Hearings and Mishearings: A Case Study of Brazilian Doctor-Patient Communication

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ABSTRACT: Este estudo tem como objetivo discutir a interação médico-paciente, tendo como base a tomada de turnos na comunicação. Os dados são analisados através das perspectivas lingüística e sociolingüística visando os tipos de estruturas usadas por ambos interlocutores. A análise mostra que a interação médico-paciente (ou consulta médica) compreende três fases, a saber: 1) a entrevista médica; 2) o exame físico e 3) a avaliação final. Cada um destes segmentos comunicativos é governado por regras específicas de interação, tais como: a) quais tópicos podem ser introduzidos por quem; b) tipos de perguntas; c) quem faz tais perguntas e quando. Enquanto pesquisas anteriores mostraram que tipicamente pacientes não têm a oportunidade para introduzir tópicos pertinentes às suas preocupações pessoais, nossos resultados sugerem que pacientes TÊM a oportunidade de introduzir tópicos pessoais, não na fase inicial da interação (ou entrevista médica), mas no segmento chamado exame físico. Os pacientes devem saber o quê eles podem perguntar ao médico como e quando devem perguntar.

Introduction

For at least three decades much has been written about the problems doctors and patients encounter in trying to communicate. Indeed, mishearings and misunderstandings are commonplace in doctor-patient discourse. It is not unusual to hear from people complaints about doctors' "rudeness", Weakened by illness, patients would expect a more affable and friendly communication with doctors, a more tactful verbal interaction; however, they end up by being disappointed when they leave the doctor's office.

Many analysts have shown that a major hindrance to mutual intelligibility is physicians' and patients' failure to communicate in the same "language". Whereas some studies have concentrated on the analysis of the doctor's use of medical terminology that the

1 This is the revised version of a paper written in Dr. Teresa Pica's Spring 1988 course Language and the professions at the University of Pennsylvania. I am very grateful to Dr. Pica for her useful comments on that earlier version.
patient does not understand, others have pointed out that the source of mutual intelligibility has to do with a mismatch of expectations and practices each participant brings to the encounter. It has been claimed that both doctors and patients have quite different expectations concerning amount of talk and/or topics of talk each will engage in, for example. While patients talk in a social/contextual mode about their health and care life, doctors talk in a medical prescription-oriented question mode (Mishler 1984, Todd 1983, Fisher 1983, Paget 1983, Bonano 1983, Cicourel 1983).

The purpose of this paper is to bring together these two themes: mismatch of expectations and miscommunication. How do the doctor and the patient, as speakers and listeners, create and construct coherence in the encounter? What rules determine the intelligibility (or unintelligibility) of what takes place? The data for this study derive from a transcribed 10 min. audio-taped interview. Analysis focuses on how the doctor and the patient produce and organize their utterances for each other on a turn by turn basis. It is believed that the use of a coding system to categorize in advance may distort the order of events under investigation. Distortions may be even greater when one transplants categories from one culture to another. Because of the fact that most doctor-patient interaction studies have been done in English specific contexts (cf. researchers mentioned above), this study aims to see which emergent discourse patterns hold for Brazilian Portuguese speakers in such interactions.

The 10 min. medical interaction transcript was audio-taped in Cuiabá, a small city of the midwest of Brazil. It is between a female doctor, middle-class in her late twenties, and a male low-class patient, in his late forties. It was recorded in the doctor’s private office within a hospital which allows the doctor to treat both private and non-private patients.

The data were analyzed from linguistic and sociolinguistic perspectives in terms of types of structures which were preferred by both participants at different phases in the encounter. In the process of the analysis, it was found that a medical visit encompasses three phases: 1) medical interview; 2) physical examination; and 3) final assessments. Each of these segments is governed by specific rules for interaction; a) which topics may be introduced by whom; b) types of questions; and c) who asks which questions and when. Patients bring certain assumptions about what they can talk about and when they can talk about it, but often fail to realize that these topics and questions must be placed in specific segments of their interaction with the doctor. The differences of speech behavior patterns and/or the norms for interaction in the three phases are crucial for negotiation of information and communication. It is not necessarily the case, as previous research has shown, that patients typically do not have opportunity to introduce topics pertinent to the “voice of the lifeworld” (Mishler’s term 1984, p. 104) to refer
to the patient’s contextually-grounded experiences of events and problems in their life. By looking beyond the initial medical interview and into the physical examination phase, our findings suggest that patient DO have an opportunity to bring in personal concerns, but at points other than the medical interview segment. Patients should know not only what they can ask the doctor, but also how and when they can ask it.

Analysis of the Data

Excerpt 1: (Lines: 1-3 of transcript in Appendix 2)²

--- Dr.: Como é que vai?/ Pode sentar/ How are you doing? You May have a seat/
Pt.: Não tô bom não doutora! I ain’t feeling well Doc!
--- Dr.: Não?/ Que que houve?/ Don’t you? / What happened?/

The doctor opens the interaction³ by two triggering sentences. This is a familiar way to start a medical interview described in the literature in which the question: ‘How are you doing?’ is an invitation (or a directive) for the patient to start to describe the symptoms of his illness. This is clearly understood by the patient who answers the doctor’s question not with a social greeting answer, but with a complaint about his illness: ‘I ain’t feeling well Doc!’ Accordingly, the doctor’s surprised remark: ‘No?! acknowledges the patient’s previous utterance and the topic-initiated question: ‘What happened?’ reinforces the medical topic: ‘Tell me about your illness’ implicit in the doctor’s first question: ‘How are you doing?’ Readers are likely to recognize that within the context of a medical encounter the doctor’s question: ‘Como é que vai?’ (How are you doing?) is not usually taken as a conventional social greeting question, but as a directive to invite patients to describe their illness.

The patient’s next utterance attends to the doctor’s question as he starts to describe his illness:

² Code for transcript
Dr.: = Doctor / = period (---) = unintelligible speech
Pt.: = Patient ... = long pause / = unfinished sentence
[ = overlap

⁴ Note: Names in the transcript were changed to keep anonymity.
⁵ See Appendix 2 for a complete transcription of the interaction
Excerpt 2: (lines: 4-6)

--> Pt.: Ah esses dias no Pronto Socorro esses tempos eu fui mexer com (--) e machuquei aqui/

--> Dr.: O senhor trabalha no Pronto Socorro?/

Ah some days ago some time ago I was going to fix something with (--) and got hurt right here/

Do you work in the Emergency Hospital?/

Interestingly, the doctor’s next utterance does not follow the medical topic, that is, it is not a question which would continue the topic established previously (description of illness), but it is a shift away from it. He introduces a social topic by asking if the patient works in the Emergency Hospital. The doctor picks up the first part of the patient’s information perhaps because of the fact that the Emergency Hospital was a familiar place to her.

