

Hearings and Mishearings: A Case Study of Brazilian Doctor-Patient Communication¹

Ana Antônia de Assis
(UFMT)

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 tactiful 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!/ --> Dr.: Não?!/ Que que houve?/	I ain't feeling well Doc!/ 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

Pt.: = Patient

/ = period

... = long pause

[= overlap

(---) = unintelligible speech

___/ = unfinished sentence

Note: Names in the transcript were changed to keep anonymity.

³ 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/

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

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

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?/

Do you work in the Emergency Hospital?/

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

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

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

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

--> Pt.: Trabalho na guarda/

I work as a guard/

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

Oh yeah/ Well you aren't in your uniform right?

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

Well I've come to see you .../ In this occasion ___/

--> Dr.: Sem uniforme fica diferente/

[
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, tonteira .. e eu não tó legal, sabe?!/ Agora eu tô com uns dias que não vou lá ... Eu preciso me apresentar lá no ___/

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.: Tá dando zonzura?/

[
(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 ensuing 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 zonzura? (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 ayou losing weight?) Alguma coisa? (Something else?) (lines 36-34)
Tá ardendo 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 all 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.⁴ 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

Doctor's questions	total n°.	or-choice	yes/no	word-chaining	wh-questions	questions-tag
Body-symptom oriented	20	01	08	03	04	04
		Fez alguma coisa ou não (Did you do something or not?)	Tá dando zonzura? (Are you getting dizzy?)	Tosse? Emagrecimento? Alguma Coisa? (Cough? Are you losing weight? something else?)	Qual doutor? (which doctor?)	Dr Luís já olhou né? (Dr. Luis has already looked it hasn't he?)
Whithin doctor's social topic	03		02		01	
			O senhor trabalha no Pronto Socorro? (Do You work in the Emergency Hospital?)		O senhor trabalha em que setor? (Which section do you work?)	
Total	23					

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. Luís já olhou então né?/	Dr. Luís has already looked at it, hasn't he?/	
Pt.:	Já olhou/	Yeah, he has	
Dr.:	E ele achou que podia ter alguma coisa?/	And did he think it could be something?/	
---	Pt.:	[Ah he didn't	
	não ___/ Só olhou assim e passou esse aí e eu sei que não fui mais lá e... tenho que apresentar lá hoje/	___/ he just glanced like this and prescribed that one and what i know is that I didn't come back there today/	
---	Dr.:	Certo/ Isso aqui é para pele/ Isso aqui não tem nada a ver Com isso daí/	Right/ This is for skin/ This is for skin/ This here has nothing to do with that out there/
	Pt.:	É só isso né doutora ?/	This is all, isn't it Doc?/
---	Dr.:	Tudo bem/ vamos ver tá/ O senhor vai deitar ali/ Eu vou examinar o senhor/Tá sentindo ardência na urina?/ Tosse? / Emagrecimento? Alguma	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
	Pt.:	[Arde muito, arde/	It burns a lot, it burns/
---	Dr.:	[coisa?/ Tá ?/ Tá arden- do para urinar ?/	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_/	Aren't you going to work? Aren't ___/	
---	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/	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/	
---	Dr.:	É/ Pode deitar lá/	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/	Okay/ you can lie down over there/
Pt. Mas eu tenho a carta (---) tenho tudo aqui oh/	But I have a letter (---) I have everything here, look/
Dr. Deixa ver	Let me see/
Pt. Eu fui um funcionário que nunca faltei serviço (---)/	I'm a good employee/I've never missed work (---)/ (I know that ___/
Pt. [Tenho da Secretaria até eu ___/	[I have from the Public Health I ___/
---> Dr. [Tá/ Vai deitar lá, tá?	[Yeah/you can lie down over there, okay?/
Pt.: Eu não falto serviço/Eu tenho que apresentar lá /	I don't miss work/I have to be back there/
---> Dr.: ...	

