Doctor-Patient Alignment in the First Consultation in Prenatal Diagnostic and Counseling Department: An Initial Observation

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Seminar Series
Languages, Media and Communication
Languages in Education and Assessment

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Seminar Outline

1) Projects on Medical Discourse: general information.
2) Methodology: Conversation Analysis (CA) and the study of medical interaction.
3) First consultation in the Prenatal Diagnostics and Counselling Clinic: general information.
4) Doctor-patient alignment in the first consultation: initial observations.

Doctor-patient interaction in HK?

- The study of medical interaction is successfully conducted by major research groups in UK, USA and Europe
- Different kinds of medical settings (e.g. clinic, hospital)
- Data mainly from English-speaking countries (but also in a couple of European languages)
- Studies in postnatal communication (e.g. Heritage & Sefi (1992). Dilemmas of advice: aspects of the delivery and reception of advice in interaction between health visitors and first-time mothers), no studies of prenatal communication.
- Research in HK context?

General information about the project

- **"MEDICAL DISCOURSE IN HONG KONG: AN INVESTIGATION OF DOCTOR/NURSE – PATIENT INTERACTION IN PRENATAL CONSULTATIONS"**

Research team:
- Department of Linguistics, HKU
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  - Dr. H. Y. Tang, Mary
  - Dr. K. Y. Leung
  - Dr. C. P. Lee
  - Ms V. Chan
- Medical Ethics Unit, Faculty of Medicine, HKU
  - Prof. Edwin C. Hui

General information about the project

- Study start date: 19 November – approval from the IRB.
- 20 January – the first Chinese and English speaking patients are recruited.
- Planned pilot study completion date: December 2006.
- As on 26 June: 9 English + 12 Cantonese patients are recruited; 48 consultations are recorded.

General objectives of the study

1. To build a database of doctor-patient communication for a defined obstetric population in Hong Kong.
2. To examine in detail doctor-patient communication in prenatal consultations from the linguistic viewpoint (semantic, pragmatic analyses, CA, patterns of verbal and non-verbal communication, sociolinguistic, ethnographic).
3. Comparative study of Chinese and English data.
4. Statistical analysis of data is being conducted by the medical team.
5. Ethical objectives: analysis of the general effect of the quality of prenatal consultations on patients' ethical reasoning, with special emphasis on the informed consent process (Prof. Hui)

Subject eligibility criteria

1) Pregnant women attending prenatal consultation at Tsan Yuk Hospital;
2) 38 years old or above;
3) Undergo prenatal screening of Down syndrome because of advanced maternal age;
4) Chinese and English native and non-native speakers.

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Subjects

- Tsan Yuk Hospital: women aged over 35 are referred to the hospital by doctors in other clinics; women under 35 may also be referred because of other indications (e.g. drug use).

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Study design

- Each patient attends a maximum of 4 prenatal consultations:

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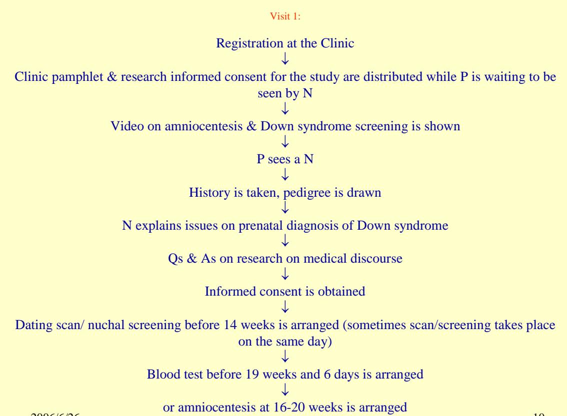

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VISIT 2:

P comes for nuchal scan
or
P comes for amniocentesis
or
P comes for anomaly scan
or
P comes for counselling on abnormal screening report

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VISIT 3:

P comes for counselling on abnormal amniocentesis report
or
P comes for counselling on abnormal screening report
or
P comes for rescanning

VISIT 4:

Post pregnancy termination counselling

(The diagram by the study nurse Ms V. Chan)

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Methodology

- Conversation Analysis (CA): A relatively new discipline:
  - Origin
  - Pioneers
  - Object of study
  - Goal, approach & method of analysis
  - Application to institutional discourse

Origin and pioneers of CA

- Origin: Sociology
  - Ethnomethodology
- Pioneers: 3 sociologists
  - Harvey Sacks (1935-1975)
  - Emanuel A. Schegloff
  - Gail Jefferson

Object of CA Study

- CA is not limited to the analysis of conversation. It is the systematic study of talk produced in various types of human interaction in everyday situations. So the object of study for CA is referred to as **talk-in-interaction**

