

English Dictionaries as Cultural Mines

Edited by

Roberta Facchinetti

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**P U B L I S H I N G**

English Dictionaries as Cultural Mines,  
Edited by Roberta Facchinetti

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# INTERCULTURAL AND IDEOLOGICAL ISSUES IN LEXICOGRAPHY: A PROTOTYPE OF A BIOETHICS DICTIONARY

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## 1. Introduction

The current growing influence of bioethical themes on common people's life is undeniable, as it affects potentially all citizens in a personal and direct way. The availability of new tools and technological approaches, together with the phenomenon of globalisation, has rapidly changed the forms, the contents, the protagonists, and the role of communication.

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<sup>1</sup> Research for this chapter has been carried out jointly by the five authors. Alessandra Vicentini, in particular, is responsible for the lexicographic aspect (parr. 1, 1.1.2, 2, 4); Kim Grego for the Genre Analysis, Translation Studies and web-lexicographic perspectives (parr. 1.1.1, 1.1.5, 4.1); Barbara Berti contributed an overview on Corpus Linguistics (par. 3); Paolo Bellini (par. 1.1.4) and Grazia Orizio (par. 1.1.3) provided the philosophical and medical backgrounds, respectively. The general framework and the concluding remarks were elaborated by the whole team.

Society as was known up until the mid-20th century is no longer recognizable as such. Especially over the past two to three decades, the traditional boundaries between medical science and society have ceased to be as clean-cut as they used to be and, also due to the acceleration of information flows, the medical debate has entered our own homes.

The studies produced over the past few years by this interdisciplinary group (Grego 2008, Vicentini 2008, Grego and Vicentini 2009, Bellini et al. 2010, Grego and Vicentini forthcoming a and b) have highlighted how *hybridisation* may be considered the word of this era, between the past and the present centuries, between old and new technologies, between traditional national cultures and the emerging single globalised culture. Intercultural hybridisation is thus both the background considered in and the perspective adopted for the research project presented in this chapter. How so?

## 1.1. Hybridization

### 1.1.1. Topic

Starting from the main *topic* itself – bioethics – it is apparent how much thinner and overlapping the limits between medicine and society have now become: as hinted above, the former has got closer and closer to the latter, to the point of receiving directions from it, thus contributing to creating a bi-univocal relationship of exchange of scientific and healthcare information between users/patients and the political, medical, healthcare, etc. institutions that emanate it in the first place.

### 1.1.2. Language and genre

Secondly, all this has not only sped up the access to and the availability of such information, it has also given rise to phenomena of *genre* and *language* change and hybridisation (suffice it to think of relatively recent, yet well established, terms such as *e-health*<sup>2</sup> and *medicine 2.0*, which well

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<sup>2</sup> The term, testifying to the transformation of medicine in the internet era, was coined and defined in 2001 by the editor of the *Journal of Medical Internet Research* (the leading journal in the field) as: “e-health is an emerging field in the intersection of medical informatics, public health and business, referring to health services and information delivered or enhanced through the Internet and related technologies” (Eysenbach 2001). Moreover, the double nature of the internet, between great potentials and risks, poses ethical dilemmas already referred to as “e-health ethics” (Eysenbach 2000).

represent the new communicative paradigm illustrated above), and transformed on the one hand the models and modes of dissemination for medical and healthcare discoveries, as well as all the connected issues, once only used exclusively or mostly by experts (Swales 1987, 1990, Bhatia 1993, Sarangi and Roberts 1999, Candlin and Candlin 2002, Cortese and Riley 2002, Sarangi and Clarke 2002, Garzone and Rudvin 2003, Roberts and Sarangi 2005, Salager-Meyer and Gotti 2006), and now ever so available to the masses and, on the other hand, the underlying social and economic drives.

### ***1.1.3. New technologies***

Thirdly, the availability of new tools and *technologies* (i.e. the internet, web 2.0, social networks, etc.) along with globalisation has rapidly and deeply affected medical communication: its formats, content, actors and roles (e.g. Kress and van Leeuwen 2001, 2006, Mooney and Sarangi 2003, Hesse et al. 2005, Fox and Jones 2009). Healthcare and medical products and services are now directly available via the web (e.g. drugs, diagnostic and genetic tests, etc.), while beforehand their access and practice used (even had) to be mediated by healthcare operators (Orizio et al. 2010); the web and the other new media have so accelerated the information flow that the medical debate now enters everybody's home in real time on an almost daily basis.

