IJEEL
Peer-Reviewed International Journal

International Journal of English Language, Education and Literature Studies (IJEEL)

ISSN: 2583-3812
Vol-3, Issue-3, May-Jun 2024

Journal Home Page: https://ijeel.org/
Journal CrossRef DOI: 10.22161/ijeel

Linguistic Trends in Doctor-Patient Communication

Ramya Geethi

Research Scholar, Department of Centre for English Language Studies, University of Hyderabad, India

Article Detail:

Received: 10 Mar 2024;

Received in revised form: 17 Apr 2024;

Accepted: 25 Apr 2024;

Available online: 05 May 2024

Keywords—Doctor-Patient communication, Discourse studies, Language, Linguistics

Abstract

Effective communication between doctors and patients is vital for successful consultations. Language plays a key role in making the communication between the doctor and the patient effective. Discourse studies that study language at its micro, as well as at its macro level, provide valuable insights into medical consultations. The objective of the present study is to provide an overview of various linguistic trends that emerged over time to examine talk in doctor-patient consultations. Studies examining doctor-patient discourse have been grouped under Interaction Analysis system, Rhetorical Genre Studies, Conversation analysis, sociolinguistics, Pragmatics, Ethnography, and Systemic Functional Linguistics. It was observed that the linguistic trends that emerged in other contexts were rarely applied to Indian medical consultations. Therefore, there is a need to study Indian doctor-patient consultations using discourse frameworks to arrive at findings that may be used to promote effective communication between the participants.

I. INTRODUCTION

In our culture, illness reduces a 'person' or 'individual' who is a conscious rational being having human rights, dignity, or worth to an 'entity' or body' that is enduring pain and needs supervision and care (Oxford English Dictionary). This view pertains not only to the biomedical model of medicine but also to the bio-psychospiritual model, with medicine spreading its wings into other disciplines to assert its dominion over the affected (Bishop, J. P. 2011). Various attempts have been made over the years to bring back personhood into the treatment of the ill such as Carl Roger's 'client-centered therapy' (1942), Michael Balint's 'patient-centered medicine' (1969), Barney Glaser and Anslem Strauss's 'open awareness' (1965), and Cicely Saunder's 'hospice movement' (1967). These models tried to bring about the view that the affected body is shaped by purpose and meaning. Meaning in the healthcare system was discussed by Matthiessen, C. M. (2013) who proposed the socio-semiotic model. 'Patients' in the socio-semiotic model mean social actors using language to enact many social roles in various social networks.

Language provides patients with a medium through which the experience of illness can be subjectively explained to the doctor. Heath, I. (2008) emphasized the role of language in end-of-life (EOL) context by

emphasizing the importance of words to forge a connection and understanding with the other individual. The patient in the end-of-life (EOL) stage is to be viewed as a person suffering and experiencing the consequences of disease rather than a body requiring futile interventions and treatments. This view initiated a shift from doctor-dominated consultations to patient-centered care according to which patients must be informed about their diagnosis, encouraged to talk, and participate actively in the decision-making process of the treatment. 'Talk' in medical consultations thus gained popularity and medical discourse came under the scrutiny of research.

Medical discourse is complex and multidimensional entailing a range of theoretical and methodological approaches for its study. The variety of linguistic areas found in the literature of medical communication is a testimony to it. Language is itself complex and more so is its interpersonal component where multiple emotions and demands are involved. For instance, oncologists are expected to empower the dying patient to be autonomous and participate in the decision-making process and at the same respect the patient's emotions, beliefs, and notions. How can the oncologist be empowering as well as caring at the same time? questions Karimi, N. (2022). It is not just the components that affect language use but also the context in which the language operates. Language operates in a context and context operates in it. Linguistic choices are motivated by contextual and textual factors. Semino et al., (2015) point out that violent metaphors when used by cancer patients do not necessarily connotate negative emotions. For instance, the word 'fighter' when used by cancer patients suggests pride and agency. The choice of language thus plays a crucial role in the building of a therapeutic relationship between the doctor and the patient.

