

## The many voices in an interactive variety of medical case reports

Magdalena Murawska

Adam Mickiewicz University, Poznań

In this poster presentation, an interactive variety of medical case reports will be discussed with reference to different voices that appear therein. Interactive case reports are a relatively new development, which, though in different forms, shares a feature of offering readers the possibility to comment on the published case, usually online. Additionally, they may include the *Patient's perspective* section in which the patient is given the floor. As a point of departure, the analysis adopts Barry and colleagues' (2001) re-examination of Mishler's (1984) two voices in doctor-patient communication. Following Habermas's theory of Communicative Action, Mishler (1984) identified two voices in the discourse of doctor-patient interviews – the *voice of the lifeworld*, which is the patient's subjective experience of illness, and the *voice of medicine*, i.e. the objective account of the biological manifestations of a disease. Barry and colleagues (2001), however, propose a more fine-grained classification of the voices on the basis of a collection of different interviews (doctor-patient, only among doctors as well as consultations). Firstly, there is *Strictly Medicine*, when the patient and the doctor use the *voice of medicine*. Secondly, there is *Mutual Lifeworld*, which is a situation when the patient talks about the way he/she experiences an illness and the doctor acknowledges that. There are also *Lifeworld Ignored*, when the doctor reacts with the *voice of medicine* as a response to the extended employment of the *voice of the lifeworld*, and *Lifeworld Blocked*, when there are "glimpses" of the *Lifeworld*, but there is no appropriate reaction (Barry et al. 2001: 493-499). To determine the presence of these voices in interactive case reports, a corpus of these texts derived from the *British Medical Journal* was analysed with respect to the words that refer to the patients and examined qualitatively to see how their experience of illness is referred to. On the basis of the results of the study, a modified classification of the voices in the case reports studied was created, namely *Strictly Medicine*, *Lifeworld Transferred*, *Partial Lifeworld* and *Lifeworld*. The fact that the classification is patient-oriented stems from the very character of the analysed material, which dictates certain categories to be distinguished. In the following poster presentation, it will be shown how the above-presented voices manifest themselves at the level of the text. The results of the analysis may contribute to the development of a new model of medical case report that is patient-centred, i.e. the one that emphasizes individual experience of illness.

### References

- Barry, Christine A., Fiona A. Stevenson, Nicky Britten, Nick Barber and Colin P. Bradley. 2001. "Giving voice to the lifeworld. More humane, more effective medical care? A qualitative study of doctor-patient communication in general practice", *Social Science & Medicine* 53: 487-505.
- Habermas, Jürgen. 1984. *The theory of communicative action, reason and the rationalization of society*. Vol. 1. London: Heinemann.
- Mishler, Elliot G. 1984. *The discourse of medicine. The dialectics of medical interviews*. Norwood, NJ: Ablex.