### ***1.1.4. Bioethics and philosophy***

Fourthly, from a philosophical viewpoint, the technological and experimental *evolution* in the biomedical field leads us to reflect on the fact that man is today more and more able to interfere with the normal biological processes and on the forces regulating life, its genesis and its maintenance, to refer just to hybridisation theories. This phrase indicates the specific phenomenon of the natural fading into the artificial and vice versa that came into being with the modern scientific revolution. In particular, it may be observed how the 21st-century technological civilisation is going to produce, with its ever increasing performative capacity, a complex set of mixed forms and hybrid elements, constantly suspended between the natural and the artificial. This techno-scientific attitude affects man, as well as the environment and all living creatures, so much so that it is ever so difficult to distinguish clearly between the natural and the artificial, between the man-made and the non-man-made. But it is the human body the real objective on which the new technologies mainly focus, and which will inevitably be subjected to every kind of

experiment. In this framework, to traditional bioethical topics such as abortion and euthanasia, artificial insemination, reproductive and therapeutic cloning and all those hybridising practices affecting man and his genetic pool must be added (see Jonas 1997, Longo 2003, Bellini 2008, forthcoming, Bellini et al. 2010). It is furthermore well known how these issues stir substantially very heterogeneous views, with a frequent clash between secular and pragmatic thought, more open to accepting these practices, and religious (especially Roman Catholic) thought, which supports stricter measures on the matter. In this context, bioethics, conceived as that discipline which provides guidelines for practical behaviour as regards particularly controversial and debated issues, and allows users/potential patients to access medical information easily and comprehensibly, plays a key role, especially in the new relationship between society and medical science. As well as being relevant from an academic perspective, it is also significant from the practical viewpoint both in those professional contexts centred on the doctor-patient relationship, and daily to orient the social debate on specially sensitive and thus disputed issues.

#### ***1.1.5. Inter-culture***

Lastly, all the above points are summed up and brought together by the new hybridisation at the (inter-)cultural level: when dealing with bioethics, which concept of bioethics of which culture are we dealing with? The leading culture in science usually sets the pace, therefore it would be easy to say it is the Western culture that generally defines bioethics. More than that, the pace is set in English as the official language of (the leading) culture and science, and as the world's current *lingua franca* (Seidlhofer 2004). However, how can just one culture (and its language), though the predominant one, rule on something so clearly inter- and even cross-cultural as human life? On the other hand, it would be useless to deny it does, and does so according to its own values; but, yet again, cultural values are shared by some and not by others, just as ideologies are. Then it is apparent that, when working on bioethics, even if 'just' from a linguistic perspective, it is hardly possible to build a bioethics (or any, for that matter) dictionary free from ideologies. Yet this cannot prevent the lexicographer from seeking to photograph language in and over time by compiling dictionaries and, in the case of bioethics, this is clear from the significant number of bioethics dictionaries that were created even recently in spite of or thanks to certain ideological stances. The question remains of how much or how little the ideological aspect should count in building a tool whose potential target user – for the so very human-centred



topic, the philosophical implications behind it, the web-based communicative media, modes and genres, the *lingua franca* English language – is *any* new, ‘hybridised citizen’ of this globalised world. The global, intercultural hybridisation challenge, at all of these levels, is what this project, limited to its aims, intends to take on.

## **2. Background: Bioethics, interculturality and lexicography**

As outlined above, besides its multidisciplinary approach<sup>3</sup> and hybrid character at various levels (e.g. concept, genre, etc.), this project poses a challenge as regards the cultural perspective. The topic of bioethics itself, indeed, is a multifaceted one, entailing as it does diverse cultural dimensions, which are strictly interconnected with ideology and language.

The interdisciplinary group’s recent research (see par. 1) has shed light on the way different healthcare systems, emanating from diverse countries, and therefore cultures, deploy diverse linguistic and communicative strategies to reach out to their public/possible patients, especially when dealing with ethics-related issues. These are by nature particularly debated and ideologically loaded, an aspect that emerges also from the related lexicon, which is usually imbued with terms not only pertaining to the medical field, but also to the social and moral sciences and to legal and political aspects, thus resulting in complex linguistic hybridisation. Moreover, though it has been shown that a lexicon of (bio)ethics does exist in general (Grego and Vicentini forthcoming a), it is clear that (bio)ethics and its lexicon are culture-bound and, as far as healthcare communication is concerned, they also depend on the communicative strategies employed by a given service (public vs. private) and country. The above clearly points out to the fact that ideological and cultural perspectives are inseparable when (bio)ethics is at stake, something that is also reflected in/by the lexicographical tools compiled so far.

