

Implications of Grand Strategy of Politeness on the Doctor-Patient Relationship in Mainland China

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Abstract: Undoubtedly, doctor-patient relationship is supposed to be the most harmonious relationship since it plays a fairly important part in promoting human health. However, in mainland China, doctor-patient relationship has been a serious problem for quite a long time. Every year, many conflicts between doctors and patients are reported. Informative and effective communication between doctors and patients is crucial in that with which doctors can get sufficient information to make a correct diagnosis, to which politeness contributes a lot. For patients, they are supposed to be polite to get effective treatment. For doctors, they should keep in mind that they should be polite as they are providing health care service to their customers. Based on the data of naturally-occurring doctor-patient conversations, this paper aims to focus on the doctor's side to explore the implications of Leech's Grand Politeness Strategy (GSP) on clinical communication so as to help build a harmonious doctor-patient relationship in mainland China.

Keywords: Doctor-Patient Relationship, Politeness, Communication

1. Introduction

Doctor-patient relationship is as old as medicine itself [3]. In a wider sense, doctor-patient relationship refers to the relationship formed in the medical practice, between the doctor-centered group including doctors, nurses, medical technicians, administrative staff members of hospitals and the patient-centered group including patients and relatives and friends of the patients. In a narrower sense, doctor-patient relationship refers to the relationship between doctors, the medical service providers, and patients, the medical service receivers [2]. As can be seen, a doctor-patient relationship exists once a doctor serves a patient's medical needs.

In the practice of medicine, doctors are actually taking part in an activity with social responsibilities to treat patients and relieve their sufferings. The quality of doctor-patient relationship is a critical factor for treatment outcomes and patient satisfaction as well.

This paper focuses on the narrower definition and aims to explore the effect of the communication strategy—Grand Strategy of Politeness on the personal bond formed between doctors, the caregivers and patients, the care receivers during the clinical diagnosis process in the outpatient department.

2. The Present Situation of Doctor-Patient Relationship in Mainland China

Since the doctor-patient relationship is essential for the delivery of high-quality health care service in the diagnosis and treatment of diseases, the doctor-patient relationship forms one of the most fundamental foundations of contemporary medical ethics [8]. However, in mainland China, the doctor-patient relationship is under stress in the present health-care environment. News in recent years has reported that every year many medical disputes happened in the hospitals in mainland China, even some violent and bloody attacks happen now and then, and some medical workers are often victims of terrible violence. The relationship between doctors and patients is far from satisfactory.

On March 23, 2012, after “misunderstandings” about his treatment program prescribed by doctors, an out-patient stabbed a doctor to death and injured three others at a hospital in Harbin, capital of northeast China's Heilongjiang Province. The attack further eroded the strained doctor-patient relationship between doctors and patients in China. In another

most notorious hospital attack case, a female doctor was axed to death by a man in a hospital in north China's Tianjin Municipality in November, 2012. On Oct.25, 2013, a knife-wielding man stabbed three doctors at a hospital in east China's Zhejiang Province. One doctor suffered minor injuries, one was seriously injured, and another died despite the efforts of hospital staff to save him.

According to Xinhua News Agency, incidents of violence against medical staff are becoming increasingly common. The Chinese Hospital Association (CHA) recently released a survey showing that, for each hospital, the average number of assaults on doctors has increased each year, rising from 20.6 assaults in 2008 to 27.3 assaults in 2012 [10].

The National Health and Family Planning Commission encouraged hospitals to take measures to boost security and to improve the process for settlement of disputes among patients and doctors. In many hospitals in China, special medical dispute offices have been established to deal with medical disputes [12].

As can be seen from above, the state of the doctor-patient relationship in Mainland China is far from harmonious. Many patients relying on doctors' health services feel dissatisfied with doctors. The atmosphere in the medical situation context is quite tense, in which a conflict between patients and doctors wearing emotionless expressions can break out easily. It's absolutely not our expectation but exactly the picture of the reality. It does make sense to reexamine and evaluate the

interpersonal relationship between doctors and patients to build a harmonious doctor-patient relationship in mainland China.

Luckily, the present situation of doctor-patient relationship is drawing increasing attention from different parts concerned including the government, hospitals, and so on.