Excerpt 3: (lines: 6-13)

--> Dr.: O senhor trabalha no Pronto Socorro?/

--> Pt.: Trabalho/ A senhora não lembra de mim não, é?/

--> Dr.: Acho que sim/ O senhor trabalha em que setor?/

--> Pt.: Trabalho na guarda/

--> Dr.: Ah tá/ É que o senhor tá sem uniforme né?/

--> Pt.: É que eu vim consultar com a senhora.../

Nessa ocasião ____/

[ ]

--> Dr.: Sem uniforme fica diferente/

Do you work in the Emergency Hospital?/

Yeah, I do/You don’t remember me, do you?/

I guess so/in which section do you work?/

I work as a guard/Oh yeah/Well you aren’t in your uniform right?/

Well I’ve come to see you.../

In this occasion ____/

[ ]

You look like different in uniform/

The patient promptly answers the doctor’s question and after these social exchanges introduced by the doctor, the patient returns to the previous topic by describing his illness:

Excerpt 4: (lines: 14-18)

--> Pt.: E me dói aqui demais, dói o pescoço ..., e dá zonzura, tontura ..., e eu não tô legal, sabe?!/Agora eu tô com uns dias que não vou lá ... Eu preciso me apresentar lá no ____/

[ ]

--> Dr.: Tá dando zonzura?/

And this part here aches terribly, my neck aches ... and I get dizzy, ... I ain’t feeling well at all, you know?!/Now I haven’t been there for several days .... I need to get back there in the____/

[ ]

(Are you getting dizzy ?!)
This is said after a comment by the doctor (Sem uniforme fica diferente/Your look different without a uniform)(line 13). Perhaps the fact that this comment was inserted into the patient’s discourse before he had finished his sentence signalled to the patient that there was no need for further talk on that topic. The patient, then, returns to the previous medical topic through the use of a connector “e” (“and”) which shows he had not completed his account and wants to continue his speech.

The doctor’s acknowledgement of the patient’s return to the previous topic is done through the use of two devices. First, she breaks into the patient’s utterances before he finishes his sentence. Second, her ensuring questions deal with only one part of the patient’s answer, that which is related to the description of physical symptom (dizziness). She does not follow the patient’s lead to a new piece of information (his going back to work) provided by the last part of his answer: ‘Agora eu tô com uns dias que não vou lá ... Eu preciso me apresentar lá no ____’ (Now I haven’t been there for several days ... I need to be there there in the ____). She does not refer to or comment on any of its elements, nor does she continue or expand on this new topic. Instead, her questions “Tá dando zonzura?” (Are you getting dizzy?) is followed by a triggering sequence of 19 body-symptom oriented questions, all of them answered by the patient. Here only the doctor’s questions are listed; for a complete account see transcript, lines 18-56).

Tá dando zonzeira? (Are you getting dizzy?) (line 18)
Já bateu radiografia? (Have you already had an X-ray?)
Fez alguma coisa ou não? (Have You done something or not?) (line 22)
Qual doutor? (Which doctor?) (line24)
Dr. Luís já olhou então né? (Dr. Luís has already looked at it then hasn’t he?) (line 27)
E ele achou que podia ter alguma coisa?(And did he find something?) (line 29)
Tá sentindo ardência na urina? (Does it burn when you urinate?) Tosse? (Cough?) Emagrecimento (Are you losing weight?) Alguma coisa? (Something else?) (lines 36-34)
Tá arpendo para urinar? (Does it burn when you urinate?) (line 41)
Tá tendo febre? (Are you getting fever?) (line 43)
Tem febre? (Do you have fever?) (line 45)
Mas não dá febre não? ( But you don’t have fever, do you?) (line 47)
Dor de cabeça? ( Headache?) O senhor não tá vomitando né? (You aren’t throwing up, are you?) (lines 52-53)
Dá vômito? (Do you throw up?) Faz quanto tempo começou tudo isso? (How long has this started?)
(lines 55-56)

The fact that the doctor does not attend to the patient's self-initiated topic (his going back to work): "Agora eu tô com uns dias que não vou lá ... Eu preciso me apresentar lá no ____/" (Now I haven't been there for several days ... I need to get back there in ____/) (lines) turns out to be significant because it occurs at other times in the interaction. Indeed, out of 9 topic-attempts (7 of these within the same topic, that is, patient's absence of work and his need for a leave of absence) introduced by the patient, 7 were ignored, one was attended to and another was partially attended to. In attempting to ascertain the reasons for this asymmetry (the patients answers the doctor's questions whereas the doctor does not follow the patient's leads except for one) in the participant structures, three definite segments in the interaction were identified and examined. These are:

1) medical interview (lines: 1-74)

2) physical examination (lines: 75-137)

3) final assessments (lines: 138-185)

Interestingly, the 5 topic-attempts initiated by the patient which are not attended to by the doctor fall into the medical interview segment, 3 others fall into the final assessments, and the single one that is attended to by the doctor appears in the physical examination segment. By examining the discourse strategies used by the participants distinct speech patterns emerge in these three contexts. The medical interview is the initial part of the interaction and is structured by the doctor's physical-symptom oriented questions. Whereas the doctor asks 23 questions, the patient asks only 2. If we only look at the physical examination the numbers are 10 for the doctor and 6 for the patient. There is not only a quantitative difference, but there is a qualitative difference as well.

The doctor's questions in the medical interview segment are of 5 types: or-choice questions; word-chain questions; yes/no questions; wh-questions and questions-tags. Table 1 below provides the numbers and examples.