This study has taken into account the already existing lexicographic works on bioethics in terms of macrostructure (compilers, target users, aims and methodology), and microstructure (single lemmas and their

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<sup>3</sup> The multidisciplinary team working on the project is made up of researchers, professors, research fellows and Ph.D. students based at the Universities of Varese and Milan (Italy). The University of Varese comprises a linguistics and a philosophy section, while the University of Milan includes a linguistics and a medicine component.

related definitions). The dictionaries, encyclopaedias and manuals that have been examined belong to the Italian, British and American bioethics tradition, as they all stem from Western philosophical thought. In particular, reference is made to Reich (1978), Duncan et al. (1981 [1977]), Boyd et al. (1997), Post (2004 [1978]), Lecaldano (2007) and Leone (2007) as sample lexicographic tools over a short-term diachronic perspective.

The analysis shows: (a) a juxtaposition of genres (encyclopaedia, dictionary, encyclopaedic dictionary, manual); (b) a single user-target, usually a specialist, i.e. a doctor or a philosopher, or an expert in the bioethics field; (c) a single compiler, normally an expert in the field of medicine or philosophy, but never of lexicography/linguistics, and moreover (d) the lack of a scientific methodology in the compilation of the work. Apart from the last point (d), which will be more specifically touched upon in par. 4, what stands out from the above corpus is the intercultural viewpoint emerging from the paratextual material (preface, introduction, etc.). Though all belonging to a specific, common Western thought – which is also the slant chosen for the prototype object of this chapter – such dictionaries, depending on the country and language variety, follow different compilation canons and consequently display diverse macrostructures.

As regards the Italian bioethical tradition (Lecaldano 2007, Leone 2007), the authors are moral philosophers or physicians, basing their descriptions on a Christian (i.e. Catholic) interpretation and directing their dictionaries at physicians or specialised, learned readers (e.g. “non solo a chi vive nelle scuole e nelle università, ma in generale al pubblico colto del nostro Paese”, Lecaldano 2007: v), such as students of philosophy, medicine and theology (e.g. “studenti universitari, dei master, dei corsi di perfezionamento, delle facoltà teologiche”, Leone 2007: 6). The British lexicographic production (Duncan et al. 1981 [1977], Boyd et al. 1997) highlights that, though being compiled in English, thus a lingua franca, it directs its works “primarily at readers in the UK, in particular for [...] members of the medical and allied professions or students in these disciplines” (Duncan et al. 1981 [1977]: Preface) and the contributors to the volumes are generally physicians. As for the American bioethics lexicographic publications (Post 2004 [1978], Tubbs 2009), they are generally written and edited by dedicated specialists of ethics, i.e. ethicists, who base their views either on religious or traditional principles. Moreover, the dictionaries analysed are all compiled in the compiler’s language, with the exception of Lecaldano (2007), which includes a multilingual perspective; indeed, though it can be said that bioethics

terminology is generally almost the same within Western cultures, this dictionary provides translations of the lemmas – but not of the definitions – into English, French, Spanish and German (see Lecaldano 2007: v).

Not only are both the inter-cultural/ideological influence and the hybrid and multidisciplinary nature evident in the works' macrostructure, but they also emerge from their microstructures. Indeed, for each lemma, a multi-layered definition is provided, which follows a quite recurrent pattern in all the dictionaries analysed, that is, firstly, a technical/medical part, then a legal/social section and lastly, though only in some of the works under scrutiny, a part dedicated to the undergoing debate on bioethics and/or to the religious implications of each subject. Furthermore, it is interesting to see how each definition, especially vis-à-vis the social/legal connotations, reflects the specific civilization, and therefore legal/political system, making up the cultural background against which each work was designed and created. All this can be easily inferred from the following examples concerning the lemma ABORTION, which, among the many differences featured, show how diversely the UK's vs. Italy's legislations behave in the bioethics domain:

#### Abortion.

The termination of a pregnancy, either spontaneously or by intervention before the fetus reaches viability. In the UK a fetus is legally viable at the age of 28 weeks from the first day of the last monthly period, but in keeping with the practice in other countries, steps are now being taken to reduce the accepted age of viability to a lower level. [...] (Duncan et al. 1981 [1977], s.v. Abortion).

