



A Discourse-driven Approach to Basic Medical Vocabulary in the Algerian Medical Context

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Reçu : 21 / 06 / 2023 Accepté : 12 / 01 / 2024 Publié : 20 / 01 / 2024

Abstract:

This study is a survey intended for professional Algerian medical doctors and teachers, aimed at understanding the doctors' perspective on the current state of the medical lexicon within the linguistic repertoire of educated Algerian patients. The main finding of this study reveals a deficiency in expressing basic medical terms among educated Algerian patients. Furthermore, the majority of survey participants agree that there is a significant lack of knowledge regarding basic medical vocabulary among educated Algerian patients. Based on this finding, the participants identified three factors or variables that may contribute to the limited medical lexicon in the discourse of educated Algerian patients. These factors revolve around three main variables, namely: (1) Lack of linguistic skills. (2) Insufficient inclusion of medical content in French educational textbooks (3) Limited casual interactions between doctors and patients .

Keywords: *Doctors; Educated Algerian Patients; Interactions; Linguistic Skills; Medical Discourse; Medical lexicon.*

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I. INTRODUCTION

In daily life communication, various registers are being manifested by different sociolects. This study is centrally an inclusive qualitative research that is concerned with the status quo of Medical Discourse. In this respect, doctor patient communication is targeted. From our daily life experiences, it is deeply marked that there is a significant deficiency in using expressions of therapy, illness, disease as well as suffering and pain by the Algerian interlocutors. Questions of the reasons why there is such a medically deficient communication will be seen in connection to three variables; Culture, Social Class and Education. Henceforth, a survey method addressing two types of population will be conducted. The Questionnaires are to be filled by physicians at different Algerian hospitals and teachers of Medicine throughout the Algerian universities.

Statement of the Problem

Troubles with knowing medical terms may be a serious problem in the Algerian speech community, and more precisely educated Algerian patients. In fact, describing pain where it occurs shows a significant deficiency in mastering basic terminology by educated ordinary people who find it difficult to transmit the illness to the doctor because of an apparent ignorance of the terms that do not necessarily require professional medical training. In modern life, medical jargon started to be part of general knowledge in western societies according to (Gotti&Salager, 2007). The present study diagnoses medical discourse in the Algerian context to figure out the reasons why Algerian educated patients have troubles knowing the names of illnesses, diseases, therapy expression and even nominal professions of specialized doctors. Given that most medical terms in Algeria are expressed in French, people do not always know the terms and the illnesses to which they refer.

Aims of the Study

This study aims to examine the attitudes of Algerian doctors towards the factors that hinder educated Algerian patients from expressing basic medical words related to pain, suffering, therapy, disease, and illness. The targeted population for this research consists of Algerian doctors and medical teachers who are virtual participants reached out to through social media platforms. In this context, Algerian physicians will contribute to this research by sharing their views and opinions through a survey, which aims to gather professional perspectives on the ability of Algerian patients to communicate their health problems.

Research Questions

The questions of this research are as follows:

- 1 .What are the main factors that make the educated Algerian patient unable to better express basic medical terms?
- 2 .Is the absence of basic medical terms knowledge referred to the lack of linguistic skills only ?
3. Is French the only medium of medical instruction in the faculties of medicine in Algeria.

II. METHODOLOGY

The research tool employed in this study is a survey. The primary objective behind choosing this quantitative method is to investigate the perspectives of Algerian doctors regarding the reasons why educated Algerian patients experience difficulties in

expressing words related to pain, suffering, diseases, and illness. By doing so, the study aims to address the research questions at hand.

To reach a diverse group of doctors practicing across various regions in Algeria, the survey was distributed using the Google Forms application. The survey questions were shared through social media platforms and professional emails on July 16, 2022.

1. Significance of the Study

It is deeply marked that the medical encounters between the educated Algerian patients have difficulties to communicate their illness, disease or any other expression that denotes the basic medical state. This study is an attempt to highlight the main problems, which underlie the troubles of understanding the medical notes, prescriptions or medical texts. In fact, this enquiry is not to investigate the medical jargon as the latter is an issue that concerns the specialized physicians only. However, the main concern hereby is to significantly seek the cause of the lack of mastery of the basic medical terms by the educated Algerian patients.

