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COMMUNICATIVE LOAD OF ENGLISH INTERROGATIVE SENTENCES IN DOCTOR - PATIENT COMMUNICATION

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Relevance. Doctor-patient communication is an important component of the treatment process. The main task of the doctor is to collect all the necessary information about the patient's problem, to clarify all the circumstances of the current situation and to offer options for treatment. To achieve this goal it is necessary to use certain means of speech. One of such means is the use of interrogative sentences.

Aim: to analyze the interrogative sentences used in the doctor-patient dialogues, to determine their communicative load and to identify the most frequent constructions.

Materials and methods. Scripts of conversations between doctors and patients presented in open sources were analyzed. An unselected sampling of interrogative sentences was carried out. The communicative load of each type was determined. The most and least frequent types of questions were identified, and possible grounds for such a pattern were suggested.

Results and their discussion. There are several types of questions identified in English grammar: general (yes-no), special (wh), alternative (or) and disjunctive (tag) questions.

The study has shown that the doctor uses a general type of questions in most cases (39%), e. g. Have you ever been in hospital? Are you still having your periods regularly?

The communicative load of general questions suggests that the doctor has some implicit assumptions. It means that he knows that one of two alternative statements about the patient and his problem, which are not compatible, will take place. General questions in total do not make the patient start a more detailed story about what he is worrying about. Additionally, these forms of questions are used as a request when the doctor and the patient are communicating (19%). Consequently, doctors do not expect answers to these questions, they expect actions. Using general questions the doctor tries to ensure the correctness of his already existing judgments / assumptions or, in case of any manipulations, actions.

The alternative questions are rarely used (2%). Such questions require the collocutor to answer one of a limited number of options without any additional comments, e. g. Is the temperature there all the time or does it come on at any particular time? These questions mean that the doctor already has enough information to identify the problem, and he only elaborates details.

If there are no assumptions, the doctor uses a special type of questions (36%) to get more detailed information. The communicative load of special questions means that the doctor needs to find and specify the information that can help him to know everything about the patient's problem. Special questions do not mean the availability of certain doctor's assumptions about the patient's condition, there is only basic information present. When using this type of question, the doctor implies receiving the entire information from the patient, while the patient has no restrictions in the answer choice and can add any details he wants to tell.

In situations when the doctor is confident in his assumptions, when he doesn't need any wordy answer from the patient and he only wants to convince the patient or to get his consent, tag-questions are used: You stick out your hip a little, don't you? The researched showed that this type of questions is not common (4%).

Conclusions: the choice of the type of question is conditioned by the specific situation of communication and goals. The following points for the choice are taken into account: the presence or absence of assumptions (general / special question), the doctor's confidence or uncertainty in his assumptions (general, special question / alternative, disjunctive), the need to get a precise specified one-word answer from the patient or detailed unlimited information (general, alternative question / special question), the expression of a request (general question).