A Review of the Researches on Doctor–Patient Conversation

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Abstract: This paper mainly reviews the development of discourse analysis in the history of linguistics, and explains the problems and characteristics of mainstream papers and issues in doctor-patient conversation from the perspective of doctor-patient relationship. On the basis of time, from the starting of discourse analysis, combing the development of doctor-patient dialogue in China with domestic and foreign papers, this paper puts forward the characteristics and shortcomings of theirs theoretical analysis.

1. Introduction:

In recent years, the doctor-patient relationship has become the focus of people's attention, which should have been harmonious but being filled with contradictions and even sometimes violence nowadays. At the same time, the media's hype report that the doctor-patient contradiction is attributed to the decline of the overall quality of the staff in the medical system, makes the general public trust to the medical workers decrease day by day, resulting in the deterioration of the doctor-patient relationship. Today, the conflict between doctors and patients has been intensified, which is mainly manifested in the use of language in the process of communication between doctors and patients. More and more experts and scholars begin to pay attention to the causes of this kind of contradiction from different perspectives, and from different perspectives, they are trying to come up with different methods to deal with such problems, so as to restore the once friendly and harmonious relationship between doctor and patient.

2. The Open of Conversational Analysis

Since the 1960s, conversational analysis has been brought in as a specific research field. The leading researchers, such as Harvey Sacks, Emanuel Schegloff and Gail Jefferson in the United States, based on the sociolinguistic analysis of Goffman, put forward some research methods of conversational analysis, and gradually formed the conversational analysis school, which mainly focused on the natural conversation, that is, two or more people's oral language communication.[1,2] They think that social behavior is made according to a stable mode, with very clear structure and pattern, and so, the daily conversation always follow a specific pattern. The conversational school developed from the national methodology stage to the standard conversational analysis stage. It analyzes some communication habits, rules and structures in people's daily communication. After that, the conversational research developed into the stage of institutional conversation study. The study of conversational analysis in China began in the 1980s. The foreign language scholars introduced the western conversational analysis school into China, and gradually formed a study of conversational analysis with their own characteristics.

3. Conversational Analysis of Doctor-patient

Conversational analysis of doctor-patient conversation started in 1970s, which was initiated by Byrne and Long. In the book "doctor talking to patients", they analyzed each process of medical diagnosis in detail, and summarized and analyzed some behavioral characteristics of doctors and patients.[2] They divided the doctor-patient conversation into six stages: establishing a relationship;

asking about the patient's reason for seeing a doctor; oral and physical examination; investigating the condition of the disease; suggesting on further treatment or examination; and ending consultation. After Byrne and Long cofounded the study of doctor-patient conversation, it has aroused great interest in the academic field, because of its own particularity, that is to say, it can reflect the phenomenon of unequal power, unequal information and different educational background between doctors and patients. Since then, the focus of the study of doctor-patient conversation has been the research of the characteristics and rules of the conversation, and the relationship between doctors and patients.

4. Conversational Analysis of Doctor-patient in China

The analysis of doctor-patient conversation in China started in the 1990s. Some papers about doctor-patient conversation have been published gradually. Some Chinese scholars have gradually established the analysis system of doctor-patient conversation by referring to the western linguistic analysis methods, among which Liu Xingbing, Gu Yueguo, etc have made a great deal of effort in putting forward the research of doctor-patient conversation in China. In recent years, there are more and more researchers in the field of doctor-patient conversation analysis, and they have made different interpretations and researches on the current doctor-patient communication from multiple perspectives. Among them, the relevantly more famous scholars are Shi Lei, Tan Xiaofeng, Feng Xiaowei,etc. from the perspective of sociology, linguistics or various theories, they analyze the influence of domestic environment on the doctor-patient communication on the one hand, and the use of micro language on the other.

