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ORAL MEDICAL COMMUNICATION IN ENGLISH: TYPES OF SPECIAL VOCABULARY
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Relevance. Medical vocabulary (MV) involves special and non-special lexical units (words and phrases) that function in scientific, popular science, educational and other areas of the language. The issues of MV categorization and identification of its types remain unresolved. The discussion is caused by the problem of differentiation of lexical units used in non-standard colloquial speech of medical staff.

Aim: analyze and critically examine the use of different types of special vocabulary in oral communication of medical staff in English.

Materials and methods. The study uses 167 lexical units (words and phrases) denoting medical concepts obtained from the English-language medical TV series "Gray's Anatomy" (Season 1). The corpus was divided into 3 groups: terms, professionalisms, and medical slang (MS). Their use was analyzed in "doctor – doctor (nurse)" and "doctor – patient" contexts.

Results and their discussion. We define, on the one hand, medical terms (MTs), i.e., language units that are the formal names of medical concepts and have a definition. Among them, there are traditional ("core") MTs, based on Latin and Greek elements (hematochezia, afebrile, hemipelvectomy), and newer terms, among which there are a lot of associative medical words and phrases, metaphorical in nature (harvest surgery -- a surgical operation during which donor organs are taken; brush biopsy – manipulation performed with a special brush). On the other hand, we distinguish non-standard MV, namely, professionalisms and MS. Professionalisms are medical words and phrases that are semi-official names of medical concepts (spinal tap -- lumbar puncture; code team – resuscitation team).

MTs can be long and complex. In oral use for more rapid "doctor – doctor (nurse)" communication, they are often replaced by abbreviations to denote: 1) actions of the staff: admin (administer) a drug, ID (identify) the appendix, prep (prepare) the patient; 2) diseases and clinical conditions: post-op (post-operative), v-fib (ventricular fibrillation), she's DNR (do not resuscitate); 3) tests and drugs: labs (laboratory tests), meds (medicines). In some cases, there is a contraction of a multiword term to one keyword: Whipple (Whipple procedure); declare (confirm and declare death of the patient). Most often abbreviations and contractions are used in emergencies: you get a 911; call respiratory for a ventilator.

Semi-professional (semi-formal) vocabulary can be used for communication between medical staff and patients when there is a need to clarify an idea (I put you on a bypass machine which pumps blood for your heart) or make communication more friendly (we'll fix your ticker).

Unlike professionalisms, MS is only used among medical staff (both in and out of the hospital), not in front of patients. Slangy words and phrases may aim to conceal information from non-professionals or express emotion. Some of them sound unethical and pejorative. MS is used to: 1) characterize colleagues or patients: 007 – a doctor whose first patient died (Agent 007, with a license to kill); leftovers – patients handed over from the previous shift; 2) speak about the patient's condition and processes in the patient's body: code brown – the patient in fecal masses (by analogy with white (red, blue ...) code when describing emergencies); 3) describe the actions of the staff: load him with… – administer, give, inject. MS is highly metaphorical and expressive.

Conclusion: we have identified different types of MV used in the oral speech of medical staff. The choice of certain lexical units depends on the communication situation (formal / informal), as well as on the subjects in a particular situation. Unlike medical terminology, professionalisms and MS are less stable, subject to change and do not have clear professional and social boundaries of use.