II. RESEARCH IN DOCTOR-PATIENT COMMUNICATION

Communicative practices in health care consultation have attracted the attention of researchers and a considerable amount of work has been published over the years. Communication was found to have a direct correlation with patient communication (Ong et al., 1995) and the most common reason for patient dissatisfaction (Buckman et al., 2011; Slade et al., 2015). Research in medical communication has expanded to different disciplines including medicine, psychology, nursing, communication studies, anthropology, and linguistics. Linguistic and discourse studies entail health practitioners working together with communication researchers. A linguistic perspective can add value to the communicative events in doctor-patient consultations by examining talk at a micro level and identifying problems together with possible ways to address them. But, according to Sarangi and Roberts (1999), both the reporting of discourse-based findings and their actual uptake by professional communities remain largely unexplored. This paper attempts to explore the linguistic research done in doctor-patient communication to establish certain trends that emerged in the course of research.

Interactional analysis system (IAS)

Studies using IAS code large-scale data and apply quantitative statistical tests to explore patterns of doctor-patient communication. Beginning from a general sociological or psycholinguistic approach, the IASs over the years became more precise and comprehensive, focusing more on the medical interview and specific topics, such as cancer or hospital doctor-patient consultations. Roter et al., (2000) applied roter interactional analysis system (RIAS) to show that 'expert' physicians engaged in small talk such as psychosocial and lifestyle discussions, and more positive talk. Ong et al., (2000) studied 96 cancer consultations and showed that patients' quality of life and satisfaction were most clearly predicted by the affective quality of the consultation. IAS has also been used to study patient companion roles in medical interviews. Mazer et al., (2014) and Cordella, M. (2011) identified various roles for the companions which support the patient and are vital to the progression of medical exchanges towards a patient-centered approach.

Rhetorical Genre Studies (RGS)

Rhetorical Genre Studies (RGS) investigate the recurrent linguistic patterns in a conversation and their social

Article DOI: https://dx.doi.org/10.22161/ijeel.3.3.1

implications. In healthcare, RGS studies have researched genres such as record keeping practices, forensic reports, treatment forms, referral letters and medical consultations. In medical consultations, Chochinov et al., (2005) used a therapeutic intervention called 'dignity interviews' which consists of a doctor using an established protocol to interview a dying patient about events in his or her life and their meaning. The physician then transcribes and edits the interview and then reads the interview back to the patient. Any modifications that the patient wishes are made in the final document. The final version which is also called the 'legacy document', is provided to patients. It is a negotiated form of interaction because patients are both controlled by and in control of the semiotic resources of the genre. According to Schryer et al. (2012, p.132), the dignity interview provides "patients with a form of negotiated rhetorical agency in which they can construe their own memories and create a sense of discursive order out of their life events".

Conversation analysis (CA)

Conversation analysis (CA) as a method for research has been applied to various contexts (Heritage & Stivers 2001; Holst 2010). They applied CA to identify forms of patient participation and the interactional conditions that provide opportunities for patient participation. Holst, M. A. (2010) investigated how Japanese doctors create and maintain patient-centered consultations, using the CA framework. Heritage and Stevers (2001) applied CA to palliative care physician questions and analyzed patterns of elaboration in patient answers. They found that while doctors may not routinely interact with patients' lifeworld narratives as often as ordinary conversation might, these narratives can be treated as resources for learning more about patients and facilitating their participation in the consultation. Using CA "repair" Prusti et al., (2023) concluded that doctor-patient rapport affects therapy effectiveness, improving therapy and patient's adherence to it.

