



**СРПСКИ АРХИВ**  
ЗА ЦЕЛОКУПНО ЛЕКАРСТВО  
**SERBIAN ARCHIVES**  
OF MEDICINE

Address: 1 Kraljice Natalije Street, Belgrade 11000, Serbia

+381 11 4092 776, Fax: +381 11 3348 653

E-mail: [office@srpskiarhiv.rs](mailto:office@srpskiarhiv.rs), Web address: [www.srpskiarhiv.rs](http://www.srpskiarhiv.rs)

**Paper Accepted<sup>1</sup>**

**ISSN Online 2406-0895**

**Current Topic / Актуелна тема**

Aleksandar Vuletić<sup>1</sup>, Nataša Šelmić<sup>2,\*</sup>

**The language of medicine today:  
English as the new Latin – benefits and challenges**

Језик медицине данас: енглески као нови латински – предности и изазови

<sup>1</sup>University of Arts in Belgrade, Faculty of Applied Arts, Belgrade, Serbia;

<sup>2</sup>University of Niš, Faculty of Medicine, Niš, Serbia

**Received: January 26, 2026**

**Revised: March 16, 2026**

**Accepted: March 19, 2026**

**Online First: March 24, 2026**

**DOI: <https://doi.org/10.2298/SARH260126027V>**

<sup>1</sup>**Accepted papers** are articles in press that have gone through due peer review process and have been accepted for publication by the Editorial Board of the *Serbian Archives of Medicine*. They have not yet been copy-edited and/or formatted in the publication house style, and the text may be changed before the final publication.

Although accepted papers do not yet have all the accompanying bibliographic details available, they can already be cited using the year of online publication and the DOI, as follows: the author's last name and initial of the first name, article title, journal title, online first publication month and year, and the DOI; e.g.: Petrović P, Jovanović J. The title of the article. *Srp Arh Celok Lek*. Online First, February 2017.

When the final article is assigned to volumes/issues of the journal, the Article in Press version will be removed and the final version will appear in the associated published volumes/issues of the journal. The date the article was made available online first will be carried over.

**\*Correspondence to:**

Nataša ŠELMIĆ

University of Niš, Faculty of Medicine, Department of English, Bulevar dr Zorana Đinđića 81, 18000 Niš, Serbia

E-mail: [natasa.selmic@medfak.ni.ac.rs](mailto:natasa.selmic@medfak.ni.ac.rs)

## The language of medicine today: English as the new Latin – benefits and challenges

Језик медицине данас: енглески као нови латински – предности и изазови

### SUMMARY

The language of medicine constitutes a specialized register characterized by precision, distinctive functional elements, and historical continuity. Rooted in Latin and Greek, medical terminology has long served as the foundation of stable cross-linguistic communication. For centuries, Latin functioned as the lingua franca of medical education, scholarship, and clinical practice, before gradually being replaced by vernacular languages. After World War II, English emerged as the dominant language of medicine, supported by the geopolitical influence of Anglophone countries, the rise of international organizations, and the globalization of medical publishing and education.

The aim of this paper is to critically examine the establishment of English as the new Latin in global medical communication, highlighting both the benefits and challenges of this phenomenon. The primary benefits include universality of communication, standardized terminology and education, facilitated access to scientific literature, international collaboration, efficiency in crisis situations as well as increased visibility and impact of scholarly research. Conversely, the challenges entail linguistic inequality, obstacles for non-native speakers, loss of linguistic and cultural diversity, bias in research dissemination, and limited accessibility for patients.

Undoubtedly, medical English has become the lingua franca of the international health care community in the 21st century. Yet concerted efforts are required to ensure professional inclusivity, preserve linguistic diversity, and establish a balance between the principles of efficiency and equity in future global medical communication.

