

**Advances in Medical Discourse Analysis: Oral
and Written Contexts**

Marurizio Gotti & Françoise Salager-Meyer

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Specialised communication is in a transition period. The driving forces of this transition are two. First, the rapid advances and pervasiveness of information technology is a trend that is changing communication processes fundamentally. Second, the advent of the knowledge society spurred by these technological advances and the concomitant democratisation of knowledge has led to a proliferation of communication across traditional domains and between specialist and lay domains. Access to highly specialised discourse is no longer only for the privileged few. Specialist discourse no longer enjoys the prerogative of a 'quiet life' within closed communities. Today's knowledge society demands that specialised discourse in general be opened up to other specialties and to the public. Today's specialists must communicate more than ever before. This applies in particular within medicine. The Peter Lang publication *Advances in Medical Discourse Analysis: Oral and Written Contexts* by Murizio Gotti and Françoise Salager-Meyer is therefore a welcome, sizeable 492-page long contribution and, to my knowledge, a first attempt to bring together academic and professional contributions to the study of the particular features of medical discourse within the spoken and written register. The book itself testifies to the growth in the applied linguistic community's interest in and awareness of the societal

importance and pervasiveness of medical discourse. The book opens with an introduction by Maurizio Gotti and Françoise Salager-Meyer that firmly places medicine as one of today's central societal concerns. This is evidenced, among others, both by the continuous growth in the number of medical journals addressing medical, paramedical and related topics published annually worldwide and the recent emergence of specialist journals on medical discourse.

The book is divided into two parts (medical discourse in oral contexts and medical discourse in written contexts). The section on oral contexts is the shorter of the two, which reflects that talk in professional domains has received much less attention than research on written genres – even within medicine. The section opens with a paper by **Ellen Barton** on the value of discourse analysis to the analysis of ethical issues and concerns in patient encounters. The key point of Barton's contribution is that applied linguistics may provide valuable contributions to extant literature on bioethics and, more importantly, to the development of ethical practices of decision-making in patient encounters. The paper thus contributes to the rapidly growing body of literature on patient-physician interaction in general and the issues of trust, negotiation of meaning and management of conflict in particular. Unfortunately, references to extant medical literature in these fields are few. This shortcoming is partly redressed in the second contribution by **Hugo Bowels**, who discusses the value of conversational analysis to applied and interdisciplinary areas, where it is able to inform health communication studies. A particular strength of this contribution lies in his review of recent literature, and, not least, its timeliness. It appears in a period that is seeing the first moves towards a shift in the prevailing tide from the traditional, predominantly quantitative, biomedical paradigm towards a more qualitative, socially embedded paradigm. This is also a period marked by the rapid emergence of interdisciplinarity across the board within medicine. The role of conversational analysis is also explored by **Sally Candlin** in her analysis of audio-recorded interaction between health professionals (nurses) and patients. Her paper is yet another example of the shift away from the prevailing quantitative approach to medicine. Her main argument is that respect for the patient's points of view and culture is required, and that it serves two purposes: to reduce the asymmetry of power between the health care professional and the patients and to elicit the patient's cooperation in achieving treatment and care goals. The strength of this contribution lies in its creation of an interdisciplinary common ground where conversational analysis and nursing research merge. Moreover, to my knowledge, the approach it advocates lies at the heart of current teaching practices at major nursing university schools in both Denmark and Britain. The specialised register of psychiatry is explored from a cognitive-functional perspective by **Maria Grazia Guido**, who draws her data from a deplorable human

situation, viz. the conceptualisation of traumatic experiences of war and torture; in particular how western medical professionals and researchers reconstruct post traumatic stress disorder experiences of the victims by establishing patterns that are coherent only with solution-oriented templates of clinical reasoning and not with the cultural, social and political schemata in which the trauma were incurred. The result of this is significant incongruity between the ways native trauma narratives are conventionally textualised by the victims and the way these trauma are conceptualised and entered into traditional, western medical registers. Then follows in my view a somewhat farfetched analysis by **Rick Iedema** of recent studies of critical incident reporting and root cause analysis, which are claimed to illustrate a shift towards an immaterial focus in medicine prompted by the growing demand for public accountability about what goes on in medicine. Like Maria Grazia Guido, **Florian Menz** and **Johana Lalouschek** are concerned with how physicians conceptualise patient's description of their situation, albeit from an entirely different perspective. They address the patient-physician encounter and how physicians reconstruct the clinical history of patients with cardiovascular trauma in the light of the aetiology of the trauma and the patient's gender. Their contribution hence adds to the rapidly emerging body of medical literature adopting a gender perspective. The patient-physician encounter is also the subject of the contribution by **Branca Telles Ribeiro** and **Diana De Souza Pinto**, who examine the tension that springs from conflicting discourses (professional, institutional, personal) in physician-patient encounters. Though clearly relevant and in line with the results of much other research on physician-patient encounters in general practice published by medical professionals, this particular paper hardly rises above the idiosyncratic level as it only draws on data from a single physician. Much more substance is shown in **Celia Roberts'** discussion of the conflict between organizational pressures and doctors' efforts to negotiate meaning in physician-patient consultations in multilingual societies in British cities, and this paper is a thought-provoking contribution to the ongoing debate on developments in general practice in general and the conditions of physician-patient interaction in particular. The last chapter in the section on oral contexts by **Srikant Sarangi** and **Lucy Brookes-Howell** takes us to the sub-domain of genetic counselling, exploring how the familial lifeworld is recontextualised in case notes. The basic argument of this paper falls perfectly into line with many of the previous contributions, viz. that physicians conceptualise medical 'situations' as 'cases' that fit the schemata of their biomedical, scientific western backgrounds, and that the health care profession would benefit from less dogmatism and more openness towards a wider array of schemata.

