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WRITTEN DOCTOR-TO-PATIENT COMMUNICATION IN THE ENGLISH-LANGUAGE MEDICAL DISCOURSE

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Relevance. Writing letters directly to patients is in keeping with Good Medical Practice. Doctors who have adopted this practice say that their communication style has become more patient-centred. Patients find their doctors' letters informative, supportive and useful.

Aim: to compare the features of written doctor-to-patient communication with doctor-to-doctor communication in terms of structural, grammatical, lexical and stylistic differences.

Materials and methods. We analyzed 14 samples of emails (clinical letters) in English addressed by specialists to general practitioners and patients (LDs – letters to doctors, LPs - letters to patients) based on the results of outpatient consultations. We studied recommendations for correct letter writing to patients, as well as patient reviews on Internet forums. Methods of component, semantic, stylistic analysis were applied

Results and discussion. The study showed that writing a letter directly to the patient (and not copying for them a letter addressed to the referring general practitioner) based on the results of an outpatient consultation by a specialist performs a number of important features: 1) patients receive first-hand information about their health / well-being and/or medical condition; 2) information is presented in a way that improves understanding; 3) letters communicate a management plan to patients; 4) letters are of help to patients if they do not remember what was said during the appointment, and then cannot reproduce it, if necessary, to family or other specialists. LPs are not used to break upsetting news.

From the point of view of structure and stylistics, LPs are characterized by a more informal style and the use of pronouns "I" and "you" to make the message more personalized. The sentences are shorter, which is more common for informal communication. Each paragraph of the LPs is devoted to one issue, which does not overload it with information. The LPs present a "conversation" between a doctor and a patient recorded on paper (or electronically), with the exception of introductory components typical for oral speech such as "actually", "really", "in fact", etc. That is why the material under study demonstrates the absence of medical clichés, for example, instead of "on examination" they write "when I examined you", instead of "in his family history, his sister died at the age of 47" – "I was sorry to hear that your sister died at 47". For the same purpose, the LPs do not use passive verb forms, which are more impersonal, but use active ones ("I have referred you to a chest specialist" instead of "A referral to a chest specialist is indicated").

The LPs are associated with less use of highly specialized terminology and medical abbreviations/acronyms that are characteristic of PDs. We have noticed that Latin borrowings that denote the names of organs or pharmaceutical issues (oesophagus, od, bid, etc.) are replaced with lay words and phrases (gullet, right eye, twice daily, etc.), which are never abbreviated.

Conclusions. English-language doctor-to-patient written communication is aimed at making the treatment more patient-oriented, involving the patient in the process of active decision-making and responsibility for their condition, demonstrating the doctor's sincere interest in the patient and their problem.