4 For a straight list of these patient's topic-attempts see Appendix 1.
Table 1: Distribution of doctor’s types of questions at the medical interview segment

<table>
<thead>
<tr>
<th>Doctor’s total questions n°.</th>
<th>or-choice</th>
<th>yes/no</th>
<th>word-chaining wh-questions</th>
<th>questions-tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body-symptom oriented</td>
<td>20</td>
<td>01</td>
<td>08</td>
<td>03</td>
</tr>
<tr>
<td>Fez alguma coisa ? não (Did you do something or not?)</td>
<td>Tá dando zonzura? (Are you getting dizzy?)</td>
<td>Tosse? Emagrecimento? Alguma Coisa? (Cough? Are you losing weight? something else?)</td>
<td>Qual doutor? (which doctor?)</td>
<td>Dr Luis já olhou né? (Dr. Luis has already looked it hasn’t he?)</td>
</tr>
<tr>
<td>Whithin doctor’s social topic</td>
<td>03</td>
<td>02</td>
<td>02</td>
<td>02</td>
</tr>
<tr>
<td>O senhor trabalha no Pronto Socorro? (Do You work in the Emergency Hospital?)</td>
<td>O senhor trabalha em que setor? (Which section do you work?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Except for the wh-questions, all the other kinds of questions are usually selective or closed questions which require monosyllabic answers. Questions-tags are anticipatory in the sense that they may request confirmation and therefore require a minimal answer. Wh-questions may be open and allow for long answers (“What happened?”); however, when the patient attempts to expand his answer introducing a topic which does not follow within the medical topic, the doctor either cuts into the patient’s utterance (see lines 10-18 of transcript/appendix 1) or he may use a wh-question like “Which doctor?” (line: 24) with a narrow focus. Overall, the predominant type of question is the yes/no question.

The patient’s questions are question-tags: “É só isso né doutora?” (That’s all, isn’t it Doc?), in line 34, is inserted after 7 subsequent physical-symptom oriented questions by the doctor and seems to signal the patient’s desire to finish the question session and perhaps talk about his topic of interest. However, after this the patient still answers 13 questions. The second patient’s question-tag: “A senhora não lembra de mim, não é” (You don’t remember me, do you?) in line 7, is within the doctor’s social topic and functions as a confirmation check.

A third device used by the doctor to keep track of the medical topic (description of illness) is the use of a framing word which may be followed by a directive:
Excerpt 5: (lines: 27:41)

Dr.: Dr. Luis já olhou então né?/
Pt.: Já olhou/
Dr.: Ele achou que podia ter alguma coisa?/

---

Pt.: Ah ele não _/ Só olhou assim e passou esse ai e eu sei que não fui mais lá e... tenho que apresentar lá hoje/
Dr.: Certo/ Isso aqui é para pele/ Isso aqui não tem nada a ver Com isso daí/
Pt.: É só isso né doutora?/
Dr.: Tudo bem/ vamos ver tá/ O senhor vai deitar ali/ Eu vou examinar o senhor/Tá sentindo ardência na urina?/ Tosse? / Emagrecimento? Alguma

---

Pt.: Arde muito, arde /
Dr.: coisa?/ Tá?/ Tá arden- do para urinar?/

---

Dr. Luis has already looked at it, hasn't he?/
Yeah, he has
And did he think it could be something?/

Ah he didn't _/ he just glanced like this and prescribed that one and what i know is that I didn't come back there today /

Right/ This is for skin/ This is for skin/ This here has nothing to do with that out there/ This is all, isn't it Doc?/

Okay/ Let's see right?/ You're going to lie down over there/ I'm going to examine you/ Does it burn when you urinate?/ Cough?/ Are you losing weight?/Something

It burns a lot; it burns /
else?/ Does it?/ Does it burn when you urinate?/

The doctor uses certo (right) as framing word. What follows are her comments about Dr. Luis's prescription. The patient then asks a clarification question which is answered by the doctor without further elaboration, but giving instructions to the patient to lie down. However, the immediate triggering of 4 questions puts the patient in the position of having to answer them. The following excerpt also shows the doctor's effort of sticking to the medical topic.

Excerpt 6: (lines: 61-66)

Dr.: O senhor tá sem ir no trabalho?/ Sem _/

---

Pt.: Tô sem ir no trabalho/ E eu acho que tô fazendo o maior desfalque/Eu não to indo, não apresentei lá ainda, eu tenho que ir lá/

---

Dr.: É/ Pode deitar lá /

Aren't you going to work? 
Aren't ___/

No/I'm not going to work and I guess they miss me/ I'm not going, I haven't been back there yet and I have to go there/

Yeah/ you may lie down over there/
This is the only time the patient interrupts the doctor. The doctor asks if the patient was not going to work, that is, she brings in the topic the patient is most interested in. However, the framing word É (yeah) followed by a directive asking the patient to lie down shows that the doctor does not attend to the patient's lead. It is interesting to note that the patient's long answers in the medical interview (cf. examples 5 and 6) are attempts to introduce his topics (absence of work and need for a leave of absence). These are inserted as expansions at the end of his answer after having attended to the medical topic or may occur as a continuation of his last utterance such as, excerpt 7 below.

**Excerpt 7:** (lines: 66-74)

Dr. É/ pode deitar lá/
Pt. Mas eu tenho a carta (---) tenho tudo aqui oh/
Dr. Deixa ver
Pt. Eu fui um funcionário que nunca falei serviço (---)/
Pt. [ Tenho da Secretaria até eu ___]
Dr. [ Tál/ Vai deitar lá, tá?]
Pt.: Eu não faltou serviço/Eu tenho que apresentar lá /
Dr.: ... Okay/ you can lie down over there/ But I have a letter (---) I have everything here, look/ Let me see/ I'm a good employee/I've never missed work (---)/ (I know that ___)/ [ I have from the Public Health ___/]

The patient tries to convince the doctor that he is a good civil servant and has never missed work. This seems to indicate that because the doctor has not responded to his self-initiated topic, the patient concludes that she might not give him the leave of absence. Despite the patient's attempts, the doctor does not allow him to elaborate and she closes the medical interview with a framing word and a directive (Yeah/ You can lie down over there, okay?). The patient's last utterance is followed by silence.
In the physical examination (lines: 75-137) the placement of the questions is alternate and less focused on one specific piece of information. Three topics emerge in this segment: a) patient’s insurance plan and whether he can afford paying for exams; b) his absence of work and his need for a leave of absence; c) patient’s fear of salary loss (this is the patient’s self-initiated topic which elicits a response).

