

The patient was admitted..., operated... and recovered quickly... – a narrative study of medical events in the abstract section of English case reports from otolaryngology

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Abstract

This article constitutes a study of the narrative included in the abstract section in case reports from a professional medical journal from otolaryngology. The rationale behind this analysis is that the abstract section is seen not only as the essence of a publication but also as a story in which sequences of events are presented. These events constitute part and parcel of a particular medical practice of case reporting, following thus specific ordering and modes of content presentation, i.e. of the patient, the disease and of the treatment process. This way they yield themselves to narrative analysis. The objective of the paper is to determine the narrative properties of their characteristic discourse.

Keywords: narrative analysis, story, event, medical discourse, case report

1. Introduction

Deriving its meaning from the Latin ‘casus’, a case can denote an occurrence, event or happening. A case is also an essential element in medicine – clinical practice is essentially case-based and so is a particular group of subgenres focusing on individual cases of patients with particular diseases. Among them, medical case reports constitute an example of a written genre of medical discourse, typically available as publications in professional journals or part of hospital documentation in medical practice. Yet, from a different angle, they can also be seen as stories, “mini medical tales” (Coker, 2003, p. 907) in which a particular sequence of events, though in the medical context, is presented. This sequence describes the entire path a patient follows from presenting to a medical institution with a particular health problem to the result of one’s treatment. Additionally, if a given case report is a publication in a professional journal, then it will be more structured and very likely will be accompanied by an abstract which is an even more condensed story, this time describing not only the case but also the entire text.

2. Theoretical and methodological framework for the study

In this section, first, the concept of narrative and its importance will be discussed, followed by the presentation of the case report as a genre of written medical discourse and its narrative character. Finally, narrative analysis as an approach to studying discourse will be examined, followed by a review of relevant studies.

2.1. Narrative and its role in human life

Narrative, derived from the Latin word ‘narrare “to relate, explain, account... make acquainted” (Johnstone, 2001, p. 635), points to one of the basic human practices since “[e]verything we know is the result of numerous crosscutting story-lines in which social actors locate themselves” (Somers & Gibson, 1994, p. 41). Following Baker (2005, pp. 4–5), it is an “optional,” but yet “very powerful mode of communication” which gives order to human lives. Narratives may be our own stories or stories we listen to and which may affect our existence. The recognition of this essential role of narrative in human life lies at the heart of the so-called *narrative turn*, which marked a growing interest in stories in the humanities and social sciences, including psychology, politics, economics, etc., where stories began to be treated as research material, political capital or a way to explain financial issues respectively (Barusch, 2012). One more discipline which recognised the role of stories is medicine. In her influential work, Hunter (1989, p. 209) observes that a narrative is “the principle way of knowing in medicine,” since most medical practices – both professional and pedagogical – are narrative in nature. “Much of clinical practice is about telling stories. Case presentations, grands rounds, and seminars are ways in which doctors tell tales to each other. In long winter nights in front of the elders and the wise men, young braves set out their sagas for comment” (Caiman, 1997, p. 1622). Yet, although stories may typically be associated with doctors and patients, sharing their experiences, the story-like character can be found in many medical genres, among them a group of case-based ones and, specifically, the case report.

2.2. Case report and the abstract

The *case report* belongs to the macro-genre of case-reporting under which a number of case-based genres such as case presentation, case record and case notes can be subsumed. Although they differ in the medium, the target audience

and the context of their production, they all focus on a particular case of a patient with a disease. The case report belongs to written medical discourse and usually appears as a publication in a professional medical journal, in which case it will give an account of a new disease or its novel aspect. “Published case reports describe important scientific observations that are missed or undetected in clinical trials, and provide individual clinical insights” (Wáng, 2014, p. 439). If, however, it comes as a part of hospital documentation, then this element of novelty is not necessarily required. Yet, whether a publication or a document, each case report tells a complete story of the patient’s disease from the appearance of symptoms to the recovery or death and it is always a story of a particular case of particular patient/patients. This character of the genre invites a narrative analysis in general, and a genre-specific analysis of particular events presented in such reports.

