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0521621232 - Communication in Medical Care: Interaction between Primary Care Physicians and Patients

Edited by John Heritage and Douglas W. Maynard

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## Communication in Medical Care

This new and path-breaking volume provides a comprehensive discussion of communication between doctors and patients in primary care consultations. The first of its kind for thirty years, it brings together a team of leading contributors from the fields of linguistics, sociology, and medicine to describe each phase of the primary care consultation, identifying the distinctive tasks, goals, and activities that make up each phase of primary care as social interaction. Using conversation analysis techniques, the authors analyze the sequential unfolding of a visit, and describe the dilemmas and conflicts faced by physicians and patients as they work through each of these activities. The result is a view of the medical encounter that takes the perspective of both physicians and patients in a way that is rigorous and humane. Clear and comprehensive, this book will be essential reading for students and researchers in sociolinguistics, communication studies, sociology, and medicine.

JOHN HERITAGE is Professor of Sociology at the University of California, Los Angeles, working in the field of communication and interaction with particular reference to health care and political communication. His previous books include *Talk at Work: Interaction in Institutional Settings* (co-edited with Paul Drew, Cambridge University Press, 1992) and *The News Interview: Journalists and Public Figures on the Air* (with Steven Clayman, Cambridge, Cambridge University Press, 2002).

DOUGLAS W. MAYNARD is Professor of Sociology at the University of Wisconsin-Madison. He has carried out interaction-based research in a variety of settings, including legal medical, educational testing, and survey interviews. He is author of *Bad News, Good News: Conversational Order in Everyday Talk and Clinical Settings* (2003) and co-editor of *Standardization and Tacit Knowledge: Interaction and Practice in the Survey Interview* (2002).

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# Communication in Medical Care

Interaction between Primary Care  
Physicians and Patients

Edited by

JOHN HERITAGE

*University of California, Los Angeles*

and

DOUGLAS W. MAYNARD

*University of Wisconsin-Madison*



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## Contributors

**Professor Elizabeth Boyd**, Department of Clinical Pharmacy, University of California, San Francisco, USA

**Professor Paul Drew**, Department of Sociology, York University, UK

**Professor Richard Frankel**, Department of General Internal Medicine, Indiana University School of Medicine, USA

**Professor Virginia Teas Gill**, Department of Sociology, Illinois State University, USA

**Professor David Greatbatch**, Department of Education, University of Nottingham, UK

**Dr. Markku Haakana**, Department of Finnish, University of Helsinki, Finland

**Professor Timothy Halkowski**, Department of Communication, State University of New York at Albany, USA

**Professor Christian Heath**, Centre for Work, Interaction and Technology, King's College, University of London, UK

**Professor John Heritage**, Department of Sociology, University of California, Los Angeles, USA

**Professor Douglas W. Maynard**, Department of Sociology, University of Wisconsin-Madison, USA

**Professor Anssi Peräkylä**, Department of Sociology, University of Helsinki, Finland

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List of contributors

**Dr. Liisa Raevaara**, Research Institute for the Languages of Finland, Helsinki, Finland

**Professor Jeffrey D. Robinson**, Department of Communication, Rutgers University, USA

**Professor Debra Roter**, School of Public Health, Johns Hopkins University, USA

**Dr. Marja-Leena Sorjonen**, Research Institute for the Languages of Finland, Helsinki, Finland

**Dr. Tanya Stivers**, Max Planck Institute for Psycholinguistics, Netherlands

**Dr. Tuukka Tammi**, Department of Sociology, University of Helsinki, Finland

**Professor Candace West**, Department of Sociology, University of California, Santa Cruz, USA

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## Foreword

*Debra Roter*

This very thoughtful volume, assembled by two of the field's leading conversation analysts, is a notable contribution to the literature on medical communication by taking the reader through the examination room door to the heart of the medical dialogue. The book is expressly conversation-analytic in orientation and presents authentic dialogue from patients and physicians as it unfolds, thus capturing the social and medical dynamic within which medicine is practiced. The book also presents chapters in which quantitative analyses are built upon conversational analytic material. By doing this, the significance of the book goes beyond the contribution of its individual chapters. It provides support for the development of a new kind of interaction study – one with the potential for rich and meaningful synthesis of the medical dialogue derived from an integration of qualitative and quantitative methods.