**Keywords:** medical English; the Latin language; health care communication; history of medicine

### САЖЕТАК

Језик медицине је специјализовани језички регистар који се одликује прецизношћу, дистинктивним функционалним елементима и историјским континуитетом. Укорењена у латинском и грчком језику, медицинска терминологија основ је стабилне међујезичке комуникације. Током векова, латински је служио као лингва франка медицинског образовања, научног рада и клиничке праксе, пре него што је постепено замењен вернакуларима. Након Другог светског рата, енглески је постао доминантни језик медицине, потпомогнут геополитичким утицајем англофоних земаља, успоном међународних организација и глобализацијом медицинског издаваштва и образовања. Циљ овога рада јесте да критички сагледа успостављање енглеског језика као новог латинског у глобалној медицинској комуникацији, истичући притом предности и изазове ове појаве. Главне предности су: универзалност комуникације, стандардизованост терминологије и образовања, лак приступ научној литератури, међународна сарадња, ефикасност у кризним ситуацијама, као и значајна видљивост и утицај стручног истраживања. Насупрот томе, изазови су: језичка неједнакост, препреке за неизворне говорнике, губитак лингвистичке и културолошке разноликости, пристрасност у дисеминацији истраживања, ограничена доступност пацијентима.

Без сумње се може закључити да је медицински енглески лингва франка међународне здравствене заједнице у 21. веку. Међутим, потребни су заједнички напори како би се обезбедила професионална инклузивност, очувала језичка разноликост и успоставила равнотежа између начела ефикасности и правичности у будућој глобалној медицинској комуникацији.

**Кључне речи:** медицински енглески; латински језик; комуникација у здравству; историја медицине

### INTRODUCTION

The language of medicine represents a specific functional professional register [1].

Among its defining features are a branching semantic structure encompassing broad general terminological field and narrow sub-terminological fields, as well as a balanced parallelism in the use of both oral and written discourse. When we add to this the requirement that health care professionals must use this language of science and professional practice with great precision in communication among themselves, with patients, and with the wider public, the importance of mastering it becomes even more evident.

Medical languages currently in use across the world, including medical English, are fundamentally rooted in Latin, with a substantial portion of vocabulary derived from Greek. These Greco-Latin elements continue to shape the morphology and semantics of medical terminology, ensuring stability and universality across linguistic boundaries [2]. For centuries, Latin served as the *lingua franca* of communication within the medical community, both at the scientific and clinical diagnostic levels. Over time, however, its role was gradually assumed by English. One of the aims of this paper is to examine the timing and reasons for this transition.

More specifically, the aim of this paper – and at the same time its principal significance – is to provide a critical reflection on the benefits and challenges associated with the establishment of English as the dominant language of today's global medical community. To this end, the study employs a diachronic method, a descriptive-comparative approach, and explanatory analysis. These methods were employed to present a succinct historical account of the evolution of the professional language under consideration, to delineate and compare the principal reference sources that have addressed this subject, and to provide an analytical exposition of the key arguments advanced by both perspectives.

### **HISTORICAL BACKGROUND: LATIN AS THE LANGUAGE OF MEDICINE**

There are numerous scholarly studies that examine the historical perspective of Latin in the field of medicine. These works address the role of Latin in medieval and Renaissance medicine, its use in medical education, prescriptions, and scholarly writings, the shift from Latin to vernacular languages, as well as the enduring legacy of Greek and Latin roots in medical terminology.

According to Marečková et al. [3], Latin functioned as the language of medical treatises, university lectures, and diagnostic discourse for centuries, thereby ensuring a high degree of uniformity across Europe's medical community. It was equally important in education and practice — medical curricula in European universities were largely based on Latin texts, while physicians and pharmacists relied on Latin prescriptions to guarantee precision and universality [4, 5].

Beginning in the 18th and 19th centuries, Latin gradually lost its exclusive status as the language of medicine. The rise of national identities, the expansion of vernacular scientific publishing, and the democratization of education contributed to the adoption of local languages in medical discourse. Medical treatises and textbooks increasingly appeared in German, French, and other European vernaculars, reflecting cultural shifts and the need for broader accessibility

[3]. This transition marked a turning point in the linguistic history of medicine, as Latin ceased to be the sole medium of scholarly and clinical communication.