The abstract, an initial section of the case report, is supposed to offer the essence of a given publication and act as a clue for the reader whether to continue with reading or not. Though a constituent part of a scientific paper, the abstract does not belong to the core structure of the case report, yet with the advent of technology in the context of research and scientific publications, it has proved indispensable in electronic databases and online literature search mechanisms. It appeared in 1960’s and is unfavourably connoted as being often the only part read by the today’s highly competitive academia and as representing the attitude of ‘publish or perish’. Structure-wise, one can differentiate among a conventional (unstructured), structured and narrative abstracts (see section 2.4 below) In structured abstracts, some basic sections are obligatory, such as Background, Methods, Results and Conclusions, depending on the editorial policy of a given journal. The structured nature of this variety has received some criticism for acting as a “strait jacket” around the author (Gustavii, 2003, p. 52). In the analysis, it will be shown that the structure of the abstract of a scientific publication, mirroring the structure of the case report, can be likened to the canonical structure of a story as proposed by Labov & Waletzky (1967) and Labov (1972).

2.2.1. Narrative character of case reporting genres

Case reports usually consist of three parts: “a short Introduction, a more detailed Case Report body, and a brief Comment or Discussion section” (Rowley-Jolivet, 2007, p. 185),¹ which is regarded as the canonical structure of the genre, regardless

¹ This structure can be compared with the arrangement of a narrative as exemplified by Labov & Waletzky (1967) and Labov (1972), which will be discussed in the methodological background for the study in section 2.3 below.

of some journal-specific names of particular parts, their length, or some non-standard formats such as structured reports following the Abstract-Introduction-Case-Report-Discussion format where, additionally, the essence of the article is offered in the Abstract section, typical of research articles.² Regardless of these varieties, they all follow the problem-solution pattern (i.e. situation, problem, solution and evaluation), arranged causally, chronologically (Cohen, 2006; cf. Pujari, 2004) and in a coherent way (Bayoumi & Bravata, 1998), all of which contributes to the story-like character of the genre. In Reiser's words (1991, p. 902): "The clinical case record³ freezes in time that episode in life called illness. It is a story in which patient and family are the main characters, with the doctor serving a dual purpose as both biographer and part of the plot."

2.3. Approaches to narrative analysis

Narrative analysis, the method adopted in the current paper, belongs to the qualitative paradigm of studying discourse, thus "celebrating richness, depth, nuance, context, multi-dimensionality and complexity" (Mason, 2002, p. 2) of particular data. In what follows, an abstract from a case report will be examined closely with respect to the linguistic resources employed therein but also with respect to the specific milieu of its production, i.e. the professional context of scientific publications.

Baynham (2011) distinguishes among three approaches to narrative analysis, i.e. discourse, conversation analytic and ethnographic ones, with the first and the last being particularly relevant for the current paper. The *discourse* approach can be seen here as the pioneer approach and it was explained in by Labov & Waletzky's (1967) and Labov's (1972) observation that "structure and systematicity in the story-telling of ordinary people [is] of a kind that was expected to be found in artful forms of narrative" (Georgakopoulos, 2010, p. 397). This way, the researchers acknowledged narratives as valid data for linguistic examination and proposed guidelines for their analysis. In their approach, Labov & Waletzky (1967) and Labov (1972) established the criteria for narrative analysis stating that a typical narrative consists of a number of elements.

² The specificity of the Abstract section in case reports will be discussed in detail in the description of data for the study in section 3 below.

³ The clinical case record belongs to the group of case-based genres and may be seen as an institutional (clinical) equivalent of a case report, as it prepared for each patient entering hospital as part of hospital documentation. It gives account of the entire therapy the patient undergoes.

Abstract (summary of the substance of the narrative),
Orientation (time, place, situation, participants),
Complicating Action (sequence of events),
Evaluation (significance and meaning of the action, attitude of the narrator),
Resolution (what finally happened), and
Coda (returns the perspective to the present) (Labov, 1972, p. 369)

Additionally, two of the elements may be optional, i.e. Abstract and Coda, and two others can be merged, i.e. Evaluation and Resolution.

The method of analysis as proposed by Labov & Waletzky (1967) and Labov (1972) was generally based upon the premise of structural examination where the presence of particular constituent parts of the story allows researchers to determine whether some verbal or written production can be seen as a narrative. Consequently, the approach can be regarded as both inclusive and exclusive since, on the one hand, by claiming that ordinary people also produce narratives, the volume of data which may yield themselves to studying narratives increases. On the other hand, the list of elements required of a narrative seems exclusive as it still imposes some restrictions as to what can be treated as a narrative. In the *ethnographic* approach, additionally to studying narratives structurally, the role of the context is of utmost importance, since it is the context that may affect the form and function of a narrative and not some predefined model (De Fina, 2003). In the analysis that follows in section 3.3, the structural approach to narrative as proposed by Labov & Waletzky (1967) and Labov (1972) will be adopted to track the occurrence of narrative structures in case report abstracts.

