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The role of tag questions in medical encounters

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SUMMARY
The discourse of medical encounters is deemed to be an excellent example of both institutional talk and discourse of power. Asking questions is probably the most prominent characteristic of doctor- patient interaction and this paper deals with tag questions as one of the question types that can be found in almost every medical encounter. We will explore tag questions by reviewing current research results in the field of medical discourse and by comparing and discussing examples from transcribed medical encounters in English and Serbian. It will be discussed how often tag questions are used in both corpora, whether doctors and patients use them in the same way and what role these questions have in a medical encounter. Finally, having in mind that getting to ask any question in institutional talk requires a certain amount of power, we will also try to determine if using tag questions affects doctor and patient's positions in a medical encounter.
Keywords: contrastive analysis; discourse of power; institutional talk; medical encounter; tag questions

INTRODUCTION

Institutional communication has been explored from various aspects and in a multidisciplinary manner by scholars from different fields (i.e. linguistics, sociology, anthropology, psychology, etc.). This type of communication usually involves interactions such as teacher-student, doctor-patient, police officer-witness or journalist-interviewee, where one participant in communication is an official representative of an institution and the other one is the client. While everyday communication usually implies a symmetrical interaction between the two parties that have equal rights, institutional communication is commonly characterized by a conspicuous asymmetry and an unequal distribution of power [1]. For this reason, Fairclough believes such interactions should be called *unequal encounters* [2].

Doctor-patient communication is believed to be an excellent example of a specific distribution of power in the field of institutional communication. It may be explored from various aspects, but the use of questions is probably the best way to illustrate some significant differences between the roles of an institution representative and of its client.

This paper will first briefly present the classification of questions and general reasons for asking questions in this type of institutional communication. In next section, the category of tag questions will be defined and explored in more detail. Examples from two corpora (i.e. English corpus and Serbian corpus) will be used to illustrate the results that have been provided by comparing and contrasting recordings of doctor-patient communication in two languages. This paper aims at exploring how often tag questions are used, how doctors and patients use this type of questions and what role these questions have in a medical encounter in two different languages and two different cultures. Finally, we will try to determine to what extent the use of tag questions affects doctors and patients' roles in a medical encounter.

QUESTIONS IN MEDICAL ENCOUNTERS

Different authors offer different definitions of questions asked in medical encounters and the same is true for the types of questions and the role they have in doctor-patient interaction. However, multiple authors have reported that most of the questions are asked during the phase of history taking and that they are mostly asked by doctors, not patients [3, 4].

Mischler was one of the first authors who dealt with this aspect of medical encounter and in his study he identified several types of questions – yes/no questions,[1] polar/disjunctive questions,[2] restrictive WH-questions,[3] moderately open How-questions[4] and open How-questions[5] [4]. He also came to a conclusion that most of the questions asked by a doctor restricted patients' answers because of

1 E.g. *Do you have temperature?* The only two possible answers to such questions are *yes* or *no.*
2 Two alternative answers are provided in this type of question, e.g. *[...] this cough, are you producing anything or is it a dry cough?* [4].
3 E.g. *When did you first notice that symptom?* The patient is expected to provide a specific answer.
4 Questions beginning with *How about*, e.g. *How about your legs?* They provide an interlocutor with an opportunity to tell their story about a particular thing (i.e. their legs), without being limited to a specific answer.
5 E.g. *How are you feeling?*

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the way these questions were formed, which consequently allowed the doctor to control both the interview and the patient's contribution to it to a great extent [4].

Ainsworth-Vaughn opted for a slightly different classification where she identified the following types of questions: WH-questions,[6] inverted auxiliary,[7] "search" WH-questions,[8] elliptical questions,[9] tag questions and rising intonation pattern.[10] She also explored the so-called rhetorical questions that are more like requests or statements than real questions as there is no need for an actual answer [5].

Boyd & Heritage and Hayano explored doctors' questions and they emphasized the triple function doctors' questions had in a medical encounter – (1) to limit the patient's answer by imposing a specific agenda,[11] (2) to assume various aspects of the patient's health and their medical knowledge,[12] and (3) to favour one type of an answer over another[13] [3, 6]. Boyd & Heritage also insisted on *the optimization principle* – the fact that doctors' questions during the phase of history taking are formulated in such a way that they always predict the best-case scenario [3][14].

Interestingly enough, most of the studies deal only with doctors' questions and do not take patients' questions into consideration [3, 4, 6]. Some authors, like Mischler, do not even believe a patient can ask a question during a medical encounter, as they consider this to be an exclusive privilege of a doctor [4]. Having analysed over 2500 recordings, Byrne & Long came to a conclusion that it was asking questions that gave doctors such a great power over patients whose contribution was entirely insignificant and limited to the very end of the encounter [7]. Fairclough claims that the entire encounter is based on doctors' questions and that a doctor has a complete control over the turn-taking system in this type of communication [8]. He also believes that the patients' contribution is absolutely negligible and that patients actually speak only when they are encouraged or prompted to do so by the doctor's questions. However, some other authors have proved that patients do ask questions during a medical encounter and that they even do so regularly, but certainly less frequently than doctors [5, 10].[15]

Why do doctors and patients ask questions in a medical encounter? Klikovac states several reasons for doctors to ask questions – (1) they want to find out about everything they might consider important prior to giving a diagnosis or deciding on a treatment, (2) they wish to direct the patient towards a particular response or to encourage them to continue talking and say more about a particular topic or (3) they do this in order to make a conclusion [11].

Cordella studied both doctors' and patients' questions and she identified several different *voices* both groups used according to a situation or a personality type [12]. Concerning the patients, Cordella determined only one group of patients (i.e. *the voice of initiator*) who actually asked questions and they did so in order to find out more about their health, to understand their situation better and take a better care of their health [12]. McKenzie conducted a study that involved pregnant women carrying twins and most of them admitted they believed they should make a list of questions they wanted to ask their doctors in advance, before going to their surgery, as well as that they were unsatisfied with the fact their doctors did not share information with them [13]. Adler et al. even stated that some patients[16] thought it was inappropriate to ask any question whatsoever as it would indulge the doctor-patient relationship [14].

