

**Černý, M. (2012) *Discourse of Medicine Revisited. On Conveying Empathy and Trust in English Medical Consulting*. Ostrava: Ostravská univerzita v Ostravě, Filozofická fakulta. 304pp.**

In *Discourse of Medicine Revisited*, Miroslav Černý presents results of long-term research into the communicative strategies of doctors and patients. This corpus-based study aims to define the medical interview as a discourse type and to explore how verbal behaviour reflects socially unequal status of the participants and how power is distributed between interlocutors.

The book is divided into twelve chapters discussing gradually various pragmatic and sociolinguistic viewpoints taken into consideration during the analysis. The introductory chapter serves as a frame for the whole study. It introduces doctor-patient communication as an area experiencing significant changes due to greater access to information for patients. Since the author claims that empathy and trust are essential for a successful communication and subsequent medical treatment, he focuses on those strategies of verbal behaviour that convey these two ‘characteristics’. The analysed corpus comprises 50 medical interactions included in the *British National Corpus* (BNC XML, ed. 2007). These dyadic communications, i.e. communications between two speakers or listeners, are examples of general practice consultations. The methodology applied is a combination of medical (quantitative) and sociolinguistic (qualitative) approaches which enable “to explore the frequency of distribution and quantitative relationships between particular variables” (p. 24) and to investigate interactional details and various aspects of the process of communication respectively. Both approaches seem to be important as quantitative analysis may lead to a definition of general styles of communication of doctors and patients and qualitative analysis may allow examination of the categories of empathy and trust.

In the second chapter, based on Dell Hymes’s (1974) concept of speaking grid, the medical interview is defined as a specific type of institutional discourse. Taking into consideration various models of general practice consultations, e.g. Byrne and Long’s (1976), Kurtz and Silverman’s (1996) or Tate’s (2002) approaches, Miroslav Černý employs a three-part division of medical interaction, namely information-gathering phase, diagnosis, and treatment, which seems to be most suitable regarding the research aims and methods applied. The next part of this chapter concerns relevant factors affecting medical interaction. Attention is paid to such variables as gender, social class, attitudes, personality and medical training on the part of the doctor, and age, gender, social class and ethnicity of patients. Although nurses play their role in the surgeries of general

practitioners, they do not participate in the process of examination and decision-making and thus their position in interaction is outlined only briefly. Finally, some paradigms of doctor behavioural styles are illustrated. Since doctors usually conduct the interviews, two main types of doctor verbal behaviour can be distinguished: doctor-centred and patient-centred. The first is viewed as the traditional, authoritarian and asymmetrical approach, while the latter represents the alternative, egalitarian, symmetrical approach. Černý also points out the fact that medical training lacks proper education in verbal behaviour during medical encounters.

The third chapter offers an overview of corpus-based linguistics, it gives an insight into the electronic corpora of the English language and a significant part deals with the *British National Corpus* as the source material for the analysis. The fourth chapter concerns the analysis of conversation and its most significant research approaches – conversation analysis, discourse analysis, and critical discourse analysis. As conversation analysis plays the largest part in the chosen methodology, several mechanisms, such as turn-taking, adjacency pairs, overlaps, interruptions or backchannels, are introduced and explained.

The fifth chapter is devoted to central notions of doctor-patient communication. The author explores the topic of power and its unequal distribution, of dominance and asymmetry; he also mentions Habermas' (1970, 1971) and Foucault's (1980, 1984) view of power and its asymmetrical distribution between doctor and patient. Attention is given to Mishler's (1984) and Cordella's (2004) concept of voices, politeness principles and Brown and Levinson's (1987) notion of face.

The sixth chapter, the last one of the theoretical part, defines empathy and trust as the key notions of medical interaction and explores discourse strategies conveying these two categories. Empathy, an ability to share a person's suffering, can be identified in three basic modes: (i) experiential (the practitioner should identify with the patient and affirm his/her experience), (ii) communicative (the practitioner should actively respond to the patient's experience), (iii) observational (the acquisition of information and its interpretation).

The following five chapters focus on selected linguistic variables that enable the investigation of communicative practices of both interlocutors – questions, other speech acts, interruptions and overlaps, medical and social topics, and positive politeness strategies.

As far as questioning and responding is concerned, the analysis shows that questions are most frequently initiated by doctors in order to receive information; most questions are hence employed during the information-gathering phase. The number of open-ended and close-ended questions is more or less the same but the first are prevalent in the information-gathering phase, while the latter in the

phases of diagnosis and treatment. Doctors also employ emphatic questions, questions targeted towards confirmation, clarification, etc. It has been proved that nowadays patients ask questions more often. The largest portion of questions is employed in the treatment section with the main aim to gain information. The manner in which doctors respond to questions posed by patients contributes to creating an atmosphere of empathy and trust. The results show that doctors very rarely fail to answer patients' questions.

Adopting D'Andrade's and Todd's (1983) classification of speech acts (p. 133), the largest portion of speech acts is represented by statements on both parts, a lower number stands for directives on the part of doctors and expressive on the part of patients. Most speech acts initiated by both doctors and patients occur during the treatment section. The analysis also shows that "patients use the same spectrum of speech act types as doctors do. Naturally, patients initiate particular speech acts with different intentions and under different circumstances than their doctors" (p. 155).

In Černý's study, interruptions are classified into four categories: (i) natural, (ii) rapport, (iii) competitive, (iv) power interruptions (p. 163). The majority of interruptions can be classified as doctor-initiated with the largest number of instances occurring during the information-gathering phase and belonging to the category of rapport interruptions, i.e. they usually function as emphatic markers of interest. Patients interrupt their doctors less frequently but if they do so, interruptions take place mainly in the treatment section. Interruptions are interrelated with topicality and the analysis shows that doctors tend to employ medically dominant topics, while patients use rather socially oriented topics.

The last chapter of the practical part is devoted to positive politeness strategies. The results show that doctor-patient communication has changed since the 1980s as "doctors largely contribute to a trustful and sharing atmosphere of medical consultation. By employing a variety of positive politeness strategies throughout the interview, they support courteous and tactful manners, and thus achieve smooth relations with their patients" (p. 211).

Chapter twelve summarizes all data and information obtained and closes with ten key suggestions which, in Miroslav Černý's opinion, contribute to the improvement of doctor-patient interaction, e.g. openness, listenership, mutuality, humanity, etc.

In summary, *Discourse of Medicine Revisited* investigates medical interviews as a discourse type, it explores the redefinition of traditional power roles of doctors and patients, and observes the choice and employment of communicative strategies by both patients and doctors. The analysis shows that the traditional model of doctor-patient relationship has shifted in favour of the patient. It is a

study whose strength lies in the detailed and versatile theoretical background, meticulous explanations and precision in which the acquired data are analysed and interpreted. Of value are accompanying illustrative examples, well-arranged charts and tables, and extensive bibliography references.

Taking into consideration sociolinguistic and pragmatic aspects, Černý's study brings new results and findings into the overall medical discourse research. The author's complex approach produces new findings that contribute to a more detailed overview of characteristic features of the medical discourse and it offers a deep insight into the nature of medical interview as one of the genres of the given discourse. Thanks to a comprehensive theoretical part, this book may also serve as an introduction to the study of socio-pragmatic aspects of a language.

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