2.4. Narrative angle in the research on medical case reports

Although it is the research article and not the case report that is the primary genre of knowledge dissemination in medicine, there exists a substantial number of studies on case reports, both from the linguistic and other neighbouring perspectives (e.g. sociology of medicine, medical ethics, etc.). Studies with a non-linguistic focus discuss the merits and limitations of case reports (Jackson, Cleary, & Hickman, 2014; Nissen & Wynn, 2014) as well as their evolution (Nissen & Wynn, 2012), oftentimes also from the pedagogic angle. Linguistic studies focus on their structure or language, quantitatively (Morales, Alberto, Marín-Altuve, & González-Peña, 2007) and qualitatively, some adopting a diachronic perspective (Taavitsainen and Pahta, 2000). From the narrative angle, one can enumerate studies without formal linguistic analysis, e.g. of nineteenth century case histories (Hurwitz, 2000; Rylance, 2006), specifically from gynecology (Nowell-Smith, 1995) and recent

developments of the genre (Nissen & Wynn, 2012); or focusing primarily on language – Taavitsainen and Pahta (2000), Salager-Meyer, & Alcaraz Ariza (2013a) and Berkenkotter (2008), with the latter case focusing only on psychiatry and featuring the multimodal approach. Contemporary case reports were studied by Murawska (2012) and Zabielska & Żelazowska (2016). Murawska (2012) demonstrated that case reports are not only narrative structure-wise but also contain the so-called *small stories* (Bamberg & Georgakopoulou, 2008), whose fragments are scattered throughout the texts which do not follow a chronological order. While this study focused on English case reports from a variety of medical areas, Zabielska & Żelazowska (2016) examined case reports in Polish from pediatrics and demonstrated a relationship between the discursal representation of particular topics and text coherence (cf. Cohen, 2006).

With reference to the segment of studies focusing on structural properties of case reports, one can enumerate Pujari (2004), Budgell (2008), Kline (2008), Ortega-Loubon & Correa-Márquez (2014), Pramono (2013) and Rison (2016). Many of these articles point to the importance of abstracts (though it is not a canonical part of the case report structure) whose one of the main functions is to explain why the case is reported on (Pujari, 2004; Ortega-Loubon & Correa-Márquez, 2014) and offer some learning points (Budgell, 2008; Kline, 2008; Cianflone, 2011; Rison, 2016). Of interest is also the fact that abstracts can be unstructured, structured or narrative in nature (Budgell, 2008; Pramono, 2013). By narrative abstracts Budgell (2008) means that they do not contain any headings and that they summarize the paper into a story which flows logically (Budgell, 2008, p. 201).⁴ While the aforementioned studies are centred specifically on the structure of the medical case report as a text genre rather than strictly on language, there are studies approaching abstracts from the linguistic perspective. Such studies have been conducted on abstracts of scientific papers in general (their evolution – Li-Juan & Ge-Chun, 2009; the use of verbs in particular sections – Reimerink, 2007; structural evolution of the research paper – Salager-Meyer, 1990, 1991, 1992, 1994), as well as on the specific genre of medical case reports (Salager-Meyer, 1990, 1991, 1992).

2.4.1. Genres of case-reporting and the concept of events

The concept of *event*, literally something that happens to people and what they possibly want to report on in their stories, seems to be present in broadly understood narrative research on healthcare communication, in detail in reference to a number of medical genres, which themselves are defined as “communicative events” (Swales, 1990, p. 58). According to Charon et al. (1995, p. 600), such questions as “What

⁴ In the current study, the abstract which will be examined, will be a structured one.

