Re -imaging health through language

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Francois Rabelais

1494-1553

- Rabelais marks the point at which some important changes were taking place in the practice of medicine. The world was becoming progressively ‘disenchanted’ as the intellectuals of the day looked increasingly for material, rather than spiritual causes for human suffering. Medicine was becoming less text based and more concerned wit observation. Rabelais was particularly concerned with the patient physician encounter, where he recommended that physicians should attend their patients with hair and beards neatly combed and trimmed, nails clean and presenting a calm, confident yet cheerful demeanour.

- Despite the growing preoccupation with what took place in the patient physician encounter, a further important strand of development consisted of a meticulous observation of what the patient looked like. Here are some examples from the late 18th century work of Lavater, from his *Physiognomic fragments*, concerning the heads of idiot women. The illustrations were accompanied by detailed readings of what the form of the nose meant, what the form of the grin meant and the lines on the forehead.

- Later, when photography became more widespread and photographic facilities came within the reach of asylum superintendents and alienists a period of psychiatric illustration blossomed. The camera – the epitome of objective observation - enabled the recording of embodied madness, and once again, madness was related to matters of shape and form, expression, hexis and demeanour.

- In the late 19th century, when the observational aspects of medicine were increasingly relocated to the laboratory rather than the consulting room, there came a renewed emphasis on the patient physician encounter. One of the proponents of this move was Wiliam Osler, famous for his insistence that medical students tour the wards with a more experienced doctor (the beginning of the ward round), the idea that students and junior doctors live within the precincts of the hospital (the origin of 'residents') to ensure that they were fully immersed in the experience of working with patients. And could be got out of bed in the middle of the night to attend their patients too – the bane of junior doctors lives to the present day.

Sir William Osler

1849-1919

The desire to take medicine is perhaps the greatest feature which distinguishes man from animals.
"Listen to your patient, he is telling you the diagnosis”

One of the first duties of the physician is to educate the masses not to take medicine.

- A little nearer to the present, the meticulous attention to what takes place in the health care encounter has characterised the study of health care encounters. The focus of attention was initially on doctor patient communication (perhaps reflecting the contours of power, status and prestige within which health care is embedded). In the last 15 years or so, there has been more attention paid to other professional groups. Moreover, healthcare encounters are spilling over into new arenas opened up by the proliferation of new communicative media over the course of the 20th and 21st centuries. Telephone services have been around for some time, and more patients are turning to the internet for information, advice and sometimes medication. Professionals are becoming more aware of language and communication issues. This was brought home to me in using some examples from Silverman's work in teaching masters level students with backgrounds in nursing and medicine.

Extract 1:

(Silverman, 1993: 122)

M: I don't think she's really sticking to her diet (.) I don't know the effects this will have on her (.) its bound to alter her sugar if she's not got the right insulin isn't it? I mean I know what she eats at home but [outside

D: [so there's no real consistency to her diet? It's sort [of

M: [no well I keep it as consistent as I can at home

- Hearable charge against her responsibility to the child
- Controlling and irresponsible possible charges rebutted contingently.
- Practical uses (doctors aware of double binds their questioning puts mother in; mothers aware of double binds in our culture not individual failings)
- In presenting this example I was challenged by young doctors who said that this kind of questioning probably wouldn't be encouraged nowadays, now that Silverman's work has fed into the development of the Calgary-Cambridge framework for teaching consultation skills, there'd be a lot more emphasis on open rather than closed questions and letting the patient tell their story etc. Whilst the Calary-Cambridge framework was the source of some derision, at a more abstract level, this highlights the way that an awareness of language has permeated the culture of the current generation of early career health professionals.

Extract 2

(Silverman, 1993:121)

M: She's going through a very languid stage ( ) she won't do anything unless you push her

D: so you find you're having to push her quite a lot?

M: mm no well I don't (.) I just leave her now

- Example of charge-rebuttal sequence
- Dr. *topicalises* 'pushing' (draws attention to it in a manner that makes her accountable for it)
- Mother withdraws into an account that claims to respect autonomy
- This one elicited comment from nurses. Maybe the mothers 'retreat' signals not a response to a hearable accusation, but rather a way of handing over the problem to the professional – 'I can't come any more, can you do something, doctor?' Once again, an awareness of how people talk and what exchanges might mean.

- The next couple of examples concern how interaction is managed in telephone healthcare encounters in NHS Direct. The task, from the point of view of the practitioner is to extract information to identify the person, and elicit sufficient information from the caller to make an assessment. We noticed a number of strategies at work to minimise the possible intrusion and maintain accord in the encounter.

Politeness tridents
(Brown and Crawford, 2009)

1 HA: [. . .] I just need to ask you a couple of questions if I may?

2 FP: Eh ha

3 HA: Can I just ask you how you heard about our service, please?

Look at all the mitigators and politeness indicators – just, if I may, please. And this is only the start, where basic demographic and personal details are being elicited. A little later in the encounter where more personally intrusive and potentially contentious information was being asked for, there was a rather different strategy employed, to deflect the potential intrusion.