The doctor asks 10 questions and the patient 6. What is worth noting is that 7 of the doctor’s questions were either confirmation or comprehension checks or clarification requests. Three of the patient’s questions were clarification request and one was a comprehension check. Examples follow:

**Excerpt 8:** (lines: 134-136)

--- Dr.: É/

--- Pt.: Mas se eu levar um atestado de 15 dias já é bom né?/

But if I take with me a leave of absence for 15 days it’s good, isn’t it/

--- Dr.: Yes/

**Excerpt 9:** (lines: 95-98)

--- Dr.: Mas já tem mais de 15 dias, né?/

But there is more than 15 days, right?/

--- Pt.: Não, depois que eu machuquei é doutora eu trabalhei ainda/

No, after I got hurt Doc I still worked/

Dr.: [Ah/]

[ ]

Huh/

Both the quantitativve and qualitative nature of this segment concerning the placement of questions makes it less structured than the medical interview segment. The fact that the interrogative forms here do not function to elicit topic-focused answers, but are requests for clarification or checks for comprehension or confirmation render a cooperative nature to the talk. Also identified here and absent from the medical interview are words expressing back-channeling on the part of the doctor, such as “Ê” (Yeah) and “Ah” (Huh).

In summary, the doctor’s use of interruptions, selective questions, framing words followed by directives and silence shapes the medical interview segment, rendering it within the format of an interview in which the interviewer (the doctor) asks the questions and the interviewee (the patient) answers. In this case the topic is predetermined. In the physical examination alternate questions and alternate topics render this segment a less structured one and more like an informal conversation in which both participants may expand their speech and establish room for negotiation.

Thus, the patient’s topic attempts are not attended to in the medical interview segment because of its nature as an interview.
The doctor, as the interviewer, selects and focuses on specific information (description of illness). What she concludes as not falling into the "right topic" is considered irrelevant and not responded to. This causes considerable misunderstanding, as shown in the following excerpt:

**Excerpt 10:** (lines: 89-94)

```plaintext
--- Dr. O senhor vai ter problema, viu/  You're going have a problem, 
--- Pt. É/Eu tenho um problema sério, Yeah/I have a serious problem, 
     eu sei que tenho/ I know I have 
--- Dr. Não/ O senhor vai ter problema No,/I mean you're going to 
     lá have a problem there/ 
--- Pt. Lá onde? / Que ___/ Because you've been missing 
     Dr. Porque 30 dias sem ir/ Não vai work for 30 days/ 
     ter serviço mais You're not going to have the 
   [ job anymore/ 
   [ It's not 30 days/ 
```

Here the doctor finally refers to the problem that the patient was concerned about and which perhaps is the major reason for the visit: The patient needed a leave of absence in order not to lose his job. The doctor mentions that the patient's absence of work would be a problem for him (he could lose his job); however, the patient takes the work "problem" as a reference to his illness and comments that he knows his illness is very serious. The doctor tries to clarify her previous utterance, however, the use of the adverb lá (there) without a close explicit reference renders the discourse unclear for the patient, who then asks for clarification. Meaning is then restored. This mishearing on the part of the patient is understandable. Indeed, the context here (physical examination) allows for this interpretation.

The fact that the patient could ask a clarification request and then discuss the topic of interest is significant. Both participants entered another domain of conversational style (that of informal conversation) which the patient is familiar with. Free from the constraints of the interview format, the patient puts forth his request for the leave of absence: "Se a senhora me desse um atestado de 15 dias não... " (if you could give me a leave of absence for 15 days ...) (line 106). This is to say that, whenever both interlocutors share the same communicative conventions, communication flows more easily.
It is within this frame of reference of informal conversation in the physical examination that the patient introduces a second topic to which the doctor immediately responds:

Excerpt 11: (lines: 119-128)

<table>
<thead>
<tr>
<th>Pt.</th>
<th>There is very hard, you see/</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>Is it?/</td>
</tr>
<tr>
<td>Dr.: É!/</td>
<td>There is rough/I don't know whether they cut off my salary /</td>
</tr>
<tr>
<td>Pt.: Aquilo ali é fogo/eu não sei se eles cortaram o meu vencimento/</td>
<td>What?/ Did they cut off my salary?</td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Dr.: Como?/</td>
<td></td>
</tr>
</tbody>
</table>
| Pt.: Eles cortaram o meu vencimento?/ | They must have done it/Yes-
| ---          |                                |
| Dr.: Ah deve ter cortado, né/ ontem mesmo o senhor (não falou que tava lá? O senhor falou (---)___)/ | isterday didn’t you say that you were there?/You said (---)_)/ |
| ---          | [                                |
| Pt.: Será que cortou?/ | Do you think they did?/ |
| ---          | Well didn’t you punch your time card?/ |
| Dr.: Uai o senhor não bateu ponto?/ |                                |

The final assessment segment (lines: 138-185) is characterized by a return to a more structured context, that is, the doctor regains control over the medical topic. The questioning style changes in favor of instructional language (use of directives) to deliver prescription, diagnosis, and request for return visit.

Excerpt 12: (lines: 153-158)

<table>
<thead>
<tr>
<th>Pt.</th>
<th>I'm going to begin (--) because if I go back there without anything I can't prove nothing, right?/</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>Right/ here you are, right?/ this is for you to take X ray /Here is the medicine you're going to take/This is for your urine exam/</td>
</tr>
<tr>
<td>Dr.: É! Tá aqui, tá?/Aqui o senhor vai bater essa chapa/ Este aqui é o remédio que o senhor vai tomar/ Esse aqui é o atestado/Esse aqui é o exame de urina/</td>
<td></td>
</tr>
</tbody>
</table>

Here the use of subsequent questions is absent. Indeed, the distribution of questions is rather alternate and balanced. The doctor asks 5 questions and the patient asks 6, most of which are confirmation questions. Notwithstanding, the doctor’s non-attendance
to what she considers 'sidetrack conversation' is made clear through the use of framing words (É/Rai) prefacing a directive (Example 12 above) or silence/long pause (...) (Excerpt 13 bellow):

Excerpt 13: (lines: 146-150)

Pt.: Então quer dizer que a senhora.../
Eu vou saber se os de lá de baixo
me transferem dali/ Lá não dá,
porque ali não tô me dando bem,
sabe/ Não tô me dando bem/

Then this means that you...
I'm going to see if those
people over there can
transfer me from there/
There, it is impossible to
stay it's because I'm not
getting along well/ you
know/ I'm not getting along
well

→Dr.: ... O senhor trabalhou até o dia 21?