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)

<p>---> Pt.: Mas se eu levar um atestado de 15 dias já é bom né?/</p> <p>---> Dr.: É/</p>	<p>But if I take with me a leave of absence for 15 days it's good, isn't it/ Yes/</p>
---	---

Excerpt 9: (lines: 95-98)

<p>---> Dr.: Mas já tem mais de 15 dias, né?/</p> <p>---> Pt.: Não, depois que eu machuquei é doutora eu trabalhei ainda/</p> <p>Dr.: [Ah/</p>	<p>But there is more than 15 days, right?/ No, after I got hurt Doc I still worked/ [Huh/</p>
---	--

Both the quantitative 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 "É" (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)

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

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

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)

Pt.: Eu vou começar (---)/porque se entrar lá sem nada de uma vez não comprovo nada né?/	I'm going to begin (--) because if I go back there without anything I can't prove nothing, right?/
---> 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/	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/

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 "Right") prefacing a directive (Example 12 above) or silence/long pause (...) (Excerpt 13 below):

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 21 st?/

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 Gumerindo, por isso é
que o senhor tá com a tontura 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-
mercindo, 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 Wallat 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 Wallat 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

- Bonano, M. (1982). Women's language in the medical interview. In Di Pietro, R.J. (ed.) *Linguistics and the Professions*, pp. 27-38. Norwood, NJ: Ablex Publishing Corp.
- Cicourel, A. (1983). Hearing is not believing: Language and the structure of belief in medical communication. In Fisher, S. and Todd, A. D. (eds) *The Social Organization of Doctor and Patient Communication*, pp - 221-265. Washington, D.C.: Center for Applied Linguistics.
- Fisher, Sue (1982). The decision-making context: How doctors and patients communicate. In Di Pietro, R.J. (ed) *Linguistics and the Professions*, pp51-81. Norwood, NJ: Ablex Publishing Corp.
- Fisher, Sue (1983). Doctor talk/patient talk: How treatment decisions are negotiated in doctor-patient communication. In Fisher, S.

- and Todd, A.D.(eds) *The Social Organization of Doctor and Patient Communication*, pp. 135-157. Washington, D.C.: Center for Applied Linguistics.
- Michaels, S. (1981). Sharing time: Children's narrative styles and differential access to literacy. *Language in Society* 10, pp.423-42
- Mishler, E. g. (1984). *The discourse of medicine: Dialects of medical interviews*. Norwood, NJ: Ablex Publishing Corp.
- O'Barr, W. A. (1985). Litigant satisfaction vs legal adequacy in small claims court narratives and society. *Review* 19(4), pp. 623-659.
- Paget, M.A.(1983). On the work of Talk: Studies in misunderstandings. In Fisher, S. and Todd, A. D. (eds) *The Social Organization of Doctor and Patient Communication*, pp.55-75. Washington, D.C.: Center for Applied Linguistics.
- Shuy, R. W. (1983). Three types of interference to an effective exchange of information in the medical interview. In Fisher, S. and Todd, A.D. (eds) *The Social Organization of Doctor and Patient Communication*, pp. 189-202. Washington, D.C.: Center for Applied Linguistics.
- Tannen, D. and Wallerstein, C. (1982). A sociolinguistics analysis of multiple demands on the pediatrician in doctor/mother/child interaction. In Di Pietro, R.J. (ed.) *Linguistics and the Professions*, pp. 39-50. Norwood, NJ: Ablex Publishing Corp.
- Todd, A.D. (1983). A diagnosis of doctor-patient discourse in the prescription of contraception. In Di Pietro, R.J. (ed.) *Linguistics and the Professions*. Norwood, N.J.: Ablex Publishing Corp.
- West, C. (1983). Ask me no questions ... An analysis of queries and replies in physician patient dialogues. In Di Pietro, R.J. (ed.) *Linguistics and the Professions*. Norwood, N.J.: Ablex Publishing Corp.

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 dá zonzura, tonteira e eu não tô legal, sabe?!/ Agora eu tô com uns dias que não vou lá... Eu preciso me apresentar lá no ___/

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

---> Dr.: [Tá dando zonzura?/

[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 apresentar lá hoje/

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.: Certo/ Isso aqui é para pele/ Esse aqui é para pele/Isso aqui não tem nada a ver com isso daí/

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?/

Are you having fever?

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

That's the reason I haven't come back there but I was worried about

---> Dr.: Tem febre?/

Do you have fever?/

Attempt 4: (not attended to) (lines: 61-66)

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

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/ (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/)

---> Dr.: **É/ Pode deitar lá/** **Yeah/ You may lie down over there/**

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

Pt. Eu fui um funcionário que nunca faltei serviço (- - -) / I'm the kind of employee who has never missed work (- - -)/

---> Dr. Eu sei que ___/ I know that ___/

---> Pt.: Tenho da Secretaria até eu ___/ (I have from the Public Health I ___/

---> Dr.: **Tá/ Vai deitar lá, tá?** **Yeah/ You can lie down over there, okay?/)**

Pt.: Eu não falto serviço/Eu tenho que apresentar lá/ I don't skip work/I have to be back there/

---> Dr.: ...