Intrusion baulks
(Brown& Crawford 2009)

- 1 HA: OK so the question here is do you use tampons for your period at all?
- 2 C: No, I use some sanitary towels

Here, it's as if the adviser is saying It's not me being nosey, it's the question in from of me. Next, here's a more extended example where the adviser re-establishes accord after a similar potentially intrusive and possibly demeaning question. You and I are too smart to do this but you'd be amazed at what some people ring in with.

Intrusion baulks
(Brown& Crawford 2009)

- 1 HA: Okay (.) What about (0.2). This might seem a strange question but we just a
- 2 always have to sort of find out (.) where there's any rash (.) where the rash is
- 3 coming from really.
- 4 C: Mm.
- 5 HA: Erm do you use tampons when you have a period?
- 6 (2.0)
- 7 C: Erm (1.0) y (.) Well sometimes and sometimes you know the other.
- 8 HA: Okay. And there's nothing that you've left in place anything like that?
- 9 C: Ooh no.
- 10 HA: No. Okay. (0.5) ((laughs))
- 11 (1.0)
- 12 HA: tut (0.2) ((laughs))
- 13 HA: Some do. ((laughs)) And you
- 14 C: Good grief ((laughs))
- 15 HA: Yeah. It's just that obviously some rashes ((laughs)) or you know ((laughs))
- 16 Well you'd be amazed what people ring in with I'll tell you.
- 17 C: Oh right. Okay.
- 18 HA: Erm it's just we have to make sure there's no infection coming from there.
- 19 C: Okay.

Differing agendas in medication review

(Salter, 2010)

Extract 6 (Ph:01 / Pt:10)

13. Ph: Sometimes there's a little [bit of=
14. Pt: [This happens
15. Ph: =A little bit of muddle so
16. Pt: Yeah
17. Ph: I really wanna (0.2) check and make sure that that's okay and the only way I can do
18. that is by a (0.2) talking to you and hh (0.2) having a look at (0.2) the actual
19. medicines that you've got
20. Pt: Yeah
21. Ph: And the labels on the boxes to make sure that everything's (0.3) perfectly correct
22. (0.5) so that's what I'll (0.2) I'll do in a minute (0.3) hhm just a little bit about taking
23. your medicines then (0.3) hhm (0.4) how how do you remind yourself to take
24. medicines hh=
25. Pt: =Well hh (0.4) I'm eighty-one (0.3) my knees may be <u>bloody wore up</u> but (0.3) my
26. canister up here (pointing to head) is alright (0.2) I've got a <u>good memory</u>
27. Ph: Right

- Here, the pharmacist undertaking a medication review is asking about medication compliance – are the tablets being taken as directed – but the client is seeking to assert that he's capable and independent. His 'canister' is OK.
- Finally, I'd like to share some examples from a recent study at DMU, of people's experiences of HCAIs. Whilst a number of illnesses have attracted a good deal of attention , HCAIs (and in particular surgical site infections) haven't received very much attention from researchers at all. Conspicuous in our data was the degree of stoicism that people expressed towards the pain and disability (sometimes extended over many months) and the extent to which they did not blame the hospital or its personnel, but rather blamed themselves.

Infections

Participant 5: . . . what did I do wrong? I do wash! I did kind of worry thinking maybe it's my fault, what have I done wrong was I not cleaning it enough. But Paul [partner] was like you did what you can it's not your fault.

Interviewer: It's just one of those things.

Participant 5: But yes it takes it out of you doesn't it when you have got an infection, you just think oh I feel like pooh anyway and then with everything else on top so yes.

Infections

Participant 3: I think I would probably, I got some talcum powder, you know the antibiotic talcum powder you can get, that's a definite buy as and when and if.

Interviewer: Did you get that this time?

Participant 3: No I had it the first time when I had Katy [her first child], they gave me a little bottle of talcum powder to put on the wound to dry it off after you've had a bath. So I think maybe that would be something that I would go and invest in. But I don't know, probably some more soaps or more wound care would be a good idea. Although the nurses were saying wash it with this stuff they weren't actually telling me . . . I know they are really busy. I think maybe a bit more wound care would be a good idea and maybe some more dressings to come away with.

Infections

“No, I wouldn’t complain”

Participant 8: No and I wouldn’t because essentially my life has been saved by Valley hospital and although I came home and I have a good moan at my husband about everything I wouldn’t complain because I am still here.

. . .

I don’t want to make a formal complaint about anything or anybody because I am still alive and I am only too grateful to still be here.

The study of health through the study of language

Has it become a movement?

Has it re-imaged health?

What has it meant for how we see ourselves as human beings? And with what consequences?