



Patient-centred communication: Discourse of in-home medical consultations for older adults

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The clinical encounter entails a complex interpersonal communicative act, which transcends mere physical examination. Patient-centered communication (PCC), as we understand it today, is a challenge for medical professionals, who should not only understand the illness but also the patient's experience of it. A series of communication skills are thus required to lay the foundations of the patient-physician relationship. In *Patient-centred Communication: Discourse of In-home Medical Consultations for Older Adults*, Kayo Kondo provides a detailed study of home consultations by analyzing the formation and development of patient-physician expressions, which characterize communication in the specific context of Tokyo. The Calgary-Cambridge Guide, used in medical education for clinical interviews, is here incorporated as a support in the exploration of communicative behaviors, and although it adapts small aspects to the Japanese reality, its scope of application is international. The interventions are studied from the point of view of Brown and Levinson's politeness theory, focusing on some cultural aspects that contrast with those of the Western world.

In this book, the reader will find how the concepts and theory of PCC in physician-elderly patient interactions are applied to real life. The book has eight chapters, which could be grouped into three parts. First, we find the theoretical framework and the justification of the approach from which the research is carried out (chapters 1 and 2). Secondly, there is the development of the study itself, where the methodology is presented and the analysis of the doctor-patient interviews is developed in detail (chapters 3 to 7). Finally, the book closes with a part in which the pertinent observations for sharing knowledge are presented along with a series of practical recommendations (chapter 8). As far as the theoretical framework is concerned, the starting point is in pragmalinguistics, from which a politeness model valid for all cultures was created (Brown & Levinson, 1987). According to these authors,

we all have an image that we should maintain and that we negotiate in communicative encounters with others. There are a series of strategies to mitigate threats, which are known as politeness strategies. These positive politeness strategies are intended to avoid giving offense by highlighting friendliness. In the 1990s, this theory became a subject of discussion among linguists, as the concept of positive or negative image is understood differently in the Asian world. In this context, the reader will be able to discover the complex role played by Japanese honorifics in clinical discourse, as they are grammaticalized. Kondo also studies intercultural communication and the cultural dimensions that come into play in politeness strategies, analyzing examples of high and low context communication (Hall, 1976) or the overlap between power distance and individualism or collectivism (Hofstede, 1991).

In the second part of the book, the author explains an ethnographic, observational study of real clinical interactions in the homes of twenty-eight patients, complemented by semi-structured interviews with clinicians and field notes (chapters 3 to 7). Two categories are established, those concerning the positive image of the patient, that is to say, those referring to the perception that others have of their interlocutor (chapters 4 and 5), and those concerning the negative image, regarding the speaker's protection of his territory (chapters 6 and 7). In PCC, the physician must first identify the problems that the patient needs to address by making general observations and gradually moving from open to closed questions. Attentive listening to the patient is necessary, which is evidenced by repetitions, paraphrases and interpretations, and by showing empathy and acceptance. The author explains the concept of clinical empathy by differentiating between cognitive and emotional empathy, as well as the difference between empathy and sympathy. Positive facial expressions, gestures, non-verbal means of expression, tone and pitch of voice, silences, etc., come into play here. In the first phase referring to the positive image, closed questions, interruptions and criticisms would potentially not be part of PCC, although it is true that exceptions are clearly observed. As far as the negative image is concerned, the structure of the clinical interview includes working towards shared decision-making and respect for the patient's space and freedom, issues that are present throughout the communicative exchange. Kondo thus examines offering suggestions, verification questions on the understanding of the subject, and questions or comments that show linguistic deference, prior to the physical examination of the patient. In this sense, directives or

prescriptions and advice without giving personal space would be considered as potentially inappropriate. Many of the elements studied in these chapters have a different value in Japanese culture, such as some expressions of empathy, sharing of certain information or contact. For this reason, the analysis carried out in this work is highly attractive to the reader.

The third and last part of the book (chapter 8) points out not only the cultural importance of the communicative encounter in PCC, but also emphasizes the relevance of the role of the family in consultations, given its significant positive impact. Other important aspects are also included, such as the communication problems that can be generated by intercultural barriers related to cultural beliefs about medical care, such as expectations about gender, age, roles, sensitive topics, or bad news. The book delves into the importance of communication training in health education, which also seems to maintain the trend of changing from the biomedical model to the psychosocial model. PCC is not always feasible, since other aspects should also be considered, not only cultural ones, but also those that depend on the country's type of health system.

In short, in “Patient-centered communication: Discourse of in-home medical consultations for older adults”, it is made clear that linguistic politeness depends on culture, and that the concept of face is a complex and multifaceted phenomenon that is conditioned by the context. Kondo opens the way for future research focused on complementary aspects of communication, such as non-verbal communication or clinical records. The book has a fresh and natural style, easy to follow, very pleasant for the linguist who is perhaps not so accustomed to clinical topics, and at the same time, the author's confidence in the subject is evident, given her background and personal context. In this sense, it is a clearly interdisciplinary work that is very valuable to both health professionals and language experts. Furthermore, her research makes a substantial contribution to communication for specific purposes, as it develops a valid tool for the linguistic analysis of clinical consultations in a specific context. Finally, the fact that the interviews are conducted with older adults makes the topic of greater interest today and could reach a wider audience. Nowadays, given the increasing life expectancy, the aging population is growing constantly and their care is a challenge for health practitioners, who not only have a large number of patients, but are exposed to difficult conversations in a potentially end-of-life context.

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