3. The Possible Factors and Inducement Leading to the Tense Doctor-Patient Relationship in Mainland China

Then, what in the world has caused the tense doctor-patient relationship which is supposed to be harmonious? The China Hospital Association (CHA) survey of medical violence was conducted between December, 2012 and July, 2013, among medical staff and patients at 316 hospitals throughout China. Released in August of this year, the survey cited the reasons for assaults on doctors, including unsatisfactory treatment, poor communication between patients and doctors, distorted media reports, and hefty expenses [10].

3.1. The Possible Factors Influencing the Doctor-Patient Relationship

The context of doctor-patient relationship can be illustrated in the following diagram.

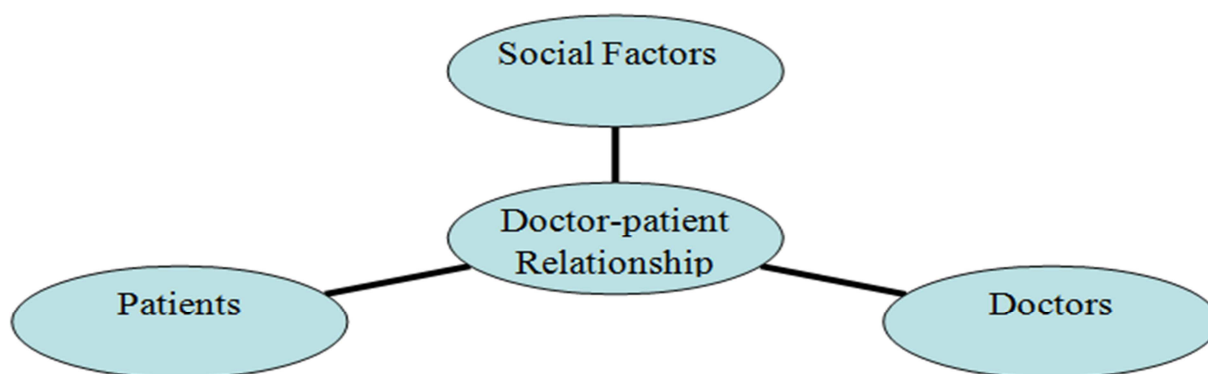


Figure 1. Doctor-patient Relationship.

As can be seen from the above diagram, there are three factors contributing to the doctor-patient relationship, namely, social factors, doctors and patients.

Social factors involve the economic levels, management system of the hospitals, health-care system, moral level of the people, unbalanced demand and supply of medical resources and government policies. All of these provide a social context for medical practice.

Doctors, being medical professionals, have a good knowledge of medicine, and play a crucial role in the doctor-patient relationship during the diagnosis process. In China, doctors are usually over-worked and over-stressed while they're expected to meet high expectations of their patients.

As medical care receivers, patients, turning to doctors for help, vary in personalities and education background.

As can be seen, the unhappy participants in the practice of health care service do not fight with one another in a vacuum. Doctor-patient relationship exists in a certain social context.

3.2. The Inducement to the Current Situation of the Doctor-Patient Relationship

Undoubtedly, the direct cause for the tense relationship lies in the loss of trust between the two sides, overworked but underpaid Chinese doctors who are exhausted and impatient after the heavy clinical work, and patients, who are faced with heavy medical costs and extremely complicated medical procedure. When these two people meet each other, there is a great possibility of conflict even due to something trivial.

2400 years ago, Hippocrates, the father of western modern medical science, said a doctor has three basic utilities:

language, medicine and scalpel. The function of language takes up half of it.

Over 90% of the conflicts between medical workers and patients are caused by insufficient communication [9]. One common phenomenon is that some doctors are not good at communicating with their patients.

The published literature also expresses concerns over the essential role of communication. "It has long been recognized that difficulties in the effective delivery of health care can arise from problems in communication between patients and health care providers rather than from any failing in the technical aspects of medical care. Improvements in provider-patient communication can have beneficial effects on health outcomes" [11].

However, effective and informative communication between doctors and patients has been found to be sadly lacking in China, which leads to the tense relationship. This mainly results from the large amount of work of the doctors, who have to watch rounds, write so much paper work and handle a huge number of ins-and-outs. As a consequence of the lack of sufficient communication, there is less and less trust and understanding between doctors and patients, which adds up to the contributory cause for the conflict to break out finally.

