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The Language of the Medical Profession: Doctor-Patient Discourse

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ABSTRACT

This paper examines language use in a doctor-patient context (situation) with specific focus on the doctors' use of language to achieve a wide range of purposes, from empathy, egotism, to concealing the true state of their patient's health status and many others. In any doctor-patient situation, the context leading to the communicative event is important as it determines what type of language the doctor will employ in conversing with his patients. In other words, the language used by the doctor in the presence of the patient depends on whether s/he is communicating with the patient directly or discussing with his or her colleagues or other team of doctors about the patient's situation. Again, the language used by the doctor in the patient's presence depends on the seriousness of the symptoms or ailment the patient presents with.

Keywords: Polysemy, euphemism, dysphemism, ambiguity, eponym, and neologism.

INTRODUCTION

Every profession, be it sports, music, medicine and so on has its own specialized professional register which is most of the time incomprehensible to the general public or as aptly put by V. A. Alabi (2003:33) "the uninitiated". Even in the metaphysical realm, (a case of Africa), the "witch doctor" uses magic language – his own specialized register – to say his incantations and cast his spells. Such use of language among specialists can serve as a short cut in communication while to the none-specialists, it can obscure communication, intimidate the listener. As it is in a doctor-patient

situation, specialist' language use can put emotional distance between participants in the discourse.

Background Information on the Development of Medical Language

The language of medicine is a combination of English, Latin and Greek. Latin for instance has supplied the medical field with numerous words for its vocabulary. Medicine is thus one of the branches of science in which Latin has indisputably found its application. Up until the close of the middle ages, a medical text not written in Latin was a rare exception. However, modern languages began to gain grounds with increasing intensity from the 16th century. Latin hold on medicine was so great that once in France, a doctor was charged to court and accused of not being worthy to be a doctor because he did not have a good command of Latin. (Sichiperges1988:59).

Over the years however, doctors became increasingly dissatisfied with teaching and practicing medicine with Latin as they regarded using Latin in clinical instruction a considerable impediment to understanding and communication (Swiss Medical Weekly). The height of Latin's hold on medicine was in the 1840's when the reputed Viennese Clinician, J. Skoda was forced to translate his inaugural lecture into Latin at the last minute and he, exasperated declared "medicinam a linguae Latinae onere liberare conabor" which translated means "I shall strive free medicine from the burden of Latin" (Qtd in Schipperges 1988:59). This dream, though on its way to reality might never be fully realized as the possibility of Latin ever being separated from medicine seems to be a tall dream.

Latin has been deeply rooted in medical terminology and consequently medicine as a profession. Although over the years, the influence of Latin on medicine has waned. The old Neo-Latin adage "Invia est in medicina via sin lingua Latina" (the way without Latin is impassable in medicine) still holds sway as Latin, today, as it was hundreds of years ago, is still an integral part of medicine. The use of Latin in medicine notwithstanding, Davi-Ellen Chabner investigates the combination of the parts of both the Latin and English words and their pronunciations and proffers ways of guessing the meanings of medical words. For example, the word 'gastroenterology' has the root 'gastr' meaning 'stomach'; another root 'enter' meaning 'intestines'; and a suffix '-logy' meaning 'process of study' bringing the entire term to mean 'process of study of the stomach and intestines'(Chabner 2007:6).

Reasons for Medical Language

A lot of factors are responsible for medical doctors' use of language. Medical language is used in simplifying complex and medical processes to communicate messages (subtly or otherwise) to other medical staff about patients or colleagues and also to communicate or write quickly to conserve time considering the amount of writing the doctors are involved in everyday.

Research Problem

We examined the use of language by the medical professionals with particular attention to doctors' use of language in communicating among themselves and with their patients and found that medical doctors use a lot of abbreviations, numbers and letters, acronyms, illegible handwriting, Latin terms, peculiar verbs, euphemism, dysphemism and vagueness (ambiguity) in relating to their patients.

Healthcare breaks the borders of class, race, age or tribe as everyone, at one point or the other is in need of medical care. The seemingly little attention or interest paid to the language use in healthcare informed our interest, and by extension, the significance of our research into this peculiar area identified as the medical doctors' use of language in Nigeria.

Aim, Objective and Methodology

Our aim therefore in this paper, is to make Nigerian medical doctors appraise/re-examine their use of language especially as it affects patients and the choices available to them in healthcare. Vagueness and taints of indifference were found in it and such is unseemly as it is not patient-centric.