Despite this shift, the legacy of Latin — together with Greek — remains deeply embedded in medical terminology. The majority of anatomical, pathological, and pharmacological terms are Greco-Latin hybrids, combining Greek roots with Latin morphological structures. This hybrid system continues to provide precision, universality, and semantic stability across languages [2, 6].

## THE RISE OF ENGLISH IN MEDICAL COMMUNICATION

During the 19th and early 20th centuries, the linguistic landscape of medical science underwent significant changes. Scholarly communication was multilingual, with German, French, and English used almost equally. As noted by Baethge [7], during the interwar period (1920s – 1930s), German held a dominant position in clinical research and pathology, while French was particularly influential in tropical medicine and neurology. European colonial expansion spread Western biomedical practices worldwide, embedding English alongside French in colonial medical institutions [8].

The linguistic balance shifted dramatically after World War II. The decline of German and French influence coincided with the growing geopolitical and scientific dominance of the United States and the United Kingdom. As a result, English gradually displaced other languages and became the principal medium of international medical communication [9]. Keller [8] observes that the subsequent growth of multinational health organizations, international medical education, and globalized research networks further reinforced English as the default language of medicine. In short, by the late 20th century, it became the lingua franca of international medical communication, effectively replacing the earlier role of Latin.

At present, English dominates medical publishing and international professional exchange. Leading scientific journals, including *The Lancet*, *New England Journal of Medicine*, and *BMJ*, require submissions in English, while major databases such as PubMed and the Cochrane Library index primarily English-language content [7]. While this ensures global accessibility, it also highlights issues of modern medical colonialism [10] as well as linguistic inequality for non-English-speaking researchers [11]. Beyond publishing, English is the language of international medical conferences, professional associations, and collaborative research networks. Global organizations such as the World Health Organization and the World Medical Association conduct their congresses and issue guidelines in English, thereby enabling communication

across borders and facilitating multinational cooperation [12, 13]. In university programs and international training initiatives, English has likewise become the default medium of instruction, preparing future physicians to work in diverse, multinational environments [14].

### **BENEFITS OF ENGLISH AS THE NEW LATIN**

It can be stated with certainty that there are numerous benefits to the use of English as the medium of communication within the international medical community. The establishment of English as the new Latin has provided medicine with a unified linguistic framework that ensures clarity, accessibility, and collaboration across borders. Standardized medical terminology enables health care professionals worldwide to communicate with precision and without ambiguity, facilitating the exchange of scientific and clinical opinions, practices, and achievements. This linguistic uniformity reduces the risk of misinterpretation, strengthens the accuracy of clinical documentation and guidelines, and ultimately contributes to safer and more reliable patient care, particularly for individuals who seek treatment outside their home countries [3].

As noted earlier, the dominance of English in medical publishing has further reinforced its role as the global language of medicine. According to the findings of Baethge “analyses of MEDLINE records show that between 1995 and 2009, English articles accounted for 87 – 90% of PubMed entries, rising to over 93% by 2010 – 2014, more than 95% by 2015 – 2019, and exceeding 97% in 2020 – 2023” [7]. Publishing in English therefore guarantees greater visibility, citation frequency, and recognition, allowing important findings to reach the widest possible audience and accelerating the dissemination of innovations across the global medical community [15].

English also plays a decisive role in education. The widespread availability of textbooks, teaching materials, and online resources in English has transformed medical education into an international enterprise. Students and young physicians from diverse linguistic backgrounds can access the same authoritative sources, ensuring uniformity in training and knowledge acquisition. International medical schools and exchange programs increasingly adopt English as the language of instruction, preparing graduates for practice and facilitating their mobility in multinational environments [14]. In this way, English contributes to the development of a global medical workforce equipped to meet the challenges of modern health care.

