *2.1.- On medical tourism travel*

Specific private and public portals on medical tourism attend regional needs and focus on internal advice for their nationals being attended abroad. This is a tendency that repeats itself worldwide. For instance, the medical tourism conditions and prices, together with patients’ rights are regulated by the House of Delegates in E.E.U.U.<sup>21</sup>, since many cross-border patients chose to be attended in Canada or Mexico. The American Medical Association (AMA)<sup>22</sup> gathers advice for American patients travelling abroad voluntarily with a specific insight on accreditations, follow-up care, transfer of medical records, Health Insurance Portability and Accountability Act (HIPAA) requirements, safety and quality of data for procedures (Protected Health Information).



*2.1.1.- In Europe.* The European Commission is the main regulating body in Europe. The latest Plans for developing social and economic standards in Europe have been included into the “Europe 2020 Strategy” program<sup>23</sup>. The Healthcare Directive on cross-border patients within Europe<sup>24</sup> is a further development of this program and it states the details for healthcare coverage, both in public and private centers, whatever the European country of origin. Patients from Belgium can now be attended in Italy or Spain, when waiting lists are too long or when the treatment they need is not available in their home country (due to politic, religious or infrastructure issues). The Directive is available in 23 European languages and provides information on the implementation of specific authorizations, networks of national informative contact points or patients’ rights. For further information on cross-border patients’ choice within the context of the Directive 2011/24/EU, translators and researchers can find information in the Final Report carried out by the Health and Food Executive Agency (CHAFAEA), published in 2014<sup>25</sup>.

Foreign residents or tourists with temporary healthcare needs are not considered by the experts as medical tourists. The Directive has pretended to standardize the care of European medical tourists within its boundaries, though these can be subdivided into categories according to their national healthcare systems, geographical area of origin, particular treatment or cultural needs...and so much more. Some of them are attended by a public Healthcare System and use a European Health Card (EHIC)<sup>26</sup> or a specific authorization issued by their home country; others pay and claim back to their private or mixed insurance when back at home and others still simply are attended privately. As for non-European patients<sup>27</sup> attended in a European center, an invitation letter issued by the hospital is needed to get the corresponding visa.

Since 2011, every European country has developed into their own legislation, the Europe 2020 Strategy and Directive, with texts passed during the first implementation years. Both Spain<sup>28</sup> and the UK have adapted their Touristic Plans. The NHS European Office website<sup>29</sup> provides links to respond the main administrative and legal doubts of UK patients wishing to get treatment in another European country. All these legislative texts on medical tourism present legislative, social, cultural and even touristic linguistic expressions that are of interest for translators and linguistic researchers.

## *2.2.- On quality.*

Professional information can be obtained from The World Health Organization on safety regulations and transplantation worldwide,<sup>30</sup> and on medical tourism and disease control, from the Centers for Disease Control and Prevention<sup>31</sup> for example, with specific guidelines for both clinicians and patients. Some specialized websites, like the Organization for Safety, Asepsis and Prevention (OSAP),<sup>32</sup> also provide protocols on dental care worldwide, while the International Society of Aesthetic Plastic Surgery site issues a Guideline for travelers<sup>33</sup>.

Other specific normative resources on healthcare refer to quality in healthcare and virtually every major hospital is seeking to get recognition, either at local or global level. Measuring quality in healthcare means assessing on medical, social, political, ethical, business and financial factors, within a specific organization or system, to improve patients’ safety and care. External evaluation of quality management focuses on patients’ voyage throughout the healthcare system, either public or private. Today, there is no single and overall accreditation and

evaluation scheme for healthcare worldwide. These standardization systems often focus on one geographical area while others have yet extended their network to other regions of the globe.

Umbrella organizations like The International Society for Quality in Health Care (ISQua)<sup>34</sup> and the United Kingdom Accrediting Forum (UKAF)<sup>35</sup> do not directly accredit hospitals though they monitor the performance of and provide guiding services to healthcare providers and researchers. The ISQua issues a Bulletin six times a year and an International Journal for Quality in Health Care. It also organizes conferences for professionals of the sector. Other standardization international non-accrediting bodies are the International Organization for Standardization (ISO),<sup>36</sup> which gathers the representatives of standards organizations, develops and also publishes international standards to be applied by organizations. A specific ISO standard on Tourism and related services- Medical Tourism –Services requirements is now under development (ISO/AWI 22525)<sup>37</sup>.

*2.2.1.-International standards on patient healthcare.* The Joint Commission International (JCI)<sup>38</sup> is based in the United States originally though it measures worldwide the best practices in healthcare quality and patients' safety and provides accreditations or certifications for health systems, governments, agencies, institutions and companies.

*2.2.2.-European standards on patient healthcare.* In Europe, the main legal document on cross-border healthcare is the Directive 2011 though other European Commission pages<sup>39</sup> provide links to the contact points, to the Cross-border Healthcare Group and to the “know before you go” brochure for future medical tourists. The European Commission's science and knowledge service focuses<sup>40</sup> on European healthcare quality with the provision of evidence-based guidelines and the implementation and auditing of standards. It works closely with the CEN (Committee for Standardization) and the CENELEC<sup>41</sup> (the European Committee for Electrotechnical Standardization) organizations to ensure the quality of healthcare products and services on the European market.

New technologies are also present in these normative and legal texts, with ethical and technical issues addressed on e-health<sup>42</sup> and Data Protection Management for example. Other linguistic textual references can be obtained from the General Data Protection Regulation (GDPR)<sup>43</sup> to translate the privacy policy and legal notice of medical tourism webpages. In Spain, the Asociación Española de Normalización y Certificación (AENOR)<sup>44</sup> is in charge of the accreditation of quality standards in hospitals. It does not provide any specific medical tourism information but rather general texts on quality standards for hotels and accommodations or for patient data and hospitals.

*2.2.3.- Quality in Translation.* Standards of quality in force for the language industry have been developed on a global and regional scale. In Europe, the standards, gathering the latest technological issues and requirements for language-service providers are detailed by in ISO 17100:2015.<sup>45</sup>

### *3.- Thematical and textual resources*



The theme-based resources available on medical tourism are scarce too, though looking up the main search engines is one valid option still, due to the lack of a specific corpus on the subject. The most interesting texts are provided by professional portals and platforms that are dedicated either to attract medical tourists or to bridge between patients and hospital/accommodation providers.