The objective thus has been to reveal those features we found in doctors' use of language by linguistically analyzing them, using the semantic/morphological categories of polysemy, euphemism, dysphemism, ambiguity, eponym, and neologism. The methods of data collection are through observations and interviews. As patients sometimes in our lives, we visited and/or were admitted in hospitals many times, and so are equipped with firsthand knowledge in observing the language use in hospitals. We also interviewed about fifty doctors (male and female) and fifty patients (male and female) in ten teaching hospitals and ten general hospitals in Nigeria. We also, with special permission, examined thirty case reports and drug prescriptions in those hospitals. During the examination, we extracted the language use that are peculiar to doctors and discussed them. The method is purely descriptive; no attempt was made to supply any statistical data about the frequency of each identified language use.

RESULTS AND DISCUSSION

We observed that the language used in hospitals is a unified organized system of communication and expression. Doctors and other health workers manifest a high level of consistency in their use of medical language. The most evident features of medical doctors' (in Nigeria) use of language (English) in history or case taking, diagnosis, prognosis, and drug prescription include illegible handwriting, use of polysemous words,

euphemism, dysphemism, use of acronyms, numbers, letters and abbreviations, use of verbs originating from certain medical apparatus, use of eponyms, use of vague and ambiguous phrases and expressions and the use of the objective plural 'we'.

Illegible Handwriting

Doctors all over the globe are known for the illegibility of their writing. This makes it difficult and sometimes impossible for patients or non-medical personnel to be able to decipher the contents of a doctor's note, be it a prescription or test results.

Interviews however reveal that doctors do not write indecipherably deliberately rather, it is an act borne out of the need to write a lot and write fast too as students in medical schools. This can also be said to be responsible for certain short forms used both in speech and writing by doctors. The need to say or write so much in little time/space leaves the doctors with little or no choice than to use short forms.

Polysemy

The Encarta English Dictionary defines "Polysemy" as "the existence of several meanings for a single word or phrase". The medical language is characterized by Polysemous use of certain abbreviations which is an interesting feature of medical parlance.

These words/expressions mean different things to different specialists. Again, the patient or non-medical professional (though educated) might stand the risk of wrongly interpreting his test result or diagnosis. 'PT' for example could mean:

Patient (Pt)
Prothrombin Time (PT)
Pregnancy Test (PT).

'ID' also could mean:
Infectious Disease (to the community health doctor)
Identification (to the layman)
Intraderma (to the dermatologist)
Inside Diameter (to the physiologist)
Infective Dose (to the bacteriologist)
Idem (the same) (to the pharmacist)

There is therefore, again, the need for an esoteric knowledge by doctors to decipher other doctors' writings and a global knowledge of the language in the field Polysemy can lead to wrong diagnosis. For example if a patient's case note reads that he has 'TPP', the doctor must ascertain if the report was given by a hematologist or a pulmonologist in order to know whether the patient has "Thrombotic Thrombocytopenic Puerpura", "Traumatic Tension

Pneumothorax or 'Total Pulmonary Procedure' or even personal abbreviation meaning 'Total Prostrate Prognosis' or 'Total Phlegm Production'

Euphemisms and Dysphemisms

The medical language is full of scientific sounding euphemisms that doctors use in interactions with their patients either to conceal the true state of their health in order to keep them calm or in an attempt to involve the patient in his or her treatment. Such euphemisms are also employed to allay the ingredients of cure for ailments.

"A little sport on the lungs" is technically written as "Probable bronchogenic Carcinoma", while a "headache" could be written as "cephalgia", where "ceph" means "head" and "algia" "pain". Also, cysticercisis" can simply be presented to the patient to be "cyst of the tapeworm" and if such cyst is located in the CNS (central nervous system), (brain or spinal cord), it is technically called "neurocysticercisis" which can be subtly explained to the patient as "a tapeworm cyst in the central nervous system". A surgery is also mildly referred to as a "procedure".

Again, a doctor stabilizing an alcoholic patient might say that the patient is suffering from "hyper-ingestation of ethanol". In the presence of an illiterate cancer patient, his doctor can discuss his "mitosis" or "carcinoma". These euphemistic expressions sometimes serve to edge out unintended participants thus keeping intact the right to privacy of the patient. At other times however, it might, intentionally or unintentionally create a false sense of security in the patient.