Equally important is the role of English in fostering collaboration. Multinational clinical trials, international guidelines, and large-scale research projects rely on English as their working language, enabling diverse teams to coordinate effectively and share results with transparency.

Worldwide medical societies and regulatory bodies organize their congresses and circulate recommendations in English, thereby establishing a common linguistic framework for cross-border collaboration [12, 13]. This linguistic standardization strengthens global networks, supports evidence-based practice, and enhances the efficiency of collaborative problem-solving in health care [12, 13].

Finally, English simplifies communication among international companies engaged in biomedical activities. Legal, financial, and professional interactions are facilitated when a single language is employed, reducing administrative complexity and ensuring smoother cooperation in areas such as pharmaceutical development, medical technology, and global health initiatives.

Taken together, these benefits demonstrate why English has assumed the role once held by Latin: it provides medicine with a common linguistic foundation that ensures clarity, accessibility, visibility, and collaboration. By unifying medical communication across publishing, education, clinical practice, and international cooperation, English has become indispensable to the advancement of global health.

## **CHALLENGES IN GLOBAL MEDICAL COMMUNICATION**

On the other hand, there are challenges and drawbacks associated with the status of English as a lingua franca. Relying on a single language for international communication creates barriers that affect equity, diversity, and the dissemination of knowledge.

One major concern is the language barrier. Researchers who are not native speakers of English often encounter obstacles when preparing manuscripts or presenting at international forums. These difficulties extend beyond vocabulary to include rhetorical conventions and stylistic norms that may disadvantage otherwise high-quality work [11].

Closely connected to this is the issue of inequality. Mastery of English increasingly serves as a filter for professional advancement, determining who gains access to prestigious journals, collaborative projects, and career opportunities. This dynamic reinforces existing hierarchies, privileging scholars from Anglophone countries while limiting visibility for others [11, 16].

The predominance of English also contributes to a loss of diversity. Local medical traditions and indigenous knowledge systems risk being overshadowed when research is conducted and published exclusively in English. This reduction in linguistic plurality narrows the epistemological base of medicine and may hinder culturally sensitive approaches to health care [9].

Another challenge is bias in research dissemination. Non-English studies are frequently underrepresented in indexing services and systematic reviews, despite their relevance and quality.

This selective visibility distorts the global evidence base, privileging English-language findings while sidelining important regional perspectives [15].

Finally, the dominance of English has profound educational implications. In countries such as Serbia, and across Eastern Europe, medical students face the dual responsibility of mastering complex scientific content while simultaneously acquiring advanced English skills. This dual burden places them at a disadvantage compared to peers in Anglophone contexts.

Taken together, these challenges underscore the paradox of English as the new Latin: while it facilitates global communication, it also risks excluding voices and perspectives essential to the richness of medical science. Addressing these issues requires deliberate efforts to promote linguistic inclusivity, diversify publication practices, and recognize the value of multilingual contributions to global health.

## CONCLUSION

In summary, medical English today stands as the modern equivalent of Latin, functioning as the universal language of health care. Its advantages are clear: a unified linguistic framework that ensures precision, accessibility, and international collaboration; enhanced visibility and dissemination of research; standardized education and training; and strengthened global networks that support evidence-based practice. On the other hand, its dominance also brings challenges: language barriers for non-native speakers; inequalities in career advancement; loss of linguistic and cultural diversity; bias in research dissemination; and additional burdens on medical education in non-English-speaking countries.

Future research should explore several important directions. One scenario is whether English will continue to dominate or whether multilingualism may gain ground in global medical communication. Another promising area is the role of translation technologies and artificial intelligence in bridging language gaps, potentially reducing inequities in publishing and collaboration. Scholars should also examine strategies to preserve linguistic diversity in medicine, ensuring that local traditions and non-English contributions remain visible and valued. Finally, ethical considerations must be addressed, particularly the need for inclusivity and fairness in global medical discourse.