TAG QUESTIONS

Tag questions are commonly used to check if something is true or to ask for an agreement [16]. In English, tags are usually composed of an auxiliary verb or the verb *do,* depending on the form of the entire sentence, and they are positioned at the very end of the question, behind a comma. A negative question tag is normally used after a positive sentence, whereas a positive question tag is used after a negative sentence [17].[17]

In Serbian, tag questions have not been explored much, but there are two terms that could be used as equivalents to the English term question tags – *dopunska pitanja* [18] and *finitivne rečenične upitne forme* [9]. Just like in English, an interrogative word is located at the end of the sentence and such position is considered to change the communicative status of the sentence turning a statement into a question [9]. It is important to say that only an

6 The questions that Mischler [4] classified as restrictive WH-questions.

7 Yes/no questions in Mischler's classification [4].

8 In this type of questions, a question word never occupies the initial position, but it is usually located at the very end of the question, in the position that matches its syntactic role. E.g. *You have an appointment when?*

9 These are not real questions, but they have a communicative value of a question. [9] In these questions, the topic from a previous context is emphasised, so that both interlocutors know what the question is about, e.g. *Everything else remains unchanged?* (here both the doctor and the patient know exactly what *everything else* is referred to).

10 At first sight, these are not questions at all, as they have the structure of a statement. However, owing to its rising intonation, they have an interrogative communicative value [9], e.g. *You've got the previous report?*

11 Imposing a specific topic or offering an agenda concerning a specific activity expected from the patient (i.e. to give an affirmative or a negative answer, to give an explanation, etc.)

12 This is more often the case in WH-questions than in yes/no questions. In the example *What medications do you take?* the patient is not expected to say whether they take medications or not, but they are just supposed to give an answer to a restrictive question.

13 This actually means that a question is formulated in such a way that an affirmative or a negative answer are naturally expected (e.g. *You don't suffer from heartburn?*).

14 For example, doctors would always rather ask *Is your father alive?* than *Is your father dead?*

15 In Frankel's study patients asked only 1% of the total number of questions [10], West's study reported a total of 9% of patients' questions [15] and in Ainsworth-Vaughn's research the number of patients' questions rose to 39% [5].

16 Those were oncological female patients aged 65 to 85.

17 E.g. You haven't got the results yet, *have you*?; She doesn't look well, *does she*?

Table 1. Tag question distribution in English and Serbian corpora
Tabela 1. Raspodela dopunskih pitanja u korpusima na engleskom i srpskom jeziku

	Total number of questions Ukupan broj pitanja	Number of tag questions Ukupan broj dopunskih pitanja	Number of tag questions asked by doctors Ukupan broj dopunskih pitanja koja je doktor pitao	Number of tag questions asked by patients Ukupan broj dopunskih pitanja koja su pacijenti pitali
ENGLISH CORPUS KORPUS NA ENGLESKOM	334	8 (2.4%)	4	4
SERBIAN CORPUS KORPUS NA SRPSKOM	497	40 (8%)	30	10

affirmative answer is expected to these questions and they are related to something that was previously stated [18]. Most frequently used interrogative markers in Serbian tag questions are the following: *je l'?, je l' da?, zar ne?, je li?, a?* and unlike English tag questions they never change their form depending on a tense or a structure of the sentence[18]. These tags are called *(dopunski) upitni operatori* [9] or *privesci* [19]. Interestingly, Hudeček & Vukojević state that tag questions are found exclusively in everyday communication, which could be important in determining the genre of a medical encounter [20].[19]

Tag questions are interesting to explore, as they are quite different from most of the other types of questions. As it is always an affirmative answer we expect to such questions, they are often not even seen as questions; this could be an explanation for the reason why only Ainsworth-Vaughn counted them as questions [5]. We thought it would also be useful to see how often doctors and patients asked tag questions and if they used them to the same purpose. Since tag questions are commonly used to check a particular piece of information or ask for an agreement, they could be seen as a power-claiming tool (i.e. expecting someone to agree with you, never to oppose you or state their own opinion) or simply as a way to encourage another person to say more about something.

RESEARCH RESULTS

In order to check how often doctors and patients use tag questions and what role these questions have in a medical encounter, we compared recordings of medical encounters in English and Serbian.

The English corpus consists of 19 recordings, whereas the Serbian corpus contains 80 recordings, but both corpora were approximately 5 hours long and could be considered equal in length. The recordings from the English corpus are a curtesy of Prof. Richard Frankel, they have been made in a tertiary referral hospital in the USA and they belong to the fields of orthopaedic surgery (14 recordings) and internal medicine (5 recordings). The recordings from the Serbian corpus have been made in a tertiary referral hospital in Belgrade, Serbia, and they belong to the fields of pulmonology (37 recordings) and paediatrics (43 recordings).

Out of the total of 334 questions asked in the English corpus, there were only 8 tag questions (2.4%); doctors asked 4 tag questions and patients asked 4. In the Serbian corpus there were 40 tag questions out of the total number of 497 questions (8%); 30 tag questions were asked by doctors (75%) and 10 (25%) were asked by patients. So, we can conclude that tag questions are rather rare in English corpus, whereas in Serbian corpus they are more frequently used, but more by doctors than by patients. The results are presented in Table 1.

Doctors in English corpus always asked tag questions simply to check a particular piece of information (Example 1).

Example 1:
D: [...] **The Doxicycline is a one hundred, is it?**
P: Oh: my gosh I don't know.
D: It comes in a fifty and a one/hundred.
P: Yeah.

In this example the doctor used a tag question to check a piece of information – the dosage of the medication the patient is currently taking. By opting for this particular type of the question, the doctor also directs the patient to a particular answer he considers adequate. So, by asking this question the doctor does not seek a new piece of information, but he just wants to confirm his assumption of the information he already possesses.

Unlike their American colleagues, the doctors from the Serbian corpus used tag questions in several different ways. They most often chose these questions to check a particular piece of information (Example 2), but they also opted for them when they wanted to check if the patients understood what they had previously told them (Example 3), to make the atmosphere more relaxed (Example 4), to get more time or make the patient change their mind (Example 5). Paediatricians also used tag questions to direct their patients towards a particular answer (Example 6).