### *3.1.-Medical tourism definitions*

Understanding contemporary medical tourism before translating its contents is fundamental. A rapid insight of definition issues and of the complete network of agents implied is analyzed by specialized articles and books worldwide. Professional associations also provide partial documentation and information of the industry.

Using terminology like “medical tourism”, “health tourism” or “medical travel” for example is linked to more complex notions like the definition of medical tourists, motivations and procedures used to travel or to some regional or cultural issues (Ehrbeck et al. 2008). The agents included in the medical tourism network usually tend to use the term that best represent their part of the industry. Such terminological multiplicity also shows in databases like Medline for example (Carrera & Bridges 2006), making it even more complicated for researchers and translators to get a standardized definition and clear concept of the industry.

A full analysis performed on European medical tourism (Wismar et al. 2001) assesses on the value of Internet as a message conveyor for medical tourism companies and analyzes key influences, alongside with some economic and cultural factors. Specific data and linguistic documentation on the Spanish market are provided by expert reports (Lizarralde 2013) on the economic and social impact of medical tourism and on its relationships with hotels, airlines, travel agents and some national healthcare structuring.

### *3.2.-Medical tourism network*

Lizarralde (2013) provides a network chart of medical tourism that includes the following agents: Medical Tourist/ Providers/ Insurance/ Brokers/ Websites/ Financial Products/ Conference and media/ Travel, Accommodation and Concierge services. However, the list accounts for the main sectors involved in the medical tourism network, it falls short in detailing the exact role played by providers announced on the World Wide Web. This is why we decided to extend a detailed description and some examples so as to illustrate the role played by translation services providers in this particular network. The Lizarralde model does not really account for the public system reality of medical tourism for example. To understand better the role played by web page translators in European medical tourism, we present hereafter two organigrams. The first one (Figure 1) one represents the public and private medical tourism agents' network:

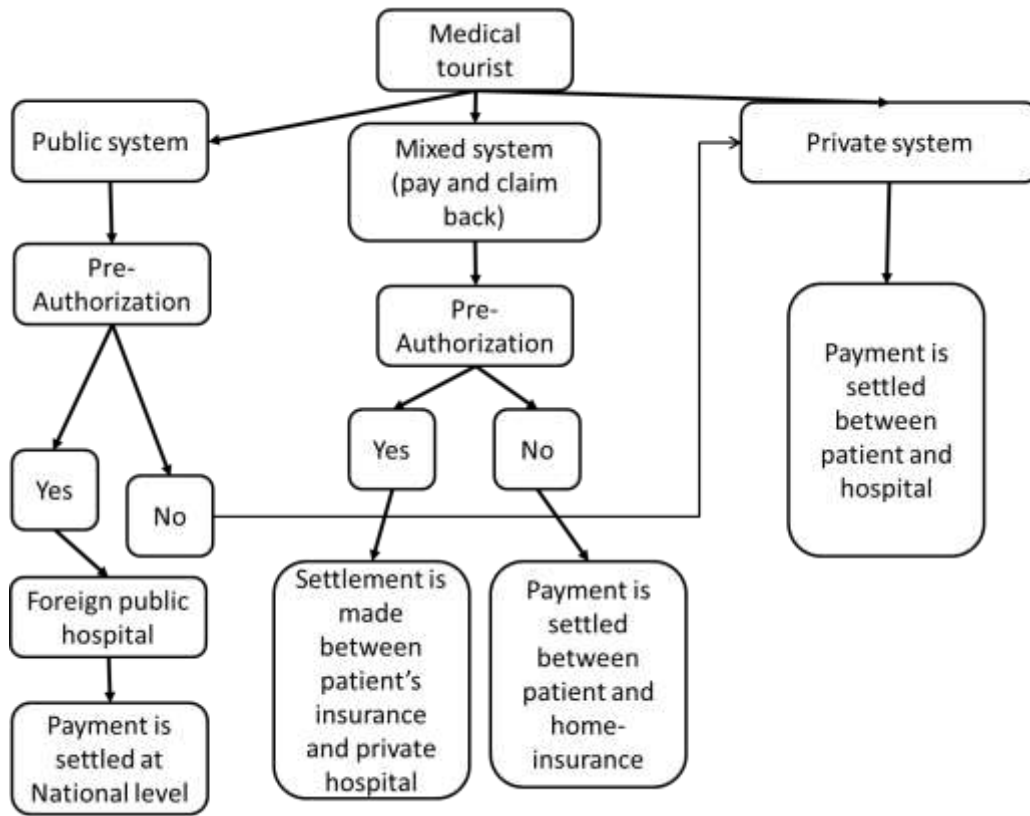


Figure 1: Medical tourism agents in Europe –public and private medical tourism networks

In Europe, medical tourists are attended by the receiving public healthcare system after the obtention of a specific authorization issued by their country of origin. When unable to get such certificate, medical tourists often chose to be attended and to claim back to their home country afterwards. Others come from a mixed system, like the French Social Security one, where part of the services are covered by private professional insurances for example. In these cases, medical tourists also pay and claim back part of their invoices.

3.2.1-The agents. Whatever the healthcare system they pertain to, medical tourists use webpages to get the information they need before they travel. The providers of services, either public or private and other specialised platforms, publicize their services with different supports that are translated.

