

DIFFICULTIES IN WRITING AN ENGLISH MEDICAL ARTICLE

ZANJANI Keyhan Sayadpour*

Teheran University of Medical Sciences, Children's Medical Center, Tehran, Iran

Article submitted: 16.08.2022; accepted: 26.08.2022

Abstract

Writing a scientific paper of acceptable quality in English is a challenge for non-English-speaking medical researchers. Various methods to solve this problem have been formulated in this article.

Keywords: esperanto, scientific writing, science language

*Corresponding Author: Keyhan Sayadpour Zanjani; ksayadpour@gmail.com

Introduction

The English language is widely accepted as the main language for scientific communication among physicians. A non-English language article may be excluded from review articles solely on the basis of its language and disregarded for its scholarly quality (1). However, writing a paper of acceptable quality in English is a difficult task for a non-native English speaker. In this post I try to formulate the solutions to this problem using examples from my works.

Proficiency in English

Although this can solve the problems, it must either be a native English speaker or study this language very intensively. While the former only applies to some of the medical researchers worldwide, the latter is also not possible for everyone else. The hegemony of the English language and the language discrimination behind it as the universal language of science bring with it difficulties and inequalities for non-English-speaking researchers.

Native English speaking coauthor

Global scientific collaboration can offer the chance to have an English-speaking co-author. In this situation, this co-author can revise the manuscript. This was done by Dr. Weber from the United States when I collected a case series of patients with Marfan syndrome for whom patent ductus arteriosus (PDA) was closed (2).

English proficient coauthor

There is a possibility that a co-author with fluent English skills from a non-English-speaking country will be present. This happened when the Greek, US-educated Dr. Sideris revised the manuscript on clo-

sure of ventricular septal defects (VSD) in patients with Down syndrome (3). This role was played by Dr. El-Sisi, who was born in Egypt and educated in Britain, for another paper (4).

Reviser from a company

When I wrote a report on the first VSD closure by a PDA occluder from Occlutech company, they introduced a reviser to me (5).

Reviser from an institution

Many institutions (universities, hospitals, research centers, etc.) have professional proof-readers for their researchers' work. This service can be free or for a small fee. I used a free service from Deutsches Herzzentrum Berlin (6), and a paid from Rajaie Cardiovascular Medical and Research Center (7).

Professional revisers

There are professional institutions that offer different levels of quality and different service fees for the revision and improvement of scholarly manuscripts. These fees can be affordable for researchers from rich countries. However, it can be difficult for researchers from developing countries with limited research funds.

Journals from non-English-speaking countries

Although not the norm, journals from these countries are generally less concerned about the English quality of scholarly manuscripts and therefore it is easier to publish a paper in them (8-11).

An invented language instead of English

Although it is just a wish at the moment, the idea of an artificial plain language instead of English could be an ideal solution to this

problem. This language can be Esperanto.

Conclusion

There are several solutions to overcome the difficulties of writing an English language paper for non-English-speaking researchers. However, this challenge remains until English is the language of science.

Resumo

Verki sciencan artikolon kun akceptebla angla kvalito estas defio por neanglalingvaj medicinaj esploristoj. Diversaj metodoj por solvi ĉi tiun problemon estis formulitaj en ĉi tiu artikolo.

References

1. Hughes A, Carter K, Cyrus J, Karam O. Pleural Effusions After Congenital Cardiac Surgery Requiring Readmission: A Systematic Review and Meta-analysis. *Pediatr Cardiol.* 2020;41(6):1145-52.
2. Zanjani KS, Wong AR, Sadiq M, Weber HS, Cutler NG. Device closure of patent ductus arteriosus in Marfan patients: safety and effect on the aortic root diameter. *Congenit Heart Dis.* 2010;5(5):439-43.
3. Zeinaloo A, Macuil B, Zanjani KS, Sideris E. Transcatheter patch occlusion of ventricular septal defect in Down syndrome. *Am J Cardiol.* 2011;107(12):1838-40.
4. Zanjani KS, Sobhy R, El-Kaffas R, El-Sisi A. Multicenter Off-Label Use of Nit-Occlud Coil in Retrograde Closure of Small Patent Ductus Arteriosus. *Pediatr Cardiol.* 2017;38(4):828-32.
5. Zanjani KS, Voshtani SH. Transcatheter occlusion of a left ventricular to right atrial communication by an Occlutech duct occluder. *Cardiol Young.* 2015;25(3):588-90.
6. Zanjani KS, Sabi T, Moysich A, Ovro-utski S, Peters B, Miera O, et al. Feasibility and efficacy of stent redilatation in aortic coarctation. *Catheter Cardiovasc Interv.* 2008; 72(4): 552-6.
7. Shahri HMM, Mortezaeian H, Firouzi A, Khajali Z, Birjandi H, Nezafati MH, et al. Safety of Aortic Coarctation Treatment in Patients with Turner Syndrome: A Single-Country Case Series and Literature Review. *Ann Vasc Surg.* 2022.
8. Zanjani KS, Niwa K. Aortic dilatation and aortopathy in congenital heart diseases. *J Cardiol.* 2013;61(1):16-21.
9. Zeinaloo A A, Aghamohammadi A, Shabnian R, Salavati A, Abdollahzade S, Rezaei N, et al. Echocardiographic abnormalities and their correlation with bronchiectasis score in primary antibody deficiencies. *J Cardiovasc Med (Hagerstown).* 2010;11(4):244-9.
10. Zanjani KS, Zeinaloo A, Malakan-Rad E, Kiani A, Bagheri M. Transcatheter atrial septal defect closure under transthoracic echocardiography in children. *Iran J Pediatr.* 2011;21(4):473-8.
11. Eshraghi A, Aghaei-Moghadam E, Zeinaloo A, Rad EM, Zanjani KS, Ghalibafan SF. Atrial septal defect device closure. Is balloon sizing necessary? *Iran J Pediatr.* 2021;31(2):1-6.