Example 2:
L: [...] **You still have that Seratide 250, don't you?**
P: Yeah. That's what doctor prescribed las' time. Everything was ok, he said, and then he listened to my lungs and realized [...]

18 E.g. *To je sve, je l' da?*

19 While some authors firmly believe that a medical encounter is a typical interview with strictly defined roles of an interviewer and an interviewee [4, 10], some other authors claim it is actually a combination of two genres – an interview and everyday communication [5, 21, 22, 23].

The doctor obviously asked this tag question either to make a statement or to check something he already knew, so he did not really expect the patient to answer. By asking this question, he hopes for a confirmation, not for a negative answer. The tag *don't you* (Serb. *je l'*) which is used here is the most frequent tag in the entire Serbian corpus. As expected, the patient confirms the doctor's statement by using a minimal response *yeah* (Serb. *a-ha*).

Example 3:
D: Now, when you start using the new dosage 80, you should follow what's going on. If you see it's stable, that nothing changes, then go on with it. If you see something's going on, come before the end of 3 months (..) Or maybe better 2 months. As we've got a low dosage, so we should follow your reaction (.). **We've understood each other, haven't we?**
P: Yes.

In this citation, the doctor is giving instructions to the patient, concerning a new dosage of the medication he has already been using. For the most part of his turn, the doctor is determining the patient's behaviour by telling him what to do and by revealing the two possible scenarios. Interestingly, the doctor suddenly starts using the 1st person plural - *we've got a low dosage* (Serb. *imamo malu dozu), we should follow your reaction* (Serb. *da vas ispratimo*). He uses the 1st person plural either to denote both himself and the patient in an activity that only seems to be mutual but actually depends only on the doctor or to denote himself and other doctors, as professionals [11]. Finally, the tag question *We've understood each other, haven't we?* (Serb. *Razumeli smo se, je l' tako?*) is used only to check if the patient has heard and understood everything, but it is also a good example of the discourse of power in institutional communication – the doctor only expects a confirmation (so, the patient is supposed to understand well everything he's been told) and by using the 1st person plural he may put himself in the position of an authority.

Example 4:
D: It's salty, the sea. **It's too salty, isn't it?**
P: Yeah.

Here the paediatrician uses a tag question only to make her little patient laugh and help him feel more relaxed. She makes a joke about the sea being salty and she obviously does not expect to get a real answer to her question, she only expects her patient to agree with her and get the joke.

Example 5:
D: OK, have you solved your:
P: //No
D: **You haven't, have you?**
P: I don't have it during the day, but at night [...]

In this example, the tag question is asked in order to make the patient re-think what he has just said or simply to provide the doctor with some more time to think about what he has just heard. It is also possible that the doctor expected to get a positive answer and was thus a bit confused, so he took some more time to think about the problem.

Example 6:
D: So, tell me, how often do you have these headaches?
P: Well, twice a week.
D: When you're on holiday and when you go to school? When you have obligations and when you don't? Or are they more frequent when you have obligations. Now during the summer holiday **it happens less frequently, doesn't it?**
P: Yes.

This is a typical example of directing the patient towards a particular answer or helping them to answer properly. Paediatricians used tag questions to this purpose rather frequently, whereas there was not a single example of this usage in encounters with a pulmonologist. This might be connected with differences between paediatrics and almost all the other branches of medicine – paediatricians talk to children (and their parents) and they need to find a way to learn everything they would like to know, without intimidating the patient.

The patients in English corpus usually used tag questions only to check a particular piece of information (Example 7).

Example 7:
P: [...] **There isn't any other (...) treatment for it either, is there**?
D: Prednisone it/I've never/I've never heard of anything else that works [...]
P: Mmm (.) It works, I think it does help (...) **make you retain water though don't it/doesn't it?**
D: A little [...]

In this quote the patient asked two tag questions. The first question was negatively formulated and even though the patient asked it hoping that there is an alternative treatment, he still expected to get a negative answer. The doctor hesitated, as if he did not want to disappoint the patient, but he finally admitted the medication the patient was currently using is the only option. The patient then asked another tag question, asking for a confirmation of what even he himself had noticed.

The patients in Serbian corpus used tag questions in the same way – to check information (Example 8), but also to check if they have understood their doctor correctly (Example 9).

Example 8:
P: [...] **I'll have to get a referral once again, won't I?**
D: //No, you won't.

In this example the patient simply checked whether a piece of information he had was correct so that he would not make a mistake. Instead of asking a yes/no question (e.g. *Will I have to get a referral once again?*), he turned it into a tag question, as he believed it would be necessary

for him to get a referral before seeing his doctor again. Surprisingly enough, the doctor gave him a negative answer.

Example 9:
D: No, don't do it now, change it if you need to.
P: **If I need to, right?**
D: Yes

This is the final phase of the medical encounter and the doctor is discussing the therapy and giving instructions. So, the patient's tag question *If I need to, right?* (Serb. *Po potrebi, je l'?* has a role of finding out if he has understood the doctor correctly, to make sure he will do everything properly. This is not a typical tag question, as it is a bit elliptical, but we can certainly consider it a tag question, as an affirmative answer is expected.

CONCLUSION

Doctor-patient communication, as one of the most researched types of institutional communication, is explored from various aspects. Asking questions in a medical encounter is believed to be one of the most important features of this type of communication. According to some authors, the right to ask questions is an exclusive privilege of doctors, whereas some other authors claim patients can ask questions as well, but less frequently and to different purposes.

It is thought that having a privilege to ask questions provides doctors with a powerful tool for controlling the entire encounter – they use questions to direct patients towards a particular response, to encourage them to say more about a topic or to determine their behaviour during the encounter. Patients do ask questions as well, but they obviously do it in a significantly different way, usually with the purpose of finding out more about their health.

Tag questions have not been researched as much as some other types of questions and they were counted as questions in only one larger study [5]. These questions might not even look like questions, as only an affirmative answer is expected. So, posing a tag question basically means asking for a confirmation or checking information.

