**Medical Genre**

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**The textual genre in medical discourse**

Several studies of medical discourse have relied on the insights of recent research on genre analysis (Swales, 1990; Bhatia, 1993), pointing out the specific generic characteristics of different texts and their degree of flexibility. Textual genres are not rigid and stable, but highly dynamic and closely related to their socio-professional contexts (Bhatia & Gotti, 2006).

Moreover, genres vary according to several factors, the main ones being the communicative purposes they aim to fulfil, the settings or contexts in which they are employed, the communicative events or activities they are associated with, the professional relationships existing between the people taking part in such activities or events, and the background knowledge of each participant.

An interesting line of research concerning the evolution of medical genres consists in the identification of new textual forms created by the scientific community to meet specific requirements. An example of this type of research is Gotti (2010) that examines the dynamic characteristics of the birth of the genre of the experimental essay. Particular attention is paid to a comprehensive understanding of the interactions between the new genre and its context, focusing not only on its form and content but also on how this genre was constructed, interpreted and used in the achievement of specific goals in specialized contexts. This is in line with the evolution of genre analysis, as in the latest approaches the emphasis on text and context has been almost reversed (cf. Bhatia, 2004), with context attracting more serious attention in the description of specialized genres.

**The provision of medical information**

The provision of health information is widely distributed across the media by means of television, radio, newspapers, magazines and the Internet, and provides a constant and readily accessible supply of health care information and advice. To fulfil their informative and educational function, the media try to reach all kinds of people, of all ages, and therefore also make use of those channels which are meant to reach specific audiences, such as publications targeted at men, women or teenagers (McKay, 2006). Although their common goal is to inform about advances in medical treatments and new drugs, warn about health risks, and promote the value of taking care of the self, they do so in different ways and using the style and language which is appropriate to the audience they are addressing (Gotti, 2014). There has also been growing awareness of topics where misunderstanding or lack of proper communication between experts and non-experts can lead to failures in the very activity being undertaken.

An important case in point is explanation about diseases and treatments as presented in face-to-face interaction between doctors and patients or reported in medical journals or information leaflets included in medical products (Hall, 2006). Indeed, in the medical field there has been a great change in the last few decades in the amount of information made available to people other than the traditional learned intermediaries – the doctors, pharmacists and other medical workers. Many countries have adopted policies which mandate that adequate information be made available about treatments, medication and surgical procedures so that people can participate in an informed way in the management of their own health. The sources of data, however, are not always as transparent and objective as they need to be.

A genre of medical discourse which has recently received a considerable amount of attention from linguists is that of patient information leaflets (PILs). PILs are texts that are inserted into the product package in order to enable a patient to use medication appropriately. Although directives and guidelines for PILs have been issued both at national and international levels, they generally regard the information to be given rather than the style to be adopted. In this way, there may be great variations concerning information about the same medication in leaflets distributed in different languages and in different countries. Such variation often derives from specific decisions about document design, which are based on the culture of the country in which the PIL will be made available. In a study of PILs on sale in Flanders and the Netherlands, Van Berkel and Gerritsen (2012) have analyzed the influence of cultural values on the style of these health communication texts. In particular, they have investigated whether an important factor such as uncertainty avoidance – i.e. to what extent people try to avoid risk – has an impact on the content and style of PILs. People from low uncertainty avoidance cultures do not fear risks and do not need to know the exact effect of the risks they take; instead, people from high uncertainty avoidance cultures prefer clearly-formulated regulations and rely on experts for advice (Hofstede, 2001).

Another element investigated was the use of medical terminology and, in particular, its explanation, as the use of medical terms and whether they are explained or not may greatly influence uncertainty avoidance: the higher the uncertainty avoidance the more we can expect that medical terms are used and explained. This correlation was found valid also in the data analyzed by Van Berkel and Gerritsen. The Flemish texts contained more medical terms with their explanations; the Dutch leaflets, instead, contained more medical terms unaccompanied by an explanation

**Medical Discourse Community**

**Example:**

“Doctor Ali, Code Amber, room 3, bed 4” the intercom of the pediatric ward is heard all over the hospital. Suddenly you see Doctor Ali and the medical stuff rush to the patient’s room. This is why discourse communities are important. Crush codes are very commonly used in all the hospitals around the world. These codes are a technique to announce a situation to the medical staff without letting the visitors or the other patients who are in the hospital to know about it. The medical wards are an example for discourse communities. All medical discourse communities share a set of rules and knowledge which may take time to gain it and memorize it. It’s very important that the medical staff be aware of all of these rules, standers, and codes.