Goal, approach & method of analysis

- CA's analytical goal is to explicate participants' routine practices in constructing and interpreting actual talk, e.g. how meaning is established and how talk is organized
- CA's approach is data-driven and inductive
- CA's distinctive method of analysis is built on an important concept – sequence (sequential position of an utterance) and is thus called sequential analysis (moment-by-moment analysis)

Classic works

- Sacks (1992) *Lectures on Conversation*
- Sacks, Schegloff and Jefferson (1974) A simplest systematics for the study of turn-taking in conversation
- Atkinson & Heritage (1984) *Structures of Social Action*

Recent developments

- From CA in the narrow sense to CA in the broad sense
- Communication in institutional settings
  - Law courts
  - Commercial firms
  - Clinics and hospitals
  - Schools
  - News and other radio and TV programmes
- Becomes more interdisciplinary
  - E.g. collaboration with Linguistics

Application of CA approach to the study of doctor-patient communication in clinics and hospitals

- Important methods and concepts
  - Sequential analysis
  - Turn design (recipient design)
- The latest publication
  - Heritage & Maynard (2006) *Communication in Medical Care*. CUP
- Selected review

1: Soliciting presenting concerns

Robinson, J. D. 2006. "Soliciting presenting concerns"

- Choice of question formats orients to different types of patients' concerns
  - New concerns
    e.g. *What can I do for you today?*
  - Follow-up concerns
    e.g. *How are you feeling?*
  - Routine concerns
    e.g. *What's new?*

  (both doctors and patients orient to these formats; inappropriate format is held accountable)

Example

DOC: So what can I do for you today.
(0.2)
PAT: Uh:m- (0.2)
DOC: Oh yes. yes.
(0.2)
.hhh How's the dizziness
PAT: Well I went to a therapist …

2. Doctor-Patient alignment

- Alignment in talk-in-interaction
  - the kinds of work participants do constantly in the course of talk-in-interaction to achieve intersubjective understanding
- Studies on alignment in doctor-patient interaction
  - Drew, P. 2005. "The voice of patient: non-alignment between patients and doctors in consultation".
  - Drew, P. 2006. "Mis-alignments in 'after-hour' calls to a British GP's practice: a study in telephone medicine".

Interactional patterns in after-hour calls to GP

- Drew, P. 2006. "Mis-alignments in 'after-hour' calls to a British GP's practice: a study in telephone medicine".
- Based on a corpus of recordings of after-hour calls to a GP in a UK town
- Different perspectives of GP and Patient towards GP's question after Patient's opening report

Two kinds of sequences

Sequence 1

- C: Opening report of patient condition
- D: Offer to visit

Sequence 2

- C: Opening report of patient condition
- D: Diagnostic questions

Example: sequence 1

D: Hello,
C: Hello, I'm sorry to trouble you, my daughter has Veneolin e::hm one spoonful at night, hh I gave her some about an hour ago I kept (it late) with it being so hot but sh[e still can't breath very easily, hh can I=
D: [Yes,
C: = give her another teaspoonful?
D: Well shall I pop round and have a look,

Example: sequence 2

D: Hello
(0.4)
C: Hello is that the duty doctor for ((name))
D: Yes, that's right doctor ((name)) speaking=
C: Oh: hh u:m my name's ((name)) my daughter's uh ((name)) she's age four:,
D: Ye:[s
C: [And u:m (.) she's been sick sri- six times this evening
D: Mm hm:,
C: And then she's just started with diarrhea and it smells dis[gusting.
D: [hh
D: Right. Hh At's why wi- u:m (.) uw- i- at- what was your name again? ((name))
D: Right. You're doctor: ((name)) doctor na- nu- uh sorry (to-) [yeah
C: [([ )
D: [.hh
fine. So: ho:w ho:w: this was all just started tonight, is it?

Asymmetry of perspective regarding GP's question

- Callers
  - Treat the doctor's questions of the details of the patient's condition "as an opportunity to embellish their initial accounts, in order to convince the doctor of the seriousness or urgency of the condition"
  - In response to the question the caller may give a dramatic detailing of the symptoms
- Doctor
  - Asks the question to confirm what they suspect, i.e. there's nothing seriously or urgently wrong
  - The questions "appear to be built to presume 'no trouble'".

Misalignment

- Interactional distance between patient and doctor regarding the significance of the reported symptoms
- This misalignment does not necessarily generate misunderstanding or overt conflict but manifests different perceptions of "abnormality" and "normality" of the symptoms described by the caller

Current stage of research: First consultations

- Each first consultation is complex and pursues several

objectives:

1. To examine the woman's past history/family history: e.g. number of previous pregnancies, miscarriages, siblings, abnormalities in the family.
2. To introduce tests for Down syndrome: direct tests (CVS and amniocenthesis) and indirect tests (nuchal test, biochemical screening or integrated test (IT) and to discuss the risks and accuracy of the tests .
3. To do a preliminary 'screening' for any other abnormality.