#### Aborto. (ing. abortion; fr. *avortement*; sp. *aborto*, ted. *Abtreibung*)

Il termine si riferisce all'interruzione spontanea o volontaria di una gravidanza; quella qui in discussione è l'interruzione volontaria. Quest'ultima è regolata nel nostro Paese dalla legge n. 194 del 1978, confermata dal referendum del 1981, che consente di interrompere una gravidanza, nel primo trimestre, quando la sua prosecuzione possa comportare un pericolo per la salute fisica o psichica della donna, e dopo il primo trimestre, solo nei casi di minaccia alla vita della donna o di gravi anomalie e malformazioni del nascituro. Dal punto di vista bioetico il dibattito è molto acceso e la pratica dell'aborto è stata fatta oggetto di opposte considerazioni morali. Critici della liceità morale dell'aborto sono principalmente i fautori della SACRALITÀ (→) della vita. [...] (Lecaldano 2007, s.v. Aborto).

These very brief examples and overview of the past lexicographic production show how bioethics dictionaries included and include intercultural and ideological issues at multi-levels due to the complex, multifaceted nature of the subject itself. The Pro.bio.dic. tool aims at bringing them together in a comprehensive, novel template.

### **3. Aims: Towards a collaborative, corpus-based, online tool**

The principal aim of this project is the creation of a corpus-based dictionary of bioethical terms, which will be firstly realised as a prototype. This will be compiled in English, so as to make it accessible to a larger number of users (both specialists who will provide their comments and suggestions, and common citizens), as well as to give it a more international scope.

Moreover, the intention is to move away from traditional lexicographic practices in the pursuit of an objective and scientific method for the compilation of dictionaries. By tradition, the choice of which lemmas to include in a lexicographic resource, together with the elaboration of their related definitions and examples, has been mainly left to the introspection of the lexicographers, thus opening to a questionable subjective dimension. On the contrary, the prototype under elaboration will be based on different principles, especially for what concerns the selection of the entries. In particular, the current project represents a challenge to take the methods of corpus linguistics a step further towards an even greater degree of automation in the analysis of large databases of texts.

As regards the reception within the community and the access to this resource, our aim is to make it reachable by the largest possible group of people, not only in terms of numbers, but especially in terms of cultural, educational, professional background. That is why the prototype will be published online.

Finally, the choice of the wiki modality – thanks to which experts in the field will give their contribution – will allow for a constant monitoring and update of the lemmas, in order to keep up with the constant changes and new perspectives that bioethics undergoes.

### **4. Description: Project definition, design and articulation**

In the history of every natural language, new realities imply new terminological and lexical challenges, and this is what is happening in the bioethics field too. The emergence of issues related to the biomedical

technological development, together with the presence of new modalities of production, consumption, provision and use connected to globalisation, the widening of participation frameworks and, consequently, the dissemination of medical information to different social actors – from the non-specialist who is daily updated on the bioethical debate by the media, to the specialist/professional who follows and contributes to the same debate through dedicated channels – all require a redefinition and update of the lexicographic material available on the subject, which is what this research project intends to propose.

The research carried out so far has indeed shown how the lexicographic material available, as regards the (bio)ethical concepts relating to Western culture and thought (and especially written in English, given this language's relevance in today's scientific communication and for this group's research interests and competences), is addressed only to a specialist public, and was created without referring to a scientific compiling method, but based on the existing material, thus exclusively referring to what lexicographic works existed (if any) beforehand. In addition, traditional lexicography is, generally speaking, based widely on the compiler's own introspection, which results in the presence of a subjective dimension connected only to the lexicographer's own individual linguistic experience.

Considering the above, it seems necessary to propose instead the use of an up-to-date and innovative scientific methodology that might take into account, objectively, the new conceptual – and thus terminological – developments undergone by bioethics in recent times. It is furthermore necessary to make this tool available to the public, to non-specialised users, who represent today one of the protagonists of the bioethical debate, not only in a passive – constantly bombarded as they are by the media (TV, the web, the press, etc.) – but also in an active way, and often called to express themselves on these issues thanks to the new collaborative genres born with/on the web (discussion forums, blogs, etc.).

