PATIENT PRESENTATION IN MEDICAL CASE REPORTS

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AIM:
- to address the issue of patient presentation in professional medical texts from a linguistic perspective
- to examine both direct and indirect patient reference in medical case reports as conditioned by the context of their production as well as by the aims of their respective text-parts

THEORETICAL BACKGROUND

- **hierarchical levels of medical description** as well as two **models of disease presentation** (Blois 1984), which help to explain the choice of modes of writing about patients and their diseases
- a disease can be presented at various hierarchical levels of medical description referring to different body-parts or constituents, which affects patient presentation
- a disease can be imaged in a **nominalist** (described in terms of its attributes which are enumerated in abstraction from a patient) or **psychological** mode (viewed as a collection of changes as experienced by a particular patient)

DATA 10 case reports from *The Lancet*, published between 2003 and 2006, aimed at health professionals

RESULTS case report – structure – content – modes of patient reference

Introduction – explanation for patient's presentation

64-year-old woman presented to the emergency department with a stiff painful jaw. LA14

- description restricted to the levels considering conditions of the whole body or its parts and patients presented as experiencers of these conditions (cf. the adjective "painful" referring to certain bodily experience)
- account of an illness as experienced by an individual, in contrast to the one objectively observed by a physician; the floor given to a patient, yet only symbolically through the authorial persona, as the patient's account is in the third person

Case report body

past history of illness, physical examination/diagnostic tests, diagnosis and subsequent treatment, "developed through concatenations of outcomes such as laboratory tests values and the findings of physical examinations" (Atkinson 1995: 104)

✓ **history – description of patient's history of illness(es)** *The patient's history was characterised by poor orthostatic tolerance and an inability to stand upright for more than 2 minutes without fainting.* LA8

- nominalist disease presentation – based on the enumeration of symptoms, reactions, conditions, etc. contributing to the perception of a disease as an entity, i.e. "it" (Blois 1984: 97)

✓ **physical examination/tests – assessment of patient's condition** *She was afebrile and growth was on the 50th centile.* LA5

On examination, she had a large, firm, tender mass in the left lower abdomen which she said she had first noticed a year and a half previously. LA10

- observations restricted to the sensorially perceivable phenomena, hence the level of description reaches only as far as the level of the whole body, body parts and systems
- presenting patients as being in a particular condition contributes to viewing the state as experienced by him/her; "having" diseases associates them with "objects", separate from the patient's experience (Fleischman 1999; Staiano 1986)

Her 24-h urinary freecortisol was high at 31 000 nmol/24 h (normal 270), 0900 h plasma adrenocorticotropic hormone (ACTH) was high at 204·5 ng/L (normal 50 ng/L). LA11

Cystoscopy showed an inflamed bladder that bled on distension, and we sent biopsy samples for analysis. LA6

- "technology as the agent" (Anspach 1988), where diagnostic equipment *shows* particular results; contributes to rendering the information objective and independent from human involvement ("data primacy", Potter 1996: 153)
- contains information revealed by laboratory tests, with medical description going to the bottom levels of the hierarchical scale; focus on body-parts/organs

✓ **diagnosis – establishing the cause of abnormal condition** *We made a clinical diagnosis of tetanus, and started high dose intravenous tetanus immunoglobulin and metronidazole.* LA14

✓ **treatment – course of treatment** *She was treated with intravenous lorazepam for presumed alcohol withdrawal, receiving a total of 432 mg over 10 hours.* LA1

- readers' attention drawn to the performed treatment and its specific execution, the so called "medical techniques and therapeutics" (Ashcroft 2000: 288)
- descriptions omitting the very subject of medical procedures and relegating it to the object on which they are carried out

Discussion/conclusion – summary of the case, discussion and implications for further practice

Many of the reported cases are children and only two cases have survived. LA3

- location of illness (cf. the container metaphor, Lakoff and Johnson 1980)
- the word *case* referring here not to an occurrence of a particular disease but a patient
- patient imaging in the final section of the case reports referring not to a patient as the "whole self" (Wade-Halligan 2004: 1400) but to a single aspect of his/her condition or to a disease localised in his/her body

Conclusion

- The aim of each constituent part of the examined texts affects the mode of patient imagining.
- Case reports start with analysing phenomena at the level of the whole body and its parts, and, the further the texts proceed, the lower levels are reached, i.e. the cellular or molecular ones.
- Patient's textual prominence decreases from the Introduction when the patient's account is given, to Comment/Discussion where the information about the disease must be abstracted from a particular patient.
- While the beginning has some features of the description of the individual's subjective experience, the rest of the report is constructed as a scientifically objective image of a disease.

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