

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

**Mauricio Gotti and Françoise Salager-Meyer (eds).**

Bern: Peter Lang, 2006. 492 pages. ISBN 3-03911-185-X.

*Advances in Medical Discourse Analysis: Oral and Written Contexts* presents the state of the art in the analysis of medical discourse and offers a variety of themes, data and research methods which are clearly representative of medicine as an area of knowledge and an applied practice of that knowledge. Considering that the number of publications studying medical discourse does not match its relevance and pervasiveness, this book, which consists of 20 papers collected by two leading scholars, MAURICIO GOTTI and FRANÇOISE SALAGER-MEYER, seeks to redress the balance by bringing together a number of studies “that bear witness to the widespread interest in medical texts shown by linguists and professional communities around the world” (blurb). It is divided into two parts, each analyzing medical discourse in oral and written contexts respectively. This covers not only the analysis of the discourse of medical papers (in the last 25 years the number of medical papers published annually in several languages has increased from 2 to 5 million), but also the discourse explaining doctor-patient relationship and interactions.

Part 1 studies medical discourse in oral contexts. The main idea we are told is that recent doctor-patient relationship and interaction have to cope with the new demands on information posed by patients and their relatives. To inform on this new medical scenario nine interesting papers are devoted. The first of them, entitled “Trajectories of alignment and the situated ethics of end-of-life discussions in American medicine” (pages 23-42), is authored by BARTON, who examines discussions between physicians and the families of terminally ill patients in intensive care units in American hospitals. She argues that the end-of-life (EOL) discussion between physicians and relatives of terminally ill patients has to be based on a kind of ethics of consensus which has to be actively constructed (or not) as a trajectory of alignment by both physicians and families.

BOWLES focuses on the contribution of Conversation Analysis (CA) in “Conversation analysis and health communication: updating a developing

relationship” (pages 43-64). After describing CA methodology, assessing the place of CA in current health communication research, and suggesting future areas of interest for researchers working on medical discourse from a CA perspective, he shows how the CA approach “requires medical interaction to be studied as an activity type” (page 49) with a focus on the analysis of its phases, moves, and the social action that they generate. For example, the “doctor-patient interview” is an activity type which has a number of sequential phases, which run from history-taking through to physical examination.

In “Constructing knowledge, understanding and meaning between patients and nurses” (pages 65-86), CANDLIN calls into question a situation of dominance of the nurse over the patient, and demands that the patient’s contribution to the discourse be considered by both participants as vital. Her discussion, which is also taken within the framework of CA, analyzes audio-recorded interactions which are explained according to some variables (e.g. age, gender, marital status, language and ethnicity, religion, values/beliefs, etc.). It allows her to pinpoint some recent changes affecting the medical environment which will demand adaptation on the part of professional nurses.

GUIDO investigates the specialized discourse of Psychiatry in “The discourse of post-traumatic stress disorder: specialized-genre conventions vs. west African refugees’ narrative representations” (pages 87-109). By studying discourse deviation at the level of modality, transitivity, structure, and lexis, she concludes that actual practices tend to ignore “the original cultural, social and political contexts of non-Western populations for whom the traumatic experience of physical and psychological violence is often perceived principally as a collective shock, rather than as a private abuse” (page 104). Hence, she asks for the introduction of professional mediators who can negotiate between westerns professionals and west African refugees.

IMELDA outlines the main discursive features of two text types “critical incidents” (CIRs) and “root cause analysis” (RCA) in “(Post-)bureaucratizing medicine: health reform and the reconfiguration of contemporary clinical work (pages 111-131). She develops the idea that the shift towards knowledge economies in many western national medical systems has increased the burden of bureaucracy, thus undermining medicine’s organizational autonomy, putting limits on its resources expenditures, and complicating relations between professionals and patients.

In “‘I just can’t tell you how much it hurts’: Gender-relevant differences in the description of chest pain” (pages 133-154), MENZ & LALOUSCHEK analyze communication between doctors and patients in terms of gender, cause, and age. In particular this research indicates that coronary heart-disease is under-diagnosed and under-treated in women. Hence, they conclude that support from physicians is mostly necessary to enhance patients’ (especially women) ability to describe the kind and course of symptoms, since they should be made aware of the fact that, in such a setting, “patients rather than physicians are experts for describing their pains” (page 150).

The idea on the role patients must have is also the focus of TELLES RIBEIRO & DE SOUZA PINTO’s contribution: “The psychiatric interview: an insider’s perspective” (pages 155-175). They investigate why and how the medical model, which tends to diminish patients’ narratives, still prevails in psychiatric and teaching settings. Their study, which is based on the tenets of Interactional Sociolinguistics, reveals a three-way tension between professional, institutional and personal discourses.

ROBERS focuses on the impact of globalisation on the increasing diversity of doctor-patient consultations in “Continuities and discontinuities in doctor-patient consultations in a multilingual society” (pages 177-195), which studies English interactions between family doctors (usually English native speakers) and patients (who had either limited English or with a very different communicative style). She found that day-to-day practices are becoming more rigid and formalised, thus hampering communication in such a diverse social setting, and also, that, to overcome communication barriers, doctors are responding to this situation by becoming ethnographers of communication learning to tune into patients’ communication styles.

Finally, SARANGI & BROOKES-HOWELL explain genetic counselling case notes in “Recontextualising the family lifeworld in genetic counselling case notes” (pages 197-225). This is an example of situated discourse because in genetic counselling “case notes have to go beyond simple categorisation of a patient’s illness and the outlining of necessary intervention” (page 215).