5. Conversational Analysis in Macro Perspective

Some scholars start from a macro perspective, to explore the impact of China's medical and health system, as well as the moral quality and humanistic cultivation of both sides of the conversation on the doctor-patient relationship. Xie Xiuli and others, starting from the system, attributed the emergence of doctor-patient contradiction to the insufficient investment of the state in medical welfare security, unreasonable allocation of health resources and unequal status of doctors and patients.[4] Although China's medical security reform has been implemented for many years, due to the large population base in China, it is still very difficult to cover all of them, resulting in a huge workload of a doctor in one day, and with the doctor looking after a large number of patients, the time allocated to each patient is very limited, and the doctor will be more prone to fatigue, leading to a greater chance of misunderstanding or even conflict in communication between the two sides. At the same time, China has a large number of disadvantaged group, such as the unemployment and the illiterate, for whom it is more difficult to understand the doctor's words. It is very easy for them to lose psychological balance. In the face of the uneven distribution of resources in the medical system, it is apparently much easier for them to have conflicts with doctors.

Experts at home and abroad have done a lot of research and analysis on the impact of language use on the doctor-patient relationship. Among them, William B. Carter and other famous foreign experts published the "Outcome-Based Doctor-Patient Interaction Analysis".[5, 6] Starting from the perspective of linguistics, this paper analyzes the factors that hinder the normal communication between doctors and patients in various situations, and aiming at these factors that hinder the good development of doctor-patient relationship, put forward different suggestions. Having collected and analyzed a large amount of recording materials from the doctor-patient conversation, Den Bowft roughly divided the process of conversation into four modes. [7] He came to the conclusion that patients are most likely to receive and accept the diagnosis and treatment results when both doctors and patients actively participate in the conversation, but more often than not, patients still will accept the diagnosis and treatment although they didn't participate well enough in the beginning part of the communication with the doctor. Mike Sell believes that building a reassuring and supportive relationship between doctors and patients is very helpful for the smooth progress of the

doctor-patient conversation.[8] Although it doesn't seem like a very important thing, which it is, it is very crucial for the good development of the relationship between doctor and patient.

6. Conversational Analysis in Macro Perspective in China

In the late 1980s, Wang Xiaojun first proposed the idea of establishing doctor linguistics, and advocated to explore the role of language in treatment from the perspective of linguistics.[9] Wang Xiaojun proposed the necessity of establishing doctor linguistics and pointed out that the influence of doctor's language on patients should not be underestimated. Doctor linguistics plays an important role in the establishment of a good doctor-patient relationship. Appropriate language can win the trust of patients, while reckless speech will leave bad impression on patients, which is absolutely not conducive to the treatment.

Doctor-patient conversation is actually a kind of human daily conversation, and human conversation must abide by some principles. Among various principles proposed for human conversation, 'cooperative principle" is the most influential. Though his own research, Liu Xingbing proposed that the classic cooperation principle may not be fully applied to the doctor-patient conversation.[10] There are two reasons for it: the information asymmetry caused by the patient's lack of professional knowledge of the doctor, and the power asymmetry caused by the different positions of the doctor and the patient in the medical institutions. Based on that, Liu Xingbing revised and improved the classic cooperative principle, and constructed the cooperative principle of doctor-patient conversation. Starting from the three aspects of communication subject, communication environment and communication purpose, Shi Lei compares doctor-patient conversation and daily conversation lies in four aspects(the amount and length of the conversation round; the choice of interruption strategies between the two sides of the conversation; the structure of the dialogue; the different correction strategies between the two sides of the conversation), which respectively show the power balance in the doctor-patient relationship.[10] As a result, the doctor-patient conversation is defined as "power conversation". From the perspective of functional linguistics, Tan Xiaofeng has made a series of researches on doctor-patient conversation.[12] He believes that power inequality is the cause of the problems in todays doctor-patient conversation. Because of the differences in knowledge background and power status between doctor and patients, medical staff continue to occupy a high position of power in the doctor patient conversation. In the doctor-patient conversation, it is usually the doctor who control the whole thing, so it is very difficult for doctors to establish a truly harmonious relationship between doctors and patients without a good empathic ability for patients. Chen Xiaoxia combined French and Raven's power foundation theory and Culpper's impolite strategy, after a large amount of analysis of doctor-patient conversation corpus, and she thinks that in the process of doctor-patient conversation, doctors are always more inclined to use impolite strategies, and their types and frequency are far higher than patients, which will cause great pressure on patients.[13] Under this pressure, the strategies patients can use to respond are extremely limited, which make the patient have no choice but to stay in the weaker position in the doctor -patient conversation, while the power of speech is in the hands of the doctor.