The second figure (Figure 2) represents Medical the tourism Internet information networks in Europe:

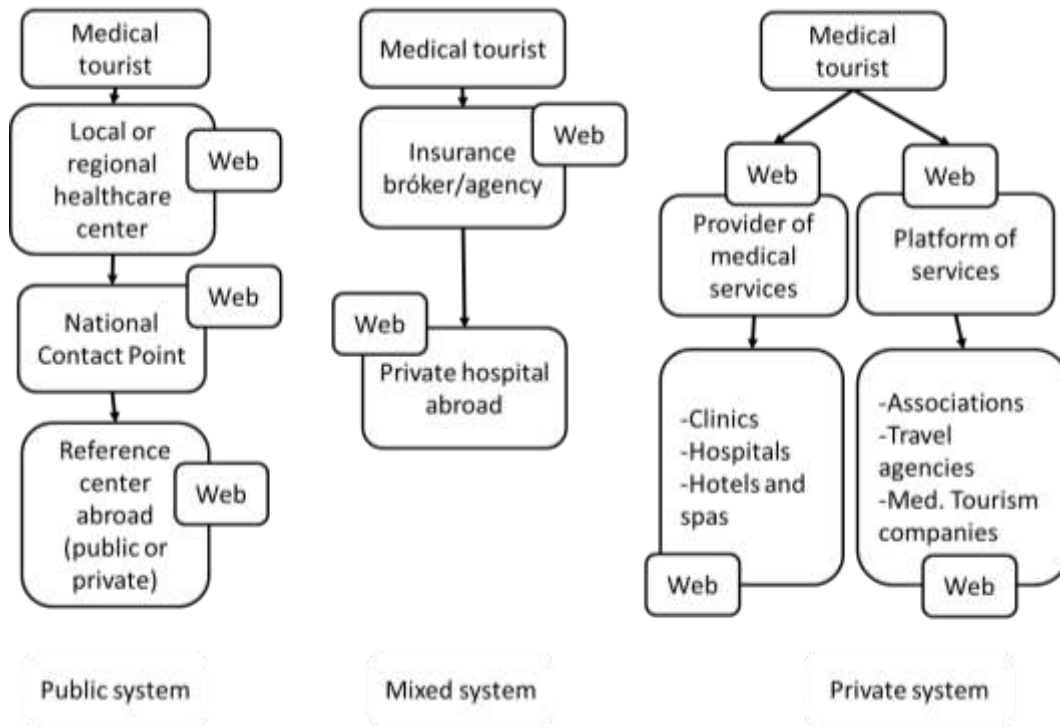


Figure 2: Medical tourism internet information networks in Europe

We hereby present a detailed and amended classification of these agents and introduce some specific information on how it is of relevance for translators' work both at European and national levels. To collect information on medical tourism providers, we selected one of the most popular search engines in Europe (google.com) and looked up for key words like “medical tourism agency” and “medical tourism facilitator” in English and “facilitador turismo médico” or “agencia turismo médico”. A further geographical selection enabled to get links to the websites of the major providers in Europe, Spain and the Costa del Sol area, where many medical tourists are attended every year. This is the organigram of the websites we collected:

- 1.-Public medical tourism agents/ institutions
  - 1.1.- National contact points
  - 1.2.- National or regional healthcare systems
- 2.-Private medical tourism agents
  - 2.1.- Healthcare providers
    - 2.1.1.- Clinics and hospitals
    - 2.1.2.- Spas and wellness centers
    - 2.1.3.- Hotels and concierge services
    - 2.1.4.- Insurance brokers and agencies
  - 2.2.-Medical tourism platforms (facilitators)
    - 2.2.1.-European platforms/ Travel agencies

## 2.2.2.-Spanish medical tourism services websites

### 2.2.2.1.-Local initiatives

We hereafter detail this organigram in the following table (cf. Table 2), with some examples for each of these medical tourism agents and the type of translation involved for medical tourism translators.

Medical tourism agents on the web	Examples	Translation work type
1.-Public medical tourism agents/ institutions		
1.1.- National Contact Points (NCP)	EEC website. Your Europe. Where to get information on medical coverage in Europe <sup>46</sup> .	Public healthcare platforms in every country with service listings /FAQ, Contact information, fill-in form for authorizations...
1.2.- National or Regional Healthcare Systems	Servicio Andaluz de Salud. Spanish local webpages with links to the European cross-border site and to the Spanish and Ministry of Health site <sup>47</sup> .	Directives and informative brochure on patients' rights.
2.-Private medical tourism agents		
2.1.- Healthcare providers		
2.1.1.- Clinics and hospitals	Quirón Grupo Hospitalario. Partially translated into English <sup>48</sup> .	Informative and promotional language. Full website with press releases, research and training sections.
	Vithas Xanit International. Translated in four languages <sup>49</sup> .	Full website. Healthcare directory. Price list. Hotels list. Blogs. Contact info. Legal. Fill-in online/paper forms. Videos
2.1.2.- Spas and wellness centers	Wellness Spa News <sup>50</sup> .	Full website. News and jobs sections. Private policy and fill-in contact form
2.1.3.- Hotels and concierge services	Medical care Spain provides transfer services to and from the airport <sup>51</sup> .	Healthcare directory, CV of specialists, Hospital description, fill-in form, blog, social media links...
2.1.4.- Insurance brokers and agencies	Eurocross. Some companies have started to include international schemes for traveling individuals. Most only include emergencies while on holidays though <sup>52</sup> .	Policy insurance services. Contact fill-in form. Disclaimer. Privacy.
2.2.-Medical tourism platforms (facilitators)		

2.2.1.- European platforms / Travel agencies	Novacorus is a medical facilitator, based in London, with a platform advertising the services of medical providers in foreign languages (English, French, German for patients wishing to be treated in the following countries: France, Belgium, Spain, Hungary and Turkey. <sup>53</sup>	Healthcare directory of services (dental, cosmetic and laser eye surgery), catalogue of pros and cons for every destination, news and publications, contact fill-in form, privacy policy, disclaimers...
2.2.2.-Spanish medical tourism services websites	Spain Healthcare Tourism is based in Spain and links providers and medical tourists. The website is provided in English and Spanish <sup>54</sup> .	Healthcare directory of services, services to providers, blog section, contact fill-in form, privacy policy...
2.2.2.1.-Local initiatives	The Nexotour project. A transborder initiative to promote tourism between Northern Africa and Spain. Translated partially <sup>55</sup> .	Full website with thematic touristic packages, touristic brochures, events section, contact form and legal section.

Table 2: *Translation work type for medical tourism websites- some examples.*

### 3.3.- Corpus

Due to the scarce existence of free and specifically built “medical tourism corpus,” translators and researchers alike find it difficult to get exact and complete linguistic results when browsing their way through internet resources. General medical, legal or touristic corpora are available, though they only account for part of the language used in the medical tourism websites. General monolingual<sup>56</sup> or bilingual corpus, together with specific corpora lists<sup>57</sup> can be partially of help for linguistic issues. The Varieng Research Unit for Variation, Contacts and Change in English<sup>58</sup> and the University of Michigan Library<sup>59</sup> provide a large number of corpus, sub corpus and database in North American and British English languages.