... Did you work until the 21st?/

The last misplacement of topic by the patient in the final assessment segment is:

Excerpt 14: (lines: 165-169)

Pt.: A minha cabeça que tá doendo
demais/

My head aches so much/

→Dr.: ... O senhor tá com pressão um pouco
alta viu Seu Guimerindo, por isso é
que o senhor tá com a vontura e a dor
de cabeça/ Vai tomar a medicação, Tá?/
Vai fazer os exames

... Your blood pressure is a
little bit high, Look Mr. Gu-
imerindo, that's why you feel
dizzy and have a headache/
Take this medicine, right?/
Take the exams/

For the first time the patient introduces a topic per se in a single sentence (line 165: 'A minha cabeça que está doendo demais?'/My head aches so much!), that is, he does not phrase it as he did in the medical interview (at the end of a sentence). Ironically, this topic which is a medical topic (description of illness), is only partially taken up by the doctor. It is followed by a long pause before it is answered. However, the doctor's reply does not ask for further elaboration, but contains a diagnostic point of view and is followed by preclosing exchanges (instructions to take the medicine and exams prescribed (lines: 168-169)) indicating that the interaction is over.

Discussion

The case study presented here seems to indicate that there is a 'medical culture' which surpasses the boundaries of national cultures. Local color does not seem to disrupt the doctor-patient communication pattern, at least in 'western' cultures. In the
United States and in Brazil, the selective nature of questions made by doctors has been a major salient finding in doctor-patient communication research (Mishler 1984, Fisher 1982, Paget 1983, West 1983). Interrogative forms used by the doctor elicit topic-focused answer, directing the patient's answers to physical-symptom descriptions. Any attempt on the part of the patient to introduce a new topic is not attended to by the doctor. Mishler (1984) has called this type a "typical interview." In what he calls the "atypical interview" the mismatch between participants is muted. Mishler has put into contrast two kinds of doctor-patient communication and described their different patterns which attend or not topics pertinent to the patient's life world. What this study has shown is that by looking beyond the initial medical interview segment and into the physical examination, patients do have an opportunity to bring in personal concerns.

Accordingly, Mehan (1981) has shown that patients have some available conversational resource what he has called Candidate Repairable Item (CRI) and Next Turn Repairable Initiator (NTRI) to deal with troubles in the course of conversation so as to render the use of medical jargon non-problematic. West (1982) has also pointed out that relevant question-types such as requests for confirmation or repair of a priori item and markers of surprise provide negotiation of meaning. These are structural devices available to speakers for establishing understanding of meaning. This study has demonstrated that in the physical examination segment there was a predominance of comprehension and confirmation checks as well as clarification requests both on the part of the doctor and the patient.

In addition, analysis of the form and content of this interaction has shown that expectations about what to say, when to say it, and how or how much to say are not always the same for the doctor and patient. While the doctor may go from one style (interview) to another one (informal conversation), this is not the case with the patient who typically employs only one style (informal conversation).

This finding is in accordance with what has been the seminal issue addressed by discourse analysis and interactional sociolinguistics: mismatch of modes and mismatch of expectations among participants either in a medical setting, in an educational setting or in the courtroom (Tannen and Wallet 1986, Michaels 1981, and O'Barr 1985 respectively).

One may raise the issue whether this potential for symmetry in the physical examination segment is related to the fact doctor is a female and younger than the male patient. This certainly deserves further investigation and a need to replicate varied combinations of gender, age and social class to tease out the effect of sociolinguistic variables. According to O'Barr (1985), for example,
symmetries in participant structures are linked to questions of status and power rather than gender.

Finally, this paper corroborates recent research (Tannen and Wallet 1986, West 1984, Mishler 1981) in the belief that an analysis which looks at how the doctor and the patient accomplish their talk on a turn basis is a rich resource for the analysis of such discourse.

To conclude, the present study does not claim any generalizations about what Brazilians do about communication in medical encounters as it is the analysis of a single interaction. Nevertheless, the finding that the physical examination segment has provided for a more cooperative relationship in the speech interchanges is significant and worthy of further investigation. Patients should be aware that to gain and provide information is a matter of knowing when to say it, to whom, when and how. On the other hand, doctors and medical students should be aware that by not attending to the patient’s topics, important clues concerning the patient’s illness may be irreparably missed.

One wonders whether the result would be different if the patient’s first attempt to introduce his topic had been attended to. Perhaps the immediate discussion with the doctor about the patient’s major concern (absence of work, fear of losing his job, need of leave of absence) would have put him at ease for reporting about his illness.

References


APPENDIX 1

Patient's topic attempts:

Medical interview

Attempt 1: (not attended to) (lines 14-18)

--- > Pt.: E me dói aqui demais, dói o pescoço
da zonzura, tonteira ... e eu
não tô legal, sabe?!/ Agora eu tô
com uns dias que não vou lá...
Eu preciso me apresentar lá no
___/

--- > Dr.: Tá dando zonzura?/

And this part here aches terribly,
my neck aches .. and I get dizzy,...
... I ain't feeling well
at all, you know?!/Now I haven't
been there for several days ... I
need to get back there in the
___/

--- > Dr.: Are you getting dizzy?/

Attempt 2: (not attended to) (lines: 29-34)

--- > Dr.: E ele achou que podia ter alguma
coisa?/

And did he think that it could be
something?/

--- > Pt.: Ah ele
não__/ só olhou assim e passou
esse aí, e eu sei que não fui mais
guardar lá e... tenho que apersen
tar lá hoje/

--- > Dr. Certo/ Isso aqui é para pele/ Esse
aqui é para pele/Isso aqui não tem
nada a ver com isso dal/

--- > Dr. Ah he didn't
_/He just glanced like this and
prescribed that one and what I
know is that I didn't come back
to work ... and I have to be back
there today

--- > Dr. Right/ This is for skin/ This is for
skin/ This here has nothing to do
with that out there/

Attempt 3: (not attended to) (lines: 43-45)

--- > Dr.: Tá tendo febre?/

--- > Pt.: Por isso que não fui mais lá mas não
foi descuido/

--- > Dr.: Tem febre?/

--- > Dr. Are you having fever?
That's the reason I haven't come
back there but I was worried about

Do you have fever?/

--- > Dr.: O senhor tá sem ir no trabalho?
sem ___/

--- > Dr. Aren't you going to work?
Aren't ____/
--- Pt.: Tô sem ir no trabalho/ E eu acho que tô fazendo maior desfalque/ Eu não to indo, não apresentei lá ainda, eu tenho que ir lá/
--- Dr.: É! Pode deitar lá/

(No/I'm not going to work and I guess they miss me/ I'm not going, I haven't been back there yet and I have to go there!)