7. Conclusion

In recent years, many experts and scholars at home and abroad have made countless researches on doctor-patient relationship and doctor-patient conversation. They have interpreted the subtle and sensitive relationship between doctors and patients from various perspectives and in all aspects. Generally speaking, most of the root causes of various problems in doctor-patient conversation can be attributed to the power inequality between doctors and patients, while the so-called power inequality can be due to the differences in knowledge background between doctors and patients, , additionally, the patients are the petitioners, who are seeking for the doctor's help, which will naturally result in the differences in power and status.

Language is what can reflect people's relationship with each other, for it is the easiest-gotten gift

for others when people mean to express their gratitude, but it is also the first weapon people can grasp when feel offended by someone. By all these subtle words and expressions, we can grasp a glimpse into the relationship between the two sides. So the contradictions between doctors and patients are usually hidden and elusive, but they often appear in the dialogue between the two sides. For example, the doctors tend to interrupt patients in the dialogue more often, or avoid talking about some questions patients asked, which will cause more or less uneasiness, even fidgety and panic to patients. So in the actual diagnosis and treatment process, if the doctors can understand more about the gap of patients' knowledge background, and can have more empathy ability for patients' pain, the doctor-patient relationship is not as difficult as it seems.

References

[1] SacksH. Lectureson Conversation[M]//GailJefferson. Introduction by Emanuel Schegloff. Oxford: Blackwell, Volumes 2,1992

[2] Yu Guodong, Li Feng. Conversational analysis: sociological research methods of respecting linguistic facts [J]. Science and technology and dialectics, 2009,26 (02): 14-17100111

[3] Byrne P,Long B.Doctors talking to patients[M].London:HM-SO,1976.

[4] Xie Xiuli. Improve the medical system and ease the relationship between doctors and patients [J]. China health law, 2009 (01)

[5] Carter W B,Inui T S,Kukull W A,Haigh V H. Outcome-based doctor-patient interaction analysis: II. Identifying effective provider and patient behavior.[J]. Medical care,1982,20(6).

[6] Wang Ran. Current situation of doctor-patient conversation research [J]. Medical information, 2018,31 (12): 50-53

[7] den Boeft M,Huisman D,Morton. Negotiating explanations: doctor-patient communication with patients with medically un-explained symptoms -a qualitative analysis [J].Family Practice, 2017,34(1):107-113.

[8] Mikesell L.Medicinal relationships: caring conversation [J]. Medical Education, 2013,47(5): 443-452.

[9] Wang Xiaojun. On the establishment of doctor linguistics [J]. Medical education, 1988 (12): 1-11

[10] Liu Xingbing, Liu Qin, Shaoyan, Liao Meizhen. Principles of cooperation in building doctor-patient conversation [J]. Medicine and Philosophy (Humanities and Social Medicine Edition), 2007 (03): 41-42

[11] Shi Lei. A study on the characteristics of doctor-patient conversation [D]. Jilin University, 2007

[12] Tan Xiaofeng. A study of outpatient doctor-patient conversation from the perspective of functional linguistics [J]. Journal of Nanjing Medical University (SOCIAL SCIENCES EDITION), 2016,16 (03): 233-238

[13] Chen Xiaoxia, sun feifeng. Impolite words and power of doctors and patients in Chinese outpatient service environment [J]. Journal of Jimei University (zhe she Edition), 2016,19 (02): 110-115