

# The use of technical language and its effects on doctor-patient communication in intercultural settings

## Problem Statement

- Healthcare interaction has been described as the encounter of two potentially **conflicting "voices"**, that of the patient and that of the doctor.
- Research has shown that **doctors often tend to elide the patient's voice**, in order to encode all of the information in their own objective, technical view.
- One of the means through which the "voice of medicine" is conveyed **medical technical language**.
- The use of medical jargon can be a hindrance to doctor-patient communication:  
**Roter & Hall (1992: 93):**  
*Part of the mystique of medicine is that it is written and often communicated in a foreign code. [...] "Medicalese" persists despite its difficulties, and if a patient feels alarmed and confused after leaving the doctor's office, it is not unusual. It is a good guess that a doctor will use at least one unfamiliar medical term in any given visit.*
- This is particularly true in **interactions with foreign patients**, where the familiarity with high register and specialized terminology of a foreign language cannot be taken for granted.

## General Research Questions

- How are technical terms **distributed**?
- In what **contexts** do they occur (e.g. sequential position during the interaction, actions performed through such terms, participation formats implemented, etc.)?
- How are such terms **treated** by the doctor and by the foreign patients?
- What is the relationship between the use of technical terms and the **communicative strategies** employed by the doctor?
- What is the **effects** of technical terminology **on doctor-patient communication**?

## Data

### CORPUS:

**Video-recorded interactions** involving Italian doctors and foreign patients of different nationalities and ethnicities.  
Collected in a primary care center in Forlì, Italy, in 2006-2007.  
About 6 hours of interaction (3 ½ also involving interpreters / mediators).

### CASE-STUDY:

**Gynecological visit:** check-up during pregnancy + discussion of previous exams (suspected fetus abnormalities);

**Duration:** 38 minutes;

**Participants:** 1 doctor (D), 1 patient (P): Eastern-European woman about 30 years-old.

### AIM OF THE STUDY:

Examine **doctor's reaction to patient's requests** (e.g. reassurance, information, explanation, etc.).

Study how technical terms are used to respond to such requests.

Analyze **patient's reactions** to sequences containing technical terms.

## Methodology

### CONVERSATION ANALYSIS:

- Study of **spontaneous recordings** of real-life conversations.
- Focus on **"talk in interaction"**, i.e. language (especially *everyday* language) as a means to **jointly accomplish social actions**.
- Subjects of study:
  - how speakers negotiate, maintain or yield their "turns at talk";
  - what actions they perform through talk;
  - what means they use to perform actions;
  - how speaker cooperate to co-construct an orderly interaction.

## Data Analysis - Sample



Beginning of the visit: the doctor is reading the report of a sonogram, showing cysts in the fetal brain.

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01 P: ques[te ciste
      these cysts...
02 D: [si. (.) si si si.
      yes. yes yes yes.
03 P: dopo [si spariscono
      they disappear later...
04 D: [(e) molto probabile che appunto:, (.)
      (it's) very likely that indeed...
05 hm:::, se ne va:, perché il:, (.) il rischio
      hm... it goes away because the... the risk,
06 quando si trovano queste- queste: cisti dei ples[si coroidai, (.)
      when they find these- these... coroid plexus cysts,
07 P:
08 D: soprattutto no se::, se ci sono anche altre problematiche
      especially, you know, if... if there are other problems, too,
09 nel tuo caso c'era un difetto interventricolare. (.)
      in your case there was an interventricular defect,
10 è più alta la probabilità?
      there is a higher probability...
11 P: di es[sere (2-3 syll) (.) hm?
      of being...
12 D: [che ci siano delle anomalie cromosomiche invece, (.)
      of having some chromosomal anomalies, but
13 non è così
      this is not the case.
  
```

**P's request for reassurance** (lines 02-03)

**D: first response** (lines 04-05)

**Expansion** (lines 06-10)

**D: restating the response** (line 13)

### Doctor's lexical choices:

- use of technical terms (without explanation) - lines 6, 9, 12;
- high register (lines 8, 10).

### Patient:

- acknowledgement token (line 7);
- attempt at a collaborative turn completion (line 11).

Actual comprehension or mere displays of receipt?

### Doctor's actions:

- first response (lines 4-5);
- expansion (lines 6-12);
- restating the response (line 13).

Responses employ everyday language;  
Expansion employ technical terminology.

### Function of technical terms:

- Support D's statement with specialized knowledge
- Perform the action of reassuring.

### PROBLEMS:

- Is technical language understood?
- Is it actually effective in the communication?
- Is it necessary (may the same actions be performed otherwise)?

## Results

### Doctor's behaviour

#### Terminology

Frequent use of technical terms, even if not strictly necessary;  
High register alternates with everyday language (according to the action structure).

#### Responses to patient's requests

Often anticipated or followed by sequences containing technical language;

#### Reformulations of patients turns

Often from everyday language towards technical language (even if not necessary).

#### Explanations

Seldom self-initiated by the doctor.

#### Participation format

Few attempts to implement patient's active participation.

### Doctor's communicative strategies

#### Unflagged treatment of technical terms:

Often taken for granted, no check of patient's understanding  
No explanation / simplification;

#### Reasons for using technical language:

Supporting statements with "technical" data;  
Assessing doctor's professional knowledge.  
Categorization on patient's linguistic skills.

#### Doctor's use of patient's file:

Reference to a pre-existing "reservoir" of professional expertise.

### Outcomes of doctor's behaviour

#### Contrast between different agendas:

The doctor seems concentrated on her own professional agenda;  
See bodily orientation / gaze / engagement in writing, reading, etc.

#### Too much information

(unnecessary / unsought / undesired?).

#### Lack of cognitive / interactional alignment with the patient.

### Implications for training

#### Importance of using authentic materials

for training and meta-reflections of doctors, cultural mediators, social workers etc.

#### Raising awareness of differences between professional and lay perspective;

"Professional" agenda sometimes collides with the fulfillment of interactional tasks (see doctor's use of technical terms in responding to patient's requests for reassurance, explanations, etc.).

#### Pointing out the role of interactional, interpersonal, emotional, affective factors, etc.

Often happening in fine-grained ways that may pass unnoticed to the participants themselves.

#### Stimulating attention towards (foreign) patients' comprehension.