3.3.1.- General medical corpus, portals and databases are available and provide extended linguistic medical information though no specific section is yet set up for medical tourism. The CSIC<sup>60</sup> is, for instance, a collection of scientific and technical texts in Spanish and corpus with word search in context. Most specialized medical corpora are available through mail or fill-in form delayed registration, making it virtually complicated for translators to get quick answers. The UFAL Medical Corpus<sup>61</sup> is one of such corpora providing a collection of parallel health and general texts. Other specialized portals give access to the main on-line publications or open-access journals like Portales medicos<sup>62</sup> in Spanish and Elsevier<sup>63</sup> or Free medical journals,<sup>64</sup> in English.

## 4.- Institutional Resources for Medical Tourism Data

Some of the following global and Spanish institutional websites and portals provide specific data on healthcare for researchers.

### 4.1.-Data on general healthcare in Europe

NUMBEO<sup>65</sup> presents a very interesting healthcare index by countries. A wide range of articles on medical tourism in different regions of the globe can be found in the World Health Organization directory of publications<sup>66</sup> and specific texts/data on the healthcare industry are available in OECD publications<sup>67</sup>.

#### *4.2.- Data on tourism and medical tourism*

A global classification of medical tourism countries is available in the International Healthcare Research Center page with “the medical tourism index”<sup>68</sup> measuring the attractiveness of a country as a medical tourist destination. Other platforms like *Patients beyond Borders* provide global information and documentation on patients’ experiences and motives to travel, on destinations and hospital procedures<sup>69</sup>.

4.2.1.- Worldwide. The Medical Tourism Association is a professional portal based in the United States focusing on quality healthcare, consumer awareness and education with global information on the American legislation and patients’ rights.<sup>70</sup> In 2013, the first Medical Tourism Association Survey<sup>71</sup> showed that about half the patients had used Internet to find out about medical tourism services and, that about 73% of them had used Internet to search information on country destinations and hospitals.

4.2.2.- In Europe. The major public European organization with information on medical tourism is the European Commission<sup>72</sup>. The portal includes general administrative and legislative information on cross-border care<sup>73</sup>, with Directives, fill-in forms, information contact points<sup>74</sup> for authorizations... The Eurostat website<sup>75</sup> includes a thematical search box for data and full articles on Health and Tourism together with a Health glossary. The OECD library<sup>76</sup> thematical research provides access to healthcare texts and comparable data on performance aspects of the OECD countries. The European Health Management Association (EHMA)<sup>77</sup> focusses on how healthcare is successfully implemented in Europe with specific reports on healthcare in Europe and provides a list of past and upcoming events on medical tourism.

4.2.3.- *In Spain*. Data on tourism in Spain is available from the Instituto Nacional de Estadística<sup>78</sup> and on non-resident population across the Spanish borders, from the FRONTUR survey<sup>79</sup> though these figures do not provide detailed information on medical tourists.

#### *4.3.- Data on the private healthcare providers*

Data on the private Healthcare sector in Europe can be obtained from the monthly newsletter issued by the European Union of Private Hospitals (UEHP)<sup>80</sup> and, from the Alianza de la Sanidad Privada Española<sup>81</sup> for Spain, with blogs published on medical tourism-related subjects.

#### *4.4.- Professional associations*

Most European professional associations, like the European Society of Cardiology<sup>82</sup> or the Federación española de higienistas bucodentales,<sup>83</sup> include links to specialised journals, training events and even to medical legislative texts. In Spain, the professional association of all



registered practitioners gathers legal, administrative and medical information with a training section, the latest publications and procedures or accreditation services available for professionals, for example. The website is actually translated into seven European languages<sup>84</sup>.

#### *4.5.-Marketing and new technologies*

Independent translators also sometimes perform copywriting and uploading of contents services using specialized source software like WordPress for example. As underlined by Ramirez & Varela (2017), the amount of information on Internet responds to some marketing “rules” that affect the work of translators. The inclusion of key words, inward and outward links for example implies the participation and understanding of such marketing and positioning rules.

#### *5.-Training resources*

The new professional field of web translation and localization is quite complex and sometimes also entails transcreation in the case of blog translation for example or learning how to use the right CAT tools (Gutiérrez-Artacho & Olvera-Lobo 2018; Zaretskaya, Corpas Pastor & Seghiri 2015). Getting the latest update on both the source and target languages and cultures are paramount to provide a perfect locale product too. Professionals often find it difficult to identify a number of training tools in the medical tourism translation and localizing field. Although the present list and typology of training and informative products is not exhaustive, it provides specific elements in the academic and professional medical tourism world to respond the needs of modern translators and researchers. The objective of the present catalogue is to achieve a better translation of the information between translators and medical tourism experts.

##### *5.1.-Medical tourism training*

There are virtually no medical tourism chats or groups to discuss some issues with experts when in doubt. Medical tourism conferences and events multiply worldwide, though not all are of linguistic or cultural interest. General knowledge on the industry (brokers, insurers, care providers, leading organizations and healthcare initiatives in general) are available from the websites of organizations like the World Medical Tourism Congress (WTMC)<sup>85</sup> site and the International Trade and Health Insurance Congress (ITIC) for an international insight. The ITIC takes place four times a year: in EEUU, in England, in Europe and in Asia. It also issues a monthly publication, the ITIJ (International Trade and Health Insurance Journal)<sup>86</sup> with specific features on medical tourism, tourism and healthcare industries worldwide. In the International Medical Travel Journal website<sup>87</sup>, sections give access to information on medical tourism topics and events together with a specialized directory of agents and facilitators<sup>88</sup>. In Spain, private and institutional initiatives to develop the industry have led to the creation of the first Medical Tourism Deanery,<sup>89</sup> with a research center on medical tourism data, based at the University of Malaga. It organizes Master and expert courses and its Observatory participates in the major tourism and trade fair, held annually in Madrid.

