

Language matters – a linguist's view on medicine

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Language matters. I have seen this simple statement more times than I care to remember. It is used by patients, nurses, psychologists, doctors and many other healthcare professionals. In this editorial I would like to offer a view of what a statement means to a linguist. And so, first, what we say does not just mean, it means something in a particular context; second, even more importantly, language does not consist of words, and this is why medicine and medics should focus on their 'way of speaking'.

Context

Let me first explain the issue of context. Take the word 'evidence'. It is very likely to be considered innocuous and unstigmatising. And yet, imagine a situation (it's a real situation from my own patient life) in which you are asked to tell your doctor how you feel. You talk, and talk, and talk some more, but when you're finished, the doctor turns away, looks at their computer screen and says:

So, the evidence is...

And they tell you that the test results just about invalidate all you said. All of a sudden, 'evidence' becomes the 'real stuff' which in one stroke obliterates how you feel. The powerful 'objective evidence' is juxtaposed with your story which cannot possibly compete as it is positioned outside what 'really' matters – the all-important 'bloods'. The harmless word is in fact used as an instrument of exclusion. And yet, we shall never campaign against using the word 'evidence', despite the fact that it actually can be quite undermining. Language matters, but it's worth remembering that it matters in mysterious ways and always in context.

It's worth remembering that just like your reference to evidence, your mention of *Neisseria gonorrhoeae* (harmless on its own) is unlikely to allay your patient's fears or deal with their shame, let alone with suspicions they have of their partner.

Way of speaking

Let me now consider the 'way of speaking'. One of the things I tend to say to healthcare professionals is that they should use verbs more. This is because medicine likes nouns and adjectives. Indeed, when you read about sexually transmitted infections, you will read about pain, discharge, itching, blots, sore throat and more nouns like that. That, in my view, translates later in healthcare professionals asking me about my 'symptoms'. Such a question also asks me for nouns.

But we, language users, tend to use verbs, because it is verbs which are the cornerstone of a story. So, we do, we feel, we laugh, we hurt. So, how about asking about such things? How about asking me how I understand things and not about my understanding. Or imagine that

instead of “I love you”, you say to your child, partner, parent “There is love.”. It doesn’t bear thinking, does it? Then why assume it makes sense in medicine?

Language matters in medical practice

Now, the two points above are my way of accounting for the expression ‘language matters’. Below I would like to make it more practical and suggest two aspects of what you or people in your care say that you could focus on.

1. **Questions.** Let’s start with one of the most persistent fetishes in all clinical professions – the so-called ‘open questions’, which are said to be better than ‘closed questions’. Well, no matter, how often I say that it makes absolutely no sense to make such a distinction, the fetish persists. And so, are you really not allowed to ask a fundamental, in my view, question:

Does it hurt (when you have sex)?

because it’s a closed question? Questions, just like the rest of our communication activities, should be seen as useful (or not) in that particular situation. And, do remember, that in the extremely likely event that your patient will respond with the monosyllabic “Yes”, you can actually say: “Please, tell me more.”.

Questions are never ‘innocent’, they always convey your interest, the way you focus on me or ‘my symptoms’ suggests where you want me to go with my answer. And so, do you want me to tell you a story or would you prefer I reported on what I observed? These are very different activities which result from how you ask your question!

2. **Certainty.** Language can convey how certain I am about what I am telling you. We are at our most certain when we use verbs in third person with no qualification, much like the abovementioned “So, the evidence is...”. The doctor could not have been more certain. Or, as sentence such as:

This is the treatment for your condition.

which I heard from a doctor a few months ago (ironically, no, it wasn’t). So, how certain do you want it to be when you talk to your patients? Yes, it might take you longer to explain, but if you get a patient like me, understanding the myriad of uncertainties you cope with, I find it hard to accept your full-on certainty.

It’s also worth remembering that as a patient I also modulate how certain I want to appear, after all, sometimes the only thing I am certain of is that I simply don’t know. Despite that I am yet to see clinical notes which make reference to what patients say recording at the same time the certainty with which they speak.

Now, there aren’t easy interpretations of the phenomena you notice. They most certainly mean something, but what they mean will always be context-dependent and may remain unclear. Moreover, we, linguists, work with transcripts, so we can spend take time unpicking what was said. A doctor will have no such luxury. Any insight into how the patient says things must be observable here and now, as they say it. Moreover, in the short space of time,

the doctor's priority will always be 'the symptoms', regardless of whether seen as experiences or objective entities. Yet, I do believe that you can focus on the two things above during a conversation, at least to an extent. And because language matters, perhaps it's worth giving it a go.