



Scope and Content of the Concept of Medical Discourse

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ABSTRACT

The main aspect of this article is the concept of “medical language,” which refers to the language, narratives, and communication strategies used by medical professionals in various contexts. The field of medicine is a complex and multi-layered field that encompasses many topics of knowledge, practice, and communication. Learning a medical language is crucial for understanding healthcare delivery methods, building medical knowledge, and interacting between healthcare professionals and patients.

Keywords:

Medical discourse, medicine, linguistic influence, compliance effect, informative significance, recommendation, instruction, prohibition, chronotope, health.

Introduction: Medical discourse is extensive and covers a wide range of communicative practices and genres. It includes written texts such as medical literature, research articles, textbooks, and medical records. These texts serve as repositories of medical knowledge and disseminate information about diseases, treatments, and clinical practices. Medical writing requires specific styles, conventions, and terminology to ensure clarity and precision when communicating complex medical concepts. In addition to written texts, medical discourse also includes spoken interactions in various healthcare settings. Doctor-patient consultations, clinical rounds, medical conferences and interdisciplinary meetings all involve different forms of communication within the medical community. In these contexts, medical professionals rely on both verbal and nonverbal cues to convey information, make diagnoses, discuss treatment options, and provide emotional support to patients. The content of medical discourse is heavily influenced by the underlying assumptions, values, and norms of the medical profession. It reflects the

authoritative status of medical professionals who have expertise and expertise. Medical discourse is based on technical terminology, jargon and scientific language and is therefore often inaccessible to a non-medical audience. This technical language serves as a means of precision and accuracy and allows medical professionals to communicate effectively within their community.

Literature review. Medical discourse is a concept that reflects communicative activities in the field of doctor-patient communication and is an integral part of the system of institutional discourses, the subject of which is health. Since it is the simplest form of thinking, the concept has a fairly complex structure. First, a distinction is made between content and scope. The content of the concept refers to several essential features reflected in this concept. As V.I.Karasik notes[1] these signs of discourse include the author's communicative intentions; the relationship between the author and the addressees; all sorts of “circumstances” significant and accidental; general ideological characteristics and stylistic climate of the

entire era and in particular of the specific environment and specific personalities to which the message is directly or indirectly addressed; Genre and stylistic features of both the communication itself and the communication situation in which it is integrated; many associations with the previous experience, somehow caught in the orbit of this linguistic action.

The content of the term “discourse” is also the socially determined organization of the language system, as well as certain principles according to which reality is classified and represented (presented) in certain periods [2]. The content of the concept of “medical discourse” is the organization of a system of speech interaction within the Institute of Medicine, the principles according to which professional communication between a doctor and a patient is built to cure a patient of an illness. The scope of the concept reflects objects or their aggregates that have properties that make up the content of this concept. This is a set of objects, each of which has attributes related to the content of the concept. For example, the scope of the term “discourse” includes a set consisting of different types of discourses. Different interpretations of discourse bring with them different discourse typologies. Therefore, from a sociolinguistic point of view, V.I. Karasik proposes to distinguish two main types of discourses: personal (personality-oriented) and institutional [1].

To clarify the scope of the term “medical discourse” and consider the principles of its structuring, it seems appropriate to analyze the definitions of the word “medicine”. Etymologically, the lexeme comes from Latin medicine and denotes the field of scientific and practical activities aimed at the study of normal and pathological processes in the human body, various diseases, and pathological conditions to maintain and promote human health. The scope of the phenomenon of “medical discourse” can be determined based on the semantic structure of the term “medicine”: a narrow understanding of medicine presupposes an institutional discourse, while

the discursive realization of medicine occurs in a non-institutional discourse in a broad sense. Medical discourse is a special type of communication between people who may not know each other before, but who necessarily have to communicate by the norms of society and this public institution. Medical discourse is a well-prescribed, canonical form of professional interaction with a wide range of people affected by a global problem - the provision of medical care to all who need it[3]. In addition, in the diversity of approaches and concepts, two large classes of criteria for classifying the discourses themselves can be distinguished: semantic (or thematic) and structural. Since the authors refer to either the substantive or formal side of the discourse, such types of discourse as literary, historical, scientific, journalistic, philosophical, medical, and others are distinguished.

When talking about the set of essential features of discourse, one must focus on those conceptual features that allow us to objectively distinguish medical discourse within the framework of institutional discourse. Medical discourse is a heterogeneous structure that includes several genres, certain socio-role, communicative, and structural-semantic features. M. Halliday proposes to categorize the conceptual space of discourse by identifying field, tone, and mode[4]. According to this triad, the discourse is characterized by the parameters “field”, i.e. the participants and communication genres [4].

Research methodology. In his article “On Types of Discourse” V.I. Karasik, modeling institutional discourse, identifies four groups of features: 1) constitutive signs of discourse, 2) signs of institutionality, 3) signs of the type of institutional discourse, 4) neutral signs. The constitutive features of discourse have been treated quite extensively in works on sociolinguistics and pragmalinguistics [1]. These signs include participants, conditions, organization, methods and materials of communication, the genre of communication, and finally the sign body of communication (texts and/or non-verbal signs).