## **5. Web for corpus in the medical tourism industry: localised aesthetic SEME websites in Spain**

We hereby introduce the very base of the methodology used to build up the present medical corpus. Today the World Wide Web is considered by many as a very interesting linguistic corpus because it is constantly changing and because it provides a good insight of new idiomatic tendencies. Web as corpus is, however, quite different from the web for corpus.

### *5.1. Web as corpus versus web for corpus*

Corpus-based studies are one of the most interesting challenges in linguistic studies because, apart from addressing linguistic, practical technical or issues, among others, they also provide useful information for translators with the use of corpora. Using the web “as a corpus” or “for corpus”, are two different ways of retrieving information to attend these specific language-learning, stylistic or sociolinguistic needs, among others. Corpus linguistics is used to compile, write and review written contents and account for the evolution of language and has a significant impact on translation as a profession.

#### **5.1.1. Web as corpus**

Internet is today a key driver for research and most translators use electronic resources to get more specialised linguistic information. One of the main advantages of searching the web is that it contains all recently-coined expressions, so innovations in language (either technical, computer-related...) are available on-line. Is internet a really interesting linguistic corpus? It surely provides many electronic collections of texts on specific subjects (Kilgarriff 2001) and these generated Web 2.0 contents are increasing day after day (Zanettin 2002). So, yes, the web as a corpus is accessible with common or specialised tools and features for language learners, teachers and researchers, as well as translators, if they know where, how and what they are looking for. Experiments with monolingual corpora (Bowker 1998; Pearson 1998) and multilingual corpora have proved useful for specific and limited topics or text types though searching the web remains quite anarchic and not all search engines provide the kind of language or texts to emulate. Zanettin (2002) also underlines “relevance and reliability” as two major issues when retrieving data from the web where users’ search criteria cannot be targeted precisely from a linguistic point of view to get relevant documentation. Different linguistic issues linked to the use of the web as a corpus have been discussed: computational applications and natural language processing (Kilgarriff 2001); web searches and web searching systems (Bieber 2007), among others.

#### **5.1.2. Web for corpus**

Building one’s own and unique electronic corpus is a solution chosen to extract relevant and usable information from web pages that are previously selected. Data downloaded from the internet are retrieved following specific pre-determined criteria and are then stored, cleaned, classified and analysed to perform a specific task (Seghiri 2006, 2011, 2017a, 2017b). Many criteria have been researched to provide a definition of the corpus. To establish a classification of

resources available on medical tourism, we have considered the definitions by Pearson (1998), Fletcher (2004), Austermühl (2001), Varantola (2000) and Zanettin (2002) based on the use of such corpora. The catalogue of resources we present has actually been prepared as an “Ad-hoc corpus” (Zanettin 2002), to respond a specific issue (Fletcher 2004) or “special purpose” (Pearson 1998) that is the study of medical tourism web pages and their corresponding translation to a target language. Our corpus is furthermore “customized” (Austermühl 2001) and “disposable” (Varantola 2000). The present “DIY corpus” (Zanettin 2002) on medical tourism and further catalogue of resources precisely represent “an open, disposable and virtual collection of documents” created “ad-hoc” to respond the specific training and information needs of professionals.

The linguistic information resources available for medical tourism translators are scarce and both the fields and agents implied are varied, making it even more difficult for them to find their way among this Internet mare magnum. These are the reasons why we decided to compile a medical tourism corpus with a specific case of Spanish/English aesthetic medical pages.<sup>90</sup> In order to illustrate all the above characteristics, we used a four-step protocol (search, downloading, text-formatting and saving data) —based on Seghiri (2006, 2011, 2017a, 2017b) — to ensure top-quality results. Because Aesthetic Surgery and Cosmetics are among the most popular medical tourism treatment options selected by patients worldwide (Lunt et al, 2011), a selection of professional websites from the Sociedad Española de Medicina Estética (SEME)<sup>91</sup> was carried out to build up this unidirectional and parallel virtual corpus. Though other medical specialties are also representative of this industry, like dental, eye surgery or In Vitro Fertilization (IVF) for example (Lunt et al. 2010), from a linguistic point of view, this first corpus was meant to illustrate the diversity of linguistic fields and agents involved in the medical tourism network. The decision not to include medical specialisations others than that of Spanish aesthetics was brought about by two basic considerations:

- 1) The fundamental is that aesthetics is the primary field of demand in Europe from medical tourists (Lunt et al. 2011).
- 2) The secondary being the need for high homogeneity of both content and terminology/phraseology of the texts on medical tourism websites. We decided to restrain to one specialty and to one linguistic combination (ES>EN) from websites initially based in Spain to account partially for the European Medical Tourism website translation situation.

3)

We believe the representativeness of the corpus is managed from a qualitative point of view because it is based on professional texts and, from a quantitative point of view as assessed by the ReCor software (Arce Romeral & Seghiri 2018a, 2018b; Corpas & Seghiri 2007; Seghiri 2006, 2011, 2015).

## 5.2. Results

Information derived from the SEME corpus shows that translation and localization of Spanish medical tourism websites is still scarce despite its needs to impact on international patients.

### 1.- Search.

The corpus was compiled from the initially 625 websites listed by the SEME as professionally registered partners in 2018. A first manual selection was performed, providing the following results: of the 625 SEME websites, a great majority was left untranslated (589 websites in Catalan, Spanish, English or Portuguese as first language). Of the remaining 36 with translation buttons, we excluded another 13 Spanish to other non-English language combinations and were left with 23 Spanish>English websites.

Source language	Target languages	Number of websites	Comments
Spanish	English (at least + other languages)	19	No automatic translation
Spanish	English	1	duplicated
Spanish	All languages*	3	*Google button
Spanish	Other languages than English (Catalan, Portuguese, French only...)	13	
<b>Total</b>		36	

Figure 3: Study corpus: number of translated SEME websites

Only 23<sup>1</sup> of the 34 websites written in Spanish are translated into English, though we excluded 3 websites using a “Google all language translation” option for representativeness reasons and 1 that was duplicated in the SEME list. Finally, we included 19 websites in the medical tourism SEME corpus.

### 2.- Downloading

The free version of Httrack website copier<sup>92</sup> was used to extract automatically the majority of html format files from the 22 ES>EN SEME websites, though, in some cases and due to this interface program not recognizing the corresponding url, the files had to be downloaded manually and copied to txt format files directly.