Physical Examination

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

Pt.: Ali é fogo, viu!/ There is very hard, you see/

Dr.: É!/ Is it?!/

Pt.: **Aquilo ali é fogo/Eu não sei se eles cortaram o meu vencimento/** **There is rough/ I don't know whether they cut off my salary/**

---> Dr.: Como ?/ What?/

---> Pt.: **Eles cortaram o meu vencimento ?/** **Did they cut off my salary?**

---> Dr.: Ah deve ter cortado né/ Ontem mesmo o senhor (não falou que tava lá? O senhor falou (---) ___/ They must have done it/Yesterday didn't you say that you were there?/ You said (---) ___/

Pt.: **Será que cortou?/** **Do you think they did?/**

---> Dr.: Uai o senhor não bateu ponto?/ 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/ 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/

---> Dr. ... O senhor trabalhou até o dia 21?/ ... Did you work until the 21 st?/

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?** I'm going to begin (---)"/'cause if I go back there without anything at I can't prove nothing, right?
- > 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/** 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/** My head aches so much/
- > 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/** ... 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/ | How are you doing?/ You may have have a seat./ |
| 2. Pt.: | Não tô bom não doutora!/
3. Dr.: | I ain't feeling well Doc!/
Don't you? What happened? |
| 4. Pt.: | Ah esse dias lá no Pronto Socorro | Ah some days ago some time ago |
| 5. | esses tempos eu fui mexer com (---) e machuquei aqui/ | I was in the Emergency Hospital and I was going to fix (---) and got hurt right here/ |
| 6. Dr.: | O senhor trabalha no Pronto Socorro?/ | Do you work in the Pronto Socorro Hospital?/ |
| 7. Pt.: | Trabalho/ a senhora não lembra de mim não, é?/ | Yeah/ You don't remember me, do you?/ |
| 8. Dr.: | Acho que sim/ O senhor trabalha em que setor ?/ | I guess so/ In which section do you work?/ |
| 9. Pt.: | Trabalho na guarda/ | I work as a guard/ |
| 10. Dr.: | Ah tá/ É que o senhor tá sem uniforme né?/ | Oh yeah/ Well you aren't in your uniform right?/ |
| 11. Pt.: | É que eu vim consultar com a senhora... | Well I've come to see you ... |
| 12. | Nessa ocasião
[| In this occasion
[|
| 13. Dr.: | Sem uniforme fica diferente/ | You look like different in uniform/ |
| 14. Pt.: | E me dói aqui demais, dói o pescoço...e | And this part here aches terribly, |
| 15. | dá zonzura, tonteira ... e eu não tô legal, | my neck aches ... and I get dizzy... |
| 16. | sabe?!/ Agora eu tô com uns dias que | I ain't feeling feeling well at all, you |
| 17. | não vou lá ... Eu preciso me apresentar lá no ___/ | I know/ Now I haven't been there for several days... I need to get back there in the ___/ |
| 18. Dr.: | [Tá dando zonzura?/ | [Are you getting dizzy?/ |
| 19. Pt.: | É/ | Yeah/ |
| 20. Dr.: | É?/ | Are you?/ |
| 21. Pt.: | Eu fico tonto/Dói aqui... e o pescoço ... dói a perna/ | I get dizzy/It hurts here ... and the neck... My leg hurts/ |
| 22. Dr.: | Já bateu radiografia?/Fez alguma coisa ou não?/ | Have you already had an X-ray?/ Have you done something or not?/ |
| 23. Pt.: | Já/Já fiz uns exame pro doutor mas/ | Yeah/I've taken some exam for the Doc but/ |
| 24. Dr.: | Qual doutor?/ | Which doctor?/ |
| 25. Pt.: | Dr. José, Dr. Dr. aquele ... Luís me | Dr. José, Dr. Dr. that one ... Luis |
| 26. | passou esse aqui oh... mais esse aqui... Passou assim uma injeção/ | prescribed me this here oh ... and this one here ... he prescribed an injection/ |
| 27. Dr.: | Dr. Luís já olhou então né?/ | Dr. Luis has already looked at it, hasn't he ?/ |
| 28. Pt.: | Já olhou/ | Yeah/ |

