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Linguistic Insights

Studies in Language and Communication

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Insights into Medical Communication

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Introduction

1. Investigating medical communication

Medical knowledge is represented, conveyed and questioned through communicative practices. However, the relation between medicine and communication is complex. Despite the fact that knowledge is still commonly transferred and disseminated through language, medical knowledge implies the exploitation of other means of communication, such as formulae, graphs, images, etc. as well as other communicative modes, such as traditional academic and popular genres, in addition to newly-emerging procedures offered by information technology.

Medical discourse is not just a matter of communicating with patients, about patients, and for patients. Indeed, this specialised type of communication is a very complex phenomenon, mainly relying on the fact that practitioners and researchers need to communicate in different ways, for different aims, and to different targets. As rightly pointed out by Hyland (2004, 2011), the ways in which members of the various disciplines communicate encompass different viewpoints embracing both the issue under investigation as well as their standpoints on that issue. For this reason, specialists employ as many registers as possible according to the many different options available so as to target the various audiences they need to address. Furthermore, in order to reach their goals, they need to exploit a number of interdisciplinary and multimodal strategies, both in public and in private interactions.

This new trend, therefore, has led investigators of medical communication to take into consideration newer theoretical perspectives, and to adopt a more varied range of methodological approaches. Indeed, in communicating medical research findings, this new trend has promoted the recourse to a more 'open genre network' (Swales/Feak 2000) of

academic writing, which includes – besides the well-established and visible public research genres such as research articles, abstracts, or conference proposals – more modern communicative procedures such as posters, research letters and blogs (Maci 2012a, 2012b; D’Angelo 2012) in addition to newer forms of popularization, by means of which medical science can be disseminated to laymen as well to practitioners not belonging to the same professional sector (Myers 2003; Gotti 2014).

One of the challenges in medical communication studies is the ethnographic positioning of the applied linguist when studying specialised discourse in professional domains. As Sarangi states in this volume, professional practice is not easily reducible to mere language or communication because it relies on different layers of understanding involving scientific, organizational and technological knowledge, all of them explicitly realized by different discourses and not immediately recognizable at a linguistic level. This perspective has given way to a vast literature concerning the relationship existing between medical communication and professional settings. Just to quote a few contributions, we can cite: Sarangi/Roberts (1999), who propose an interdisciplinary approach to professional talk and its role in institutional settings, while offering theoretical and methodological tools for further linguistic analysis; Candlin/Candlin (2002), who focus on the discursive strategies employed by both professionals and laymen in the achievement of rhetorical and professional goals; Roberts/Sarangi (2005), who provide an ethnographic approach to discourse analysis in order to reveal how language constructs professional practices; Gotti/Salager-Meyer (2006), who analyse both oral and written communication in medical discourse in professional settings; Garzone/Sarangi (2007), who consider issues of ideology in specialised communication in various professional, institutional and disciplinary settings, medicine included; Sarangi/Candlin (2011), who investigate medical professional practice from a linguistic standpoint.

Medical discourse has also been examined from other angles, particularly from the perspectives of conversation-analysis, pragmatics, and sociolinguistics (Bowles 2006; Heritage/Maynard 2006; Roberts 2006; Ferguson 2013). In some cases, analyses have been carried out also from a diachronic viewpoint (Taavitsainen/Pahta 2004, 2010,

2011). In other cases, a closer intersection between health communication and applied linguistics has been sought, thus offering a multifaceted contribution in terms of methodological approach to the understanding of healthcare communication in the global context (Hamilton/ Chou 2014).

Nowadays, attention is more and more frequently paid to the way in which traditional medical interaction can be carried out in new forms of communication, such as those offered by the social media, blogs and Twitter in particular (Myers 2010; Bjerglund/Söderguist 2012; Prasad/Kumar 2012). Although medical discourse is realized in a highly codified structure that transcends national cultures (Dahl 2004), the way in which interaction can be expressed in these new communicative modes seems to enhance a more direct access to medical information and practice. While institutional agents seem to promote health communication mainly through traditional channels (such as Doctor-Patient Communication, Patient Information Leaflets, Direct-to-Consumer Advertising), Web 2.0 has been making available medical information to an unprecedented level, sometimes revealing, unfortunately, sociolinguistic misuses of medical terminology, with serious implications. Indeed, not only are such social networks as Twitter or blogs used as new media of communication by medical professionals, these new channels are also used to present medical information to the public. Furthermore, the availability of medical information on the Net has, on the one hand, changed the relationship between doctor and patients, and, on the other, made it the place where patients look for plain explanations of complex and specialised medical concepts, for medical advice and self-medication (Eysenbach/Diepgen 1999; McMullan 2006).

Given the importance of these different perspectives – which sometimes may be perceived as divergent – in the investigation of traditional and technological interactions, this multifaceted volume tries to bridge the gap between conventional and up-to-date medical communication. Indeed, the goal of this volume is to highlight the various viewpoints and strategies that are adopted in the different ways in which medicine and healthcare are practised, communicated and understood by both professionals and non-professionals. The following section

shows how the organization of this volume tries to reflect the rich complexity of this type of communication.

2. Contents of the volume

The present volume is divided into four sections, each investigating a particular issue relevant to medical communication from a different angle, namely, communication in medical practice, communication with patients, communicating healthcare information and, finally, the communication of research findings.

In the introductory chapter SRIKANT SARANGI discusses issues surrounding interdisciplinary research and interprofessional practice, specifically in the domain of healthcare. In fact, although collaboration across disciplines and professions is usually highly appreciated, it is at the same time challenging and problematic both for epistemological and ontological reasons. After discussing the notions of discourse community and community of practice, the chapter introduces the concept of community of interest, that covers long-term interprofessional collaborations which exceed the purely discursive and practical dimension of professional-client relationship yet being part of the same profession-specific system. This type of communities, though aware of the differences existing between members at the epistemological and ontological level, tend to privilege mutual interests and commitment over differences. Based on comments exchanged between a discourse analyst and a professional practitioner regarding a case instance of genetic counselling (more precisely a joint clinic session involving patients, medical experts and a genetic counsellor), the chapter illustrates the tensions and the interpretive challenges arising when discourse analysts and healthcare professionals, both part to the same community of interest, interact with the purpose of categorizing data, and discusses the strategies of negotiation which are required in the process of meaning-making.