Signs of institutionality fix the role characteristics of agents and clients of institutions, typical chronotypes, symbolic actions, template genres, and language clichés. Institutional communication is communication in a kind of mask. It is the template character of communication that fundamentally distinguishes institutional discourse from personal discourse. The specificity of institutional discourse is revealed in its type, i.e. in the type of public institution, which is designated in the collective linguistic consciousness with a special name, which is generalized in the key concept of this institution, is associated with certain functions people, structures for the fulfillment of these functions, social rituals and behavioral stereotypes, mythologemes and texts created in this social pedagogy were developed.

The neutral signs of institutional discourse include general discursive features typical of any communication, personality-oriented signs, as well as signs of other types of discourses that manifest themselves "on the foreign territory", that is, transposed signs (e.g. elements). the sermon as part of the religious discourse in politics, advertising - in medicine, scientific discussion - in pedagogy). [1] The medical discourse has the characteristics of an institutional discourse of any kind. These signs include activity character (dynamics, processality), openness, interactivity, intentionality, information content, coherence, integrity, structurality, and discretion (ability to articulate). According to the basic characteristics, medical discourse is classified as institutional or status-oriented forms of discursive interaction of people [3]. Medical discourse is the area of professional and communicative interaction of specialists and therefore also has features such as deontological orientation, tolerance, and persistence (from English convinced - convince, persuade, persuade). One of the basic categories of medical discourse should be recognized as a speech therapy orientation: the focus on "word treatment".

When defining the conceptual space of medical discourse, the field of discourse is understood as the activity of professional medical care, in

which those involved operate with language as one of the most important interaction tools. The tone of the medical discourse is shaped by its participants: a doctor, a nurse, a paramedic, a patient, and his relatives, who are comprehensively taken into account for medical care with all status and role tasks, socially significant relationships in which they are involved will provide or receive care. The mode of medical discourse is the formal and meaningful organization of the text, the channel of its presentation - in our case oral - its communicative purpose is persuasion, explanation, and the final achievement of the state of conformity as a result of successful communication on the part of the representatives of the DES - doctor and Dr. - Patients. According to L.S. The main sociolinguistic features of medical discourse include: 1)the goal is professional medical care for the patient, 2)participants - the doctor, the patient (and his relatives, and colleagues), 3)chronotype - (medical examination), doctor's visits at home, hospital visits, etc.), 4)values - health (and its antipode - illness), therapy, 5) discourse-like strategies - diagnosis, treatment and recommendation as well as explanation, assessment, control, support and organization, 6) Genres - patient complaint, outpatient appointment, diagnostic interview, treatment, recommendation, advice, etc[5].

Analysis and results. Different institutional spheres give the argument and the argument process their unique coloring. The specifics of the institution can have such a strong influence on the nature and nature of argumentation that they obscure the status of argumentation as a single, universal way of thinking. Thus, the medical discourse has suggestive (suggestive) properties that create a special tone of communication, are expressed verbally and non-verbally, reveal situational variability, manifest themselves in various genres of this discourse, and significantly increase the patient's compliance. Verbally, the suggestiveness of medical discourse is expressed in the attitudes formulated by the doctor, through direct verbal suggestion in the form of "instructions", expressed as medical

advice, advice, recommendation, instruction, prohibition, as well as an indirect suggestion in the form of suggestive consent (Compliment, praise) or a suggestive condemnation that already shows signs of manipulative influence. It is important to note that under the influence of stress or illness, the patient's suggestibility and ability to manipulate increases. The information conveyed by the doctor becomes relevant to the patient and has an effective effect on the patient's consciousness.

Thus, it was found that linguistic influence on the patient is more often translated into compliance when it corresponds to the needs and interests of the addressee, has real value for him, and when a person with high authority and unconditional trust acts as a source of information. The authority of a doctor creates a high informative significance of argumentative and manipulative influences in medical discourse and contributes to the creation of a compliance effect.

In addition, medical discourse is shaped by social and cultural factors as well as historical and contextual considerations. Societal attitudes toward illness, illness, and healthcare influence the way healthcare professionals communicate with patients. Cultural beliefs and practices impact the language used to describe symptoms, treatments, and health outcomes. Furthermore, the historical development of medical knowledge and practice over time has led to an evolution of medical discourse with changes in terminology, diagnostic frameworks and treatment approaches. An important aspect of medical discourse is the power dynamic that prevails within the doctor-patient relationship. Healthcare professionals play an important role and have the knowledge and expertise that patients can rely on for their care. This power imbalance can affect communication between physicians and patients and affect the level of patient involvement in decision-making and understanding of medical information. The study of medical discourse has significant implications for medical education, patient care, and public health. It enables healthcare professionals to reflect on their communication practices, ensuring clarity, empathy and

patient-centeredness in their interactions. It can also facilitate the development of effective health communication strategies to promote patient health literacy and improve health outcomes.

Conclusion: In summary, the term medical discourse includes the language, narratives and communication strategies used in the medical field. It includes written texts, spoken interactions, and nonverbal communication within the medical community. The content of medical discourse is influenced by medical knowledge, values and norms as well as social, cultural and historical factors. It is important for healthcare professionals to understand medical discourse in order to communicate effectively, engage patients, and promote shared decision-making. By studying medical discourse, we can improve healthcare practices, increase patient satisfaction, and work toward better health outcomes for individuals and communities.

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