2. Introduction to Medical Discourse Analysis

According to Wilce (2009), discourse analysis is seen as being intertwined with everyday life medical discourse. Discourse plays a significant role in medicine, and medical discourse in the broadest sense (discourse in and about healing, curing, or therapy; expressions of suffering and relevant language ideologies) has deep anthropological importance. As modes of social action, writing and speaking help constitute medical institutions, curative practices, and relations of authority in and beyond particular healing encounters.

3. Medical Register

In an attempt to expound the so called “Gray Area”, linguists hold that occupational register of medicine overlaps with ordinary language (Hallow and Pitts 1991). Occupational registers provide an efficient code for the transfer of information among specialists. They are largely opaque outside the esoteric circle. A particular slippery situation arises when technical language passes for ordinary language i.e. when words have meanings - different meanings in both dialects. Looking at psychological disorders, the names of which have entered common parlance (e.g. depression; hysteria; obsession ...etc.), Hallow and Pitts (1991) and Kirkmayer (1988) find that patients and medical professionals have different understandings of these terms.

3.1. Doctor and Patient Interaction

Certain aspects of doctor-patient communication seem to have an influence on patients' behaviour and well-being, for example satisfaction with care, adherence to treatment, recall and understanding of medical information, coping with the disease, quality of life, and even state of health (Salager-Meyer, F. 1990a). These emblems are definitely represented in the doctor- patient conversations where comprehensive medical vocabulary is a central key factor that facilitates understanding and make the doctor's and the patient's message clear.

3.1.1. Illness Language vs. Disease Language

Medical language, as pointed out by various observers (McCullough, 1989; Mintz, 1992), is an abstract discourse focused on diseases and organs. It does not directly address patients or their experience of illness. Physicians primarily communicate using the abstract language of disease, while patient-centered language is more closely associated with the patients themselves.

3.1.2. Vocabulary of Family Medicine

Dixon (1983) showed “a restricted very biomedical view of the world ‘’. He noted that infectious diseases are categorized and subcategorized, while marital and family problems are presented in amorphous chunks. Also explaining a few relations between everyday language of patients and the technical language of the biomedical world (language of family practice in particular) needs to be modified to make more of a place for human values in a professional framework.

III. ANALYSIS OF THE ALGERIAN DOCTORS’ SURVEY

In this section, the results of the analysis of the Algerian doctors' survey are presented in an interpretive manner, following the descriptive statistics. To begin with, the discussion of the results is considered the focal point of this section, along with the inclusion of statistical data. Similarly, certain closed-ended questions pertaining to the respondents' bio-data provide only numerical results, as they cannot be interpreted in relation to the variables under study. However, all questions that address the investigated variables in this research will be discussed thoroughly.

3.2. The Sampling Strategy

In fact, the main goal of this article is to investigate the Algerian doctors' attitudes towards the Medical Discourse in Algeria by targeting the issue of the inability to understand the meaning of the basic medical terms by the lay educated Algerian patients. Consequently, the population of this study is the mass of the Algerian doctors who are members of the «The Algerian Doctors» Facebook page which is followed by 530079 members. Fifteen doctors were participants of the survey, as they appeared to be professional physicians.

In this study, the chosen method is a survey, which follows a quantitative approach. A total of 15 doctors participated by completing the questionnaire. The survey was initiated on July 16th, 2022. Despite the doctors having received their medical training and expertise in the French language, they did not encounter any difficulties in filling out the questionnaire in English, as it was written in a clear and comprehensible manner for them.

3.3. Data Analysis Procedure

This stage consists of a fundamental step; data preparation wherein the raw data obtained from the survey is converted into numerically meaningful information. In other words, it translates the sum of the questionnaire answers into interpretable results that are said to answer the research questions of this study. The second step is filtering the invalid and unwanted answers ; that is to say the elements which are inappropriate or off-subject.

3.4. Analysis of the questions of section 1

This section deals with the biodata of the participants, where personal information, including gender, age, and professional status, is highlighted. This information is not part of the variables of the present research but rather is used to elaborate on interpretations that might help in guessing the implications behind certain answers.

Q1: Gender

This question is asked in order to give information about the personal background of the participants. This aspect is not considered as a variable but it is part of the biodata of the participants.

Table 1. Gender of participants

Gender	Count	Percentage
Males	12	80
Females	3	20

The majority of the participants of this survey are males; that is 12 out of 15 are male doctors, and correspondingly, that makes up 80% of the participants and 20% are females.

