Does Doctor Know Best?

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“The doctor will see you now” -- and the clock is ticking. Studies show you get only about 15 minutes of face time with your doctor during an average visit, so you'll want to make every second count… There's a ton to remember: not just what the doctor says but also questions you want to ask. (Dreisbach, 2011, para.1, 2)

Those six words, “The doctor will see you now,” are words that can and do cause anxiety. Patients may feel something may be wrong with their health. Waiting for those six words is a powerful and worrisome experience. Those fifteen minutes of face time with the doctor may seem to be the longest fifteen minutes of that patient’s life, especially if the diagnosis is life-altering. What if a condition is just that - life threatening and serious - but the doctor does not communicate to the patient with any face time at all?

Is it safe to say most people today communicate well with their doctors, especially if the average face time with a doctor is only fifteen minutes? A doctor is an authority figure who has the medical knowledge that we have been accustomed to believe and follow. When children are young, they usually think of their doctors as friendly and kind. Parents trust that doctors will explain conditions to children in ways children can comprehend, as children have little recognition of medical terms or serious illnesses. Does that type of communication change when the patient is an adult? What happens when a disease is diagnosed and the doctor’s explanation is vague or insincere? Are doctors entitled to no longer show compassion for their adult patients, thus leaving them in a haze of disinformation? The artifact under scrutiny in this paper is an e-mail from a doctor expressing to his 21-year-old patient that she has cervical cancer. It is an
actual e-mail, sent by oncologist (or other kind of doctor) Blake (pseudonym) on February 10, 2011. There was no face time interaction for this diagnosis. Both generative and ideological criticism will be used to analyze this artifact. The critic seeks to discover in what ways doctors can limit showing their emotions when delivering a serious diagnosis.

Generative criticism looks at the artifact as not only a complete piece, but also at how the different elements of the artifact suggest to the critic a distinguishing message. The critic must examine the artifact for specific features he or she wants to code, categorize the elements, critically analyze them, and then draw some conclusion about the message the features convey. Those elements distinguished and coded are entirely up to the critic. The critic designs this form of criticism.

Ideological criticism, on the other hand, looks at the construction of specific views in an artifact: the ideologies. Critics may analyze the ambitions, norms, values, attitudes, and the position of power of the rhetor. The purpose of this form of criticism is to investigate in what ways the rhetor persuades his audience and defends the ideology that is presented in the artifact. “Ideologies are assumed to represent undeniably rhetorical natures and can thus change over time and/or among different groups of people, even within the same nation” (Beasley, 2006, p. 173).

The process of coding for generative criticism for this artifact will be labeling god and devil terms. God terms are perceived as positive and uplifting or “the ideal,” and devil terms are expressions that are perceived as pessimistic and downgrading, “the negative or ultimate evil” (Foss, 2009, p. 67). Each line of the e-mail will be coded and a tally of both terms will be revealed, closing with an analysis of the emotions presented by the rhetor in his e-mail. By using
ideological criticism, the critic will draw conclusions about the rhetor and his worldview on what is appropriate doctor-patient protocol. The critic will investigate the values, norms, and position of power the rhetor has, as revealed by the hidden ideologies within the artifact.

In beginning to code for god and devil terms, the critic notes that Dr. Blake’s e-mail has no welcoming salutation, but goes straight to the patient’s name. This form of introduction automatically sets the viewer up for a somber conversation, thus this e-mail starts off negatively. The second sentence breaks the news that her pathology results indicate a diagnosis of stage two, cervical cancer. “Intermediate grade of cervical dysplasia,” were coded as devil terms, as they are not words of good health (Blake, 2011, para. 1). The third sentence states the cancer has three stages, one, two, and three, coded as neutral. The next sentence indicates that young women, such as the patient herself, are recommended to undergo repeated colposcopy treatment every six months for two years even if future colposcopies are negative. “Recommendation” was coded as a god term, as it demonstrates interest in the patient’s health and hope for a cure. Devil terms coded in this sentence include “undergo,” “repeat,” and “young women” (Blake, 2011, para. 3). Considering the circumstances of this e-mail, those words were coded as devil terms because the twenty-one year old patient was being informed of treatment for a cancer that is more common for older women.