Some characteristics of the first consultation

1. No time limit (each consultation is around 15 minutes long but maybe longer if necessary).
2. "Cross examining": each question is asked several times (paraphrased) to ensure P understands it and N receives the correct answer:

E.g.
a) N: *Is this your second pregnancy*?
P: Yes.
N: Any miscarriages before?
P: No.
N: No.
N: *You have a boy*.
P: Yes.

Example of “cross examining”

b)

N: How many brothers n sisters so you have?

P: I have one younger brother and one younger sister.

N: *Are they all healthy*?

N: *Any abnormal case*?

Some characteristics of the first consultation

3. N repeats P answers to make sure she is getting the right answers:

E.g.

N: Any miscarriages before?

P: No.

N: No.

Different types of Ps:

- Some Ps have made their decisions before the first consultation re the test they will opt for. They are familiar with the process from video, leaflets, Internet search had such consultations before in previous pregnanc(ies).
- Other do not know the purpose of the consultation.
- If P chooses no test N still explains all available options to P to make sure P takes an informed decision.

Recruited patients

- Mostly Filipino patients:
  - usually don’t want to take any test.
  - don’t know the purpose of the consultation (mistake the consultation for the sole purpose of ultrasound scan)
  - husbands not in Hong Kong. N has to remind them to discuss their options with their husbands
  - Seldom opt amniocentesis: exceptional case: The patient was a nurse herself → opted amniocentesis.
  - Limitations of the study: not always possible to collect data with a more versatile patient population

Interesting points from initial observations of first consultations

- Bringing up a sensitive topic (the possibility of a Down syndrome in a baby)
- Turn-design of the questions by the medical staff .
- How P comes to certain decision
- P’s background and the outcome of consultation.
- Alignment between the medical staff and the patient, whether the medical and the patient’s concerns are addressed during the consultation.
- How the use of L2 both on the part of P and N affects the quality of interaction

Preliminary analysis of our data

- N and P’s alignment towards taking tests for possible Down Syndrome babies

Example: Patient A's initial concern

At 2:40
N: Now we know that Down Syndrome isa chromosomal abnormality
P: Yes.
N: Uh what we concern is that, the- kids with Down Syndrome have- uh mental retardation.
P: Yes.
N: So, it's up to you whether you're going to take the tests of not.
P: Hmm: I have talked to my hus[band (we talked it =
N: [Um hmm
P: =over), and uh: **we: have decided** uh whatever-
N: Um
P: is given to us, we will accept it, [without any test.
N: [Yeah. Yeah.

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Patient A (cont'd)

N: Yeah. But, un would you like to know more information?
P: About Down Syndrome?
N: Yes. Yes. =
P: = Yes of course.
N: Uh we'll- just know more information **before you-em decide**. [Ok?
P: [Ok.

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Proposed analysis

- P's "we have decided…" vs. N's "… know more information before you decide"
- "Voice of lifeworld": P's decision made before coming to the consultation where the risk factors of having a Down Syndrome baby and options of checking the risks are discussed
- "Voice of medicine": N's utterance as a proposal to P to listen to professional explanations first and then make an informed decision accordingly
- P aligns to N's proposal

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Example: Patient B's apparent concern

At beginning of the recording
N: So we would like to see you today because your age is uh 38 ((P smiles)) and ((N place hand on P's arm)) the hospital can arrange tests for you for Down Syndrome. So are you clear what- what is Down Syndrome?
P: Yes. Do you think that I need to do that.
N: You need to do.
P: Because I need to go back Philippines.
N: Oh I [see
P: [Yeah.
N: Okay.
P: Because I want to come to check it if it is okay the baby?

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Patient B (cont'd)

At 2:40
N: … do you have any idea of Down Syndrome?
P: What- what's Down- Down Syndrome?
((N goes on to explain the tests and the risk factors))
At 4:30
P: I am very scared
At 5:21
P: You know what, I'm very scared about ( )
((N places hand on P's shoulder))
P: I don't like to know anything that my (aiyo:]
N: Yeah. There are several choices. The first choice is no test. …

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Proposed analysis

- Patient B
  - Not much knowledge of Down Syndrome
  - A different expectation of the consultation
  - Very scared about the tests
- N's action
  - Delicately balancing professional goal and P's worry, e.g. 'no test' given as 1st choice

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Thank you!