Q2 : Age

Table 2. Age of the

participants

Age	Count	Percentage
Under 30	00	00
From 30 to 50	14	93,3
From 50 to 70	1	6,7

The most prominent age category in this study falls within the range of 30 to 50 years, comprising 93.3% of the participants. Additionally, there is one participant, accounting for 6.7%, who falls between the ages of 50 and 70.

Q3 : Status

Table 3. Status of the participants

Status	Count	Percentage
Generalist	9	60

Specialist	6	40
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Nine participants are generalist doctors which comprises 60% whereas 6 others are specialists who make up to 40% of the participants.

3.5. Analysis of the Questions of Section 2

This section is entitled : ‘ Perspectives of Educated Algerian Patients’ Knowledge of Basic Illness Terms’. The aim is to ask the doctors about their experiential diagnostic sessions with the Algerian educated patients. In other words, this section raises the issue of the extent to which the educated Algerian patients use basic medical terms.

Q1. Do you ask your educated patients about their job?

Table 4. Education of the Participants

Answer	Count	Percentage
Yes	14	93,3
No	1	6,7

The majority of doctors (93.3%) inquire about their patients' profession during the initial medical consultation. Only one doctor (6.7%) opted not to ask this question.

If the answer is yes, do you do it:

Table 5. Patients’ professions

Answer	Count	Percentage
Often	6	42,9
Very Often	4	28,6
Sometimes	2	14,3
Always	2	14,3
Never	00	00

Out of the participating doctors, 6 of them stated that they often ask patients about their occupation, while 4 doctors indicated that they do so very often. This accounts for 42.9% and 28.6% respectively. Additionally, 14.3% of the participants reported always asking patients about their professional status, and another 14.3% stated that they

always begin their medical sessions with a question about the patient's job. It is noteworthy that none of the participants chose the option "Never" for this question.

Q2: What is the level of your educated patients' knowledge of basic medical terms?

Table 6. The level of educated patients' knowledge of basic medical terms

Answer	Count	Percentage
Poor	10	66,7
Average	5	33,3
Good	00	00
Excellent	00	00

According to Table 06, 66.7% of the doctors surveyed believe that the ability of educated Algerian patients to communicate basic medical terms is poor. Similarly, 33.3% of the doctors estimate that the level of these patients in terms of basic medical terms is average. However, none of the doctors perceive their patients' knowledge of these terms as good or excellent.

Q3: Do you think that lay educated patients need to know basic medical terms that relate to their illness or disease?

Table 7. Illness and knowledge of medical terms

Answer	Count	Percentage
Yes	15	100
No	00	00

In fact, all of the participants hold that the lay Algerian patients need to know and learn the basic medical terms as they value the virtue of being able to communicate their illnesses or diseases when they undertake medical consultations.

Q4: The Algerian educated patients need to learn the illness and disease names so that they can make their health state clear to the doctor.

Table 8. Nominal Knowledge of Illnesses and Diseases

Answer	Count	Percentage
Agree	12	80
Disagree	2	13,3
Strongly Agree	1	6,7
Strongly Disagree	00	00

Learning the language related to illnesses and diseases is considered a crucial aspect. Among the surveyed doctors, 80% agreed on the importance of learning basic medical words in this domain. On the other hand, 13.3% (which corresponds to two participants) disagreed with this notion. There was only one participant, who strongly disagreed. He possibly indicates that they do not perceive a necessity to learn the vocabulary associated with illnesses and diseases.

Q5: Do you think that having access to the medical language is not exclusive to doctors only?

Table 9. Access to Medical Language

Answer	Count	Percentage
Yes	13	86,7
No	2	16,3

As shown in table 09, 86,7% of the doctors hold that basic medical language can be accessible to the educated patients if they would want to learn them. However paradoxically, only 2 participants out of 15 opposed this idea as they assume that the patients are not requested to learn or use basic medical language.

3.6. Analysis of the Questions of Section 3

The title of this section is "Medical Language: a Linguistic or Professional Competence?" The questions within this section revolve around the comparison between linguistic and professional competence, specifically whether medical language is solely a matter of language proficiency or if individuals should possess professional knowledge in the medical domain in order to effectively use the language related to illnesses and diseases.