Yeah/ You may lie down over there/

Attempt 5: (not attended to) (lines: 69-74)

Pt.: Eu fui um funcionário que nunca fal- tei serviço (- - -) /

--- Dr. Eu sei que ___ /
--- Pt.: Tenho da Secretaria até eu ___ /
--- Dr.: Tá! Vai deitar lá, tá?

I'm the kind of employee who has never missed work (- - -)/

I know that ___ /

(I have from the Public Health ___ /

Yeah/ You can lie down over there, okay?!) 

I don't skip work/I have to be back there/

Physical Examination

Attempt 6: (attended to) (lines: 119-128)

Pt.: Ali é fogo, viu!/
Dr.: É! /
Pt.: Aquilo ali é fogo/Eu não sei se eles cortaram o meu vencimento/

--- Dr. Como ?/
--- Pt.: Elles cortaram o meu vencimento ?/
--- Dr.: Ah deve ter cortado né/ Ontem mesmo o senhor (não falou que tava lá? O senhor falou (---) ___/
Pt.: Será que cortou?/
--- Dr.: Uai o senhor não bateu ponto?/

There is very hard, you see/ Is it?!!/ There is rough/ I don't know whether they cut off my salary/ What?!

Did they cut off my salary? They must have done it/Yesterday didn't you say that you were there?/ You said (---) ___/

Do you think they did?/

Well didn't you punch your time card?

Final Assessments

Attempt 7: (not attended to) (lines: 146-150)

Pt.: Então quer dizer que a senhora ... Eu vou ver se os de lá de baixo me transferem dali/ Lá não dá, porque ali não tô me dando bem sabe/ Não tô me dando bem, não/
--- Dr. ... O senhor trabalhou até o dia 21?/

Then this means that you ... I'm going to see if those people from downstairs can transfer-me from there/ There it's impossible to stay it's because I'm not getting along well you know/ I'm not getting along well/

... Did you work until the 21st?/
Attempt 8: (not attended to) (lines 153-158)

Pt.: Eu vou começar (---)/porque se eu entrar lá sem nada de uma vez não comprovo nada né?

Dr.: É/ Tá aqui, tá?/ Aqui o senhor vai bater essa chapa/ Este aqui é o remédio que o senhor vai tomar/ Esse aqui é o atestado/ Ésse aqui é o exame de urina/

I'm going to begin (---)/cause if I go back there without anything at I can't prove nothing, right?

Right/Here you are, okay?/ This is for you take the X-ray/ This is the medicine that you're going to take/ This one here is the leave of absence/ This is for your urine exam/

Attempt 9: (partially attended to) (lines 165-169)

Pt.: A minha cabeça que tá doendo demais/

Dr.: ... O senhor tá com a pressão um pouco alta viu Seu Gumercindo, por isso é que o senhor tá com tontura e a dor de cabeça/ Vai tomar a medicação, tá?/ Vai fazer os exames/

My head aches so much/

... Your blood pressure is a little bit high, look Mr Gumercindo, that's why you feel dizzy and have a headache/ Take this medicine, right?/ Take the exams/
APPENDIX 2

Code for transcript:

Dr.: Doctor / = period ___/ = unfinished sentence
Pt.: Patient ... = long pause (---) = unintelligible speech [ = overlap

Note: Names were changed to keep anonymity.

1. Dr.: Como é que vai?/Pode sentar/
2. Pt.: Não tô bom não doutora!/
3. Dr.: Não?/que houve
4. Pt.: Ah esses dias lá no Pronto Socorro
5. esses tempos eu fui mexer com (---) e machuquei aqui/