### 3.- Text formatting.

The obtained html files were converted into unprocessed and clean .txt and ASCII format files with the free Online Converter<sup>93</sup> to ensure further recognition by corpus management programs.

### 4.-Saving of data and classification of files.

<sup>1</sup> See Annex 1 for full information on the 23 ES>EN websites included in the SEME Medical Tourism Corpus.

All suitable documents in the repository were correctly identified and classified into a main corpus file with two main sub-corpora representing the languages of our study: one for the source language and another for the target language to enable future linguistic search or corpus developments. All files were then saved and named using the following Code system: 1001TOES\_name of company\_main subject, 1002TOES\_name of company\_main subject... (TO standing for Text of Origin and ES for Spanish). Translated files were classified with the code 1001TMEN\_name of company\_main subject, 1002 TMEN\_name of company\_main subject (TM standing for Translated Text and EN for English). Each subcorpora containing all numbered and named files as followed:

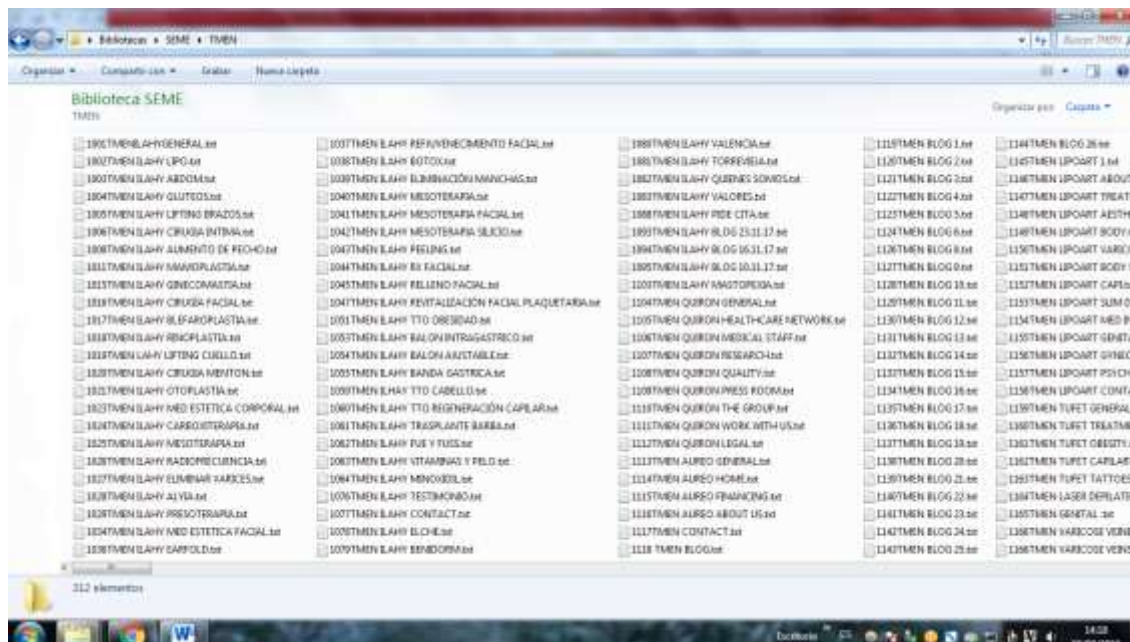


Figure 4: SEME medical tourism corpus files –TMEN subset

The result obtained with these four stages –Search, Downloading, Formatting of Data and Saving/Classification of Data– being that of the SEME unidirectional ES>EN medical tourism corpus with 314 documents processed in Spanish and 312 in English. This is due to some parts (like legal disclaimer or cookies section) of the webs being left untranslated. We believe that, since the selected texts were all of professional origin and extracted following specific pre-decided criteria, the SEME corpus is qualitatively representative of the aesthetic ES>EN medical tourism language in Europe. The number of tokens compiled in the corpus was determined by the analysis carried out with the AntConc program<sup>94</sup>:

Sub-corpora	Word Tokens	Number of documents included
English	1.618.984-word tokens	312
Spanish	1.972.170-word tokens	312

Table 3: SEME sub-corpora - number of word tokens

### 5.3. Representativeness of the aesthetic medical tourism corpus

ReCor<sup>95</sup> (cf. Seghiri 2006; Corpas & Seghiri 2007) is an easy-to-use software created to measure the representativeness of corpus based on the size which calculates the n-grams prevalence. Statistic files generated help determine the minimum size of any textual collection, whatever the language. It provides the minimum threshold for representation thanks to the N-Cor algorithm.

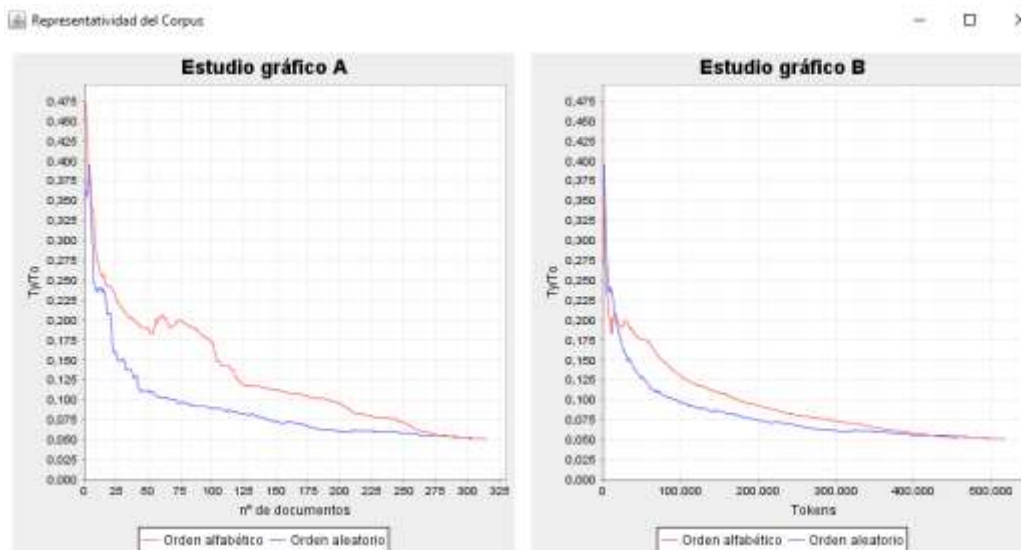


Figure 5: Representativity for the SEME medical tourism websites English corpus (1-gram).