Q1: Do you think that the Algerian patients' inability to clearly describe the health state is due to:

Table 10. Factors of the Inability to Learn Medical Language

Answer	Count	Percentage
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a- Lack of linguistic skills	10	66,7
b-Reluctance to reading scientific articles and books	3	20
c-lack of interest in social media health care blogs and web sites	1	6,7
d-Absence of intimacy between doctors, medicine students and the educated Algerian patients outside the medical cabinet	1	6,7

Among the surveyed doctors, 66.7% (13 participants) advocate the idea that the Algerian patients' inability to clearly describe their health state is primarily due to a "lack of linguistic skills." Additionally, 20% of the doctors (3 participants) attribute the problem of acquiring basic medical language to the "reluctance to read scientific articles and books." Another 6.7% of the doctors believe that the "lack of interest in social media healthcare blogs and websites" contributes to the lay patients' lack of awareness regarding basic medical knowledge. Lastly, only one doctor assumes that the "absence of intimacy between doctors and educated Algerian patients outside the medical cabinet" leads to a significant inability to effectively communicate medical terms.

Q2: Basic medical language can be learnable and accessible to the educated Algerian patients.

Table 11. Accessibility to Medical Language

Answer	Count	Percentage
Agree	13	86.7
Disagree	1	6.7
Strongly Agree	1	6.7
Strongly Disagree	00	00

In response to this question, only one doctor agreed with the idea that medical language is learnable for educated patients, while another participant strongly disagreed. However, a majority of 86.7% (13 doctors) agreed with the notion that educated patients can indeed learn the basic medical language. It's worth noting that no participants strongly disagreed with this statement.

Q3. Do you think that medical doctors should communicate illness and disease terms exclusively?

Table 12. Doctor-patient Interaction

Answer	Count	Percentage
Yes	2	16,3
No	13	86,7

In response to this question, the majority of participants, comprising 86.7% of the answers, believe that the language related to illnesses and diseases is not exclusive to doctors and can be communicated by others as well. However, two participants provided a "No" response, indicating their belief that only medical professionals are capable of effectively communicating using words that describe illnesses and diseases.

Q4. Do you think shortages of educational manuals in French are the cause of the educated Algerian patients' deficiency in communicating medical language?

Table 13. The Relationship between the French educational manuals and Medical Language Deficiency

Answer	Count	Percentage
Yes	11	73.3
No	4	26.7

It is known that French is the medium of instruction that the doctors received when they had undergone their university classes so the author assumes that the medical language is meant to carry some French terminology that account for doctor-patient communication. In this context, 73.3% of the participants hold that shortages of incorporating medical terms and dialogues in the Algerian school French language manuals are what causes the communicative deficiency by the average educated Algerian patient. However, 26.7 view that there is no relationship between the patients' ignorance of the medical terms and the shortages of the French educational manuals.

Q5. As most of the medicine faculties teach the medical courses in French language in Algeria, do you think that the lay Algerian patient should be provided with medical contents in French language educational manuals?

Table 14. The Algerian Patients' Linguistic Problems

Answer	Count	Percentage
Yes	12	80
No	3	20

Within the context of this question, 80% of the participants assume that it is necessary to include medical contents in the syllabus of the educational manuals of French language in the Algerian schools. The other 20% see that there is no point from adding of medical terminology in the educational manuals of French language.

3.7. Analysis of the Questions of Section 4

This section explores the relationship between the shortcomings of school textbooks in Algeria, particularly in French and Arabic, to determine if the deficiency in expressing medical language is related to language issues. It aims to compare the medical linguistic repertoire of educated Algerian patients in both Arabic and French. By examining the influence of language problems, the section aims to shed light on the possible factors contributing to the challenges faced by educated Algerian patients in effectively expressing medical terms.

Q1. Shortages in introducing medical language in the official educational textbooks of Arabic is what makes basic illness and disease words unlearned by the educated Algerian patients.

Table 15. Educational Manuals and Medical Communication

Answer	Count	Percentage
Agree	10	66.7
Disagree	1	6.7
Strongly Agree	4	26.7
Strongly Disagree	00	00

In response to this question, 66.7% of the participants agreed with the notion that there is a lack of medical conversations or content, even in Arabic language textbooks. This lack of medical terms and expressions in Arabic textbooks was believed to contribute to a lesser knowledge of Arabic medical terms compared to French ones. Similarly, 26.7% of the participants strongly agreed and shared the same view. However, only one participant disagreed with these observations.

