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

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Doctor-patient communication

Encounter of two (potentially) conflicting voices:

Mishler 1984:

“Voice of medicine”

- scientific attitude
- interest for technical matters;
- activity-centered;
- decontextualized, objective description of symptoms.

“Voice of lifeworld”

- everyday concerns;
- personal fears and anxieties;
- lifeworld circumstances;
- “folk theories”.

Doctor-patient communication

Research has shown that doctors often tend to elide the patient's "voice", in order to encode all of the information in an objective, "technical" view.

Maynard 1991: 450

"The doctor [...] works the complaint into biomedical categories that lack sensitivity to the patient's psychosocial concerns, like world and folk understandings".

Bolden 2000:

Interpreters/mediators tend to align to the doctor's "technical" view in reporting the patient's utterances.

Doctor-patient communication

One of the means through which the “voice of medicine” is conveyed is the use of the technical language.

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.

The language of medicine

Reasons for using technical language (among others):

- precision, efficiency;
- necessity of building a professional knowledge;
- institutional character of doctor-patient interaction;
- power and knowledge asymmetry / relational distance.

The language of medicine

Serianni 2005:

- terminological proliferation (word coinage, synonyms, etc.);
- Latin and Greek-based structures;
- not only terminology: collocations, syntax, register, etc.;
- permeability with everyday language (“lay” usage of medical terminology).

Often perceived by laypersons as “abstruse” or “distancing”.

Particularly true in intercultural settings, where familiarity with another language's technical terminology cannot be taken for granted.

Data

Corpus of video-recorded interactions involving Italian doctors and foreign patients (Chinese, East-European, Middle-Eastern, North-Africans, Africans);

Collected in a primary care center in Forlì, Italy, in 2006-2007;

Total: ca. 6 hours (3 ½ hours also involving interpreters / mediators).

General research questions

- How are technical terms distributed in the corpus?
- 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? How do patients react to them?
- What is the relationship between the use of technical terms and the communicative strategies employed by the doctor?
- What are the effects of such strategies on intercultural doctor-patient communication?

Methodology

Conversation analysis:

First developed at the University of California in the late Sixties-early Seventies (H. Sacks, E. Schegloff, G. Jefferson);

“Talk in interaction”: language (especially *everyday* language) as a means to accomplish social (inter)actions;

Spontaneous recordings of real-life conversations;

Conversation as a sequence of “turns at talk”, each influenced by the previous ones and influencing the subsequent ones.

- how speakers jointly manage to take, hold or yield their turn;
- what actions they perform through talk;
- what means they use to perform actions;
- how speakers cooperate to co-construct orderly interactions.

Case-study: gynecological visit.

- Check-up during pregnancy + discussion of previous exams (suspected fetus abnormalities);
- duration: 38 minutes;
- PARTICIPANTS: 1 doctor (D): Italian female gynecologist;
1 patient (P): Eastern-European woman about 30 years-old.

Subject: doctor's responses to to patient's requests (e.g. advice, information, reassurance, etc.);

Where and how technical language occurs in doctor's responses;

How technical language influences the fulfillment of the interactional tasks at hand.

Lexical choices

Excerpt 1

- 01 P: **ques[te ciste**
these cysts...
- 02 D: **[sì. (.) sì sì sì.**
yes. yes yes yes.
- 03 P: **dopo [si spariscono**
they will disappear later...
- 04 D: **[(è) 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 coroidei, (.)**
when they find these- these... coroid plexus cysts,
- 07 P: **[hm**
- 08 D: **soprattutto no se::, se ci sono anche altre problematiche**
especially well if... if there are other problematics, 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.

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P: request for reassurance

D: response

D: expansion

D: restating response

Lexical choices / Actions

LEXICAL CHOICES:

Use of technical terms (without explanation).

ACTIONS:

After the first response (lines 4-5): expansion (lines 6-12).

The doctor prospects a negative scenario in order to dismiss it and reassure the patient about the fetus's health.

TECHNICAL TERMINOLOGY:

Means for grounding doctor's statements by referring to professional knowledge (instrumental to reassuring the patient).

No check of patient's understanding (actual comprehension?).

Really necessary to the communication?

Lexical choices

Excerpt 2

- 01 D: **allora.** (.) ((*reading*)) **conclusi[↑]one feto singolo,** (.)
so. conclusions, single fetus
- 02 **>(in dimensione con)< venti settima:(ne)**
in dimension with twenty weeks,
- 03 **>cisti bilaterale al plesso<- e sospetto**
bilateral cyst in the plexus and suspected
- 04 **difetto interventricola::re.**
interventricular defect.
- 05 (4.5)
- 06 P: **quindi potrà essere::, (.) °<come troviamo il cuore> vero.°**
so it may be... how we find the heart, isn't it?
- 07 D: **.hh NO. dice. (.) allora.**
no. it says, so...
- 08 (3.0)
- 09 D: **quello che diceva l'ecografia=**
what the sonogram showed...
- 09 P: **[hm.**
- 10 D **[=di secondo livello è che, (.)**
the second level one, is that...