Dsysphemism, a deliberate substitution of a harsh expression for a mild or neutral one is another way doctors use language in their interaction with patients. They use this sometimes to stay aloof (create a distance between them and the patients) and at other times, to subtly control or confuse us, astutely persuade, convince or encourage the patient to take or get necessary suggested treatment promptly. A patient is terrified when he is told that he has "prolapse of the mitral valve" (innocent heart murmur) or "Wernicke's Encephalopathy" (a Vitamin B deficiency caused by alcoholism and malnutrition). Other examples are:
"Hypoxia" (low oxygen in the blood), "Dyspnea" (difficulty in breathing), "Cerebrospinal Meningitis" (Inflammation of the covering of the brain and spinal cord), "Bovine Spongiform Encephalopathy" or "Cruet-Zfeldt-Jacob disease (infection got from (an) animal(s) among others. The use of dysphemism by doctors also tends to mystify knowledge in general and the illness and cure in particular, thus magnifying the doctor and his field.

Acronyms, Numbers Letter and Alien Latin Words

The medical professionals, especially doctors use strange argot of numbers and letters in the description of patients' condition and diagnosis. For

example, a patient's case note might read: "patient's Po^2 is 45mmttg; P^{C02} is 40mmttg and PH7.4 or P_{aC02} and $P_{ac02"}$ which refer to pressure, partial pressure in the heart, water and carbon dioxide in blood. Also, in prescription and administration of drugs, we find doctors using letters such as b*d, tds qds,and prn* to mean 'two times a day'; 'three times a day'; 'four times a day' and 'at any time' respectively.

Doctors also use a wide range of abbreviation and acronyms in their consultations with patients and among themselves. Examples abound and are almost inexhaustible. Below are some:

CVS	-	Cardiovascular System
CNS	-	Central Nervous System
MSS	-	Muscular Skeletal System
GIT	-	Gastrointestinal Tract
NG Tube	-	Nasogastric Tube
CBC	-	Complete Blood Count
SOB	-	Short of Breathe
NWB	-	Non Weight Bearing

It is common place to hear a doctor say, "This SOB patient complained of DOE five days PTA'. (This short of breathe patient complained of dysnea on exertion five days prior to admission). Or "Patient diagnosed with IHC) (Ischemic Heart Disease) or "do an ECG (EKG), Echo, a Lipid profile or Cardiac Enzymes". Such abbreviations and acronyms are medical-specific and can only be understood in the context of the profession.

Use of Verbs Originating from Apparatus Used in Patient Treatment.

Medical terminologies consist of verbs formed from certain apparatuses used in carryout some procedures or certain treatment processes. Some examples are:

"We have tubed him - 'Tube' here is got from certain tubes used in passing medication into the body through the nostrils.

"We have bagged him" - 'Bag' is from airbag used for respiration.

"He's been preped for surgery" – 'Prep' is 'preparation' verbalised.

"We have cathed (catheterised) him" – 'Cathe' here is from Catheter (A thin flexible tube used to collect urine or liquid from the body).

"We have bronched him – 'Bronch' is from bronchoscopy which means using a bronchoscope to examine the interior of the bronchi.

To bleed someone - This is a technique for transferring blood from an individual to another directly without the blood being exposed to air.

To cauterize - This is to burn a part of the body with a cautery.

Use of Eponyms

Eponyms are words that are derived from the names of people that are closely associated with the product, theory, idea or service. These names might be mythological names or actual names of people that exist(ed). Some of the examples are described below:

Adam's apple- A medical term technically referred to as Laryngeal prominence. It is a physiological feature of the human neck that shows a lump or protrusion formed by the thyroid cartilage. The ancient belief has it that it was the biblical forbidden fruit that embedded in Adam's (the first man) throat.

Alzheimer's Disease- An incurable disease of dementia first described by a German psychiatrist and neuropathologist, Alois Alzheimer.

McArdle's Disease- An accumulation of glycogen in muscles discovered by Dr Brian McArdle.

Cushing's Syndrome- Signs and symptoms associated with pathologically prolonged exposure to high levels of cortisol hormone. Harvey William Cushing was the first to describe the syndrome.

Broca's Area- A region in the human brain concerned with speech production, discovered by Pierre Paul Broca.

Babe-Ernst bodies- These are metachromatic granules and bodies discovered by Babe, Victor (1854-1926) a Romanian bacteriologist and Ernst Paul (1859-1937), a German pathologist.