Sociolinguistics

Sociolinguistics is the study of language in a social context of care for patients. Cordella (2004) identified three distinct physician voices: 'Doctor voice', the 'Educator voice', and the 'Fellow Human voice' and four patient voices: 'voice of Health-related Storytelling', the 'voice of Competence', the voice of 'Social Communicator', and the 'voice of Initiator'. Andreassen et al., (2015) adopted Cordella's concept of voices to study doctor-patient consultations and concluded that when doctors used all three types of voices in ways to empower patients to use all four types of voices, vital information could be deduced from patient talk which was hitherto not possible to obtain. Other studies which adopted sociolinguistics to study patient-physician relationship in the social context in which it operates are Chou 2004; Aldridge and Barton 2007.

Pragmatics

Pragmatic studies focus on the meaning that a context contributes to a text. Context determines what one can say and what one cannot. Words get meaning through the pragmatics of the context in which they are used. In the medical context, pragmatics studies language in doctor-patient consultations with a particular focus on the environment in which communication takes place, the persons involved in the interaction, their intentions or goals, and the influence of the environment on their talk and talk on the environment in which it takes place. Recordings of doctor-patient consultations and structured and unstructured interviews with doctors and patients have been examined for pragmatic strategies in the delivery of bad news by Odebunmi, A. (2011). Odebunmi concluded that the delivery of bad news considers the socio-psychological context of both the patient and the institution in which the doctor works. Plastina and Del Vecchio (2014) also examined the delivery of bad news and established that linguistic devices can be used to mitigate the intensity of information when delivering bad news. These linguistic devices act as empathetic strategies rather than compromisers of information.

Ethnography

Ethnography along with other discourse analytic approaches such as conversation analysis criticize the quantitative Interaction Analysis systems such as IAS and RIAS. Though quantitative studies capture the recurrent linguistic patterns, context and their psychosocial implication are captured inconclusively

Article DOI: https://dx.doi.org/10.22161/ijeel.3.3.1

(Fagerlind et al., 2008; Pun et al., 2016) studied doctor-patient interaction using ethnographic analysis of exchange structure to analyze strategies (grammatical and semantic) that doctors use to transfer knowledge to patients and other doctors. They concluded that ethnographic analysis of authentic data can provide substantiated evidence for effective ways in which clinicians can communicate. An ethnographic study of doctor-patient interactions in Mumbai has attempted to explore the interplay of cultural parameters on the physician-patient relationship and summarised that both are interdependent bidirectionally (Patel, 2021).

Systemic functional linguistics

Systemic functional linguistics (SFL) is a socio-semiotic model of language. According to SFL, text plays a central role in the context of healthcare both constituting and facilitating them. Language and its semiotic features facilitate the successful operation of medical practices (Matthiessen, 2013). The dynamics of power that operate in a doctor-patient consultation have been studied using the SFL framework. Studies using the top-down approach of SFL in terms of contextual analysis (field, tenor, and mode) to semantic analysis (ideational, interpersonal, and textual) to lexicogrammatical analysis (transitivity, mood and modality) analyzed doctor-patient interaction. They established that power in the language used by the doctor is being mitigated to facilitate patient autonomy by providing scope to the patient to express their views and concerns Nguyen, T. N. (2017); Pane et al., (2018). Fung, A. (2016) studied Cantonese doctor-patient consultations using the semantic network proposed by Hasan and concluded that open semantic networks proposed by Hasan can be applied successfully to analyze doctor-patient interactions in the Cantonese context.

III. CONCLUSION

This paper attempted to provide a brief overview of linguistic trends that were employed to study doctor-patient interaction in various contexts. This was not done to compare different approaches. Rather than providing a comparative analysis, the present paper aims to provide a glimpse of the wide range of linguistic studies that emerged in recent times. The scope for the application of approaches from various disciplines to medical communication reiterates its complexity. Talk in doctor-patient consultations comprises of various levels of linguistic features that affect and are affected by the context. While discourse studies exploring medical communication are on the rise, it is a relatively neglected area in the Indian medical context. Thus, there is a need to study Indian doctor-patient consultations employing linguistic studies that can throw light on nuances of language which in turn can provide theoretical foundations on which practical implications may be developed. These practical implications can be used to both constitute texts for medical training and facilitate doctors to encourage patients in shared-decision making.