Lexical choices

Excerpt 2 - continued

- 11 D: ((reading)) questi reperti anomali segna↑la:ti
these signalled anomalous findings
- 12 sono di per sé privi di implicazioni cliniche maggiori,
are in themselves devoid of major clinical implications.
- 13 in particola::re dice? (.)
in particular, it says...
- 14 un piccolo difetto interventricolare è spesso
a small interventricular defect is often
- 15 suscettibile di chiusura spontanea anche in utero? (.)
susceptible of spontaneous closing even in the uterus
- 16 .h ed è raro che ci sia? (.) l'indicazione a un
and it is rare to have... the prescription of a
- 17 trattamento post-natale medico-chirurgico,
post-birth medical-surgical treatment.
- 18 ((looks at P)) =**quindi ci sono anche delle probabilità**
so there are also some probabilities
- 19 **che si chiu::da**
for it to close.
- 20 P: **a::h.**

Use of patient's file / reports

Robinson 1998: 116

Patients have a distributed existence and are present in their physical bodies and in entries in the record.

Frers 2007: 296-7

File as a “knowledge reservoir” (co-produced collection of knowledge);
Physical object (paper, ink) + social object (produced and used in interaction).

Reformulations

Excerpt 3 (GYN)

01 P: ogni ↑ tanto ho anche de::l, (.) delle **perdite vagina::le**,
sometimes I also have some... some vaginal discharge.

02 (1.0)

03 **è normale.**
is it normal?

04 D: **un po' di leucorrea in gravidanza è normale;**
a little bit of leukorrhea during pregnancy is normal.

Reformulations

Excerpt 4

- 01 P: ((*sitting*)) **dopo io la sera::, (.)**
besides, in the evening I...
- 02 **ogni tanto sento come se era::, hm: non so:**
sometimes I feel like it is... hm.. I don't know.
- 03 **(2.0)**
- 04 **sui piedi no? sento:::, hm**
in my feet, isn't it? I feel... hm...
- 05 **(1.0) ((D stops writing and looks at P))**
- 06 **°non so come spiega:re,°**
I can't explain.
- 07 D: **delle formiche::?**
like ants?
- 08 P: **=ecco**
that's it.
- 09 D: **=come un po' di (so-) si chiama[no parestes-**
like a little bit of (tickl-) it's called paresthes-
- 10 P: **[hm:.**
- 11 D: **dei formicolii delle pad-restesie**
prickling pad-resthesia
- 12 P: **hm:.**

Explanations

Excerpt 5

- 01 P: =**la altezza adesso** come sarà. (.) **sarà::, (.)**
how might his height be now... might it be...
- 02 °**no dico quanto sarà lui lu:ngo.**°
well I mean, how long might he be?
- 03 D: **a:h. oddio::, (.) questo adesso non è un parametro che si valuta:**,
ah... gosh... now this is not a parameter to be evaluated...
- 04 **si valu[tano::,**
they evaluate...
- 05 P: [a::h.
- 06 D: **si fa una stima del peso fe↑tale si valuta: il diametro biparie↑tale**,
they estimate the fetal weight they estimate... the biparietal diameter,
- 07 **la circonferenza addominale:, (.) e cra:nica, il FE:more. (.) hm?**
the abdominal circumference... and the cranial one, the femur... hm?
- 08 (0.8)
- 09 **tsk il femore è cinquantotto millimetri**
the femur is fifty-eight millimeters.
- 10 P: **il ↑femore quello è::,**
the femur, that is...
- 11 D: ↑è:, (.) ((clears her throat and points at her thigh))
it is...
- 12 **praticamente l'osso della ga?mba. (.) hm?**
practically the leg bone, hm?
- 13 P: **a:h.**

Excerpt 6

Explanations

- 01 P: **dopo devo fare anche il:, (.) tampone vaginale °°()°°**
later I will also have to do a... vaginal tampon.
- 02 D: **=esatto?**
that's right.
- 03 **(3.0) ((D keeps writing))**
- 04 P: **mi diceva una ragazza che dovrò fare non so quando hmh:::**
a girl told me I will have to do (it), I don't know when ... ((giggles))
- 05 **(2.5) ((D keeps writing))**
- 06 D: **certo. (.) ((stops writing and looks at P))**
sure.
- 07 **è un esame molto importante il tampone vaginale?**
it's a very important exam, the vaginal tampon,
- 08 **perché si prelevano delle secrezioni vaginali? =si, (.)**
because some vaginal secretion are collected, are...
- 09 **esami>nano si vede< se c'è lo streptococco beta emo↑litico di**
10 **gruppo ↑bi:, (.)**
examined, they see whether there is the group B beta hemolytic streptococcus.
- 10 **sono dei ba↑tteri, (.) [.hh**
it's a kind of bacteria...
- 11 P: **[hm::, ((nods slightly))**