Use of Vagueness and Ambiguity

The following is a conversation between a doctor and his Patient:

Dr. – Good morning Madam, how are you today?

Patient – I am OK except that I still feel the heaviness in my head and slight pain in my back.

Dr.	–	Its nothing to worry about really, please lie on the couch and let's examine you (After examination).
Patient	–	I hope the signs are better than last time.
Dr.	–	I 'ld say you're coming along just fine.
Patient	–	But how about the pains in my lower back.
Dr.	–	Madam, its OK. If it makes you feel better, we'll carry out some more tests but really, you'll be just fine.

The above conversation reveals a doctor who is courteous but detached and distant. His responses (through language use) are vague and slightly inconsequential in nature, as they do not reveal a thing about the true state of health of the patient. Those statements by the doctor may be termed 'hollow and meaningless' as they communicate virtually nothing.

The conversation also presents the doctor's use of language as non-committal, rote with rehearsed qualities. This language use is to create a distance, (consciously or otherwise) between the doctor and the patient in such a way that the doctor does not get emotionally involved in the case and consequently, be prevented from carrying out his duties. In a bid to create remoteness between them and their patients, doctors sometimes refer to their patients by their diseases:

"Put the pancreatitis in Ward II and bring in the chronic lunger here" or
"Start the MS (Multiple Sclerosis) in ICU on saline immediately".

This way, the doctors avoid any involvement in the destiny of their patients by being as detached from them as possible.

Use of the Objective Plural Pronoun "We".

Another area of interest in doctors' use of language is their use of the plural pronoun, "we" even when doctor is alone and is referring to himself. The "medical pronoun we" ensures that the doctor is never out alone. The referents are however clearly vague. Does the "we" refer to the medical team comprising the doctor, nurses and other specialists? Does it refer to the hospital administration? Does it refer to the doctor alone? The patient is left to decide who 'we' really is. The doctor can be heard saying "we see a lot of such cases in the clinic", "we think it is best you have a surgery" or "we'll take some samples and run some tests". "We" designates him as a member of a knowledgeable elite suggesting 'we doctors'.

Doctors also use expressions like "how are we today", when conversing with their patients. Here, 'we' is used to include the doctor and the patient, if the doctor sees himself as a sympathetic alter ego. In all, we notice that the doctor hardly ever stand alone as 'I'. This strategy is considered to be a way of the doctor saving himself from any possible complication that might arise from a patient's condition or from certain eventualities. This way, the doctor

is not held solely responsible for anything as the action was taken as a "we" (At least, as far as the patient is concerned).

Piling of Affixes and Suffixes

Doctors are known to always attach affixes and suffixes to their names. Most doctors do not write their names without the affix, 'Dr.' and possibly the suffix, M.D. Even more interesting is the long train of other suffixes made up of qualifications and membership of associations that may trial behind their names as exemplified below:

Dr. Nelson Okafor (MD, PhD, FNCP, FWACP, FRCE, FROP, OFR, etc)

More intriguing is a matrix of economic terms, which sometimes also trial doctors' names such as 'Dr. John Ojoh, M.D, PhD, Inc". Here, the doctor makes himself into an incorporation. Such affixes and suffixes serve to amplify the worth and ego of the doctors. The long trial of qualifications also tends to create an impression of importance and great feat achieved by the doctor. These suffixes are meant to attract patients to them.

CONCLUSION

From the foregoing consideration and discussion of the use of language in the medical profession with special focus on Nigerian, the following are perceptible.

1. That Doctor's employ "special language" to edge their patients out of certain discussions.
2. That doctors use certain terminologies – acronyms and abbreviations – as time saving device: there is a lot to say and write.
3. That the medical professionals, especially doctors use language to retain objective and professional judgment.
4. That doctors use language – such as calling their patients by their illness-to withdraw emotions from the plight of the patients and as it were the destiny of the patients.
5. That doctors use formula language, euphemisms (understatement and social lies) to mollify their patients while they use dysphemisms to coerce or persuade patients towards making necessary or informed decisions about their cases or treatments.

It is evident from our analysis that it is not the high-sounding Latin-Greek terminologies that make the doctor a doctor or that heal the patients. It is therefore apt to quote the aphoristic expression of the German Historian, Schipperges when he says:

"The old doctor spoke Latin, the new doctor speaks English (but) the good doctor speaks to the patient" (Swiss Med: weekly).

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