James Porter defined the discourse community as: **“**A local and temporary constraining system, defined by a body of texts (or more generally, practices) that are unified by a common focus. A discourse community is a textual system with stated and unstated conventions, a vital history, mechanisms for wielding power, institutional hierarchies, vested interests, and so on. (Porter)**”** A discourse community is gathered by common interest. However, the participants in each discourse community need to have a shared knowledge which can be noticed. Although the standers which can make or qualifies as a discourse community is argued, James P. believe that all discourse communities should have six preparatory standers to can be considered a discourse community, these characteristics can be shown as follow:

* It must have a general agreed set of goals.
* It must have a certain mechanisms of interaction between the members.
* Discourse communities must use these mechanisms in order to provide a feedback & information.
* It must use and enhance more genres in the communicative furtherance of its aims.
* It must have genres, lexis, or even a language.
* The communities must have certain level of members with a suitable degree of relevant content and discourse expertise (Swales, p.472)

A discourse community, according to Borg (2003, p.398), is described as groups which have purposes or goals and they use communication to accomplish these purposes and goals. He also states that the participants in these communities are a matter of choice. Participants of a discourse community usually communicate in written text evaluating another piece of work. An example would be a group of scientists evaluating a peer’s journal entry to validate the journals result.

These discourse communities can employ one of many genres, or styles of writing and/or speaking. In fact, according to Berkenkotter and Huckin (1995, p.3), writers acquire and strategically deploy genre knowledge as they participate in their field’s or profession’s knowledge-producing activities. Daily activities in one’s profession or academic institution can lead one to develop new genres in writing and speaking, styles that most people outside the discourse community would not understand. For example, after working in a health care environment, a doctor might begin to use the term BUNDY “**But Unfortunately Not Dead Yet”**, when referring to the status of a patient in critical care. The doctor would effectively illustrate his point to another physician or health care worker, but the patient’s family most likely would not comprehend the meaning, “But Unfortunately Not Dead Yet.” This correlates to research articles and journal publications also, effectively demonstrating that genre can influence the reader drastically.

Another important tool in communication between members of the medical profession is the forum. Medical and pharmaceutical advances are constantly changing the way health care is administered to the patient, and to stay up to date with these new pharmaceutical or technological breakthroughs, medical forums are held frequently. Forums are often large groups of people that come together to discuss a topic relevant to the entire group. At a forum, group leaders present scientific breakthroughs and advances in current practices, providing an educational opportunity for those who would like to implement the new advancement in their establishment.

The ability to communicate efficiently and effectively is the basis for the success or failure of many businesses, and health institutions are no exception. Communication between physicians and/or nurses takes an extremely high precedent and must be clear and unambiguous if the patient is to receive the best possible medical care.

The main goal of the medical community is to improve treatments of health conditions; also the medial communities have a lot of published books and journals; In addition, all the participants in the medical communities share the same knowledge and interest. Moreover, terminologies used in medical discourse are specific and specialized and all the participants must have it. Finally we can consider the medical discourse as a community because it needs a prior training to enter it.

An oral interview was conducted with a Medical officer who works at Rustaq Hospital at south Al-Abathinah region.

The results of the web-based research & the medical officer interview have shown that there are three main communication forms that may occur inside the medical communities, these three forms are; oral (verbal), written, and technological. When these three are combined they form a typically normal discourse of the medical community.

According to the doctor who answered the questions in the interview, oral communication is the most form usually used; he also mentioned that he spent 97% of his day communicating orally. Furthermore, he said that oral communication is very important in taking history from the patients, if you have good verbal communication, it will help you to find a better diagnosis.

He also stated that written skills are very important, and the doctors must develop some writing skills such as acronyms for terminologies that they may use while they are diagnosing a patient, as known medical terminology is very hard to pronounce and to write, as a way to save time doctors may invent these acronyms or other medical slang. According to the Doctors’ Slang and Medical Acronyms article, when writing a type of illness or giving a diagnosis, the doctor might use CFT, rather than saying chronic food toxicity. Written skills are also important for filling some forms like “Patient History Form”.

Beyond all of the mentioned above about how extremely the oral discourse is important, another importance showed up in the patient history form. A good doctor who can conduct a well comprehensive and accurate patient history, results will be presented to the other doctors, nurses, or any other medical staff that might didn’t look at the patient or investigated him before.

The patient history form plays a vital role in the importance of the medical field. This form is used in most hospitals if not all, but it may differ from one hospital to another, it may include: Adult illnesses, Surgeries and Hospitalizations, Trauma, Illnesses and infections, Medications, Allergies, Immunizations, Social History, Occupational history, and Family History.

The third form is the technological discourse. According to the web-based research and the doctor interviewed, this category of communication includes all the technological devices and facilities that the doctors might use, for example using emails in order to get a second opinion from other doctors. In addition, when a doctor refers a patient to another hospital they have to use technology to report or write his situation to the other hospital.

In conclusion, it can be said that the medical community can be carried through three ways and it can be considered as a separate discourse which is “Oral, Written, and Technological discourse. We can conclude also that all of these ways are important, but doctors still prefer to use written discourse when communicating with other doctors or medical staff, and oral discourse when it comes to communicating with the patients, and technological discourse is mainly used to improve the health care of patients over great distances and to make the communication much easier and simple.

The discourse in the medical setting is the number one factor that separates a standard medical establishment from an excellent one. In fact, according to the web article Doctor Patient Communication, “Most complaints by the public about physicians deal not with clinical competency but with communication problems.” In order to better serve the patient, doctors in general must not only be medical experts but also experts in the field of discourse.

References:

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