For these reasons, an innovative compiling methodology will be adopted, which will result in lemmas, definitions and usage contexts obtained through the use of established information retrieval methodologies and based on *realia* (texts) that reflect both the specialised (medical, philosophical and bioethical) and non-specialised (accessible to any citizen) aspects of bioethics.

This will happen by combining the principles of corpus linguistics (Sinclair 1991), i.e. using large databanks of texts from which to automatically extract statistically provable linguistic regularities, with those of text mining (Salton et al. 1975), and applying them to

lexicographic practice. Indeed, computer-based queries conducted on large databases of texts will allow for a methodologically reliable selection of the entries to be included in the dictionary as well as provide the words' different contexts and usages both in the specialised and non-specialised domains.

In order to make the automatic analyses possible, the text will be represented through models known in text mining literature such as the vector space model (Salton and Buckley 1988, Lewis 1992, Apté et al. 1994, Dumais et al. 1998), which can provide a solid and analytically processable representation of written documents.

The researchers working on this project will be concerned with assembling the corpora of texts needed to proceed to the extraction of the terms that will later make up the dictionary's word list. To strengthen the results' statistical value, the corpora used will have to be very large, ideally covering all the usage contexts of the terms to be contained in the dictionary. Moreover, the IT section will be in charge of elaborating a methodology – based on the techniques of machine learning (Mitchell 1996) – that will allow for the automatic classification of the documents into specialised and non-specialised. The automatation of the process will also allow for a more thorough and extensive text collection (Sebastiani 2002); a large corpus of popular nature will be put together to represent a truth value with respect to the bioethical nature of the documents contained in it.

As regards corpora compilation, the texts will be retrieved from specialised bioethical journals (e.g. *The Journal of Medical Ethics*, *The American Journal of Bioethics*, *Ethics & Medicine*, etc.) and non-specialised (newspapers, magazines, etc., e.g. *The Guardian Online*, *the Times*, *The New York Times*, etc.) sources, and texts will be put together to provide a sound basis for linguistic analysis (Arnò Macià et al. 2006). Indeed, both the quantity (the number) and the quality (the typology) of the texts assembled in the corpus are of paramount importance if a truthful account of the usage of bioethics terms is to be provided, thus the proportion between the two types of texts will have to be weighted. The documents will be taken both from American and British journals, newspapers and magazines, so that the final corpus will be representative of cultural and linguistic variations. Once the corpus has been obtained, the most significant terms will be extracted from it by means of text mining tools, thus making up the dictionary's word list. The time span chosen for the investigation is about 10 years, long enough to cover and report on the digital revolution brought forth by the web.

As a final point, it is interesting to expand on a remark made at the beginning of this chapter, in par. 1, wondering how just one language, though the official language of today's culture and science, and the world's current *lingua franca*, can rule on something so clearly inter- and even cross-cultural as human life as conceived in/by bioethics. The question of English as a *Lingua Franca* (EFL), localisation and the necessity of translation at all is surely challenging and is currently being debated especially in Translation Studies (see e.g. a summary in Grego 2010: 116-123). While the human kind is waiting to see whether EFL will replace all languages and make translation useless, though, the need to reach out to the widest public is strongly felt in this project with so deep an ethical stance, and translation is still considered one good means of achieving that. For this reason, at a later stage, the Pro.bio.dic project also intends to consider the adaptation of part of its results into other languages. In practical terms, the construction of a multi-lingual<sup>4</sup> sample version of the bioethics glossary is proposed as the final development of the project, yet not as a result in itself, but as a workshop to test translation as the product, process and practice (Grego 2010) that might physically bring together and bond all its various dimensions – lexicography, lexicology, English for Specific Purposes, medicine, philosophy, IT – into a really and operationally intercultural tool.

#### 4.1. Sample lexicographic sheet

The following sheet (sheet 1) exemplifies the structure of the Pro.bio.dic.'s lemmas; it illustrates the way the definitions are compiled and takes into account the dictionary's wiki nature. Once again (see par. 2) the term ABORTION was chosen for description.

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<sup>4</sup> This final stage will include a discussion of and come up with reasons as to how many and which languages to consider in developing the multi-lingual glossary.

**ABORTION****General**

The premature termination of pregnancy; an instance thereof.

The termination of a process or procedure.

The aborted foetus; *fig.* a failed or badly conceived thing, esp. a project, an object, etc.