29. Dr.: E ele achou que podia ter alguma coisa?/ And did he think that it could be something?/
30. Pt.: [Ah ele não ____/ Ah he didn't ____/
31. Só olhou assim e passou esse aí e eu 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/
32. sei que não fui mais guardar lá e ... tenho que apresentar lá hoje/
33. Dr.: Certo/ Isso aqui é para pele/Esse aqui é Right/This is for skin/This one is for skin/ This here has nothing to do with that one there/
34. para pele/ Isso aqui não tem nada a ver com isso aí/
35. Pt.: É só isso né doutora?/ This is all, isn't it Doc?/
36. Dr.: Tudo bem/ Vamos ver tá?/O senhor vai Okay/Lat's see right?/ You're going to lie down
37. deitar ali/ over there/ I'm going to examine you/ Does it burn when you urinate?/Cough?/Are you losing weight?/Something
38. Eu vou examinar o senhor/ Tá sentindo ardência na urina?/ Tosse?/Emagrecimento?/ alguma
39. Pt.: [Arde muito, arde/ It burns a lot, it burns/
40. Dr.: coisa?/ Tá else?/Does it?/
41. Tá ardendo para urinar?/ Does it burn when you urinate?/
42. Pt.: Vige!/ Oh boy does it?/
43. Dr.: Tá tendo febre?/ Are you having fever?/
44. Pt.: Por isso que não fui mais lá mas não foi descuido/ That's the reason I haven't gone back there but I was worried about Do you have fever?/
45. Dr.: Tem febre?/ No, sometimes it gets hot like this But you don't have fever, do you?/
46. Pt.: Não, às vezes esquenta assim ... No, I don't /
47. Dr.: Mas não dá febre não?/
48. Pt.: Não/
49. ...
50. Dr.: Certo/ Right/
51. Pt.: Dói muito assim em mim It hurts a lot/
52. Dr.: Dor de cabeça? ... Tá/ o senhor vai Headache? ... Okay/ you lie down over there for me to examine you... You aren't throwing up, are you?/ I ain't/
53. deitar ali pra eu examinar o senhor... Não tá vomitando né?/ Does it make you vomit?/How long did it all start?/
54. Pt.: Tá não/
55. Dr.: Dá vômito?/Faz quanto tempo que começou tudo isso?/
57. Pt.: [Esse ... That ...
58. Isso ai começou... começou no dia... That began ... began ... on the day of fifteenth/
59. Dr.: Vai fazer um mês então/ It's going to make a month then/
60. Pt.: É/ Yes/
61. Dr.: O senhor tá sem ir ao trabalho?/ Aren't you going to work?/ Sem ____/ Aren't ____/
62. Pr.: [Tô sem ir no 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/
63. trabalho/E eu acho que tô fazendo o maior desfalque/ Eu não to indo, não não apresentei lá ainda, eu tenho que que ir lá/
64. É/ pode deitar lá. / Okay/you can lie down there/
65. Mas eu tenho a carta (---) tenho tudo aqui oh But I have a letter (---) I have everything here look/
66. Dr.: É/ pode deitar lá. /
67. Pt.: Mas eu tenho a carta (---) tenho tudo aqui oh