REFERENCES

[1] Aldridge, M., & Barton, E. (2007). Establishing terminal status in end-of-life discussions. *Qualitative Health Research*, *17*(7), 908-918.

[2] Andreassen, P., Neergaard, M. A., Brogaard, T., Skorstengaard, M. H., & Jensen, A. B. (2015).Talking about sensitive topics during the advance care planning discussion: A peek into the black box. *Palliative and Supportive Care*, 1-8.

[3] Balint, M., Ball, D. H. & Hare, M. L. (1969). Training medical students in patient-centered medicine, *Comprehensive psychiatry*, 10, 249-258.

[4] Bishop, J. P. (2011). *The anticipatory corpse: Medicine, power, and the care of the dying*. Notre Dame, Indiana: University of Notre Dame Press.

[5] Buckman, R., Tulsky, J. A., & Rodin, G. (2011). Empathic responses in clinical practice: intuition or tuition?. *Cmaj*, *183*(5), 569-571.

[6] Chochinov, H. M., Kristjanson, L. J., Breitbart, W., McClement, S., Hack, T. F., Hassard, T., & Harlos, M. (2011). Effect of dignity therapy on distress and end-of-life experience in terminally ill patients: a randomised controlled trial. *The lancet oncology*, *12*(8), 753-762.

[7] Chou, W. Y. S. (2004). *End-of-life discourse: an analysis of agency, coherence, and questions*. Georgetown University.

[8] Cordella, M. (2004). *The dynamic consultation: A discourse analytical study of doctor–patient communication*. Amsterdam: John Benjamins.

[9] Cordella, M. (2011). A triangle that may work well: Looking through the angles of a three-way exchange in

Article DOI: https://dx.doi.org/10.22161/ijeel.3.3.1

cancer medical encounters. *Discourse & Communication, 5*(4), 337-353.

[10] Fagerlind, H., Lindblad, A. K., Bergstrom, I., Nilsson, M., Naucler, G., Glimelius, B., & Ring, L. (2008). Patient-physician communication during oncology consultations. *Psychooncology, 17*(10), 975.

[11] Fung, A. (2016). Hasan's Semantic Networks Revisited: a Cantonese Systemic Functional Approach. In W. L. Bowcher & J. Y. liang (Eds.), *Society in Language, Language in Society: Essays in Honour of Ruqaiya Hasan* (pp. 115-140). UK: Palgrave Macmillan.

[12] Glaser, B. G. & Strauss, A. L. (1965*). Awareness of dying*. New Jersey: Aldine Transaction.

[13] Heath, I. (2008). *Matters of Life and Death: Key Writings*. Oxon: Radcliffe.

[14] Holst, M. A. (2010). Japanese doctor-patient discourse: an investigation into cultural and institutional influences on patient-centred communication.

[15] Karimi, N. (2022). *Patient-centred advanced cancer care: A systemic functional linguistic analysis of oncology consultations with advanced cancer patients* (Doctoral dissertation, Macquarie University).

[16] Matthiessen, C. M. (2013). Applying systemic functional linguistics in healthcare contexts. *Text & Talk*, *33*(4-5), 437-466.

[17] Mazer, B. L., Cameron, R. A., DeLuca, J. M., Mohile, S. G., & Epstein, R. M. (2014). "Speaking-for" and "speaking-as": Pseudo-surrogacy in physician–patient–companion medical encounters about advanced cancer. *Patient Educ Couns, 96*(1), 36-42. *doi: http://dx.doi.org/10.1016/j.pec.2014.05.001*

[18] Nguyen, T. N. (2017). Doctor-patient power relation: A systemic functional analysis of a doctor-patient consultation. *VNU Journal of Foreign Studies*, *33*(3).