*A flat battery would have been a cast-iron excuse to abort the visit.*

**Medicine**

The medical practice of inducing the termination a pregnancy, either surgically or pharmacologically. Reasons to practice an abortion may be due to voluntary choice or a medical condition. A spontaneous, as opposed to induced, termination of a pregnancy is usually referred to as a (cfr.) miscarriage. MORE TO ADD/CHANGE BY MEDICINE CONSULTANT.

*Example to be added.*

Hyperlink to the *Miscarriage* lemma

The practice of abortion is a highly debated issue in bioethics, due to the very differing views existing over the interruption of human life, albeit in its earlier stages, frequently associated to specific religious beliefs. MORE TO ADD/CHANGE BY PHILOSOPHY CONSULTANT.

*There were significant differences in students' attitudes to abortion, reflecting differences in religious, legal and educational experiences.*

Hyperlink to *Abortion, Ethics* above

**Law**

As a consequence of the differing ethical views on abortion, its practice has come to be regarded differently in different cultures, and has legal or illegal status depending on the country. In the EU, MORE TO ADD/CHANGE BY LAW CONSULTANT. In the Commonwealth, MORE TO ADD/CHANGE BY PHILOSOPHY CONSULTANT. In



North America, MORE TO ADD/CHANGE BY PHILOSOPHY CONSULTANT. In South America, MORE TO ADD/CHANGE BY PHILOSOPHY CONSULTANT. OTHER EXAMPLES MAY BE ADDED IF PARTICULARLY RELEVANT (= DIFFERING FROM MAINSTREAM).

*Example to be added.*

Hyperlink to the *Users' files on the portal*, with CV and professional credentials. Only registered users may post.

The scientific committee or the individual specialized subcommittees may decide to amend / integrate the definition(s) based on the ensuing forum discussion(s).

**Specialised forum**

*Username 1*

Comment / opinion / criticism / question

*Username 2*

Reply / comment / opinion / criticism / question

**Sheet 1 – Pro.bio.sic: sample structure of the lemma ABORTION**

**5. Expected results and criteria for their evaluation**

The research is expected to produce, as its main result, a prototype of electronic dictionary that will distinguish itself from its predecessors for its multi-disciplinary approach, its innovative scientific methodology, and its wiki-mode collaborative approach. The model created will be exportable and the methodology applicable – with due adaptations – to various if not any subject. The prototype of dictionary would particularly suit those subjects that – like (bio)ethics – are concerned with hybrid concepts and tools, and thus need a high degree of collaboration from different participants to come into existence.

As a side result, an innovative and large corpus of texts on bioethics will be available for further linguistic research (sociolinguistics and textual analysis); it could indeed be investigated as a collection of contemporary

British and/or American texts (as it will initially include texts from these two English-speaking countries alone) (diatopic dimension), of specialised academic/professional language (diaphasic/diastratic dimension), of contemporary written English (diamesic dimension) of bioethics journal articles (genre), of the language of bioethics (ESP), etc. As a future, possible development, the project will also take into consideration the feasibility of a multi-language glossary.

In order to evaluate the obtained results, several elements and criteria associated with the different disciplines will be exploited. As regards lexicography, studies on the compilation of specialised multidisciplinary dictionaries, on the conformity of the lexicon of bioethics and on the accessibility of the data incorporated in an electronic form will be carried out. Translations studies will deal with works concerning the feasibility (with problems and suggestions) of a multi-lingual glossary as a future development, especially as regards the localization of both the content (from the legal, medical, ethical viewpoint) and the form (from the linguistic viewpoint) into other Western-European languages (see note 4, par. 4). From the corpus linguistics and IT perspective, research on the assembling of representative corpora and on the statistical significance of the linguistic analysis will be referred to. Particular attention will be given to evaluate performances of the automated procedures based on accuracy indexes, precision and recall measures. The contribution made by the public health sector will be evaluated in terms of the existent scientific literature, discussing the ethical implications of the access to web health-related information by the general population. Finally, the philosophical dimension will strive to provide for every entry an exhaustive description, comprising the most common bioethical practices and theories, in a historical and multidisciplinary perspective, and in line with the users' specific interests, ethical and moral beliefs, and practical needs.

The research group has been collaborating on this initiative for about 1 year, starting from the end of 2009; the expected timeline for this project covers 3-5 years, and it is being developed as we write; more detailed publications will soon follow, describing the methodology and technologies employed, and producing the first tangible samples of the tool.

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