The second, largest part of the book, which is devoted to written medical texts, opens with a paper by **Didier Carnet** and **Anne Magnet**, who

investigate medical journal editorials addressing general practitioners and the scientific community in general. It is genuinely refreshing to read this new contribution to genre analysis, and as a language reviser of editorials to both of the journals reviewed, *The Lancet* and *The British Medical Journal*, it is intriguing to note that the differences in editorial style surface in their analysis. It will be interesting to follow the extension of their study to American journals. With **Kjersti Fløttum's** paper, the focus shifts to the macro-perspective. The object of Fløttum's study is the medical research article, which has been extensively studied in numerous previous studies. Fløttum, however, adopts a comparative perspective of discipline and language, and she is one of the few scholars who successfully manages to explore the cultural identities in academic prose. The main finding is that disciplinary factors seem to outweigh language differences and, more importantly, that variables like age, position, sub-discipline, subject and journal instructions significantly shape structure and form. **David Hall** examines another genre, viz. that of the patient package leaflet. The focus is here on the difficulties of spanning the gap between specialist and lay discourse. Hall arrives at the conclusion that although intentions are noble, the intended outcome in the form of readable texts empowering lay users is rarely achieved. My argument would be that this is so principally because the aim of the leaflet is not to empower the patient, but to provide requisite information to obtain permission to market the product in question, at least in the European context (viz. the European Medicines Agency). I am somewhat surprised to learn that some of the researchers who have published most widely on the patient package leaflet are not mentioned at all (viz. Inger Askehave and Karen Zethzen). The biomedical research paper is the focus of a paper by **Isabel León and Lourde Divasson**, who examine the communicative potential of syntax, in particular the lexical and morphosyntactic features of the noun phrases. The paper sets out to explore whether the features of the noun phrase are functionally connected with the rhetorical characteristics of the research article at the level of discourse. The paper concludes that there is, indeed, a close connection between some of the structural features and the communicative functions served by the rhetorical parts of the biomedical papers, for instance that noun group postmodification with its density of form and function is particularly prevalent in the Introduction and Discussion sections of research papers. Like David Hall, **Susan McKay's** contribution centres on the use of lay language for communication of medical knowledge. This topic is explored in relation to the structure of risk messages intended for lay people in magazines for teenage girls and men. The main finding is that for both groups, mimicking and imitative register usage are useful tools for reaching communicative objectives. With **Philippa Mungra** we return to the medical research article, now from the perspective of its rhetorical moves and steps as realised in systematic reviews and meta-analyses. In this most readable paper, Mungra

finds that the structure of these genres much resembles that of the CARS model for primary research articles proposed by Swales. **Päivi Pahta** reports the results of a corpus study of amplifiers across a range of genres and she reveals a complex, synchronous pattern of variation in different genres within the domain, ranging from scientific discourse among professionals to popularized accounts intended for the general readership. The results presented amount to a first overview and it shall be interesting to follow her studies, in particular more detailed studies of how the functions of amplifiers vary according to the domain-specific purposes of genres. The next paper by **Jordi Piqué-Angordans** and **Santiago Posteguillo** examines peer-assessment with a special focus on the use of positive/negative assessments in various medical genres, and it arrives at the conclusion, which is hardly surprising, that reporting expressions vary from section to section of the research article and from genre to genre. The ambition voiced in the paper is that the results will help raise junior researchers' awareness of the proper application of reporting verbs in their field and hence help them avoid delays in the publishing of their research papers. Under the heading "Paying One's Intellectual Debt", **Françoise Salager-Meyer**, **Maria AA Ariza**, **Maryelis Pabón** and **Nahirana Zambrano** present a medical subgenre only rarely studied, viz. the acknowledgement section, and argue that this section is special in the sense that it portrays science as a dialogic process and lays open the complex web of interpersonal debts involved in the construction of specialised knowledge. The merit of this paper lies first and foremost in the fact that it raises the acknowledgement section to the level of scholarly scrutiny. Moreover, it demonstrates the differences between modality as expressed in the acknowledgements in different complementary and alternative medicine and traditional medicine. **Irma Taavitsainen** combines corpus linguistics with discourse analysis in a review of the medical research article, which is studied in a diachronic perspective. The paper probes into the earliest phase of meta-discursive practices in the Late Medieval period and may be seen as a first step towards mapping the change in thought styles over time within the medical domain. The final contribution by **Laura Wright** also adopts a historical approach by analysing requests for medical supplies in a historical text. Thus the volume ends on a historical note, which is somewhat surprising as it started out stating that medicine is one of today's most rapidly developing specialised discourses. An organisation of the contributions from past to present would, to me, have seemed more appropriate.

The hope expressed by the authors that the wide range of frameworks, methodologies and orientations presented would testify to the breadth of interest in medical discourse has not been voiced in vain. The volume certainly does precisely that. However, this seems to be both its strength and its weakness. It allows us a privileged insight into the wide array of studies of

medical discourse, but it unfortunately does little to gather the threads of these different perspectives. The need for a systematic review or a meta-analysis of medical discourse – along the lines suggested by Mungra – would hence seem to remain a task to be accomplished. This critique notwithstanding, the present volume is a most welcome contribution and most of the contributions are clearly worth reading.