In our research, medical encounters from two different corpora, English and Serbian, have been compared in order to check how often tag questions are used, how doctors and patients use them and what role they have in a medical encounter. According to the research results, tag questions are almost four times more frequent in Serbian than in English corpus. In English corpus doctors and patients asked the equal number of tag questions and both groups posed these questions only in order to check a particular piece of information. In Serbian corpus, doctors asked tag questions much more frequently than patients. Apart from checking information, they used tag questions in several other ways – to help the patient relax, to get more time or make the patient re-think what they had said, to check if the patient had understood something or to direct the patient towards a particular answer. Patients in the Serbian corpus used tag questions to check particular information or to check if they had understood their doctor and instructions correctly.

When it comes to the discourse of power and the actual positions of doctors and patients in a medical encounter, we cannot agree that patients are completely deprived of the possibility to ask any kind of questions, including tag questions. In the English corpus there are almost no differences whatsoever between doctors and patients. However, in the Serbian corpus doctors ask these questions much more than patients and certain characteristics of the discourse of power can be recognized – doctors sometimes use tag questions to direct their patients to a particular answer they find most appropriate. On the other hand, patients never ask tag questions to this purpose, but exclusively in order to check a particular piece of information or if they have understood doctor's instructions correctly, which again proves the existence of asymmetry in doctor-patient interaction.

Transcription symbols used in the paper [24, 25, 26]:

//	the beginning of overlap/interruption
=	tightly connected elements, no pause
(..)	1 to 3 seconds long pause
(...)	pause longer than 3 seconds
/	repair
↑	rising intonation
:	prolonged syllable
[...]	a part of conversation that has not been included in the excerpt
?	interrogative intonation

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Uloga dopunskih pitanja u medicinskom susretu

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KRATAK SADRŽAJ

Diskurs medicinskih susreta smatra se odličnim primerom kako institucionalne komunikacije tako i diskursa moći. Postavljanje pitanja predstavlja verovatno najupadljiviju odliku interakcije lekara i pacijenta, a ovaj rad se bavi dopunskim pitanjima kao jednim od nekoliko tipova pitanja koja se sreću u gotovo svakom medicinskom susretu. Bavićemo se dopunskim pitanjima kroz predstavljanje rezultata nekih dosadašnjih istraživanja u oblasti medicinskog susreta, te poređenjem i komentarisanjem transkribovanih snimaka medicinskih susreta na engleskom i srpskom. Utvrdićemo koliko često se ovaj tip pitanja sreće u datim korpusima, kako se ovim pitanjima služe lekari a kako pacijenti, kao i kakvu ulogu ona imaju u medicinskom susretu. Najzad, imajući u vidu činjenicu da postavljanje bilo kakvog pitanja u okviru institucionalne komunikacije zahteva izvesnu količinu moći, takođe ćemo pokušati da utvrdimo da li upotreba dopunskih pitanja utiče na položaj lekara i pacijenta u medicinskom susretu.

Ključne reči: kontrastivna analiza; diskurs moći; institucionalna komunikacija; medicinski susret; dopunska pitanja

UVOD

Institucionalna komunikacija se istražuje sa različitih aspekata i na multidisciplinaran način u okviru brojnih naučnih oblasti (lingvistike, sociologije, antropologije, psihologije itd.). Ovaj tip komunikacije uglavnom podrazumeva interakciju poput one koja se sreće između nastavnika i učenika, lekara i pacijenta, policajca i svedoka/uhapšenika ili novinara i osobe koju intervjuiše, gde jedan učesnik u komunikaciji ima ulogu zvaničnog predstavnika određene institucije, a drugi ulogu klijenta te institucije. Dok tzv. svakodnevna komunikacija uglavnom podrazumeva simetričnu interakciju između sagovornika koji imaju potpuno jednaka prava, institucionalna komunikacija se uglavnom odlikuje upadljivom asimetrijom i nejednakom raspodelom moći [1]. Iz ovog razloga, Ferklaf smatra da takvu interakciju treba nazvati *nejednakim susretom* [2].

Komunikacija između lekara i pacijenta smatra se odličnim primerom specifične raspodele moći u oblasti institucionalne komunikacije. Može se istraživati sa različitih aspekata, ali upotreba pitanja je verovatno najbolji način da se predstave neke važne razlike koje postoje među ulogama predstavnika institucije i korisnika usluga koje ta institucija pruža.

Ovaj rad će se najpre ukratko pozabaviti klasifikacijom pitanja i opštim razlozima za postavljanje pitanja u ovom tipu institucionalne komunikacije. U narednom odeljku, detaljnije ćemo se baviti definisanjem i odlikama dopunskih pitanja. Služićemo se primerima iz dva korpusa (korpusa na engleskom jeziku i korpusa na srpskom jeziku) kako bismo predstavili rezultate koje smo dobili poređenjem snimaka razgovora između lekara i pacijenta na engleskom i srpskom jeziku.

Ovaj rad ima za cilj da istraži koliko često se koriste dopunska pitanja u datim korpusima, kako se njima služe lekari a kako pacijenti i kakvu ulogu ova pitanja imaju u medicinskim susretima koji se odvijaju na dva različita jezika i samim tim u dve različite kulture. Najzad, pokušaćemo da utvrdimo i da li i u kojoj meri upotreba ovog tipa pitanja utiče na položaj lekara i pacijenta u medicinskom susretu.

PITANJA U MEDICINSKOM SUSRETU

Različiti autori nude različite definicije pitanja koja se postavljaju u medicinskim susretima, kao i kada je reč o vrstama pitanja i ulozi koju imaju u interakciji lekara i pacijenta. Međutim, mnogi autori tvrde da se većina pitanja postavlja tokom faze uzimanja anamneze i da ih uglavnom postavljaju lekari, ne pacijenti [3, 4].

Mišler je bio jedan od prvih autora koji su se bavili ovim aspektom medicinskog susreta, a u svom istraživanju izdvojio je nekoliko vrsta pitanja – da/ne pitanja,[1] alternativna/disjunktivna pitanja,[2] posebna (pronominalna) pitanja,[3] umereno otvorena pitanja[4] i otvorena pitanja[5] [4]. Pored toga, on je došao do zaključka da je većina pitanja koja su postavili lekari bila tako koncipirana da je ograničavala odgovore koje su davali pacijenti i samim tim omogućavala lekarima da upravljaju kako razgovorom tako u velikoj meri i pacijentovim doprinosom razgovoru [4].