Taken together, these reflections highlight both the indispensability of English and the necessity of conscious efforts to mitigate its drawbacks. By balancing efficiency with inclusivity, the medical community can ensure that global communication remains both effective and equitable.

**Ethics:** The authors declare that the article was written in accordance with the ethical standards of the journal and of institutions for each author included.

**Conflict of interest:** None declared.

Paper accepted

## REFERENCES

1. Milosavljević N, Vuletić A, Jovković Lj. Learning medical English: a prerequisite for successful academic and professional education. *Srp Arh Celok Lek*. 2015;143(3–4):237–40. [DOI: 10.2298/SARH1504237M] [PMID: 26012139]
2. Curtis TA. *Greek and Latin roots of medical and scientific terminologies*. Hoboken (NJ): Wiley-Blackwell; 2025.
3. Marečková E, Šimon F, Červený L. Latin as the language of medical terminology: some remarks on its role and prospects. *Swiss Med Wkly*. 2002;132(41–42):581–7. [DOI: 10.4414/smw.2002.10027] [PMID: 12571757]
4. Hromko TV, Hromko Y. European experience of the Latin language in medical education. *Scientific Research Issues of South Ukrainian National Pedagogical University named after K. D. Ushynsky: Linguistic Sciences*. 2025;40:86–109. [DOI: 10.24195/2616-5317-2025-40.7]
5. Saydullayeva MA. Latin language and its importance to medical institutions. *Mod Sci Res Int Sci J*. 2025;3(2):52–8. Available from: <https://newarticle.ru/index.php/MSRISJ/article/view/364/337>
6. Hamrakulova MR. The contemporary role of Latin in medical terminology: educational, clinical, and global perspectives. *Central Asian Journal of Medical and Natural Science* [Internet]. 2025;7(1):367–72. [DOI: 10.51699/cajms.v7i1.3053]
7. Baethge C. The languages of medicine. *Dtsch Arztebl Int*. 2008;105(3):37–40. [DOI: 10.3238/arztebl.2008.0037] [PMID: 19633751]
8. Keller RC. Geographies of power, legacies of mistrust: colonial medicine in the global present. *Historical Geography*. 2006;34:26–48.
9. Dhimal S. Modern medicine as a site of colonial continuity. *Granite J*. 2025;10(1):1–15. [DOI: 10.57064/2164/26069]
10. Ventres WB. On medicine as colonialism. *Fam Med*. 2025;57(5):393–4. [DOI: 10.22454/FamMed.2024.970000]
11. Ammon U. Linguistic inequality and its effects on participation in scientific discourse and on global knowledge accumulation: with a closer look at the problems of the second-rank language communities. *Appl Linguist Rev*. 2012;3(2):333–55. [DOI: 10.1515/applirev-2012-0016]
12. Chan SMH, Mamat NH, Nadarajah VD. Mind your language: the importance of English language skills in an International Medical Programme (IMP). *BMC Med Educ*. 2022;22(1):405. [DOI: 10.1186/s12909-022-03481-w] [PMID: 35619080]
13. Bélizaire MRD, Ineza L, Fall IS, Ondo M, Boum Y 2nd. From barrier to enabler: transforming language for global health collaboration. *PLOS Glob Public Health*. 2024;4(6):e0003237. [DOI: 10.1371/journal.pgph.0003237] [PMID: 38833516]
14. Šelmić N. The implementation of strategies for enhancing students' communicative competence in Medical English course. *Acta Med Medianae*. 2022;61(4):73–6. [DOI: 10.5633/amm.2022.0410]
15. Salager-Meyer F. Writing and publishing in peripheral scholarly journals: how to enhance the global influence of multilingual scholars? *J Engl Acad Purp*. 2014;13(1):78–82. [DOI: 10.1016/j.jeap.2013.11.003]
16. Hamel RE. The dominance of English in the international scientific periodical literature and the future of language use in science. *AILA Rev*. 2007;20(1):53–71. [DOI: 10.1075/aila.20.06ham]