68. Dr.:	Deixa ver/	Let me see/
69. Pt.:	Eu fui um funcionário que nunca faltei serviço (---)/	I'm the kind of employee who has never missed work (---)/
70. Dr.:	Eu sei que ___/	I know that ___/
71. Pt.:	[Tenho da Secretaria até eu ___/	[I have from the Public Health I ___/
72. Dr.:	[Tá/Vai deitar lá, tá?/	[yeah/You can lie down over there, okay?/
73. Pt.:	Eu não falto serviço/Eu tenho que apresentar lá/	I don't miss work/I have to be back out there/
74. Pt.:	Dr.: ...	
75. Dr.:	Vamos fazer o seguinte Seu	Let's do the following Mr.
76.	Gumercindo/ O senhor tem qual instituto?/	Gumercindo/What insurance do you have?
77. Pt.:	INPS/	INPS(Public Institute of Public Health)
78. Dr.:	Só?/	Only that?/
79. Pt.:	Eu até não trouxe/Esqueci, mas eu	I haven't brought it/ I forgot but I
80.	falei com ela e apresentei a carteira de	talked to her (the doctor's
81.	funcionário (---) e ela fez/	secretary) and I showed her my work ID (---) and she did it/
82. ...		
83. Dr.:	O exame de urina vai ser difícil de fazer,	The urine exam is going to be hard
84.	tá?/Agora eu quero ver como é que o	to get, right?/ Now I want to see
85.	senhor vai fazer a radiografia, né?/ Pelo	how you're going to get the X-ray
86.	INPS fica difícil, mas o senhor deve	done for you, okay?/ Through the
	conhecer bastante gente, né?/	the INPS is not that easy, but you know many people there, right?/
87. Pt.:	É porque a gente mexe lá/	Well I am always there/
88...		
89. Dr.:	O senhor vai ter problema, viu?/	You're going to have a problem, you know/
90. Pt.:	É/Eu tenho um problema sério, eu sei que tenho/	yeah/I have a serious problem, I know I have/
91. Dr.:	Não/O senhor vai ter problema lá/	No/ I mean you're going to have a problem out there/
92. Pt.:	Lá onde ?/ Que ___/	There where?/ What ___/
93. Dr.:	Porque 30 dias sem ir/Não vai ter serviço mais/	Because you've been missing work for 30 days/ You're not going to have the job anymore/
94. Pt.:	[Não tem 30 dias não/	[It's not 30 days/
95. Dr.:	Mas, Já tem mais de 15 né?/	But there is more than 15 days, isn't it?/
96. Pt.:	Não, depois que eu machuquei é	I'm afraid not, after I got hurt
97.	doutora eu trabalhei ainda/	Doc I still worked/
98. Dr.:	[Ah/	[Oh/
99. Pt.:	Eu parei mesmo eu parei mesmo foi no	I really stopped I really stopped on
100.	dia 21, o mês foi de 28 (---)/	the 21 st, the month had 28 (---)/
101. Dr.:	[Foram sete dias, mas hoje já é 11/	[It was seven days, but today
102.	são 18 dias/	is already 11/ It's 18 days
103. Pt.:	18 dias ... quer dizer que ... quantos	18 days ... it means that ... how
104.	dias que a senhora vai ...	many days you're going...
105. Dr.:	Não/ conta até 10 dias	No/it counts up to 10 days/