The next sentence indicated if the cancer progressed to stage three, she will have part of her cervix excised. “Excise” was coded as a devil term because not only will a section of cervix be removed, but her ability to carry children would be nearly impossible. In closing, the doctor somewhat assured the patient the cancer might resolve itself with treatment, conservatively pursued with continued colposcopies. The terms “resolve,” “treatment,” and “conservatively”
were coded as god terms because they were optimistic. The e-mail closed with his contact information, coded as neutral.

“Every artifact takes an evaluative position on various subjects simply by the rhetorical choices that were made in creating that artifact” (Foss, 2009, p. 214). Ideologies present elements about the rhetor that are not made obvious to the audience. Step one in ideology criticism is to search for the individual signs that point to ideological views in an artifact. Signs in this artifact are the assumptions made by the doctor. The doctor seems to assume that the patient understands the medical terminology, because he chose not to define it. The article, “British Medical Association pitches for end to management speak,” recently called for the use of plain, everyday language when speaking to patients. ”But as with specialized terminology in any profession, such language is often incomprehensible to outsiders, and when addressing a wider audience it is important to use plain English” (2009, p. 4).

The physician also seems to assume that the patient is looking for an informal communication, because he chose to eliminate the welcoming “Dear.” From the sparse wording and tone of the e-mail, it can also be assumed the doctor thought that the patient knew the diagnoses before the e-mail was sent. Conspicuously outnumbering the god terms, the devil terms in this artifact could lead the recipient to perceive the message lacked both reassurance and support.

The second step in generative criticism is to search for a context explanation of the artifact, which is likely going to involve a theory. It comes as no surprise that technology and computers serve as an everyday means for communication in fields including medicine. Called CMC, for computer-mediated-communication, such technology can “expand your possibilities
for interaction” (Galvin, 2011, p. 375). Society regularly uses short-hand ways to write things through CMC. Typically e-mails are informal, using abbreviated, concise, non-verbal tones which cannot be picked up by the viewer. A possible explanation for the doctor’s use of a brief, jargon-laden e-mail rather than face time as the channel of communication is that CMC has become a growing trend in the health field, where the e-mails get directly to the point, alleviating debate or questions. E-mails can substitute for face time. Dr. Blake’s sparsely worded, emotionless e-mail results from how technology is used in today’s society. Research shows a shortage of verbal and non-verbal cues are downfalls of CMC, often leading to misunderstandings between the sender and receiver, including misinterpreting messages or the emotion behind them. Even so, Galvin states, “Regardless of how impersonal you may believe these technologies to be (CMC), they will continue to have a profound impact on human communication in general, and on your personal communication practices specifically” (2011, p. 375).

In the second step of ideological criticism, the critic articulates ideas, themes, illusions, or concepts that are suggested in the artifact, which “gives you (the critic) the opportunity to focus your analysis on a particular subject” (Foss, 2009, p. 216). Since the artifact is an e-mail displaying no empathy, the articulated idea is that the rhetor purposely did not want emotions to be visual to his audience. Lawrence Dyche argues, “Empathy is the IS through which patients experience their doctor’s consistent, professional concern for their feelings. Empathy is a necessity and an attitude of caring and an emotional responsiveness to the states of others” (2007, p. 4). Did the rhetor know how to appropriately tell the patient about the malignant cells or did he intend the e-mail to be short and direct because he had no plans to answer questions? It
is not possible to ask a computer a question, but it is possible to ask the doctor questions when having face time.

Themes that appear are masculinity and common traits of people who use the computer as the channel of communication. The rhetor is a male doctor. Males are known to scholars to communicate through is what is called report. Report is information that is direct and to the point, skipping excess details and, in general, emotionless. The brief, Spartan-like e-mail that was sent to an unprepared patient fulfills both the themes. This brisk form of conversation has become very common with CMC. People chose to send e-mails versus face-to-face conversations, handwritten letters, or even phone calls, because e-mail is a quicker way of communication, and makes feedback from the viewer and sender optional.