The integration of quantitative and qualitative approaches in a study of medical dialogue is not without controversy. Indeed, a debate of longstanding intensity has centered on the perception that these approaches reflect incompatible scientific paradigms. Advocates of each have not only argued their own relative merits, but have maintained unusually critical and polarized positions. These positions are reflected in a well-worn list of attributes that are widely used to characterize quantitative and qualitative approaches, as well as their practitioners. The quantitative perspective is characterized as hypothetico-deductive, particularistic, objective, and outcome-oriented; its researchers are logical positivists. In contrast, the qualitative approach is characterized as social-anthropological, inductive, holistic, subjective, and process-oriented; its researchers are phenomenologists (Reichardt and Cook 1969).

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Foreword

The paradigmatic schism so apparent in the well-established areas of scientific inquiry described above is also evident in studies of the medical dialogue. Association with a particular paradigm not only implies a worldview, but also a paradigm-specific method of inquiry and even different styles of presentation. Quantitative studies of medical interaction are characterized as narrowly reflecting the biomedical model's emphasis on deductive methods and a tendency to translate observations of patient and provider behavior into statistical summaries. Qualitatively inclined researchers, on the other hand, record data in the language of their subjects, almost always presenting actual speech through verbatim transcripts of audio- and videotape recordings and rarely assigning numerical values to their observations. Despite obvious overlap in the questions asked and problems tackled, the two approaches are seldom combined.

In lamenting the advances and insights lost to intellectual isolation, my good colleague and friend Richard Frankel and I began a series of conversations pertaining to the research traditions and the professional circles that placed each of us, and our work, within opposing paradigm camps (Roter and Frankel 1992). In doing so, we found a parallel may be drawn between the systems of open-sea navigation described by the cultural anthropologist Thomas Gladwin, and the debate among researchers of the medical encounter over qualitative and quantitative methods (Gladwin 1964). The system of navigation represented by the European tradition is characterized by the plotting of a course prior to a journey's beginning that subsequently guides all decisions regarding location. The extent to which the journey "stays the course" is a testament to the European navigator's skill. The islanders of Truk face the problem of managing long distances over uncertain conditions in a very different manner than the Europeans. The Trukese navigator has no pre-established plan of any kind; rather, experience from previous voyages and information at hand during the current sailing trip account completely for Trukese navigational expertise.

The paradigmatic perspective which promotes mutual exclusivity is in error; there is no inherent logic in the limitations established by the traditions, other than tradition itself. Much of the debate in medical interaction research has focused on comparing methods independent of particular contexts, questions, or outcomes. Although it is quite clear that the methods used by Gladwin's navigators differ

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in both kind and degree, it is also the case that they both solve the same practical problem successfully. The value of Gladwin's analysis is that it includes both context and outcome as determinants of methodological utility. The presence or absence of map-making skills is essentially irrelevant to the Trukese navigator, as is the ability or inability of European navigators to read local wave patterns. Methods of research, like those of navigation, are open to description in their own terms, and should be judged on the extent to which they succeed in answering the questions which they raise in the context in which they were raised. However, respect for alternative methods does not preclude combining methods to maximize discovery and insight.

In this book, Douglas Maynard and John Heritage have assembled a thoughtful collection of papers in which the richness of the communication experience is reflected in a variety of ways. In doing so, this book makes a meaningful contribution to the literature and begins to address the formidable challenge of breaking paradigmatic boundaries.

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## Transcript symbols

The transcript notation used in this book, and in conversation analytic research more generally, was developed by Gail Jefferson. It is designed to capture the details of talk in interaction as it actually occurs, and is a system that continues to evolve in response to current research interests and needs.