Q2. Do you think that the basic illness, disease, pain and suffering expressions should be incorporated in French language Syllabi only?

Table 16. Shortages of the Algerian Educational Syllabi

Answer	Count	Percentage
Yes	9	60
No	6	40

In fact, the majority of Algerian doctors who participated in this survey are in favour of teaching basic medical words in French, as it serves as the medium of

instruction during their training and expertise. Specifically, 60% of the doctors believe that raising awareness among educated Algerian patients about medical words and terms will enhance their communication with doctors. However, 40% of the participants hold a different opinion and believe that relying solely on French language instruction is insufficient for developing medical conversational competence, emphasizing the need for a broader language base.

Q3. As French language is the only medium of instruction to the students of medicine in the Algerian universities, should the Algerian educated patients improve their medical dialogic expressions in French?

Table 17. French and Medical Conversations in Algeria

Answer	Count	Percentage
Yes	12	80
No	3	20

For 80% of the participants, French is a linguistic support that can improve the way the Algerian educated patients make the medical condition clear to the doctor. On the other hand, 20% of the participants assume that the Algerian patient is not affected by the problem of the French language and lack of linguistic skill.

Q4. Is the problem of medical communication deficiency related to a curricular unacquaintance in both of the French and Arabic textbooks?

Table 18. Shortages of the French and Arabic Educational Textbooks

Answer	Count	Percentage
Yes	12	80
No	3	20

Given the fact that the curriculum design in both of the French and Arabic textbooks have an impact on the Algerian educated patients' knowledge of medical words, it is found that 80% of the doctors believe that the inadequacies in the medical linguistic repertoire influence the patients' awareness and knowledge of the medical basic expressions. But 20% of the participants do not share the same opinion in that the curriculum design would not have any impact on the Algerian patients' knowledge of illness and disease words.

Q5. Can classes of medical terms in Modern Standard Arabic help enrich the medicalcommunicative skills of the educated Algerian patients?

Table 19. Modern and Standard Arabic and Medical Discourse in Algeria

Answer	Count	Percentage
Yes	9	60
No	6	40

Although the participants had had learnt medicine in French and have become professional doctors, 60% of them support the idea that teaching medical words in MSA can help develop the medical knowledge of basic words and terms. In contrast, 40% think that there is no need to learn the medical language in Modern Standard Arabic.

3.8. Analysis of the Questions of Section 5

This section is entitled "Medical Discussions in Social Media Platforms." It focuses on the significance of interactions between doctors and educated patients on social media. The primary objective of this section is to gather the doctors' opinions regarding the potential benefits of engaging in medical dialogues and conversations on social media platforms. Additionally, it aims to explore how such interactions can contribute to the patients' medical vocabulary knowledge and background.

Q1. Do you think that interaction between doctors and educated patients in social media make illness and disease terms more accessible and understood?

Table 20. Interaction between the Doctors and the Patients

Answer	Count	Percentage
Yes	13	86.7
No	2	13.3

One can notice that certain social media pages create an environment for interactions between doctors and patients. Accordingly, 86.7% of the doctors participating in the survey support and encourage such interactions and discussions on medical topics. They believe that these interactions can significantly enhance the understanding of health issues among lay patients and facilitate the learning of new illness and disease-related words. However, 13.3% of the doctors hold a different perspective and do not believe that social media can effectively address the patients' lack of knowledge regarding medical terminology.

Q1 Supplement: If yes, to what extent?

Table 21. Question One (S5) Supplement

Answer	Count	Percentage
Relatively	10	66.7
To a smaller degree	3	20
To a larger degree	1	6.7
To no degree	1	6.7

In response to question 1, the participants expressed their opinions regarding the importance of social media in enhancing knowledge of illness and disease words. Among the participants, 66.7% stated that the impact of social media on medical conversational competence is relative. Additionally, 20% of the participants believed that the effect is present but to a lesser extent. Only one participant held the view that social media can positively contribute to the linguistic repertoire of Algerian patients. Lastly, one participant believed that social media has no impact on the medical knowledge of the participants.

Q2. Medical ICT is an important medium that helps educated patients to broaden their knowledge of medical terms.