6. Dr.: O senhor trabalha no Pronto Socorro?/
7. Pt.: Trabalho/ a senhora não lembra de mim não, é?/
8. Dr.: Acho que sim/ O senhor trabalha em que setor?/
9. Pt.: Trabalho na guarda/
10. Dr.: Ah tá/ É que o senhor tá sem uniforme né?/
11. Pt.: É que eu vim consultar com a senhora...
12. Nessa ocasião
[...
13. Dr.: Sem uniforme fica diferente/
14. Pt.: Eu me dói aqui demais, dói o pescoço...e dá zonzura, tonteira ... e eu não to legal, sabe?/ Agora eu tô com uns dias que
15. não vou lá ... Eu preciso me apresentar lá no ___/
[...
16. Dr.: Tá dando zonzura?/
17. Pt.: É/
18. Dr.: É?/
19. Pt.: Eu fico tonto/Dói aqui... e o pescoço ...
20. Dr.: Já bateu radiografia?/Fez alguma coisa ou não?/
21. Pt.: Já/Já fiz uns exame pro doutor mas/
22. Dr.: Qual doutor?/
23. Pt.: Dr. José, Dr. Dr. aquele ... Luís me passou esse aqui oh... mais esse aqui... Passou assim uma injeção/
24. Dr.: Dr. Luís já olhou entao né?/
25. Pt.: Já olhou/
29. Dr.: E ele achou que podia ter alguma coisa?
     [ Ah ele não ___/
30. Pt.: Só olhou assim e passou esse aí e eu sei que não fui mais guardar lá e ... te
31. nho que apresentar lá hoje/
32. Dr.: Certo/ Isso aqui é para pele/ Esse aqui é para pele/ Isso aqui não tem nada a ver
33. com isso aí/
34. Pt.: É só isso né doutora?/
35. Dr.: Tudo bem/ Vamos ver tá?/ O senhor vai deixar aí?
36. Pt.: Eu vou examinar o senhor/ Tá sentindo ardência na urina?/ Tosse?/ Emagreci
37. mento?/ alguma
38. Dr.: Arde muito, arde/
39. Pt.: Tá ardendo para urinar?/
40. Dr.: Vêgil/
41. Pt.: Tá tendo febre?/
42. Dr.: Por isso que não fui mais lá mas não foi descuido/
43. Dr.: Tem febre?/
44. Pt.: Não, às vezes esquenta assim ...
45. Dr.: Mas não dá febre não?/
46. Pt.: Não/
47. ...  
48. Dr.: Certo/
49. Pt.: Dói muito assim em mim
50. Dr.: Dor de cabeça? ... Tá/ o senhor vai deixar aí pra eu examinar o senhor...
51. Pt.: Não tá vomitando né?/
52. Dr.: Tá não/
53. Pt.: Dá vômito?/ Faz quanto tempo que começou tudo isso?/
54. Dr.: Esse ...  
55. Pt.: Isso aí começou... começou no dia... quinze/
56. Dr.: Vai fazer um mês então/
57. Pt.: É/
58. Dr.: O senhor tá sem ir ao trabalho?/
59. Pt.: Sim ___/
60. ...  
61. Dr.: Trabalho/ E eu acho que tô fazendo o maior desafio/ Eu não to indo, não
62. não apresentei lá ainda, eu tenho que que ir lá/
63. Pt.: É/ pode deixar lá. /
64. Dr.: É/ pode deixar lá. /
65. Pt.: Mas eu tenho a carta (...) tenho tudo aqui oh
66. Dr.: And did he think that it could be something?
67. Pt.: Ah he didn’t ___/
68. Dr.: He just glanced like this and prescribed that one and what I know is that I didn’t come back to
69. work ... and I have to be back there today/
70. Pt.: Right/ This is for skin/ This one is for skin/ This here has nothing do with
71. that one there/
72. Dr.: This is all, isn’t it Doc?/
73. Pt.: Okay/ Let’s see right?/ You’re going to lie down over there/ I’m going to
74. examine you/ Does it burn when you urinate? / Cough? / Are you losing weight? / Something
75. Dr.: It burns a lot, it burns/ else? / Does it?/
76. Pt.: Does it burn when you urinate? /
77. Dr.: Oh boy does it? /
78. Pt.: Are you having fever? /
79. Dr.: That’s the reason I haven’t gone back there but I was worried about
80. Pt.: Do you have fever? /
81. Dr.: No, sometimes it gets hot like this
82. Pt.: But you don’t have fever, do you? /
83. Dr.: No, I don’t /
84. Pt.: Right/ It hurts a lot/ Headache? ... Okay/ you lie down over there for me to examine you...
85. Dr.: You aren’t throwing up, are you? /
86. Pt.: I ain’t/ Does it make you vomit? / How long did it all start? /
87. Dr.: That ...  
88. Pt.: That began ... began ... on the day of fifteenth/ It’s going to make a month then /
89. Dr.: Yes/ Aren’t you going to work? /
90. Pt.: Aren’t ____/
91. ...  
92. Dr.: No, I’m not going to work/ and I guess they miss me/ I’m not going, I haven’t been back
93. there yet and I have to go there/
94. Pt.: Okay you can lie down there/ But I have a letter (...) I have everything here look/
68. Dr.: Deixa ver/

69. Pt.: Eu fui um funcionário que nunca falei serviço (---)/

70. Dr.: Eu sei que ____/

71. Pt.: Tenho da Secretaria até eu ____/

72. Dr.: Tá/Vai deitar lá, tá?/

73. Pt.: Eu não falo serviço/Eu tenho que apresentar lá/

74. Pt.: Dr.: ...

75. Dr.: Vamos fazer o seguinte Seu

76. Gumercindo/ O senhor tem qual instituto?/

77. Pt. INPS/

78. Dr.: Só?/

79. Pt.: Eu até não trouxe/Esqueci, mas eu falei com ela e apresentei a carteira de funcionário (---) e ela fez/

80. ... O exame de urina vai ser difícil de fazer, tá?/Agora eu quero ver como é que o senhor vai fazer a radiografia, né?/ Pelo INPS fica difícil, mas o senhor deve conhecer bastante gente, né?/

81. Pt.: É porque a gente mexe lá/

82. Dr.: O senhor vai ter problema, viu?/

83. Pt.: É/Eu tenho um problema sério, eu sei que tenho/

84. Dr.: Não/O senhor vai ter problema lá/

85. Pt.: Lá onde ?/ Que ___/

86. Dr.: Porque 30 dias sem ir/Não vai ter serviço mais/

87. Pt.: Não tem 30 dias não/

88. Dr.: Mas, já tem mais de 15 nê?/

89. Pt.: Não, depois que eu machuquei é doutora eu trabalhei ainda/

90. Dr.: Ah/

91. Pt.: Eu parei mesmo eu parei mesmo foi no dia 21, o mês foi de 28 (---)/

92. Dr.: Foram sete dias, mas hoje já é 11/

93. Pt.: 18 dias ... quer dizer que ... quantos dias que a senhora vai ...

94. Dr.: Não/ conta até 10 dias

95. Pt.: 18 dias ...

96. Dr.: I'm the kind of employee who has never missed work (---)/

97. Pt.: I know that ___/

98. Dr.: I have from the Public Health I ___/

99. Pt.: yeah/You can lie down over there, okay?/

100. Dr.: I don't miss work/I have to be back out there/

101. Pt.: Let's do the following Mr.

102. Dr.: Gumercindo/What insurance do you have?

103. Pt.: INPS(Public Institute of Public Health)

104. Dr.: Only that?/

105. Pt.: I haven't brought it/ I forgot but I talked to her (the doctor's secretary) and I showed her my work ID (---) and she did it/

106. Pt.: The urine exam is going to be hard to get, right?/ Now I want to see how you're going to get the X-ray done for you, okay?/ Through the INPS is not that easy, but you know many people there, right?/ Well I am always there/

107. Pt.: You're going to have a problem, you know/ yeah/I have a serious problem, I know I have/ No/ I mean you're going to have a problem out there/ There where?/ What ____/