Ejnsvort-Von se opredelila za nešto drugačiju klasifikaciju, u kojoj je izdvojila sledeće vrste pitanja: posebna (pronominalna) pitanja,[6] pitanja sa da/ne odgovorom,[7] eho-pitanja,[8] eliptična pitanja,[9] dopunska pitanja i intonacioni upitni iskazi.[10] Takođe se bavila takozvanim retoričkim pitanjima, koja više podsećaju na naredbu ili iskaz nego na prava pitanja jer se ne očekuje davanje pravog odgovora [5].

1 Npr. *Da li imate temperaturu?* Jedina dva moguća odgovora na ovo pitanje jesu *da* ili *ne.*

2 Ovakva pitanja nude dva alternativna odgovora, npr. *[...]ovaj vaš kašalj, iskašljavate li nešto ili je kašalj suv?* [4].

3 Npr. *Kada ste prvi put primetili taj simptom?* Od pacijenta se očekuje da da konkretan odgovor.

4 Pitanja koja počinju sa *A šta je sa …* ili *A …*, npr. *A šta je sa vašim nogama?* Ovakva pitanja sagovorniku pružaju mogućnost da ispriča svoju priču o konkretnom događaju ili problemu (u ovom slučaju o nogama), bez ograničavanja na konkretan odgovor.

5 Npr. *Kako se osećate?*

6 Pitanja koja je Mišler klasifikovao kao posebna (pronominalna) pitanja [4].

7 Da/ne pitanja u Mišlerovoj klasifikaciji [4].

8 U ovom tipu pitanja upitna reč nikada ne zauzima inicijalnu poziciju, već se uglavnom nalazi na samom kraju pitanja, na poziciji koja odgovara njenoj sintaksičkoj ulozi, npr. *Imate zakazano kada?*

9 Ovo nisu prava pitanja, ali imaju komunikativnu vrednost pitanja [9]. U ovakvim pitanjima naglašava se tema iz prethodnog konteksta, tako da oba sagovornika znaju na šta se pitanje odnosi, npr. *Sve ostalo nepromenjeno*? (ovde i lekar i pacijent znaju tačno na šta se sve ostalo odnosi).

10 Na prvi pogled, ovo uopšte nisu pitanja, jer su formulisana kao izjavne rečenice. Međutim, zahvaljujući uzlaznoj intonaciji, ona imaju upitnu komunikativnu vrednost [9], npr. *Imate prethodni izveštaj*?

Bojd & Heritidž i Hajano istraživali su pitanja koja postavljaju lekari, pri čemu su posebno naglasili trojaku funkciju koju ovakva pitanja imaju u medicinskom susretu – (1) ograničavaju pacijentov odgovor nametanjem odgovarajuće agende,[11] (2) sadrže pretpostavke o različitim aspektima pacijentovog zdravlja i njegovog poznavanja medicine[12] i (3) favorizuju jednu vrstu odgovora u odnosu na drugu[13] [3, 6]. Bojd & Heritidž takođe insistiraju na tzv. *principu optimizacije* – činjenici da su lekarova pitanja tokom faze uzimanja anamneze najčešće formulisana tako da predviđaju najbolji mogući scenario[14] [3].

Zanimljivo je to što se većina istraživanja bavi samo pitanjima koja postavljaju lekari, a što se pitanja koja postavljaju pacijenti uopšte ne uzimaju u obzir [3, 4, 6]. Neki autori, poput Mišlera, uopšte ne veruju da pacijent može da postavi pitanje tokom medicinskog susreta, jer to smatraju isključivo privilegijom lekara [4]. Nakon što su analizirali preko 2500 snimaka, Birn i Long su došli do zaključka da upravo postavljanje pitanja lekara daje veliku moć nad pacijentima, čiji je doprinos sasvim beznačajan i ograničen na sam kraj razgovora [7]. Ferklaf tvrdi da se čitav medicinski susret zasniva na lekarovom postavljanju pitanja i da lekar ima potpunu kontrolu nad sistemom preuzimanja reči u ovom vidu komunikacije [8]. On takođe smatra da je pacijentov doprinos u potpunosti zanemarljiv, te da pacijenti zapravo govore tek onda kada ih lekar na to podstakne svojim pitanjima. Međutim, neki autori su dokazali da pacijenti ipak postavljaju pitanja tokom medicinskog susreta, pa čak i da to čine redovno, ali svakako znatno ređe nego lekari [5, 10].[15]

Zašto lekari i pacijenti postavljaju pitanja tokom medicinskog susreta? Klikovac navodi nekoliko razloga za to što lekar postavlja pitanja – (1) želi da sazna sve što se može smatrati važnim pre nego što postavi dijagnozu ili predloži način lečenja, (2) želi da usmeri pacijenta ka određenom odgovoru ili da ga ohrabri da nastavi da govori i kaže više o konkretnoj temi razgovora ili (3) želi da izvede zaključak [11].

Kordela se bavila i pitanjima koja postavljaju lekari i onima koje postavljaju pacijenti i izdvojila je nekoliko različitih *glasova* kojima se i jedni i drugi služe prema situaciji ili tipu ličnosti [12]. Kada je reč o pacijentima, Kordela je utvrdila da je samo jedna grupa pacijenata (tzv. *glas inicijatora*) zapravo postavljala pitanja i da su to činili kako bi saznali više o svom zdravlju, da bi bolje razumeli svoje stanje i da bi se bolje brinuli o svom zdravlju [12]. MekKenzi je sprovela istraživanje u kojem su učestvovale žene sa blizanačkim trudnoćama, od kojih je većina priznala da veruje kako je potrebno da unapred napravi spisak pitanja koja želi da postavi svom lekaru, pre nego što uđe u ordinaciju, kao i da su bile nezadovoljne činjenicom da im njihovi lekari nisu saopštavali informacije [13]. Adler i dr. su čak izneli tvrdnju da su neki pacijenti[16] smatrali da je neprimereno postavljati lekaru pitanja jer se time može pokvariti odnos lekara i pacijenta [14].