do sick people worry about? How do they live their lives around their diseases? What sense can they make of the random *events* of illness? How can their physicians help them to find meaning in their experiences of illness and thereby facilitate participation in treatment or acceptance of the inevitability of death?” [emphasis mine, MZ] accompany doctors in broadly understood patient management. For Hurwitz (2000), a medical consultation can be seen an event, which then may be transformed by medical professionals into many different genres, e.g. a case report. Donnelly (1988) mentions the genre of case presentation, an oral presentation of a patient during a ward round performed by a doctor or a student, and observes that it can be compared rather to a chronicle than to a story, as it focuses only on the events ordered sequentially without the discussion of the context, rather than a structured story narrating not only what happened but also what it meant for the participants. Similarly, Atkinson (1999, p. 87) notes with reference to the case presentation that “[it] uses a standardised repertoire of narrative elements, drawing together a temporal sequence, a series of medical *events* (relating to the patient and to the others) and a sequence of interventions by different medical practitioners, services and institutions” emphasis mine, MZ] (cf. Jackson et al., 2014, p. 65). On the other side of the communicative dyad, “[w]hen a physician meets a patient in the office or at the bedside, the patient tells a complex and many-staged story. Using words and gestures, the patient recounts the events and sensations of the illness while his or her body “tells” – in physical findings, images, tracings, laboratory measurements, or biopsies – that which the patient may not yet know” (Charon et al., 1995, p. 601). The theme of an event also appears in publication titles of case reports, e.g. ‘Case reporting of rare adverse events in otolaryngology’: can we defend the case report?’ (Dias, Casserly, & Fenton, 2012) or typical collocations, as used in the very genre: “My patient made an uneventful recovery from surgery” (Parker, 2000, p. 103).

Therefore, it can be seen that the concept of event is inextricably linked to many genres of healthcare communication, studied in the narrative strand in research on medical discourse, either directly referring to events or defining them.

3. Analysis and results

3.1. Data and methods

The data for the analysis include 15 abstracts of English medical case reports derived from the *Journal of Otolaryngology – Head and Neck Surgery*. The reports were published between 2013–2016 and electronic copies were downloaded from

the journal's website. The length of the case reports ranges from three to six pages, and they cover a variety of topics reserved for the journal's area of interest. The titles usually begin with the name of the condition dealt with (the so-called General subject or "topic" titles, Salager-Meyer & Alcaraz Ariza, 2013b, p. 264) or methods used (the so called Research procedure titles, Salager-Meyer & Alcaraz Ariza, 2013b, p. 264), some of them also contain the typical element of the colon (Hartley, 2005) which is followed by a reference to the genre, i.e. case report.

For the purpose of the current study, the abstracts were extracted from the articles and analysed with respect to the presence of particular constituent parts of the canonical structure of a narrative proposed by Labov & Waletzky (1967) and Labov (1972). The results show that the structure of a narrative defined by Labov & Waletzky (1967) and Labov (1972) is typical of all the 15 abstracts analysed. On the basis of this selection, an illustrative example was chosen for presentation. Then some more comments regarding the character of the story included in the abstract will be offered.

3.3. Results and discussion

In the following section, the abstract from a chosen otolaryngological case report under examination will be subject to an analysis at three levels. The structure and content of the abstract (names of abstract sections appear at the beginning of each paragraph) will be scrutinised as a condensed reflection of the structure and content of the case report (cf. the first element in brackets). Moreover, the abstract may be likened to and thus analysed with respect to the presence of the canonical parts of a narrative (cf. the other element in brackets). As a result, the abstract at hand will be approached as a story as well, far more condensed but still functioning as a *discursive* construct of a medical case.

Abstract

Background (Introduction/Orientation): *Head and neck cancer is often managed with a combination of surgery, radiation therapy, and chemotherapy, and skin toxicity is not uncommon. Xanthogranuloma is a pathological finding resulting from an inflammatory reaction that has not been previously reported following head and neck radiation therapy.*

Case presentation (Case Report body/Complication): *A patient with squamous cell carcinoma of the oropharynx, treated with definitive chemoradiation and hyperthermia, presented at eight-month follow-up with an in-field cutaneous lesion in the low neck, initially concerning for recurrent tumor. Biopsy showed xanthogranuloma and*

the patient underwent complete resection with congruent surgical pathology. The patient remained free of malignancy but continued to experience wound healing difficulties at the resection site which resolved with specialized wound care and hyperbaric oxygen.