The second part of the volume is devoted to medical discourse in written texts. It comprises eleven contributions (two more than the oral part) studying different medical genres and text types. Eight of them comment data extracted from in-house localised corpora, whereas the other three resort to different methodologies. All of them aim at developing pedagogical

applications to be used in our daily teaching activities. For example, the eight articles commenting on data extracted from localised corpora illustrate very well current trends in the analysis of academic and professional discourse. CARNET & MAGNET investigate medical journal editorials in “Editorials: an intrinsic and/or extrinsic genre in medical journals” (pages 229-250). By analyzing a local corpus of 158 editorials published in two leading journals, they identify two types of editorials, one more scientifically-oriented than the other, that borrows a lot from general press editorials.

FLØTTUM focuses on research articles in “Medical research articles in the comparative perspectives of discipline and language” (pages 251-269). She studies personal and polyphonic expressions (first person pronouns, indefinite pronouns, metatextual expressions, negation, concessive constructions, bibliographical references, presentation of results, and markers of epistemic modality) within the framework of the KIAP project medicine subcorpus (400,000 words), which analyzes whether cultural identities may be identified in academic prose.

LEÓN & DIVASSON explain the syntactic and rhetorical behaviour of noun groups in “Nominal domains in the biomedical research paper: a grammatico-rhetorical study of modification” (pages 289-309). They explain that to a corpus of 74,354 running words a random stratified selection method and a freezing point analysis were applied in order to carry out a grammatical analysis of lexical and morphosyntactic noun-phrase features followed by the identification of plausible connections between these features, the communicative function of research papers and their rhetorical sections. They conclude that there is a connection between some of the structural features identified in postmodification and the communicative function of rhetorical sections in the research paper.

MUNGRA investigates the macrostructure and the rhetorical moves of research articles in “Macrostructure and rhetorical moves in secondary research articles: the meta-analysis and the systematic analysis” (pages 331-355). In particular her paper aims at identifying the moves most frequently used in review papers and determining whether there is any resemblance between primary and secondary RAs in biomedicine. Her corpus consists of 13 review papers from two types of synoptic publications: systematic reviews and meta-analyses. Her main findings reveal that the IMRD structure proposed by Swales is always present and that the orientation of secondary RAs in preparing RAs and MAs is mainly “to justify therapeutic choice in current treatment or in risk reduction” (page 350).

PATHA looks at the use of amplifiers in “*This is very important: a corpus study of amplifiers in medical writing*” (pages 357-381). Her study is based on the analysis of *Medicor*, an electronic corpus of late twentieth-century American English medical writing comprising both scientific and popularised medical discourse. By combining quantitative and qualitative approaches to linguistic analysis this scholar provides an overview of synchronic variation in amplifier use in the aforementioned genres to confirm, among others, that amplifiers are more frequent in popularised medical texts or that the discursive functions of amplifiers vary according to the domain-specific communicative purposes of genres.

PIQUÉ-ANGORDANS & POSTEGUILLO focus on peer-assessment in “Peer positive and negative assessment in medical English written genres” (pages 383-406). In particular they investigate two related hypotheses (whether variation in the frequency and intensity of praise and negative assessment is to be detected in the different genres under investigation; whether variability of praise and criticism is to be found within the same genre) in a home-made corpus of around 180,000 words comprising a variety of written genres. They found that peer-assessment is common in medical discourse, that it is not consistent among genres, that its use varies depending on the paper section, or that reporting expressions are a key linguistic device in scientific medical discourse.

SALAGER-MEYER, ALCARAZ, PABÓN & ZAMBRANO discuss the genre of acknowledgments in “Paying one’s intellectual debt: acknowledgments in scientific/conventional and complementary/alternative medical research” (pages 407-430). Their data are taken from two medical corpora of research articles: one consisting of scientific/conventional medicine and the other comprising complementary/alternative medicine. Their findings corroborate the view that the acknowledgment paratext is the only place in a research paper where science is portrayed as a dialogue revealing the interpersonal connection that favours the construction of knowledge. They also found differences between the modalities of acknowledgments in the two corpora that lead them to conclude that this section is shorter and less developed in complementary/alternative medicine.

TAAVITSAINEN studies metadiscursive practices in “Audience guidance and learned medical writing in Late Medieval English” (pages 431-456). In this study she combines corpus linguistics (data from *Middle English Medical Texts*) and discourse analysis in order to understand metadiscursive practices in English medical writing in the Late Medieval period. Her findings indicate

that impersonal and personal metadiscourse are intertwined and suggest the idea that there is a need of a diachronic study of metadiscourse that, among other issues, will reveal, say, “what changed and what remained constant in the underlying commitments and modes of knowing” (page 452).

There are three more contributions which concentrate on analysing particular texts that do not constitute a “corpus” in terms of the methodology of corpus linguistics. HALL takes into account leaflets written for patients in “Medical leaflets, empowerment and disempowerment” (pages 271-288). He assesses their degree of readability, and impact on the potential “empowerment” of readers is examined to conclude that such target leaflets are basically promotional material that supports the management and trade strategies of pharmaceutical companies. Similarly, MCKAY concentrates on health magazine articles in “The discursive construction of health risk in magazines: messages, registers and readers” (pages 311-330). She studies “health advice” for young women and men and finds that the texts in the magazines studied support the construction of a trusted friend to turn to for advice, perhaps because teenagers do not approach doctors and parents for advice but peers and magazines. Magazines, then, are attempting to fill the abovementioned gap. Finally, WRIGHT analyses a request for medical supplies in “On the global dissemination of medical writing: medicines required by a sea-surgeon in 1715” (pages 457-482). The list is interesting in that it informs us what drugs, herbs and equipment were deemed essential, and which terminology was used in that period.

In brief, the book offers a variety of themes, data, and research methods that makes it valuable for all those interested in LSP in general and the medical discourse in particular.

*(Revised review received August 2007)*

Reviewed by **Pedro A. Fuertes Olivera**

Universidad de Valladolid

pedro@emp.uva.es