DOPUNSKA PITANJA

Dopunska pitanja se uglavnom koriste kako bi se proverilo da li je nešto tačno ili kako bi se zatražilo da se sagovornik složi sa izgovorenim [16]. U engleskom jeziku, dopunska pitanja se grade upotrebom pomoćnog glagola ili glagola *do*, koji se smeštaju na sam kraj pitanja, iza zareza. Negativno dopunsko pitanje koristi se uz afirmativnu rečenicu, dok se pozitivno dopunsko pitanje uvek sreće u kombinaciji sa negativnom rečenicom [17].[17]

U srpskom jeziku dopunska pitanja nisu često istraživana, ali nailazi se na dva termina koja bi mogla biti ekvivalenti terminu na engleskom jeziku – *dopunska pitanja* [18] i *finitivne rečenične upitne forme* [9]. Baš kao u engleskom jeziku, upitna reč se smešta na kraj rečenice, a smatra se da takva pozicija menja komunikativni status rečenice pretvarajući je iz izjave u pitanje [9]. Važno je naglasiti da se kao odgovor na ovakva pitanja očekuju isključivo potvrdni odgovori, kao i da se odnose na nešto o čemu je prethodno bilo reči [18]. Najčešći upitni markeri u dopunskim pitanjima na srpskom jeziku su: *je l'?, je l' da?, zar ne?, je li?, a?*, a za razliku od dopunskih pitanja na engleskom jeziku oni nikada ne menjaju svoj oblik u zavisnosti od upotrebljenog vremena ili gramatičke strukture.[18] Ovakvi markeri nazivaju se *(dopunskim) upitnim operatorima* [9] ili *privescima* [19]. Zanimljivo je pomenuti da su Hudeček i Vukojević došli do zaključka da se dopunska pitanja sreću isključivo u svakodnevnoj komunikaciji, što može biti važno prilikom utvrđivanja žanra medicinskih susreta [20].[19]

Zanimljivo je proučavati dopunska pitanja jer se znatno razlikuju od većine drugih vrsta pitanja. Pošto iza takvog pitanja uvek očekujemo potvrdni odgovor, često se i ne smatraju pitanjima; to bi moglo da bude objašnjenje za činjenicu da ih je jedino Ejnsvort-Von brojala kao pitanja u svom istraživanju [5]. Smatrali smo da bi bilo korisno proveriti koliko često lekari i pacijenti koriste ovu vrstu pitanja, kao i da li ih koriste u iste svrhe. Pošto se dopunska pitanja uglavnom postavljaju kako bi se proverila određena informacija ili kako bi se od sagovornika zatražilo da se složi sa izrečenim, mogu se posmatrati i kao demonstracija moći (od sagovornika se očekuje da se složi sa izrečenim, da se ne suprotstavlja, da ne iznosi svoje mišljenje) ili jednostavno kao način da se druga osoba ohrabri da kaže nešto više o određenoj temi.

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11 Nametanjem određene teme ili nametanjem agende koja se odnosi na posebnu aktivnost koja se očekuje od pacijenta (da dâ potvrdan ili odričan odgovor, da objasni nešto itd.)

12 Ovo je mnogo češće slučaj sa posebnim (pronominalnim) pitanjima nego sa da/ne pitanjima. U primeru *Koje lekove uzimate?* od pacijenta se ne očekuje da kaže da li uzima lekove ili ne, već se samo očekuje da dâ odgovor na pronominalno pitanje.

13 Ovo zapravo znači da je pitanje tako formulisano da se prirodno očekuje potvrdan ili odričan odgovor (npr. Ne patite od gorušice?).

14 Na primer, lekar bi uvek radije pitao *Da li vam je otac živ?* nego *Da li vam je otac mrtav?*

15 U Frenklovom istraživanju pacijenti su postavili samo 1% od ukupnog broja pitanja [10], u istraživanju koje je sprovela Vest prijavljeno je 9% pitanja koja su postavili pacijenti [15], dok je kod Ejnsvort-Von taj procenat porastao na čak 39% [5].

16 Reč je o onkološkim pacijentima ženskog roda starosti između 65 i 85 godina.

17 Npr. You haven't got the results yet, *have you*?; She doesn't look well, *does she*?

18 Npr. *To je sve, je l' da?*

19 Dok neki autori čvrsto veruju u to da je medicinski susret klasičan intervju sa jasno definisanim ulogama onoga ko postavlja pitanja i onoga ko na njih odgovara [4, 10], neki drugi smatraju da se zapravo radi o kombinaciji dva žanra – intervjua i svakodnevne komunikacije [5, 21, 22, 23].

REZULTATI ISTRAŽIVANJA

Kako bismo proverili koliko često lekari i pacijenti koriste dopunska pitanja i kakvu ulogu ova pitanja imaju u medicinskom susretu, uporedili smo snimke medicinskih susreta na engleskom i srpskom.

Korpus na engleskom jeziku sastoji se od 19 snimaka, dok korpus na srpskom jeziku sadrži 80 snimaka, pri čemu i jedan i drugi korpus traju po oko pet sati, što ih čini jednakima po dužini. Snimke iz korpusa na engleskom jeziku dobili smo ljubaznošću profesora Ričarda Frenkla sa Medicinskog fakulteta Univerziteta u Indijani, SAD. Ovi snimci načinjeni su na jednoj univerzitetskoj američkoj klinici, a pripadaju oblastima ortopedske hirurgije (14 snimaka) i interne medicine (pet snimaka). Snimci iz korpusa na srpskom jeziku nastali su u jednoj ustanovi tercijarne zdravstvene zaštite u Beogradu, a pripadaju oblastima pulmologije (37 snimaka) i pedijatrije (43 snimka).

Od ukupno 334 postavljena pitanja u korpusu na engleskom jeziku, bilo je svega osam dopunskih pitanja (2,4%); četiri dopunska pitanja postavili su lekari, a četiri pacijenti. U korpusu na srpskom jeziku bilo je 40 dopunskih pitanja od ukupno 497 postavljenih pitanja (8%); 30 dopunskih pitanja postavili su lekari (75%), a 10 pacijenti (25%). Dakle, može se zaključiti da su dopunska pitanja dosta retka u korpusu na engleskom jeziku, dok se u korpusu na srpskom jeziku javljaju češće, te da ih lekari koriste više nego pacijenti. Rezultati su prikazani u Tabeli 1.