### Temporal and sequential relationships

- A. Overlapping or simultaneous talk is indicated in a variety of ways.
- [ Separate left square brackets, one above the other on two successive lines with utterances by different speakers, indicates a point of overlap onset, whether at the start of an utterance or later.
- ] Separate right square brackets, one above the other on two successive lines with utterances by different speakers, indicates a point at which two overlapping utterances both end, where one ends while the other continues, or simultaneous moments in overlaps which continue.
- // In some older transcripts or where graphic arrangement of the transcript requires it, a double slash indicates the point at which a current speaker's utterance is overlapped by the talk of another, which appears on the next line attributed to another speaker. If there is more than one double slash in an utterance, then the second indicates where a second overlap begins, the overlapping talk appearing on the next line attributed to another speaker, etc. In transcripts using the // notation for overlap onset, the end of the overlap may be marked by a right bracket (as above) or by an asterisk.

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## List of transcript symbols

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So, the following are alternative ways of representing the same event: Bee's "Uh really?" overlaps Ava's talk starting at "a" and ending at the "t" of "tough."

Ava: I 'av [a lotta t]ough cou:rses.

Bee: [Uh really?]

Ava: I 'av // a lotta t\*ough cou:rses.

Bee: Uh really?

= B. Equal signs ordinarily come in pairs – one at the end of a line and another at the start of the next line or one shortly thereafter. They are used to indicate two things:

1) If the two lines connected by the equal signs are by the same speaker, then there was a single, continuous utterance with no break or pause, which was broken up in order to accommodate the placement of overlapping talk. For example,

Bee: In the gy:m? [(hh)

Ava: [Yea:h. Like grou(h)p  
therapy.Yuh know [half the grou]p thet=

Bee: [ O h : : . ] 'hh

Ava: =we had la:s' term wz there en we [jus'=

Bee: [ 'hh

Ava: =playing arou:nd.

Ava's talk is continuous, but room has been made for Bee's overlapping talk (the "Oh").

2) If the lines connected by two equal signs are by different speakers, then the second followed the first with no discernable silence between them, or was "latched" to it.

(0.5) C. Numbers in parentheses indicate silence, represented in tenths of a second; what is given here in the left margin indicates 5/10 second (half a second) of silence. Silences may be marked either within an utterance or between utterances, as in the two excerpts below:

Bee: 'hhh Uh:., (0.3) I don'know I guess  
she's aw- she's awright she went to  
thee uh:: hospital again tihda:y,

Bee: Tch! .hh So uh I don't kno:w,

(0.3)

Bee: En:=

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## List of transcript symbols

- (.) D. A dot in parentheses indicates a “micropause,” hearable but not readily measurable; ordinarily less than 2/10 of a second.
- ((pause)) E. In some older or less carefully prepared transcripts, untimed silences may be indicated by the word “pause” in double parentheses.

**Aspects of speech delivery, including aspects of intonation**

- .
- ?
- ,
- ?,
- ˊ
- ˋ
- ::
- A. The punctuation marks are *not* used grammatically, but to indicate intonation. The period indicates a falling, or final, intonation contour, not necessarily the end of a sentence. Similarly, a question mark indicates rising intonation, not necessarily a question, and a comma indicates “continuing” intonation, not necessarily a clause boundary. In some transcript fragments in your readings you may see a combined question mark and comma, which indicates a rise stronger than a comma but weaker than a question mark. Because this symbol cannot be produced by the computer, the inverted question mark (ˊ) is used for this purpose. Sometimes completely “level” intonation is indicated by an “empty” underline at the end of a word, e.g., \* “word\_\_”.

- B. Colons are used to indicate the prolongation or stretching of the sound just preceding them. The more colons, the longer the stretching. On the other hand, graphically stretching a word on the page by inserting blank spaces between the letters does *not* necessarily indicate how it was pronounced; it is used to allow alignment with overlapping talk. Thus,

Bee: Tch! (M'n)/(En ) they can't delay much  
lo:nguh they [jus' wannid] uh- hhh=

Ava: [ O h : . ]

Bee: =yihknow have anotheuh consulta:tion,

Ava: Ri::ght.

Bee: En then deci::de.

The word “Ri::ght” in Ava’s second turn, or “deci::de” in Bee’s third are more stretched than “Oh:” in Ava’s first turn, even though “Oh:” appears to occupy more space. But “Oh:” has only one colon, and the others have two; “Oh:” has been spaced out so that its brackets will align with the talk in Bee’s (“jus’ wannid”) turn with which it is in overlap.

