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Critical report on the dissertation titled
„Verbal doctor-patient interaction (based on authentic German-language consultations)“

by Tatiana Alexandrovna Osipenko

Dissertation for a Scientific Degree of Candidate of Philological Sciences
Translation from Russian

The dissertation with the title „ Verbal doctor-patient interaction (based on authentic German-language consultations)“ by Tatiana Alexandrovna Osipenko aims at analyzing the structures of authentic doctor-patient interactions. The aim is to give a comprehensive overview of central structural, semantic/lexical and pragmatic features of these interactions, such as the sequential structures, the use of words in tumor assessment and diagnosis description by doctors or the talking into being of social roles, to mention just a few aspects.

The basis of this dissertation is a corpus of transcripts of German doctor-patient-interactions which were recorded between 2014 and 2015 at a German hospital. These talks took place in different departments of that hospital covering different types of cancer, and all talks took place at the same stage of the patients' course through the hospital, namely directly after all diagnoses were finished and the pathological report was evaluated by the doctors. The patients

were then asked to come to the hospital so that they could be told their exact diagnosis as well as the proposed treatment. Therefore, the two activities of telling the diagnosis and planning the therapy form the backbone of these talks.

The dissertation is separated into two big chapters, the first one giving a literature survey of relevant work on the theoretical and methodical framework (conversation analysis/interactional linguistics/analysis of spoken language) as well as linguistically relevant research on doctor-patient-communication. The last part of the first chapter describes the corpus used in the analysis and sets up the methodical plan for analyzing the data.

The second big chapter contains the analyses, which comprise, among others, sub-chapters on the sequential organization of the doctor-patient-interactions, the relevance and talking-into-being of communicative roles or the analysis of tasks such as the announcement of the diagnosis, the tumor assessment, the justification of the proposed therapy and others.

In the following, I will comment the chapters and sub-chapters individually.

The introduction is very well structured and covers the objective of the study, the theoretical and practical relevance for linguistics and communication theory as well as for medical practice, the description of the data, methods and theory used and the presentation of the theses.

Chapter 1 starts with an impressive survey of linguistic studies of medical communication in German, Russian and English (1.1). This chapter is a value in itself for its synopsis of theoretical and methodical work on which future research can build. The following four chapters 'zoom' in on conversation analytic and interactional approaches to studying spoken interactions, starting with a general motivation for the analysis of spoken interaction (1.2), followed by the presentation of conversation analysis' basic concepts and terms (1.3) and a survey of typical features of spoken interaction (1.4). The larger chapter 1.5. with four sub-chapters then focuses on the literature survey of special aspects of spoken doctor-patient-communication, highlighting the role of routines (1.5.1), the task of orienting to a client (the patient) (1.5.2), the asymmetry of knowledge and the relevance of social roles (1.5.3) and an attempt at postulating doctor-patient-models. Finally, chapter 1.6. sets up an interactional model of communication the analysis can be based on. All in all, the theoretical and methodical literature survey is sweeping and impressive and will certainly help to spawn further research, as it presents the necessary basics for the analysis not just of medical communication but of institutional communication in general. One critical aspect is that in wanting (and, because of the scarcity of previous research, needing) to present such a broad picture of research in spoken medical interaction there is a certain lack of concise focus and one wonders what of these many aspects will be used in the

following analysis. But this is a fault not so much of the author as of the lack of research in this area which necessitated the broad approach. The problem is, that it therefore remains slightly vague how and why the phenomena for the following analysis were chosen. It would have been useful to motivate the selection of the aspects formulated in the “algorithm of analysis”-chapter (1.8) more explicitly and describe why these phenomena were chosen (and which others were ignored for lack of space and time).

The final sub-chapters of chapter one then present the data used (1.7), this is a very well-written and clear presentation, and the list of tasks set for the following analysis (termed the “algorithm of analysis”; 1.8), which is central to the second part and comprises:

- 1.) The assessment of the external organization of the dialogues.
- 2.) The determination of the internal organization.
- 3.) The selection of the exemplary structural components for the analysis.
- 4.) The analysis of selected categories.
- 5.) The identification of the linguistic means within these categories.

Chapter 2 then focuses on the detailed analysis and linguistic reconstruction of central aspects of doctor-patient-interactions. The first two chapters (2.1 and 2.2) introduce further applied terminology for the analysis, chapter 2.3. then takes the structured order of speech actions into account. It is a bit unclear why the transcripts were adapted and freed from prosodic means and other spoken phenomena such as self-corrections etc. These phenomena can actually contribute vital aspects to the structure of talks. The analysis, too, is rather superficial. This contrasts markedly with the rest of the analytical chapters, which take the data serious and conform to the conversation analytic standards of analysis. Somehow the aim and function of chapter 2.3. is not clear for me. Chapter 2.4., in contrast, is very well-founded and gives a detailed analysis of how communicative roles are ‘managed’ in the doctor-patient interactions. Chapter 2.5. then takes the external structure (in the sense of a discourse pattern) of the talks into view. The quantitative evaluation of the number of tokens used by doctors, patients and relatives is plausible and well-founded, the counting of transcription lines, in contrast, is a rather strange method, because transcripts are merely aids to analysis and not primary data. Nevertheless, the basic aim of this chapter of showing the different amount of speech of doctors and patients is presented well (except for a rather speculative comment on the decrease of emotionality in the second and third parts of the talks – this is an interesting observation, but it is unclear how that was measured). A larger chapter 2.6. focuses on the internal structure of the talks. Chapter 2.6.1. presents the pragmatic (i.e. action-based) units to be found in the data,

2.6.2. then analyzes the linguistic means of producing the actions, which include the announcement of the cancer diagnosis, the assessment of the tumor parameters and the clarification of the diagnosis, the therapy justification, the overall therapy planning and the planning of the time frame of the therapy. All of these chapters are well-written and show that the author is able to interpret the data in all its depths. An interesting observation is that of the negated structure in telling the size of the tumor (*nicht groß / not big; nicht ganz klein / not quite small*). Here, some reference to the rhetorical pattern of litotes and its functions would be a fruitful expansion. Nevertheless, the analyses are convincing and highly relevant both for conversation analysis and the description of institutional/medical talks as well as for the development of training courses for students of medicine and practicing doctors.

The latter aspect could have been taken up in the conclusion, which mainly focuses on the first part – here the author could be more confident about the value of her research and show some options for using the results of the analysis for future training purposes within medical science. All in all, the dissertation (1) presents an impressive overview of the relevant literature on the analysis of spoken doctor-patient-interaction and (2) reconstructs the central structural components of authentic doctor-patient-interactions by means of a qualitative, conversation analytic analysis and thus (3) contributes both to general linguistics (development of theory and method) and to applied linguistics (scientific input for the development of communication guides and trainings). The author deserves to be granted with a doctoral degree of philological sciences (5.9.6. languages of peoples of foreign countries (Germanic languages)).



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