Lekari iz korpusa na engleskom jeziku uvek su postavljali dopunska pitanja jednostavno da bi proverili određeni podatak (Primer 1).

Primer 1:
D: [...] **Doksiciklin od 100, je l' tako?**
P: O bože, ne znam.
D: Proizvodi se od 50 i od 100.
P: Da.

U ovom primeru lekar se služi dopunskim pitanjem kako bi proverio određeni podatak – dozu leka koji pacijent trenutno uzima. Izborom baš ove vrste pitanja, lekar takođe usmerava pacijenta ka određenom odgovoru koji lično smatra adekvatnim. Dakle, postavljanjem ovakvog pitanja lekar ne traži nikakvu informaciju, već samo želi da potvrdi svoju pretpostavku o podatku koji već ima.

Za razliku od svojih američkih kolega, lekari iz korpusa na srpskom jeziku koristili su dopunska pitanja na nekoliko različitih načina. I oni su najčešće posezali za ovom vrstom pitanja kako bi proverili određeni podatak ili informaciju (Primer 2), ali su ih takođe koristili kada su želeli da provere da li je pacijent razumeo nešto što su mu prethodno saopštili (Primer 3), kako bi opustili pacijenta (Primer 4), te da bi dobili na vremenu ili naterali pacijenta da promeni mišljenje (Primer 5). Pedijatri su se takođe služili dopunskim pitanjima kako bi pacijenta naveli na određeni odgovor (Primer 6).

Primer 2:
L: [...] **Vi imate još uvek onaj Seratide od 250, je l' tako?**
P: A-ha. To je zadnji put doktor prepis'o. Kao, sve u redu i onda po/posluša me i vidi [...][20]

U ovom slučaju lekar postavlja dopunsko pitanje iz dva moguća razloga – kako bi nešto izjavio ili da bi proverio nešto što već zna, a u oba slučaja ne očekuje od pacijenta da odgovori na pitanje. Izborom ovog pitanja lekar se nada potvrdnom, nikako negativnom odgovoru. Dopunski operator *je l'* koji je ovde zastupljen ujedno je i najčešći dopunski operator u celom korpusu na srpskom jeziku. Prema očekivanjima, pacijent potvrđuje lekarovu izjavu upotrebom minimalnog responsa *a-ha*.

Primer 3:
L: Sad ćete, kad pređete na ovih 80, pratite. Ako vidite da se/da to ide stabilno, da se ništa ne menja, onda nastavite. Ako vidite da se nešto događa, javite se pre ova tri meseca (..) Ili bolje dva. Pošto imamo malu dozu pa da vas ispratimo (.) **Razumeli smo se, je l' tako**?

U ovom odlomku lekar pacijentu daje uputstva u vezi sa promenjenom dozom leka koji već koristi. U većem delu svog turnusa, lekar određuje pacijentovo ponašanje govoreći mu šta da radi i otkrivajući dva moguća scenarija. Zanimljivo je to što lekar iznenada počinje da se služi prvim licem množine (mi) – *imamo malu dozu, da vas ispratimo*. On se služi prvim licem množine iz jednog od dva razloga – da označi sebe i pacijenta u aktivnosti koja je samo naizgled zajednička ali zapravo zavisi samo od lekara ili da označi sebe i druge lekare kao profesionalce [11]. Najzad, dopunsko pitanje *Razumeli smo se, je l' tako?* upotrebljeno je samo kako bi lekar proverio da li je pacijent čuo i razumeo sve o čemu je bilo reči, ali je ujedno i dobar primer diskursa moći u okviru institucionalne komunikacije – lekar očekuje isključivo potvrdu (dakle, od pacijenta se očekuje da dobro razume sve što mu je rečeno) i izborom prvog lica množine lekar možda sebi dodeljuje ulogu autoriteta.

Primer 4:
L: Slano to more. **Presoljeno, je l' da**?
P: A-ha.

U ovom primeru pedijatar koristi dopunsko pitanje samo kako bi nasmejala svog malog pacijenta i pomogla mu da se opusti. Šali se na račun toga što je more slano i očigledno ne očekuje da dobije odgovor na svoje pitanje, već samo da se pacijent složi sa njom i da shvati šalu.

Primer 5:
L: Dobro, jeste li sad rešili to što:
P: // Ne
L: **Niste je l'**?
P: Preko dana nemam, nego preko noći [...]

Ovde je dopunsko pitanje postavljeno kako bi lekar naterao pacijenta da još jednom razmisli o onome što je upravo odgovorio ili jednostavno kako bi lekaru obezbedilo još malo vremena da razmisli o onome što je upravo čuo. Takođe je moguće da je lekar očekivao potvrdan odgovor, pa se stoga zbunio i bilo mu je potrebno malo dodatnog vremena kako bi razmislio o problemu.

Primer 6:
L: A, kaži mi, koliko često se te glavobolje događaju?
P: Pa, dva puta nedeljno.

20 D: [...] You still have that Seratide 250, don't you?
P: Yeah. That's what doctor prescribed las' time. Everything was ok, he said, and then he listened to my lungs and realized [...]

L: I kad si na raspustu i kad si u školi? = Kad imaš obaveze i kad nemaš obaveze↑ **Sad preko raspusta je ređe, je l' tako?**
P: Da.

Ovo je tipičan primer navođenja pacijenta na određeni odgovor ili pomaganja pacijentu da odgovori na postavljeno pitanje. Pedijatri su često koristili dopunska pitanja u ovu svrhu, dok u razgovorima sa pulmologom nije bilo nijednog primera ovakve upotrebe dopunskih pitanja. Ova činjenica može biti u vezi sa razlikama koje postoje između pedijatrije i gotovo svih drugih grana medicine – pedijatri komuniciraju sa decom (i njihovim roditeljima) i moraju da nađu način da saznaju sve što žele a da pritom ne preplaše pacijenta.

Pacijenti u korpusu na engleskom jeziku uglavnom su koristili dopunska pitanja samo kako bi proverili neku informaciju (Primer 7).

Primer 7:
P: **[...] Ne postoji (...) neki drugi lek za ovo, je l'?**
Li: Prednizon je/nikad nisam/nisam čuo ni za šta drugo što ima efekta [...]
P: Mhm (.) Ima efekta, mislim da pomaže (...) **ali zbog njega čovek zadržava tečnost, zar ne?**
D: Pomalo [...]