- C. A hyphen after a word or part of a word indicates a cut-off or self-interruption, often done with a glottal or dental stop.



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- word D. Underlining is used to indicate some form of stress or emphasis, either by increased loudness or higher pitch.
- word The more underlining, the greater the emphasis. Therefore, underlining sometimes is placed under the first letter or two of a word, rather than under the letters which are actually raised in pitch or volume. Especially loud talk may be indicated by upper case; again, the louder, the more letters in upper case. And in extreme cases, upper case may be underlined.
- WORD
- ° E. The degree sign indicates that the talk following it was markedly quiet or soft. When there are two degree signs, the talk between them is markedly softer than the talk around it.
- °°
- F. Combinations of underlining and colons are used to indicate intonation contours, as follows:
- \_: If the letter(s) preceding a colon is underlined, then there is an “inflected” *falling* intonation contour (you can hear the pitch turn downward).
- : If a colon is itself underlined, then there is an inflected *rising* intonation contour (i.e., you can hear the pitch turn upward). So, in

Bee: In the gy:m? [(hh)

Ava: [Yea:h. Like grou(h)p  
therapy.Yuh know [half the grou]p thet=

Bee: [ O h : : . ]'hh

Ava: =we had la:s' term wz there en we [jus'=

Bee: [ 'hh

Ava: =playing arou:nd.

Bee: Uh-fo[oling around.

Ava: [ 'hhh

Ava: Eh-yeah so, some a' the guys who were  
bedder y'know wen' off by themselves so  
it wz two girls against this one guy en  
he's ta:ll.Y'know? [ 'hh

Bee: [ Mm hm?

the “Oh:::” in Bee’s second turn has an upward inflection while it is being stretched (even though it ends with falling intonation, as indicated by the period). On the other hand, “ta:ll” at the end of Ava’s last turn is inflected downward (“bends downward,” so to speak, over and above its “period intonation”).

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## List of transcript symbols

- G. The up and down arrows mark sharper rises or falls in pitch than would be indicated by combinations of colons and underlining, or may mark a whole shift, or resetting, of the pitch register at which the talk is being produced.
- ↑ ^  
↓ v
- > <  
< >
- H. The combination of “more than” and “less than” symbols indicates that the talk between them is compressed or rushed. Used in the reverse order, they can indicate that a stretch of talk is markedly slowed or drawn out. The “less than” symbol by itself indicates that the immediately following talk is “jump-started,” i.e., sounds like it starts with a rush.
- <
- hhh  
(hh)
- I. Hearable aspiration is shown where it occurs in the talk by the letter “h” – the more “h”s, the more aspiration. The aspiration may represent breathing, laughter, etc. If it occurs inside the boundaries of a word, it may be enclosed in parentheses in order to set it apart from the sounds of the word (below). If the aspiration is an inhalation, it is shown with a dot before it (sometimes a raised dot).
- hh
- J. Some elements of voice quality are marked in these transcripts. A rasping or “creaky” voice quality is indicated with the “#” sign. Similarly, a “smile voice” – a voice quality which betrays the fact that the speaker is smiling while speaking – is normally indicated with the “£” (or “\$”) sign.
- #  
£/\$

## Other markings

- (( )) A. Double parentheses are used to mark transcriber’s descriptions of events, rather than representations of them. Thus ((cough)), ((sniff)), ((telephone rings)), ((footsteps)), ((whispered)), ((pause)), and the like.
- (word)
- B. When all or part of an utterance is in parentheses, or the speaker identification is, this indicates uncertainty on the transcriber’s part, but represents a likely possibility. Empty parentheses indicate that something is being said, but no hearing (or, in some cases, speaker identification) can be achieved.
- ( )
- (try 1)
- C. In some transcript excerpts, two parentheses may be printed, one above the other: these represent alternative hearings of the same strip of talk. In some instances this format cannot be printed, and is replaced by putting the alternative hearings in parentheses, separated by a single oblique or slash, as in
- (try 2)

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Bee: °(Bu::t.)= / °(Goo:d.)=

Here, the degree marks show that the utterance is very soft. The transcript remains indeterminate between “Bu::t.” and “Goo:d.” Each is in parentheses and they are separated by a slash.