[19] Ong, L. M., De Haes, J. C., Hoos, A. M., & Lammes, F. B. (1995). Doctor-patient communication: a review of the literature. *Social science & medicine*, *40*(7), 903-918.

[20] Ong, L. M. L., Visser, M. R. M., Lammes, F. V., van Der Velden, J., Kuenen, B. C., & De Haes, J. C. J. M. (2000). Effect of providing cancer patients with the audiotaped initial consultation on satisfaction, recall, and quality of life: a randomized, double-blind study. *Journal of Clinical Oncology*, *18*(16), 3052-3060.

[21] Pane, I. I. I., Saragih, A., Nurlela, N., & Lubis, M. (2018). Doctor-Patient Interaction: A Systemic Functional Analysis. *Language Literacy: Journal of Linguistics, Literature, and Language Teaching*, *2*(2), 140-150.

[22] Patel, R. N. (2021). *An Ethnographic Study of Doctor-Patient Communication within Biomedicine and Its Indian Variant in Mumbai*. Case Western Reserve University.

[23] Plastina, A. F., & Del Vecchio, F. (2014). Diagnostic news delivery, A microanalysis of the use of shields. In A. Zuczkowski, R. Bongelli, I. Riccioni, & C. Canestrari (Eds.), *Communicating Certainty and Uncertainty in Medical, Supportive and Scientific Contexts* (pp. 183-200). Amsterdam & Philadelphia: John Benjamins Publishing company.

[24] Prusti, S. M., Das, M., & Singh, R. (2023). INACCURACIES IN PATIENT-PHYSICIAN COMMUNICATION. *Journal of Data Acquisition and Processing*, *38*(2), 2695.

[25] Pun, J. K., Matthiessen, C., Williams, G., & Slade, D. (2017). Using ethnographic discourse analysis to understand doctor-patient interactions in clinical settings.

[26] Rogers, C. R. (1942*). Counseling and psychotherapy: newer concepts in practice.* Boston: Houghton Mifflin Company.

[27] Roter, D. L., Larson, S., Fischer, G. S., Arnold, R. M., & Tulsky, J. A. (2000). Experts practice what they preach: A descriptive study of best and normative practices in end-of-life discussions. *Archives of Internal Medicine, 160*(22), 3477-3485.

[28] Sarangi, S., & Roberts, C. (1999). The dynamics of interactional and institutional orders in work-related settings. *Talk, work and institutional order: Discourse in medical, mediation and management settings*, *160*.

[29] Saunders, C. M. (1967). The care of the terminal stages of cancer, *Annals of the Royal College of Surgeons of England,* 41, 162-169.

[30] Schryer, C., McDougall, A., Tait, G. R., & Lingard, L. (2012). Creating discursive order at the end of life: The role of genres in palliative care settings. *Written Communication,* 0741088312439877.

[31] Semino, E., Demjén, Z., Demmen, J., Koller, V., Payne, S., Hardie, A., & Rayson, P. (2015). The online use of Violence and Journey metaphors by patients with cancer, as compared with health professionals: a mixed methods study. *BMJ Supportive & Palliative Care.* doi:10.1136/bmjspcare-2014-000785.

[32] Slade, D., Chandler, E., Pun, J., Lam, M., Matthiessen, C. M., Williams, G., ... & Tang, K. S. (2015). Effective healthcare worker-patient communication in Hong Kong accident and emergency departments. *Hong Kong Journal of Emergency Medicine*, *22*(2), 69-83.

[33] Stivers, T., & Heritage, J. (2001). Breaking the sequential mold: Answering 'more than the question' during medical history taking. *Text & Talk, 21*((1/2)), 151-185.

[34] Odebunmi, A. (2011). Concealment in consultative encounters in Nigerian hospitals. *Pragmatics, 21*(4), 619-645.