Table 22. The place of ICT in Medical Discourse

Answer	Count	Percentage
Agree	93.3	14
Disagree	6.7	1
Strongly Agree	0	0
Strongly Disagree	0	0

The majority of participants in this study agreed on the significant importance of information and communication technology (ICT) in the medical domain for the development of vocabulary in this context. This agreement was shared by 93.3% of the participants. Conversely, 6.7% of the participants disagreed with the notion of linking ICT with the development of medical vocabulary. It is worth noting that none of the participants strongly agreed or strongly disagreed, according to the provided table.

Q3. Online diagnosis, chit-chats, and interactions between doctors and educated patients are reported to make doctor-patient conversation much better than the cabinet encounters.

Table 23. Online Interactions between the Doctors and the Patients

Answer	Count	Percentage
Agree	8	53.3
Disagree	4	26.7

Strongly Agree	1	6.7
Strongly Disagree	2	13.3

The participants in the study hold different perspectives regarding online interactions between doctors and patients. Among the participants, 53.3% agreed that virtual conversational exchanges between doctors and patients can significantly improve doctor-patient conversations. However, 26.7% disagreed with the notion that such online interactions contribute to the enhancement of real medical conversations. It is interesting to note that two participants strongly disagreed with the statement, while only one participant strongly agreed with it.

Q4. Whose responsibility is it to monitor and promote the Algerian educated patients' medical conversational knowledge?

Table 24. Responsibilities to Improve the Medical Conversational exchanges in Algeria

Answer	Count	Percentage
a- The official health care decision makers	11	73.3
b- The doctors	3	20
c- The action researchers	1	6.7
d- The Social media and blogs administrators	00	00
c- Others	00	00

According to the majority of the doctors, 73.3% went for statement (a) which holds that promoting the Algerian educated patients' medical conversational knowledge is the responsibility of the official health care decision makers. In contrast, 20% assumed that it is the responsibility of the doctors and only 1 participant placed the responsibility of promoting the medical language on the doctors .

Q5. Please note any suggestions or recommendations below if there are any.

As this is the last question of the questionnaire, the participants found it enough to react to the statements of the survey without adding comments or noting suggestions.

IV. DISCUSSION OF THE RESULTS

In the light of the results that have been displayed in this survey, one can deduce that most if the participants acknowledge the lack of basic medical vocabulary in the sessional conversations during consultations regardless of the educational level of the patients. This one variable is already targeted in the first section of the questionnaire. The lack of the basic medical vocabulary in the educated Algerian patient's lexicon is a crucial question that require subtle and inclusive synthesis. Correspondingly, the doctors in the survey disagreed about whether or not the patient is required to learn and use medical language such as illness and disease words in their conversations. In fact, the doctors disagree about the accessibility to the medical language. Some of them assume

that the latter is learnable and attainable in the sense that any educated Algerian patient can enrich their linguistic repertoire with medical terms. Access to technology namely internet, social media and special websites enables the patient to understand and develop conversations with the doctors or other patients who hold the same medical condition or experience. In addition, some of the subjects of the survey attribute the deficiency in expressing basic medical words to shortages in the educational manuals of French and Arabic textbooks right from the primary to the secondary school. One can say that there are so many factors, which characterize the limited vocabulary of the educated Algerian patients as shown in this survey. The language problems, the shortages in the educational textbooks and lack of casual interactions between the doctors and the patients can all be variables that affect one's medical linguistic background.

V. CONCLUSION

To conclude, it is worth noting that the use of technical medical terminology can create a barrier for laypeople who do not have formal medical training or background. In this respect, the present study does not approach knowledge of subtle professional jargon nor implies that the Algerian educated patient should be a professional doctor. It examines the factors that make the Algerian context a unique instance where some basic medical terms are not used or understood. For example, being unable to read and understand the side effects of a medicament in a medical notice that is written in French can make the educated patient unaware of essential recommendations and side effects especially if the notice is written in French only.

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APPENDIX

Questionnaire

This questionnaire is a part of an es-Science Doctorate thesis, entitled: "**Illness and Disease Language in Algerian Medical Context: A Discourse-oriented Approach**". In this respect, the aim of this questionnaire is to enquire about the Algerian doctors' perspectives that are meant to evaluate medical discourse in doctor-patient cabinet encounters. Your opinions are of great importance and your help is notably needed to come bring it to fruition. The answers will be dealt with anonymously. It will be extremely kind of you to answer this questionnaire by ticking in the appropriate box and commenting when necessary. Thank you in advance.