U ovom primeru pacijent postavlja dva dopunska pitanja. Prvo pitanje je negativno polarizovano i čak iako ga pacijent postavlja nadajući se da možda ipak postoji neki drugi način lečenja, on ipak očekuje od lekara negativan odgovor. Lekar okleva, kao da ne želi da razočara pacijenta, ali najzad priznaje da je lek koji pacijent trenutno koristi jedina mogućnost. Pacijent potom postavlja još jedno dopunsko pitanje, tražeći potvrdu za nešto što je i sam već primetio.

Pacijenti iz korpusa na srpskom jeziku koristili su dopunska pitanja na isti način – da bi proverili neku informaciju (Primer 8), ali i kako bi proverili da li su dobro razumeli svog lekara (Primer 9).

Primer 8:
P: [...] **Onda ću opet morati da uzmem uput, je l' tako**?
L: // Ne morate.

U ovom primeru pacijent prosto proverava da li je informacija koju poseduje ispravna kako ne bi napravio grešku. Umesto da postavi da/ne pitanje (*Da li ću morati ponovo da uzmem uput?*), on ga pretvara u dopunsko pitanje jer veruje da će biti neophodno da uzme novi uput pre nego što ponovo poseti svog lekara. Na njegovo iznenađenje, lekar mu daje negativan odgovor.

Primer 9:
L: A, nemojte sada, pređite po potrebi.
P: **Po potrebi, je l'**?
L: Jeste.

Ovo je završna faza medicinskog susreta i lekar raspravlja o terapiji i daje pacijentu uputstva. Stoga pacijentovo pitanje *Po potrebi, je l'?* ima za cilj da proveri da li je pravilno razumeo lekara i da se uveri da će sve sprovesti kako treba. Ovo nije klasično dopunsko pitanje, budući da je pomalo eliptično, ali svakako ga možemo smatrati dopunskim pitanjem jer se očekuje potvrdan odgovor.

ZAKLJUČAK

Komunikacija lekara i pacijenta, kao jedan od najčešće istraživanih tipova institucionalne komunikacije, istražuje se sa više aspekata. Postavljanje pitanja unutar medicinskog susreta smatra se jednom od najvažnijih odlika ovog vida komunikacije. Prema nekim autorima, pravo na postavljanje pitanja pripada isključivo lekarima, dok neki drugi autori tvrde da pacijenti ipak mogu postavljati pitanja, ali da to čine ređe od lekara i u potpuno različite svrhe.

Veruje se da privilegija da postavljaju pitanja lekarima omogućava da kontrolišu čitav susret – oni se služe pitanjima da navedu pacijenta na određeni željeni odgovor, da ih ohrabre da kažu više o određenoj temi ili da im uslove ponašanje tokom susreta. Pacijenti takođe postavljaju pitanja, ali to očigledno čine na drugačiji način, uglavnom sa ciljem da se raspitaju o svom zdravlju.

Dopunska pitanja nisu istraživana u jednakoj meri kao neke druge vrste pitanja i ubrojana su u pitanja u samo jednom većem istraživanju [5]. Ova pitanja možda i ne liče na pitanja, jer se iza njih očekuje isključivo potvrdan odgovor. Dakle, postavljanje dopunskog pitanja znači traženje potvrde ili proveravanje nekog podatka.

U našem istraživanju medicinski susreti iz dva različita korpusa, na engleskom i srpskom jeziku, poređeni su kako bismo proverili koliko često se koriste dopunska pitanja, kako ih koriste lekari a kako pacijenti i kakva je njihova uloga u medicinskom susretu. Dobijeni rezultati pokazuju da je upotreba dopunskih pitanja četiri puta češća u korpusu na srpskom jeziku nego u korpusu na engleskom jeziku. U korpusu na engleskom jeziku lekari i pacijenti postavili su podjednak broj dopunskih pitanja, pri čemu su i jedni i drugi tu vrstu pitanja postavljali isključivo da bi proverili određenu informaciju. S druge strane, u korpusu na srpskom jeziku lekari su postavljali dopunska pitanja mnogo češće nego pacijenti. Pored toga što su ovim pitanjima proveravali određenu informaciju, koristili su dopunska pitanja na još nekoliko načina – da pomognu pacijentu da se opusti, da dobiju na vremenu ili da nateraju pacijenta da ponovo razmisli o onome što je rekao, da provere da li je pacijent razumeo nešto što su mu rekli ili da navedu pacijenta na određeni odgovor. Pacijenti u korpusu na srpskom jeziku koristili su dopunska pitanja kako bi proverili informaciju ili da bi proverili da li su dobro razumeli svog lekara i instrukcije koje su od njega dobili.

Kada je reč o diskursu moći i položaju lekara i pacijenta u medicinskom susretu, ne možemo se složiti sa time da su pacijenti potpuno lišeni prava da postave bilo kakvo pitanje, uključujući dopunsko pitanje. U korpusu na engleskom jeziku gotovo da ne postoje razlike između lekara i pacijenta. Međutim, u korpusu na srpskom jeziku lekari su postavljali dopunska pitanja znatno češće od pacijenata, a možemo prepoznati i izvesne karakteristike diskursa moći – lekari povremeno koriste dopunska pitanja kako bi pacijenta usmerili ka odgovoru koji smatraju adekvatnim. Sa druge strane, pacijenti nikada ne postavljaju dopunska pitanja u tu svrhu, već isključivo kako bi proverili tačnost određene informacije ili da li su dobro razumeli šta lekar od njih očekuje, što takođe ukazuje na postojanje asimetrije u komunikaciji između lekara i pacijenta.

Simboli koji su korišćeni prilikom transkripcije razgovora [24, 25, 26]:

//	početak preklapanja/prekidanje sagovornika
=	tesno povezani elementi, bez pauze
(..)	pauza duga od jedne do tri sekunde
(...)	pauza duža od tri sekunde
/	popravka
↑	uzlazna intonacija
:	produženi slog
[...]	deo razgovora koji nije uključen u odlomak
?	upitna intonacija