108. Pt.: Because you've been missing work for 30 days/ You're not going to have the job anymore/

109. Pt.: It's not 30 days/

110. Pt.: But there is more than 15 days, isn't it?/

111. Pt.: I'm afraid not, after I got hurt Doc I still worked/

112. Pt.: Oh/

113. Pt.: I really stopped I really stopped on the 21 st, the month had 28 (---)/

114. Pt.: It was seven days, but today is already 11/ It's 18 days

115. Pt.: 18 days ... it means that ... how many days you're going...

116. Pt.: No/it counts up to 10 days/
Pt.: Se a senhora me desse um atestado de 15 dias não...
Dr.: Só que o senhor tem que trazer o papel de lá. O senhor trouxe o papel de lá?
Pt.: Não trouxe não/
Dr.: Não, né?/
Pt.: Não/
Dr.: O senhor tem que apresentar o papel de lá/
Pt.: Lá não me deram nada/
Dr.: Bem, eu te dou um atestado de 25 dias e o senhor pede para alguém de lá E, mas primeiro o senhor vai fazer a radiografia lá?/
Pt.: All é fogo viu/
Dr.: É/
Pt.: Aquilo ali é fogo/Eu não sei se eles cortaram o meu vencimento/
Dr.: Como?/
Pt.: Eles cortaram o meu vencimento?/
Dr.: Ah deve ter cortado, né ontem mesmo o senhor não falou que tava lá? O senhor falou (---)___/
Pt.: Será que cortou?/
Dr.: Uai o senhor não bateu ponto?/
Pt.: Não/Não to indo ué/
Dr.: Uai então podem ter cortado!/
Pt.: Mas se eu levar o atestado não tem problema não?/
Dr.: Até 15 dias né?/
Pt.: Mas se eu levar um atestado de 15 dias já tá bom né?/
Dr.: É/
Pt.: Amanhã o senhor já vai voltar a trabalhar?/
Pt.: Amanhã/Não, hoje mesmo/A senhora me dando o atestado agora.
Dr.: O senhor vai explicar (---) mesmo passo por lá/ eu vou fazer isso aqui ch/esses exames que a senhora vai me dar eu dou à noite aí de dia eu vou fazer esse aí/ that one there/
Pt.: Então quer dizer que a senhora... Eu vou ver se os de lá de baixo me transferem dal/I lá não dá, porque ali não to me dando bem sabe/ não tô me dando bem, não/

If you gave me a leave of absence for 15 days...
But you have to bring the form from there! Did you bring the form from there?/
No, I didn't/
You didn't, did you?/
I didn't/
You have to present the form from there/
There they didn't give me nothing/
Well, I will give you a leave of absence for 25 days and then you will ask somebody else there! And, but first you will take the X-ray,
There is very hard, you see!/
Is it?/
There is rough/I don't know whether they cut off my salary/
What?/
Did they cut off my salary?/
They must have done it/Yesterday didn't you say that you were there?/You said (---)___/
Do you think they did?/
Well didn't you punch your time
time card?/
No I didn't/I'm not going there/
Oh then it might have been cut off/
But if I take the leave of absence with me there won't be a problem,
right?/
Up to 15 days okay?/
But if I take a leave absence for 15
days that's good, isn't it?
Yes/
Are you coming back to work
tomorrow?/
Tomorrow?/No, right today/If you
give me the leave of absence right.
You will explain (---)
away I'll go there/I'm going to do this here oh these exams you're
going to give me I'll do my shift
tonight them tomorrow I'll do
Then this means that you ... I'm going to see if those people from
downstairs can transfer me from there/There it's impossible to stay it's because I'm not getting along
well you know/I'm not getting along
well/
150. Dr.: ... O senhor trabalhou até o dia 21?/
151. Pt.: Trabalhei/
152. ...
153. Pt.: Eu vou começar (---)/ porque se eu
entrar lá sem nada de uma vez não
comprovo nada né?
154. Dr.: É/ Tá aqui. tá? Aqui o senhor vai bater
essa chapa/Este aqui é o remédio que
155. o senhor vai tomar/ Esse aqui é o
156. atestado/Esse aqui é o exame de urina/
157. Pt.: A senhora pôs o tal de CIC que (---)?/
158. Dr.: ...
159. Pt.: Coloquei?/
160. Dr.: Porque tá tem um negócio de a gente
chegar com atestado e eles ____/
161. Pt.: Eu coloquei CIC/Não preocupa
162. não/
163. Dr.: ... O senhor tá com a pressão um
164. pouco alta viu seu Gumercindo, por isso
165. é que o senhor tá com a tontura e a dor
166. de cabeça/ vai tomar a medicação tá?/
167. Vai fazer os exames/
168. Pt.: Certo/Al tem a
169. receita e o pedido de exame e o
170. atestado e tudo, né?/
171. Dr.: Isso/ É/ Depois traz tudo aqui pra mim/
172. Pt.: Aqui mesmo/ É só entregar o exame/
173. Dr.: Pode trazer aqui mesmo/ é só entregar/
174. não tem problema não/
175. Pt.: (-- ) pra entregar o exame?/
176. Dr.: Não/Para entregar o exame não precisa
177. não/
178. Pt.: Não?/
179. Dr.: Não/
180. Pt.: Então muito obrigado/
181. Dr.: De nada/
182. Pt.: Eu venho assim que fazer os exames/
183. Dr.: O senhor volta logo, tá? Até logo/
184. Pt.: Cháu/
185. ...
... Did you work until the 21st?/
Yes/
...
I'm going to begin (---)/cause if go
back there without anything at I
can't prove nothing right?/
Right/Here you are, okay/This is
for you to take the X-ray/This the
medicine that you're going to take/
This one here is the leave of
absence/This is for your urine
exam/Did you include the CIC (Social
Security n°.) that (---)?/
Yes, I did/
Because there even if you have the
leave of absence and they ____/
I included the CIC/Don't
worry, okay/
My head aches so much/
...Your blood pressure is a little bit
high, look Mr. Gumercindo, that's
why you feel dizzy and have a
headache/Take this medicine,
right?/ Take the exams/
Right/so
there is the prescription and the
exam request and the leave of
absence and everything, right?/
Right/Yeah...Then you bring all
this back to me/
Right here/I need only to give the
exam/Bring it back right here just deliver
it/ There is no problem/
to give the exam?/
No/You don't need it just to deliver
the exam/ I don't?/
You don't/
Then thank you so much/
You're welcome/
I'll come back as soon as I've
taken the exams/
You come back soon, okay?/. Bye/
Bye.