On the one hand, data obtained with ReCor (cf. Figure 5), show that the SEME aesthetic surgery for medical tourism websites corpus in Spanish (-1 gram) is representative with 275 documents and about 450.000 tokens.

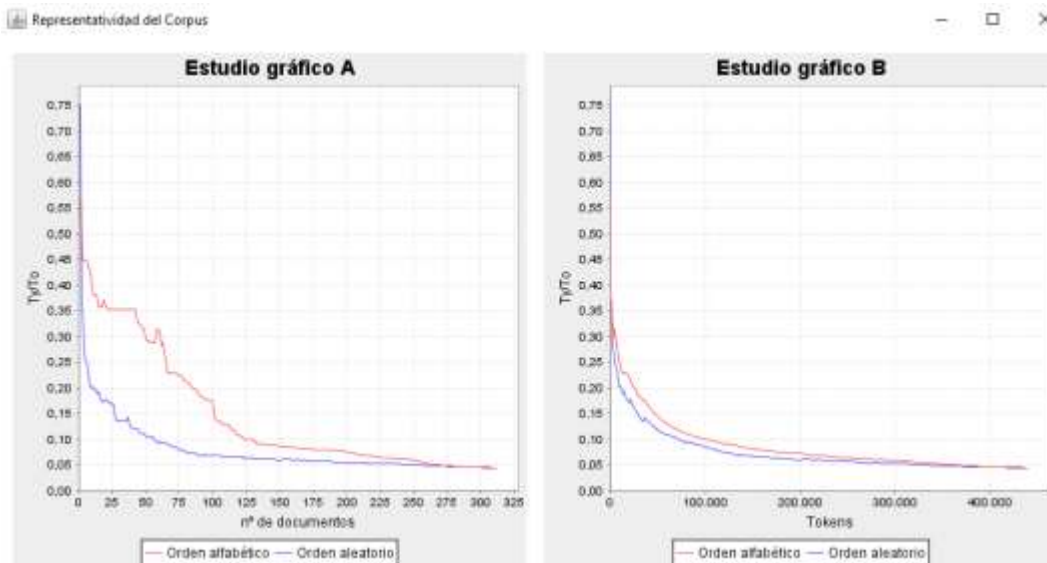




Figure 6: Representativity for the SEME medical tourism websites Spanish corpus(1-gram).

On the other hand, data obtained with ReCor, show that the SEME aesthetic surgery and dermatology for medical tourism websites corpus in English (-1 gram) is representative with 275 documents and 400.000 tokens approximatively.

## 6. Conclusion

The medical tourism network on the Internet is made of different agents and linguistic fields. Translators are the invisible part of it, as no study has yet been performed on the subject. This multi-sectorial linguistic fields involved in medical tourism translation are quite particular and representative of the professional products using a website to get to their potential clients.

Though not very extensive, the creation of the present “ad hoc” unidirectional ES<EN medical tourism corpus is meant to point out the importance of new technologies in website translation. Compiling a small but representative corpus provides useful linguistic resources even when different linguistic fields are involved because it is qualitatively and quantitatively representative of a professional sector like medical tourism for example. Future research lines to be developed in the field are to investigate on medical tourists and website information, on web positioning and translation and on corpus study and different linguistic areas.

## Annex

LANGUAGE OF ORIGIN	TARGET LANGUAGES	COMPANY NAME	URL	GOOGLE TRANSLATION
SPANISH	ENG/FR	Clinica Elite Laser	<a href="http://www.elitelaser.es/">http://www.elitelaser.es/</a>	NO
SPANISH	ENGLISH	Clínica Díaz Caparrós	<a href="http://www.clinicadiazcaparro.es">www.clinicadiazcaparro.es</a>	NO
SPANISH	ENGLISH/ RUSSIAN	Instituto Dermoestético Ilahy	<a href="http://www.ilahy.es/">http://www.ilahy.es/</a>	NO
SPANISH	ENGLISH	ie:me Dra. Barroso	<a href="https://www.quironsalud.es/">https://www.quironsalud.es/</a>	NO
SPANISH	CATALAN/ RUSSIAN/ ENGLISH/ GERMAN	Clínica Áureo S.L.	<a href="https://www.clinicaaureo.com/">https://www.clinicaaureo.com/</a>	NO
SPANISH	ENGLISH	LIPOART	<a href="http://lipoart.es/">http://lipoart.es/</a>	NO
SPANISH	CATALAN/ ENGLISH/ RUSSIAN	Instituto Medico Garcia Fernandez S.L	<a href="http://www.medicinaestetico.com/es/">http://www.medicinaestetico.com/es/</a>	NO

SPANISH	CATALAN/ ENGLISH/ FRENCH/ RUSSIAN	Clínica Tufet	<a href="https://clenicatufet.com/">https://clenicatufet.com/</a>	NO
SPANISH	CATALAN/ ENGLISH	Clínica Dr. Sàez	<a href="http://www.drseaz.com/">http://www.drseaz.com/</a>	NO
SPANISH	CATALAN/ ENGLISH/ RUSSIAN	MEDISOC unidad de medicina estética	<a href="http://www.medisoc.es/es/">http://www.medisoc.es/es/</a>	NO
SPANISH	FRENCH/ ENGLISH/ PORTUGUESE / RUSSIAN	Clínica Santanderma   Dermatología y Estética	<a href="https://www.santanderma.com/">https://www.santanderma.com/</a>	NO
SPANISH	FRENCH/ CATALAN/ ENGLISH	Clínica Dr. Pierre Nicolau SLP	<a href="http://www.dr-nicolau.com/">http://www.dr-nicolau.com/</a>	NO
SPANISH	CHINESE	Clínica Pradillo	<a href="http://www.clinicapradillo.com/">http://www.clinicapradillo.com/</a>	NO
SPANISH	ITALIAN/ PORTUGUESE/ GERMAN/ ENGLISH/ SWISS/ MEXICAN	Centros Unico	<a href="https://www.centrosunico.com/">https://www.centrosunico.com/</a>	NO
SPANISH	ENGLISH	CaPiLae - Clínica Garcilaso	<a href="http://www.capilae.es/">http://www.capilae.es/</a>	NO
SPANISH	ENGLISH	MD-Estetic, Centro Médico-Medicina Estética	<a href="http://www.med-estetic.com/">http://www.med-estetic.com/</a>	NO
SPANISH	ENGLISH	Clínica Dres. López	<a href="http://www.clinicadoctoreslopez.com/en/">http://www.clinicadoctoreslopez.com/en/</a>	NO
SPANISH	ENGLISH	Clínica Benzaquen	<a href="http://www.clinicabenzaquen.com">www.clinicabenzaquen.com</a>	NO
SPANISH	ENGLISH/ FRENCH/ PORTUGUESE/ ITALIAN	Biosalud Hospital de Día	<a href="http://biosalud.org/">http://biosalud.org/</a>	NO
SPANISH	ALL LANGUAGES	Clínica Toscana	<a href="http://www.clinicatoscana.com/">http://www.clinicatoscana.com/</a>	GOOGLE BUTTON
SPANISH	ALL LANGUAGES	Centro Clínico Estética Médica	<a href="https://www.clinicaestetica medica.com/">https://www.clinicaestetica medica.com/</a>	GOOGLE BUTTON

