

УДК 811.111'42

С. У. Солдатова, студент

Российский Университет Дружбы Народов, Москва, Россия

ОСОБЕННОСТИ КОММУНИКАЦИИ «ВРАЧ-ПАЦИЕНТ» В АНГЛИЙСКОМ ЯЗЫКЕ

В статье рассматриваются особенности коммуникации «врач – пациент» в английском языке. Представлены различные примеры данного вида взаимоотношений.

Ключевые слова: коммуникация; врач-пациент; взаимоотношения; медицинская терминология; разговорный язык.

FEATURES OF «DOCTOR-PATIENT» COMMUNICATION IN ENGLISH

Introduction: Medicine is closely linked to everyone's daily life. During their lives, people often visit doctors, use the ambulance service, get consultation at home, go to the pharmacy for various medicines and talk to relatives and people they know about various medical topics. All these have an impact on conversational language: medical terms referring to disease symptoms or syndromes, ways of treating illnesses,

possible health complications and various types of pathology. As medicine is a rapidly developing science, the language is also changing rapidly [1].

One of the key features of the medical language is that in addition to special medicine terms, there are also common words for the same concepts, which are synonyms. For example: chest, breast and thoracic cage, variola and smallpox, mental retardation and mental deficiency. The choice of a word (term or common word) will determine the success the patient-doctor interaction.

In a conversation with a patient, the doctor should express attention and interest. Speech should be correct, intelligible and as convincing as possible in its construction, content and emotional coloring. It must be appropriate to the patient's education. It must also pay attention to the patient's age, because the aim of a doctor in communication is to be understood. Therefore, the speech of a doctor should not contain unintelligible medical terms and professional jargon [2, S. 27]. The doctor use of common words makes the communication more accessible, understandable and trustworthy; it establishes a closer connection physician-patient and improves the understanding of their communication to a person who is not familiar with medical terminology. It is the use of special medical terms that can be extremely difficult to achieve a mutual understanding between doctor and patient. The effectiveness of medical treatment depends on the quality of the patient-doctor relationship. It is assumed to depend on the extent to which the patient and the doctor share an understanding of illness and treatment. This is necessary for the provision of high quality care [1]. Most of the patient dissatisfaction and many complaints are caused by a poor doctor-patient relationship. Depending on the patient's level of education as well as the doctor's experience, there is a possibility that scientific or colloquial language will dominate the communication. And it is often the case that doctors use too much professional language, which can lead to misunderstandings on the part of the patient.

There are some other cases reported that doctors avoided discussion of patients' emotional and social issues because it frustrated them when they were unable to deal with these problems. This situation had a negative emotional effect on doctors and generally increased patients' distress. This avoidance behavior can lead to patients being unwilling to talk openly about their problems, which can delay and have a negative impact on their recovery [3, S. 2].

More commonly, this occurs when a doctor is explaining a diagnosis or treatment for a particular condition to a patient. A similar issue may arise when communicating the patient's current health condition (especially in severe cases).

The use of special terminology by physicians (especially young professionals) is one of the ways of maintaining their professional competence to the patient, but at the same time using special terms without adequate explanation can cause problems in understanding the doctor-patient communication, which can cause patient dissatisfaction and various complaints.

Also one of the main difficulties is the fact that doctors and patients have different types of interactions in communication, and this affects the degree of communication satisfaction on both sides as well as the degree of conflict in the relationship. In addition, in the treatment process, both the patient and the doctor are active agents in a joint activity, the aim of which is the provision of quality treatment by the doctor and recovery for the patient. The doctor gives professional advice on the most. The doctor can also make a number of different choices, but the final choice is made by the patient. If the physician is unable to properly convey the necessary information to the patient, it can lead to a variety of different issues. It is the doctor's responsibility to make the patient fully aware of all available treatments and outcomes, their goals, effectiveness, costs and possible risks. The doctor's role is to explain to the patient the implications of the proposed treatment and why the patient should accept it. The physician should choose understandable and simple words and consider the patient's age and level of education. If the patient refuses the proposed treatment, the doctor must either change the patient's mind or offer an alternative method of treatment.

The patient has the right to voluntarily give or refuse medical intervention. According to the 'Fundamentals of Legislation of the Russian Federation on the Protection of Public Health', informed voluntary consent of a citizen is a prerequisite for medical intervention. Every person has the right to be informed, in a form that he or she can easily understand, of his or her health condition, including the results of the medical examination, the existence of the illness, its diagnosis and prognosis, the treatment methods, the risks involved, the medical intervention options, its effects and the results of the medical treatment carried out [4, S. 2].

However, contemporary global experience demonstrates how ambivalent both physicians and patients' attitudes are regarding absolutely true medical information. On the one hand, by being truthful, the doctor and the patient demonstrate mutual trust. The physician is more accurate in formulating the diagnosis and adding to the practical knowledge, while the patient can only provide informed consent

if there is accurate information. On the other hand, when telling the truth about a terminal disease, an adverse prognosis, an abortive operation, etc., the doctor must account for the patient's mental state, the time of the conversation and the amount of truthful information. Neglecting such circumstances not only makes the truth irrelevant, but also dangerous. Domestic experts consider that it is safe to tell the truth, if the truth does not cause more damage to the patient, does not deprive the last hope, does not destroy the spirit and belief in recovery. If a doctor has decided to tell his patient the painful truth, he must help him to accept and endure this truth, must mentally support him until the last minute, talk about sickness and death, about hope and mutual support [2, S. 20].

ЛИТЕРАТУРА

1. *Ольховик, Н. Г.* Коммуникация «врач-пациент» в английском языке: лексический, грамматический и стилистический аспекты [Электронный ресурс] / Н. Г. Ольховик, В. К. Колобаев // Открытое знание : науч.-изд. центр. – Режим доступа: <https://scipress.ru/philology/articles/kommunikatsiya-vrach-patsient-v-anglijskom-yazyke-leksicheskij-grammaticheskij-i-stilisticheskij-aspekty.html>. – Дата доступа: 18.09.2022.

2. *Асеева, И. А.* Биомедицинская этика : учеб. пособие для мед. ун-тов / И. А. Асеев, В. Е. Никитин. – Курск : КГМУ, 2002. – 94 с.

3. *Fong Ha, J.* Doctor-Patient Communication: A Review [Electronic resource] / J. Fong Ha, N. Longnecker // Ochsner Journal. – 2010. – № 10 (1). – P. 38–43. – Mode of access: <https://www.ochsnerjournal.org/content/10/1/38>. – Date of access: 18.09.2022.

4. *Амиров, А. Ф.* Новые задачи курса «Биоэтика» в контексте модернизации медицинского образования и здравоохранения [Электронный ресурс] / А. Ф. Амиров, Е. Ф. Липатова // Известия Самарского научного центра Российской академии наук. – 2010. – Т. 12, № 3 (2). – С. 318–322. – Режим доступа: <https://cyberleninka.ru/article/n/novye-zadachi-kursa-bioetika-v-kontekste-modernizatsii-meditsinskogo-obrazovaniya-i-zdravoohraneniya/viewer>. – Дата доступа: 18.09.2022.