Section 1: Personal Information**1. Gender**

Male ☐ Female ☐

2. Age

Under 30 ☐ From 30 to 50 ☐ From 50 to 70 ☐

3. Status

Generalist ☐ Specialist ☐ Other ☐

Specify.....

Section 2: Perspectives of Educated Algerian Patients' Knowledge of Basic Illness Terms

1. Do you ask your educated patients about their job? Yes ☐ No ☐

If the answer is yes, do you do it:

Often? ☐ Very often? ☐ Sometimes? ☐ Always? ☐ Never? ☐

2. What is the level of your educated patients' knowledge of basic medical terms?

Poor ☐ Average ☐ Good ☐ Excellent ☐

3. Do you think that lay educated patients need to know basic medical terms that relate to their illness or disease?

Yes ☐ No ☐

4. The Algerian educated patients need to learn the illness and disease names so that they can make their health state clear to the doctor.

Agree ☐ Disagree ☐ Strongly agree ☐ Strongly disagree ☐

5. Do you think that having access to the medical language is not exclusive to doctors only?

Yes ☐ No ☐

Section 3: Medical Language: A Linguistic or Professional Competence?

1. Do you think that the Algerian patients' inability to clearly describe the health state is due to:

a- Lack of linguistic skills ☐

b- Reluctance to reading scientific articles and books ☐

c- lack of interest in social media health care blogs and web sites ☐

d- Absence of intimacy between doctors, medicine students and the educated Algerian patients outside the medical cabinet ☐

2. Basic medical language can be learnable and accessible to the educated Algerian patients.

3. Agree ☐ Disagree ☐ Strongly agree ☐ Strongly disagree ☐

4. Do you think that Illness and Disease terms should be exclusively communicated by medical doctors?

Yes ☐ No ☐

If he answer is no, write why.....

5. Do you think shortages of educational manuals in French are the cause of the educated Algerian patients' deficiency in communicating medical language?

Yes ☐ No ☐

6. As most of the medicine faculties teach the medical courses in French language in Algeria, do you think that the lay Algerian patient should be provided with medical language in French

language educational manuals?

Yes ☐ No ☐

Section 4: Medical Contents in Algerian Educational Textbooks

1. Shortages in introducing medical language in the official educational textbooks of Arabic is what make basic illness and disease words unlearned by the educated Algerian patients.

Agree ☐ Disagree ☐ Strongly agree ☐ Strongly disagree ☐

2. Do you think that the basic illness, disease, pain and suffering expressions should be incorporated in French language Syllabi only?

Yes ☐ No ☐

3. As French language is the only medium of instruction to the students of medicine in the Algerian universities, should the Algerian educated patients improve their medical dialogic expressions in French?

Yes ☐ No ☐

4. Is the problem of medical communication deficiency related to a curricular unacquaintance in both of the French and Arabic textbooks?

Yes ☐ No ☐

5. Can classes of medical terms in Modern Standard Arabic help enrich the medical communicative skills of the educated Algerian patient?

Yes ☐ No ☐

Section 5: Medical Discussions in Social Media Platforms

1. Do you think that interaction between doctors and educated patients in social media make illness and disease terms more accessible?

Yes ☐ No ☐

If yes, to what extent?

Relatively ☐ to a smaller degree ☐ to a larger degree ☐

To no degree

2. Medical ICT is an important medium that helps educated patients to broaden their knowledge of medical terms.

Agree ☐ Disagree ☐ Strongly agree ☐ Strongly disagree ☐

3. Online diagnosis, chat-chats, and interactions between doctors and educated patients are reported to make doctor-patient conversation much better than the cabinet encounters.

Agree ☐ Disagree ☐ Strongly agree ☐ Strongly disagree ☐

4. Whose responsibility is it to monitor and promote the Algerian educated patients' medical conversational knowledge?

a- The official health care decision makers ☐

b- The doctors ☐

c- The Action researchers ☐

d- The Social media and blogs administrators ☐

e- Others ☐ Specify

Please note any suggestions or recommendations below if there are any.

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Acronyms

ICT: Information and Communication Technology