12 D: e::: nel caso in cui la donna sia positiva per lo
13 strepto↑cocco
and... in case the woman is positive for the streptococcus,
14 al momento del ↑parto viene ↓fatto un'antibioticoterapia.
during childbirth they make an antibiotic therapy.
15 (1.0) questo per↑ché si potrebbero:, diciamo:, (.)
because there might... let's say...
17 avere hm:::, (per il) feto passando attraverso
be, hm... for the fetus, moving through
18 il canale del parto potrebbe:, contagiarsi ed avere:=
the birth canal, he might... be infected and have-
19 P: [ah tutte le:::, hm.
oh, all the... hm.
20 D: [=sviluppa:re delle gravi infezioni neonata:li capito; (.)
develop some serious neonatal infections, you know.
21 .hh quindi se sarai positiva per lo streptococco? (.)
so, if you are found positive for the streptococcus,
22 verrà fatto l'antibiotico al momento del par?to.
they will give you the antibiotic during childbirth.
23 (1.0)
24 D: è solo per que:llo che ser[ve questo tampone eh?
this tampon is just meant for this, uh?
35 P: [sì? sì sì:.
yes yes yes...

Explanations

Excerpt 7

- 01 D: **.hh per cui tu hai fatto quest'esame, ((searching))**
so you've made this exam.
- 02 **hai fatto l'↑amnio o la:::, hm (.)**
did you make the amniocentesis or the... hm
- 03 **o la funicolocentesi. (.) [cos'hai fatto?**
or the cordocentesis, what have you done?
- 04 P: **[ecco follicolo:::, centesi**
that's it cordo...centesis
- 05 D: **=hai fatto la fu- =dov'è? (.) (te) l'ho visto prima.**
you've made the co... where is it? I have seen it before.
- 06 P: **((points at some sheets on the desktop)) hm::**
- 07 D: **((takes a sheet)) <okay?>**
- 08 **(2.5) ((looks at the sheet))**

Explanations

Excerpt 7 (continued)

09 P: °>infatti ho visto che c'era scritto
in fact, I have seen it was written

10 cariotipo normale però il resto non ho capito<
"normal kariotype", but the rest I didn't understand

11 cos'era(no lì) tutte quelle ci[fre::,°
what were all those figures...

12 D: [°sì.° (.)qui vuol ↑dire che il bambino
yes, this means that the baby,

13 che è un maschietto? (.) non ha? nessun? (.) h::::m, (.)
that he's male, he hasn't any... hm...

14 non ha nessuna problematica? (0.8) va bene in poche parole (.)
he hasn't any problem. it's okay, to make it short.

15 °hm.° (1.0) in quelle regioni indagate va ↓bene.
in the examined areas it's okay.

Doctor's turns

Terminology

Frequent use of technical terms, even if not strictly necessary;
Often high register.

Responses

Often anticipated or followed by sequences containing technical language.

Reformulations

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

Explanations

Seldom self-initiated by the doctor;
Technical terms are often unexplained.

Participation format

Few attempts to implement patient's active participation (e.g. questions, checks of understanding);

Focus on professional agenda (see body orientation, often towards pc, engagement in writing/reading).

Communicative strategies

Unflagged treatment of technical terms:

- often taken for granted;
- no explanation / simplification;
- utterances often reformulated from everyday towards technical language.

Reasons for using technical language:

- explaining / supporting statements with “technical” data (cfr. use of patient's file)
- stating doctor's professional knowledge;
- personal communicative style;
- categorization of patient's linguistic skills.

Technical language as a means for performing social actions.

Outcomes of doctor's behaviour

Contrast between different perspectives: “professional” *versus* “lay”.

“Professional” knowledge can be a hindrance to the fulfillment of interactional tasks.

E.g. use of technical terminology: meant for explanation / advice / reassurance, but not necessarily understood by the patient.

Doctor often gives too much information (unnecessary / unsought / undesired?);

Lack of cognitive / interactional alignment with the patient:

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

Training implication

- 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;
- Pointing out linguistic/interactional factors such as action sequence, lexical (re)formulations, register, etc.
 - often happening in fine-grained ways that may pass unnoticed to the participants themselves.