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.

Introduction – explanation for patient's presentation

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

The patient’s history was characterised by poor orthostatic tolerance and an inability to stand upright for more than 2 minutes without fainting. LA8

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

Her 24-h urinary freecortisol was high at 31 000 nmol/24 h (normal 270). 090 h plasma adrenocorticotropic hormone (ACTH) was high at 204-5 ng/l (normal 50 ng/l). LA11

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

“technology as an agent” (Anspach 1988), where diagnostic equipment shows particular results; contributes to the rendering informative and independent from human involvement (“data primacy”)

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)

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 related 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.

Case report Body

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Discussion/Conclusion – Summary of the Case, Discussion and Implications for further practice

We made a clinical diagnosis of tetanus, and started high dose intravenous tetanus immunoglobulin and metronidazole.

LA14

She was treated with intravenous benzodiazepine for presumed alcohol withdrawal, receiving a total of 432 mg over 10 hours. LA1

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

LA3

References


Sage Publications.


Lisa Halligan 2004: 140

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Magda Zelazowska, University of Poznan.


Publications