SPANISH	ENGLISH /FRENCH/ GERMAN/ RUSSIAN/ ITALIAN	Clinica Dra Margarita Caliz	<a href="http://www.dramargarita-caliz.es/">http://www.dramargarita-caliz.es/</a>	GOOGLE BUTTON
SPANISH	ENGLISH	Clínica Dres. López	<a href="http://www.clinicadoctoreslopez.com">www.clinicadoctoreslopez.com</a>	DUPLICATED

*Annex 1: ES>EN medical tourism websites included in the SEME corpus*

## Notes

<sup>1</sup> UNWTO. United Nations World Tourism Organization. Available at: < [www.world-tourism.org](http://www.world-tourism.org) >

<sup>2</sup> The Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32011L0024&from=EN>

<sup>3</sup> Study on cross-border health services: enhancing information provision to patients. Final Report. European Commission. Consumers, Health, Agriculture and Food Executive Agency. Health Programme. Written by the consortium of Ecorys, KU Leuven and GfK Belgium. Available at: [https://ec.europa.eu/health/sites/health/files/cross\\_border\\_care/docs/2018\\_crossborder\\_frep\\_en.pdf](https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/2018_crossborder_frep_en.pdf)

<sup>4</sup> The "Contact Point Centers" for cross-border healthcare in Europe. Contact details for patients. Available at: [https://ec.europa.eu/health/sites/health/files/cross\\_border\\_care/docs/cbhc\\_npc\\_en.pdf](https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_npc_en.pdf)

<sup>5</sup> SEM: Search Engine Marketing

<sup>6</sup> SEO: Search Engine Optimization.

<sup>7</sup> The Vithas Xanit Hospital website located in Benalmádena, Spain, is a good example of such multiple services because it includes a specific section with an hotel list and their contact data. Available at: <<http://www.xanitmedicaltourism.com/medical-trip/accomodation/>>

<sup>8</sup> The Medicrotour website provides touristic information on Zagreb and the islands of Croatia and hotel accommodation for all French-speaking patients and their relatives. Available at: <http://www.medicrotour.com/croatie>

<sup>9</sup> For instance, the GENTT corpus (<http://www.gentt.uji.es>), among others.

<sup>10</sup> British Cardiovascular Society. Available at: <https://www.bcs.com/pages/default.asp>

<sup>11</sup> MedicineNet.com is an online dictionary of medical terms. Available at: <https://www.medicinenet.com/medterms-medical-dictionary/article.htm>

<sup>12</sup> [Multilingual Glossary of medical terms](http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html) Available at: <http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>

<sup>13</sup> WHO. Health topics and articles by the World Health Organization. Available at: <http://www.who.int/publications/journals/en/>

<sup>14</sup> HUMANTERM: proyecto de I+D+i realizado por la Universidad Europea de Madrid. Available at : <http://humantermuem.es/tiki-index.php?page=Bienvenidos+a+Humanterm>

<sup>15</sup> Real Academia Española. Available at: <http://www.analitica.com/bitbliblioteca/rae/ortografia.asp>

<sup>16</sup> [Buen uso del idioma en las publicaciones científicas y los informes clínicos](#) (Fundación Hospital Madrid). (PDF)

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- <sup>22</sup> The American Medical Association (AMA). Available at: <https://www.ama-assn.org/ama-adopts-ethical-guidance-medical-tourism>
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- <sup>33</sup> The International Society of Aesthetic Plastic Surgery. Guidelines for travelers. Available at: <https://www.isaps.org/medical-travel-guide/plastic-surgery-tourists/>
- <sup>34</sup> The International Society for Quality in Health Care. Available at: <https://isqua.org/>
- <sup>35</sup> UK Akkreditering Forum Limited. Available at: <http://www.ukaf.org.uk/>
- <sup>36</sup> International Organization for Standardization (ISO). Available at: <https://www.iso.org/home.html>
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## Sources

*Emmanuelle Davoust*  
*PhD Candidate*  
*Translation and Interpreting Department,*  
*University of Malaga (UMA), Spain.*  
[manudavoust@uma.es](mailto:manudavoust@uma.es)

*Dr. Gloria Corpas Pastor*  
*Professor*  
*Translation and Interpreting Department,*  
*University of Malaga (UMA), Spain.*  
[gcorpas@uma.es](mailto:gcorpas@uma.es)

*Dr. Miriam Seghiri*  
*Senior lecturer*  
*Translation and Interpreting Department,*  
*University of Malaga (UMA), Spain.*  
[seghiri@uma.es](mailto:seghiri@uma.es)

In SKASE Journal of Translation and Interpretation [online]. 2018, vol. 11, no. 2 [cit. 2018-18-12]. Available online <[http://www.skase.sk/Volumes/JTI15/pdf\\_doc/03.pdf](http://www.skase.sk/Volumes/JTI15/pdf_doc/03.pdf)>. ISSN 1336-7811