106. Pt.: Se a senhora me desse um atestado de	If you gave me a leave of absence
107. 15 dias não...	for 15 days ...
108. Dr.: Só que o senhor tem que trazer o papel	But you have to bring the form from
109. de lá/ O senhor trouxe o papel de lá?/	there/ Did you bring the form from
	there?/
110. Pt.: Não trouxe não/	No, I didn't/
111. Dr.: Não, né?/	You didn't, did you?/
112. Pt.: Não/	I didn't/
113. Dr.: O senhor tem que apresentar o papel	You have to present the form from
114. de lá/	there/
114. Pt.: Lá não me deram nada/	There they didn't give me nothing/
115. Dr.: Bom, eu te dou um atestado de 25 dias	Well, I will give you a leave of
116. e o senhor pede para alguém de lá/ E,	absence for 25 days and then you
117. mas primeiro o senhor vai fazer a	will ask somebody else there/ And,
118. radiografia tá?/	but first you will take the X-ray,
118. ...	
119. Pt.: Ali é fogo viu!/	There is very hard, you see!/ Is it?/
120. Dr.: É!/ 121. Pt.: Aquilo ali é fogo/Eu não sei se eles	There is rough/I don't know
122. cortaram o meu vencimento/	whether they cut off my salary/ What?/
123. Dr.: Como?/	Did they cut off my salary?/
124. Pt.: Eles cortaram o meu vencimento?/	They must have done it/Yesterday
125. Dr.: Ah deve ter cortado, né/ ontem mesmo	didn't you say that you were there?/
126. o senhor não falou que tava lá? O	You said (---) ___/
	{
127. Pt.: Será que cortou ?/	Do you think they did?/
128. Dr.: Uai o senhor não bateu ponto?/	Well didn't you punch your time
	time card?/
129. Pt.: Não/Não to indo ué/	No I didn't/I'm not going there/
130. Dr.: Uai então podem ter cortado!/ 131. Pt.: Mas se eu levar o atestado não tem	Oh then it might have been cut off/ But if I take the leave of absence
132. problema não?/	with me there won't be a problem, right?/
133. Dr.: Até 15 dias né?/	Up to 15 days okay?/
134. Pt.: Mas se eu levar um atestado de 15 dias	But if I take a leave absence for 15
135. já tá bom né?/	days that's good, isn't it?/
136. Dr.: É/	Yes/
137. ...	
138. Dr.: Amanhã o senhor já vai voltar a	Are you coming back to work
139. trabalhar?/	tomorrow?/
140. Pt.: Amanhã/Não, hoje mesmo/A senhora	Tomorrow?/No, right today/If you
me dando o atestado agora.	give me the leave of absence right.
	{
141. Dr.: O senhor vai explicar (---)	You will explain (---)
142. Pt.: mesmo passo por lá/ eu vou fazer isso	away I'll go there/I'm going to do
143. aqui oh/esses exames que a senhora	this here oh these exams you're
144. vai me dar eu dou à noite aí de dia eu	going to give me I'll do my shift
vou fazer esse aí/	tonight them tomorrow I'll do
145. that one there/	
145. ...	
146. Pt.: Então quer dizer que a senhora... Eu	Then this means that you ... I'm
147. vou ver se os de lá de baixo me	going to see if those people from
148. transferem dali/Lá não dá, porque ali	downstairs can transfer me from
149. não to me dando bem sabe/ não tô me	there/There it's impossible to stay
dando bem, não/	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?/	... Did you work until the 21st?/
151. Pt.: Trabalhei/	Yes/
152.
153. Pt.: Eu vou começar (---)/ porque se eu	I'm going to begin(---)/'cause if go
154. entrar lá sem nada de uma vez não	back there without anything at I
comprovo nada né?	can't prove nothing right?/
155. Dr.: É/ Tá aqui. tá? Aqui o senhor vai bater	Right/Here you are, okay/This is
156. essa chapa/Este aqui é o remédio que	for you to take the X-ray/This the
157. o senhor vai tomar/ Esse aqui é o	medicine that you're going to take/
158. atestado/Esse aqui é o exame de urina/	This one here is the leave of
	absence/This is for your urine
	exam/
159. Pt.: A senhora pôs o tal de CIC que (---)?/	Did you include the CIC (Social
	Security nº.) that (---)?/
160. Dr.: [Coloquei/	[Yes, I did/
161. Pt.: Porque lá tem um negócio de a gente	Because there even if you have the
162. chegar com atestado e eles ___/	leave of absence and they ___/
163. Dr.: [Eu coloquei CIC/Não preocupa	[I included the CIC/Don't
164. não/	worry, okay/
165. Pt.: A minha cabeça que tá doendo demais/	My head aches so much/
166. Dr.: ... O senhor tá com a pressão um	...Your blood pressure is a little bit
167. pouco alta viu seu Gumerindo, por isso	high, look Mr. Gumerindo, that's
168. é que o senhor tá com a tontura e a dor	why you feel dizzy and have a
169. de cabeça/ vai tomar a medicação tá?/	headache/Take this medicine,
Vai fazer os exames/	right?/ Take the exams/
170. Pt.: [Certo/Aí tem a	[Right/so
171. receita e o pedido de exame e o	there is the prescription and the
172. atestado e tudo, né?/	exam request and the leave of
	absence and everything, right?/
173. Dr.: Isso/ É/ Depois traz tudo aqui pra mim/	Right/Yeah...Then you bring all
	this back to me/
174. Pt.: Aqui mesmo/ É só entregar o exame/	Right here/I need only to give the
	exam/
175. Dr.: Pode trazer aqui mesmo/ é só entregar/	Bring it back right here just deliver
176. não tem problema não/	it/ There is no problem/
177. Pt.: (---) pra entregar o exame?/	to give the exam?/
178. Dr.: Não/Para entregar o exame não precisa	No/You don't need it just to deliver
não/	the exam/
179. Pt.: Não?/	I don't?/
180. Dr.: Não/	You don't/
181. Pt.: Então muito obrigado/	Then thank you so much/
182. Dr.: De nada/	You're welcome/
183. Pt.: Eu venho assim que fazer os exames/	I'll come back as soon as I've
	taken the exams/
184. Dr.: O senhor volta logo, tá? Até logo/	You come back soon, okay?/.Bye/
185. Pt.: Cháu/	Bye.