Conclusions (Comment/Discussion/ Evaluation and Result): *Skin toxicity is not uncommon in patients with head and neck cancer treated with radiation therapy. Awareness of unusual pathologic sequelae, such as xanthogranuloma, is needed to provide patient counseling while continuing appropriate surveillance for recurrent malignancy.*

The structured abstract of the type presented above typically accompanies contemporary case reports appearing in professional medical journals. As has been already mentioned, case reports give accounts of new diseases or novel aspects of their character, i.e. manifestations, diagnosis or treatment. They usually consist of three parts: Introduction, Case Report body and Comment/Discussion. The Case Report body seems to be the most complex and characteristic part of the publication, since it is the very essence of the case, i.e. it constitutes a textual representation of the patient's entire management, being at the same time the most patient-centred part of the report. Thematically, it can be further divided into history, physical examination/tests, diagnosis and treatment, all the elements contributing to the discursive construction of a case. Analogically to the entire publication, the structured abstract preceding it reflects the structure of the report, containing Background (Introduction), Case presentation (Case Report body) and Conclusions (Comment/Discussion). Additionally, the structure of the abstract can be compared with the arrangement of a narrative as exemplified by Labov & Waletzky (1967) and Labov (1972), who divided narratives into Orientation, Complication, Evaluation and Resolution.⁵ Consequently, the abstract above starts with Background (Orientation), which, as the name suggests, orients readers to the particular case that is described. A "case" is meant here as a particular condition/disease entity, which is then exemplified in a particular patient who is described in the next part of the abstract. In the Background above, a particular reaction to the treatment of a given disease is reported, as the authors suggest, for the first time – "that has not been previously reported" – emphasising at the same time the article's niche. What follows is Case presentation (Complication), which, in the abstract above, constitutes a three-sentence essence of the equivalent part of the report. In detail, it briefly explains the reason of the presentation and offers a recapitulation of the

⁵ The present comparison of case reports to a narrative was inspired by Atkinson (1995), who examined case presentations and observed that their structure was similar to a story.

patient's history of illness ("a patient [...] presented [...] with..."), followed by the results of a diagnostic test ("biopsy showed...") and a description of the management administered ("...the patient underwent..."). Finally, the results ("...remained free of...") and a follow-up ("...the [...] site resolved...") are referred to. Lastly, Conclusions (Evaluation and Resolution) summarises key learning points of the case at hand and attempts to present them in a broader context, abstracting from this particular case ("[the case] is not uncommon...", "awareness [...] is needed..."). As has been mentioned in the theoretical part in section 2.3, there are two elements of a canonical narrative that are optional, i.e. Abstract, which summarises the story which is yet to unfold, and a Coda, which changes the perspective from past to present. In the case of the analysed abstracts, these parts are absent, probably because the abstract accompanying the entire case report is already a summary preceding the proper story. What is more, in this case, the parts Evaluation and Resolution are merged, as the model assumes (cf. section 2.3).

With reference to particular discourses operating at the level of the text, juxtaposing the three sections of the abstract, it can be observed that while the Background and Conclusions sections are general in nature and introduce the topic of the report or conclude it respectively, the middle Case presentation is patient-centred in nature, which manifests itself in the presence of direct textual references to the patient in all three sentences in which he/she figures as the primary topic. Therefore, whereas the two framing sections may represent the biomedical discourse centring upon an instance of a given disease, the other part treats specifically about the person involved. It is also the place where particular events, central to the study of narratives, appear. In the case of the genre of the medical case report, these are diagnosis, treatment and a follow-up, presented as a logical sequence of happenings, constituting the discursive construction of a case in medicine. Consequently, size-wise, the story, as presented in the abstract of the case report, can be labeled a small story, analogically to the term introduced by Bamberg and Georgakopoulou (2008), though small only in the sense of its length; structure-wise, it represents a fully-fledged narrative entity, mirroring the story-like character of the entire report (cf. Zabielska & Żelazowska, 2016).

4. Conclusions

The objective of this paper has been to study narration in abstracts of case reports in a professional medical journal, and to demonstrate how far they yield themselves to interpretation as a narrative genre. Neither the abstract nor the case report as a professional publication represent a typical medium of and context for

telling stories. The study has shown, however, that all the 15 abstracts at hand contain a complete and coherent narrative, conforming to the model of a canonical narrative by Labov & Waletzky (1967) and Labov (1972), yet not of the type readers would find in storybooks. What is more, though relatively short, the abstracts feature a sequence of medical happenings constituting a discursive representation of the case, evidencing the centrality of the concept of event in healthcare communication.

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