Within the harmonious doctor-patient relationship, which is crucial for sound medical judgment, a doctor plays an important role, and is ethically supposed to care more about the patients' need and carry on friendly dialogues on clinical diagnosis. The doctor's words, especially the impolite words are fuses igniting the sparks of doctor-patient conflicts, resulting in a tense relationship between doctors and patients.

Take one of the naturally recorded conversations for example (Dialogues in this research were naturally recorded and transcribed without telling the doctors, so it seems to have the most advantages: the conversations are natural and real.)

(Doctor (in his forties); Patient (in his twenties), in the out-patient department of Ophthalmology:

Patient: *Qīngwènzhèshì 2 hào zhěshì me? (Is this No.2 consulting room?)*

Doctor (*impatiently*): *Nǐ yǎnjīng bù hǎo ba? Měn wàizhè me dà de zì, méi kàn jiàn? Hǎi wèn. (Do you have a poor eyesight? Isn't there is a big sign outside the door? Why do you ask me?)*

Patient: (*Speechless*)

Extensive research has shown that no matter how knowledgeable doctors might be, if they are not able to open good communication channels with the patients, they may be of little help to the patients. As can be seen from the above case, lack of politeness in doctors' words leads to difficulty in building a harmonious doctor-patient relationship.

Given the current situation of doctor-patient relationship in China, it's time for many doctors to be equipped with communication and interpersonal skills, to open an effective information exchange channel with patients. The following parts will focus on one of the interpersonal communication skills—politeness and its embodiment on building harmonious doctor-patient relationship.

4. The study of Politeness and Influential Politeness Theories

4.1. Definitions of Politeness

Leech defines politeness as forms of behavior which are aimed at the establishment and maintenance of comity, i.e., the ability of participants in a social-communicative interaction to engage in interaction at an atmosphere of relative harmony. Politeness means making the hearer "feel good" (politeness as "kind" or "friendly") [6]. For Brown and Levinson, politeness means not making the hearer "feel bad" (politeness as "tactful" or "diplomatic") [1].

4.2. Leech's Politeness Principle

Gricethinks that in the language social intercourse process, both parties have to cooperate, following four standards of "cooperation principle", in the most direct way [4]. But in actual social interpersonal communication, people often have an intention to breach a certain standard among them so as to acquire special conversational meanings. Besides, Cooperation Principle can not explain why people want to talk in a round-about way. For this, Leech put forward Politeness Principle, which has been widely accepted [6]:

- a Tact maxim (in directives [impositives] and commissives): minimize cost to other; [maximize benefit to other]
- b Generosity maxim (in directives and commissives): minimize benefit to self; [maximize cost to self]
- c Approbation maxim (in expressives and representatives [assertives]): minimize dispraise of other; [maximize praise of other]
- d Modesty maxim (in expressives and representatives): minimize praise of self; [maximize dispraise of self]
- e Agreement maxim (in representatives): minimize disagreement between self and other; [maximize agreement between self and other]
- f Sympathy maxim (in representatives): minimize antipathy between self and other; [maximize sympathy between self and other]

4.3. Leech's Grand Strategy of Politeness (GSP for Short): The Up-Dated Version of the Politeness Principle

Leech's Politeness Principle, although widely acclaimed, has attracted some criticism. It has mainly been censured for the unlimited number of maxims which can be produced to explain every perceived regularity in language use [5].

A great amount of research has been made into the cultural differences concerning observing Leech's Politeness Principle and these speech acts that are closely related to politeness, such as request, apology, compliment, refusal, etc. The universality and specificity of politeness strategies have been subject to criticism for quite a long time.

Leech decides to reformulate the six maxims into something that sounds more like pragmatic constraints. One single super-constraint or super-maxim he invents is the Grand

Strategy of Politeness [7]:

In order to be polite, S expresses or implies meanings which place a high value on what pertains to O (O = other person[s], [mainly the addressee]) or place a low value on what pertains to S (S =self, speaker) [7].