Step three in generative criticism is sort out the codes. Here the critic generates outside ideas about the artifact by breaking down and separating what was coded to gain more insight into the artifact. The goal is to find the most useful explanation of the artifact. As previously stated, the artifact was coded by god terms, uplifting and constructive in nature, versus the negative, downgrading devil terms. The ratio between god terms and devil terms was four to eight, or twice as many devil terms as god terms. Devil terms included in Dr. Blake’s e-mail are “Intermediate grade cervical dysplasia, undergo, repeat, young women, and excise.” Is there something all these devil terms have in common? The answer is yes. Each one is either the depiction of the patient, or the action that will ensue with her condition. All items that were coded as devil terms are serious, daunting, and surgically invasive. God terms coded were “recommendation, resolve, treat, and conservatively.” What these words had in common was a gentle hint of optimism and concern for the patient’s health. The artifact varied between the two types of terms, showing great inconsistency. On one hand, the devil terms impart fear into the
patient because they suggest a future consisting of cancer treatment and surgical procedures. Alternatively, the god terms convey hopefulness and concern. The attitude behind the rhetor is quite contradictory. How can the patient really understand the medical situation when the doctor’s message is mixed?

The final step of ideology criticism is for the critic to bring to light the suggested ideologies the artifact possesses. The critic is no longer searching for ideologies, but rather explaining the ideologies that are found. “You want to figure out what major ideational clusters, themes, or ideas characterize all or most of your suggested elements” (Foss, 2009, p. 217). The artifact requests both understanding and trust from the audience. Understanding that the condition is serious, but treatable, and trust in the doctor, by the mere fact he is a medical authority, held in respect by society.

The general conceptions of the artifact vary. The e-mail fails to explain both the condition and treatment, and leaves the patient without the means of obtaining immediate feedback, resulting in a negative conception. The book Feel Better Fast states, “…your appointment isn’t over until you’ve gotten all your important questions answered clearly and completely” (Foster, 2004, p. 217). The rhetor presents a lack of interest in having further conversation with the patient, and no concern for her feelings about the diagnosis. This should not be considered a conversation between doctor and patient. This is more of a notice. The fact that devil terms outweigh god terms in this e-mail speaks to the absence of emotion as well. The rhetor is avoiding a personal doctor-to-patient relationship, which is unusual, especially for serious cases such as this. CMC ought to be taken into account as well. This rhetor chose a channel for communication that does not require elaborate or extensive wording. E-mails are
generally short, so it is possible that the rhetor was communicating in the quickest way possible and following the norms that come with this channel of communication.

The research question for this in-depth analysis asked in what ways doctors are able to limit showing their emotions when delivering a serious diagnosis to a patient. The analysis concluded that doctors can limit their emotions when delivering somber news in several ways. By noticing the amount of god and devil terms that are present in the artifact, it was evident that there were twice as many devil terms. The overwhelming quantity of devil terms exudes negative and even harmful connotations to the artifact. Both support and concern from the doctor were missing in this e-mail, and the shortage of god terms maintains that claim. Deeper analysis of the coded terms themselves illustrated themes in both devil and god terms. The devil terms were employed either for the description of the patient, or her future treatment events. All of the stipulated words coded as devil terms are serious and daunting, and express the need for surgical procedures. The god terms illustrated themes of slight hope and minor concern for her well-being. The rhetor does not define medical terms, addressing the diagnosis as if the patient had a clear understanding of medical language. Since both god and devil terms were coded with medical jargon in the e-mail, the message and tone of the artifact were inconsistent. The rhetor also assumed the patient sought an informal association. This was demonstrated by the lack of “Dear” at the opening of the e-mail, and no type of doctor-patient relationship was indicated.

CMC theory presents a strong argument and insight as to why the doctor shows no emotion in the e-mail, by explaining that it is a superior, time-saving way to communicate today, allowing more time for feedback, although optional. Conversely, in utilizing CMC, conversations become less personal and the lack of verbal or non-verbal cues can create misunderstandings. Obvious inferences are that the rhetor purposely did not want emotions to be
visual to his audience. He displayed no sign nor wrote any words of empathy. Given the mission of the message, he chose an efficient yet arguably poor channel of delivery.

Future research for the topic of how doctors should talk to patients should compare and contrast the success and failure rates of doctors’ use or non-use of medical jargon when speaking to patients. Future research should also include the satisfaction and dissatisfaction rates of patients who now have to communicate with physicians through the Internet. How does communicating via Internet affect the sender, the receiver, and the message itself? Will the use of the Internet affect not only the relationship between patient and doctor, but also affect how they communicate? Computers and other forms of technology are becoming a primary source of communication. It will be interesting to see over time how the continued use of this channel of communication will affect interpersonal relationships between physicians and their patients, especially in grave situations.
References


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