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A closing-implicative practice in Korean primary medical care openings

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Abstract

Prior studies on institutional interactions have identified the opening phase as an important topic of study (Heritage and Robinson, 2006; Robinson, 1998). This article employs conversation analysis to investigate the opening phase of videotaped acute primary care consultations in Korea to identify a closing-implicative practice (*eti-ka apha-se-yo?* "Where does it hurt?"), which might be understood as being culturally specific. First, the article shows that the structure of openings in Korean primary care interaction consists of reducing activities as part of achieving an as-early-as-possible occasioning of the solicitation question. Second, after analyzing the sequential structure of the solicitation strategy that is most frequently employed, the article argues that the grammatical structure of this solicitation strategy and its pragmatic force limit the possible scope of patients' responses to a minimal form (single TCU) describing the location (placement) of pain. The findings suggest that both the patient and doctor orient to the opening sequence as a path to history-taking by locating the primary problem. Implications of the finding for cross-cultural understandings of medical encounters are discussed.

Keywords: Conversation analysis; Korean primary medical care encounters; Openings; Problem presentations

1. Introduction

This article focuses on the opening phase of primary medical care visits in which patients and doctors coordinate the entry into the institutional interaction. In conversation analytic research, openings have been examined as the most generic type of overall structuring practices (Schegloff, 1968, 1979, 1986, 2004). Research has shown that participants work through conversation openings by moving through a series of "core" sequences (Schegloff, 1968, 1986, p. 7). Most of this research has analyzed telephone openings in casual settings to reveal the interactional consequences of the operation of rules for the opening phase (which consists of several sequences) with distinct features that characterize different cultural settings (Hootkoop-Steenstra, 1991; Liddicoat, 2007; Lindstrom, 1994; Lee, 2006).

In institutional discourse, openings have important interactional consequences for participants with more specific goals (Zimmerman, 1992). In the primary care setting, openings of physician–patient interactions have important consequences for the patient's full disclosure of the medical problem (Heritage and Robinson, 2006a,b; Marvel et al., 1999; Robinson et al., 2015) and is often the root cause of many of the difficulties that arise during medical visits (Silverman et al., 2005). Soliciting the full array of patient concerns through the opening question and history-taking activity is vital to accurately diagnosing and treating medical conditions (Mishler, 1984; Smith et al., 2012). The opening phase typically includes greetings and the doctor's problem solicitation (opening) question, which asks the patient to

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name the primary complaint(s).[1] Greetings are an indispensable part of any social encounter as they prepare participants for the encounter and function as an acknowledgment of the other's presence (Duranti, 1997; Searle, 1969; Schegloff, 1986). Physicians' opening questions can constrain (or simply influence) the number of concerns a patient can present, often prematurely narrowing down the topic of concern to biomedical agendas (Mishler, 1984; Heritage and Robinson, 2006b), and thus providing an important and fruitful avenue for study. Different question designs have been shown to shape and constrain patients' answers in different ways (Heritage, 2010; Robinson, 2006; Robinson et al., 2015; Solomon et al., 2015) that can lead to a variety of medical consequences (Mishler, 1984; Opel et al., 2013). In a comprehensive study on question design, Heritage and Robinson (2006b) showed that in contrast to general inquiry questions (such as ''What can I do for you today?'') that allow patients to present their concerns in their own terms, gloss-for-confirmation questions (e.g., ''So you're sick today, huh?'') constrain both the extent and content of patients' presentation of problems (p. 93). As such, patients' additional concerns may be ignored based on the question design.

Most studies of medical interactions have focused on the western medical care context, which can be clearly distinguished from the Korean care context regarding issues involving coverage of medical insurance and reimbursement rates. According to Cho et al. (2004), medical services in Korea are reimbursed on a fee-for-service basis (patients pay approximately 3 dollars out-of-pocket for each visit), and doctors thus must see over sixty patients in a single day to remain profitable. South Korea has also been shown to have the weakest primary care system among OECD countries for a number of reasons, including low patient satisfaction for the service provided (Ahn, 2001). However, few studies have focused on the interactional practices found in Korean medical care interaction despite the need for a more thorough understanding of this medical interactional context. The current study will examine openings in Korean primary care medical consultations to establish a framework for contextualizing prior research findings in a different cultural setting.

The primary objective of this study is twofold: first, to analyze the organization of the opening phase in Korean primary care contexts, and second, to demonstrate that the form and function of the most frequently employed opening question can affect the substance of patients' response (problem presentation) and its relevance. To do so, the study analyzes sequences that constitute the opening phase, examines types of questions that physicians ordinarily use to solicit patients (new) problems (i.e., presented for the first time to a particular doctor), and considers the interactional effects of the most typical problem solicitation question, i.e., *etika aphuseyo* (''Where does it hurt?''). This article shows how this question accomplishes the social action of soliciting particular concerns, and how responses reveal the consequences of the choices made in response to such solicitations. In the data collected for this study, the opening phase of the visit begins with the patient entering the office and ends with the doctor's initiation of a course of questioning that is directed at the history of the present sickness (Robinson and Heritage, 2005).

The next section reviews studies on openings in medical care and research that has investigated question design. In particular, this section will provide a review of the literature investigating opening (problem solicitation) questions employed by physicians. Although studies have analyzed the unique characteristics of Korean telephone call openings (Lee, 2006) and types of medical discourse in Korea (Lee and Kim, 2015; Kang et al., 2003), few studies in the context of Korean primary care have investigated the structure of openings in a manner that might illuminate the actions performed by the specific opening questions commonly asked by physicians that may (or may not) inform us of cultural differences in institutional practices.

2. Openings in medical care and question design

The medical visit can be broken down into separate phases, which tend to emerge in a particular order. For example, studies have reported that acute care doctor–patient interactions follow a highly structured general organization that roughly consists of the opening, history-taking, examination, diagnosis, treatment, and closing stages (Byrne and Long, 1976; Robinson, 1998). The sequence organization of each of these phases can be analyzed to reveal how the activities and tasks central to the visit are managed. For example, the regular components of the opening phase include (1) entering the office, (2) greeting, (3) inducing the patient to sit down, (4) securing the patient's identity, and (5) determining the patient's chief complaint (Heath, 1981; Beckman and Frankel, 1984; Byrne and Long, 1976; Robinson, 1998). As with telephone call openings, participants in this setting also work through openings to arrive at the 'anchor point' (Schegloff, 1986), i.e., the place in the opening at which the reason for the visit is introduced. In consultations, the anchor point could be understood as the point at which the chief complaint is raised. Patients have particular reasons for visiting their primary care physicians and these reasons are generally referred to as patients' chief complaints. Patients' presentations of their chief complaints are taken as cues in the progress through the history-taking, physician examination, diagnosis and treatment stages (Robinson, 1998, 2003; Greatbatch, 2006; Heritage and Maynard, 2006).

[1] To avoid confusion and to follow the manner in which participants orient to these questions in the Korean opening sequence, the terms 'problem solicitation question' and 'physicians' opening question' will be used interchangeably throughout the article.