

# Contents

## Acknowledgements — IX

<b>1</b>	<b>Introduction — 1</b>
1.1	Conceptual groundwork — 1
1.1.1	Foregrounding social interaction — 3
1.1.2	Paradigm challenges in medical communication research — 4
1.1.3	Listening to patients as complex subjects — 7
1.1.4	Patients as language experts — 8
1.1.5	The concept of Palliative Care — 9
1.1.6	The emergence of Palliative Care in the United States — 11
1.1.7	The ascendancy of Patient-Centered Communication — 12
1.1.8	Conversation as the “procedure” of Palliative Care — 14
1.1.9	Performativity and procedurization — 16
1.1.10	Palliative Care conversations as an evolving endeavor — 18
1.1.11	Learning from subtlety, counterevidence, and competitive framing — 20
1.1.12	The consultation as a dynamic genre — 21
1.2	Study data and methods — 24
1.2.1	The Palliative Care Communication Research Initiative — 24
1.2.2	Participants and limitations — 25
1.2.3	Methods, protocols, and procedures — 27
1.3	Using this book — 30
1.3.1	Intended readers — 30
1.3.2	Purpose, structure, format — 32
1.3.3	The transcriptions — 34
1.3.4	Exploring conversational projects — 35
1.3.5	Our co-authorship — 37
1.4	Table of abbreviations and symbols — 39

## Part I: Presentations and Introductions

<b>2</b>	<b>Presenting Palliative Care — 43</b>
2.1	I’m going to be a silent partner here — 46
2.2	Tell me what you need — 54
2.3	The whole role and all that — 60
2.4	A fancy word — 63

- 2.5 I think that's actually everybody — **66**
- 2.6 The whole education process — **69**
- 2.7 Insights and implications from Chapter 2 — **72**

**3 Querying Palliative Care — 73**

- 3.1 How many people are in Palliative Care? — **73**
- 3.2 I can't speak to your father's case for sure — **76**
- 3.3 We're pretty familiar with it — **80**
- 3.4 How long do I have to go through this — **83**
- 3.5 Okay I copyrighted it so you gotta pay me — **85**
- 3.6 Do they get to drink and eat? — **87**
- 3.7 Insights and implications from Chapter 3 — **90**

**4 Presenting the self — 91**

- 4.1 We're not deep thinkers — **91**
- 4.2 You're a survivor — **97**
- 4.3 What I really want is peace — **101**
- 4.4 But there could always be a magical thing — **105**
- 4.5 I'd grow pot — **109**
- 4.6 Insights and implications from Chapter 4 — **111**

**Part II: Dynamics of the Interaction**

**5 Irony and rapport — 115**

- 5.1 No you're not — **115**
- 5.2 Is that *Scrubs*? — **117**
- 5.3 That's the frustrating part right there — **120**
- 5.4 Put them in the cornfield — **126**
- 5.5 He's had this amazing ride — **129**
- 5.6 Insights and implications from Chapter 5 — **132**

**6 Codemixing, multimodality, and speech genre — 135**

- 6.1 Do I have a future? — **136**
- 6.2 But isn't that like a mercy killing you know? — **139**
- 6.3 Did you have any spiritual or cultural beliefs? — **141**
- 6.4 I said "Doctor *I'm* the two percent" — **144**
- 6.5 Frankly my quality-of-life right now is not good — **146**
- 6.6 Insights and implications from Chapter 6 — **147**

- 7 Speaking for others — 149**
  - 7.1 He basically didn't want to waste any more chemo on me — 149
  - 7.2 He's a lot better now at dealing with bad news — 151
  - 7.3 I'm history — 153
  - 7.4 I'm kind of like the melancholy end of it — 155
  - 7.5 I don't feel like I have cancer you know — 159
  - 7.6 It's just that he does *not* have the bedside manner — 160
  - 7.7 Insights and implications from Chapter 7 — 162

### Part III: Some Components of the Consultation

- 8 Setting the table, having an agenda — 167**
  - 8.1 Is it okay to talk freely about these things? — 169
  - 8.2 So we're here for you — 172
  - 8.3 And that's to help my wife pay for stuff — 175
  - 8.4 Awesome. Can I have that? — 177
  - 8.5 Using the restroom is a priority in life — 180
  - 8.6 Insights and implications from Chapter 8 — 183
- 9 Knowing the history — 185**
  - 9.1 I've looked at your wife's record — 185
  - 9.2 I'm really not interested in what you have to say — 187
  - 9.3 Are you familiar with how long she's been going through this? — 189
  - 9.4 This adventure you've been on — 192
  - 9.5 You've got this all wrong — 193
  - 9.6 Insights and implications from Chapter 9 — 195
- 10 Prognosis and prognostication — 197**
  - 10.1 I'd rather enjoy everyday — 197
  - 10.2 He left it open-ended — 198
  - 10.3 He is not going to forecast a mortality — 198
  - 10.4 He would never give us a time — 198
  - 10.5 He's dying from the cancer really — 199
  - 10.6 He threw in the towel — 200
  - 10.7 I am the two percent — 200
  - 10.8 There's always gonna be some part of your brain — 202
  - 10.9 A magical thing — 204

## **VIII — Contents**

- 10.10        Someone won't be there — **206**
- 10.11        I'm just waiting for it to happen — **207**
- 10.12        You wouldn't leave the bed — **209**
- 10.13        Insights and implications from Chapter 10 — **211**

### **11        Concluding remarks — 213**

- 11.1        From 'Death Panels' to *Dying in America* — **217**
- 11.2        Constitutional questions: Speech, action, and  
              hastening death — **218**
- 11.3        Thematic questions for further inquiry — **219**

### **References — 225**

### **Index — 241**