Politeness in a pragmatic sense is a matter of conveying meanings in accordance with the GSP. Politeness often shows up in opposite strategies of treating S and H in a conversation. Whereas conveying a highly favorable evaluation of H is polite, conveying the same evaluation of S is impolite. Under the super-constraint, Leech identifies a set of sub-constraints:

- a Place a high value on O's wants Place a low value on S's wants
- b Place a high value on O's qualities Place a low value on S's qualities
- c Place a high value on S's obligation to O Place a low value on O's obligation to S
- d Place a high value on O's opinions Place a low value on S's opinions
- e Place a high value on O's feelings Place a low value on S's feelings

These constraints above are the most important manifestations of the GSP.

Leech concludes that despite some differences, there is no East-West divide in politeness. All polite communication implies that the speaker is taking both individual and group values into account. This formulation has integrated certain features universally recognized in the conception of politeness in various cultures [7].

5. Implications of GSP on the Doctor-Patient Relationship in Mainland China

Facing the current tense doctor-patient relationship, we should think about how to better this situation. It is clear from the literature that better communication skills, as the central component in clinical practice, help improve patient satisfaction and clinical outcomes. As an interpersonal lubricant, politeness is found in various cultures and languages, and plays an important role in building interpersonal relationship.

5.1. Rapport Building Is Positively Associated with the High Quality Communication, to Which Politeness Maxim Constraints Contribute a Lot

Since to be polite with words helps build a harmonious relationship, observing and breaching GSP constraints in doctor-patient conversations will certainly result in different kinds of doctor-patient relationship.

Take the following two cases recorded in the hospitals for example. In both cases, there were a few patients standing and waiting in the consulting room. Noticing that, the doctor asked the patients to leave and wait outside.

- a Doctor: (Impatiently) *Nǐmēnzàiwàimiànzhuòyǐxià, hǎobā? Zàiménkǒuzhànhéjísīrén le.* (Go out and sit outside the

consulting room. OK? Your standing at the door is really bothersome.)

- b Doctor: *Dào le wǒhǎnnǐ, dōushìànhàolái de. Dàowàimiànzhuòzhèngyǐxià, hǎo ma?* (If it is your turn, I will call you. Would you please sit and wait outside?)

Patient: Hao de. (Ok)

From the second conversation, we notice the doctor places a high value on the patient's wants by *Dào le wǒhǎnnǐ* (I will call you), while in the first conversation, the doctor breaches the sub-constraint of "place a high value on O's wants" by saying 'Your standing at the door is really bothersome.' As a result, in the second case, a harmonious doctor-patient relationship can be built, while the relationship between the doctor and patient in the first case is far from satisfactory.

5.2. Implications of GSP on Constructing a Harmonious Doctor-Patient Relationship in Mainland China

Based on Leech's Grand Strategy of Politeness, with the data collected from the clinical conversations, possible strategies to construct a harmonious doctor-patient relationship during clinical conversations in mainland China have been presented as follows:

- a Place a high value on Patient's wants.
- b Place a high value on Patient's qualities.
- c Place a high value on Doctor's obligation to Patient.
- d Place a high value on Patient's opinion.
- e Place a high value on Patient's feelings.

Besides, Chinese typical polite ways to greet and address patients would also contribute to a harmonious doctor-patient relationship, such as, qǐng (Please), xièxie (Thank you), etc.

If the doctors can observe the constraints above during the different stages of the clinical conversations, harmonious doctor-patient relationship will be built and fewer conflicts between doctors and patients will be found.

6. Conclusion

As an important component of the interpersonal relationship, doctor-patient relationship plays a guiding and fundamental role in creating a harmonious health care environment. However, due to certain factors, the current doctor-patient relationship is not favorable in mainland China, and in recent years, the tense relationship between doctors and patients has caused extensive concern.

Proper politeness strategies play an important role in building a harmonious doctor-patient relationship. To be polite in a proper way would be a necessary way to help relieve the tense situation of doctor-patient relationship in mainland China.

According to Leech, the hypothesis, that the GSP provides a very general explanation for communicative politeness phenomena in Eastern languages such as Chinese, Japanese and Korean, as well as in western languages is supported with very limited evidence [7].

This research focuses on the function of politeness in helping keep a harmonious doctor-patient relationship, which provides evidence in proving the universality of GSP. And

further evidence will be provided in the future studies.

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