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“Polishing gems”¹ – new generic developments in the varieties of medical case reporting and their discourse

This article aims to present and discuss new developments in the macro-genre of medical case reporting. These developments are novel forms of case reports published in international medical journals, going beyond the mere reporting of a case of a new disease or of its novel aspects. They may consist in the differences at the level of form, function and mode of content presentation. The data for the study constitute various publications derived from prestigious medical publishing outlets in English and will be analysed from the qualitative discourse perspective. The article demonstrates both generic creativity on the part of the authors as well as reflections on the changes taking place in medical practice.

Key words: medical discourse, professional discourse, genre, case report

„Edelsteine polieren“ – generische Neuentwicklungen in verschiedenen medizinischen Fallberichten und deren Diskurs

Ziel dieses Artikels ist es, die neuen Entwicklungen des Macro-Genres von Krankheitsberichten vorzustellen und zu besprechen. Diese erschienen als Publikationen in internationalen medizinischen Zeitschriften und beschränken sich nicht nur auf die Angabe von Informationen über Krankheiten oder deren verschiedene Aspekte. Diese neuen Krankheitsberichte unterscheiden sich in ihrer Form, Funktion und der Art und Weise, wie die Daten dargestellt sind. Als Basis dieser im qualitativen Diskurs durchgeführten Analyse dienen verschiedene Publikationen, die in angesehenen englischen Zeitschriften veröffentlicht wurden. Der Artikel stellt sowohl die generische Kreativität der Autoren als auch die Auswirkungen in Texten aufgrund der Veränderungen in der ärztlichen Praxis vor.

Schlüsselwörter: medizinischer Diskurs, Fachdiskurs, Genre, Fallbericht

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¹ The phrase comes from the original title of a publication by Papanas and Lazarides (2008).

„Polerując klejnoty” – nowe odmiany makro-gatunku raportowania przypadków medycznych i ich dyskurs

Celem niniejszego artykułu jest zaprezentowanie nowych form należących do makro-gatunku raportowania przypadków. Owe nowe formy pojawiły się jako publikacje w międzynarodowych czasopismach medycznych i nie ograniczają się jedynie do informowania o nowych schorzeniach lub ich różnorodnych aspektach. Różnią się za to na poziomie formy, funkcji i sposobów przedstawiania treści. Dane w niniejszym badaniu stanowią różnorodne publikacje zaczerpnięte z prestiżowych czasopism medycznych w języku angielskim i zostaną zanalizowane z perspektywy dyskursywnej w ujęciu jakościowym. W artykule wskazano na swoistą kreatywność gatunkową po stronie autorów jak również na tekstowe odzwierciedlenie zmian zachodzących w praktyce medycznej.

Słowa kluczowe: dyskurs medyczny, dyskurs profesjonalny, gatunek, opis przypadku

1. Introduction

According to Hunter (1991: 51), “the case is the basic unit of thought and discourse”. Consequently, practising medicine revolves around cases – everyday cases of diseases in patients visiting doctors, which are constantly managed and reported on in institutional documentation of various types, but also rare or even new cases that need to be recorded, presented, discussed and very often published to be shared with other professionals (cf. Hunter 1991: 68). The importance of case reporting can be proved by the multiple varieties of case reporting, whether spoken, written, institutional or research-related, but also by its constant evolution which is driven by the changes in paradigms of medical practice, e.g. the changing perception of the patient. The aim of this paper is to discuss the new generic varieties of medical case reporting which have appeared in recent years in many medical publishing outlets. The various publication formats derived from prestigious medical journals were subject to qualitative discourse analysis, which made it possible to discuss their discourse from structural and functional angles but also to trace the directions of the development mentioned. The results show that, although the discursive construction of a medical case, beginning with the case presentation, through its assessment to management constitutes the canonical structure of case reporting, various modifications pertaining to communicative accents and structure testify to its open character. First, the genres of case reporting are presented, including their structural and rhetorical features as well as the discursive ones, both from the historical and present-day perspective. Next, their new varieties are examined and discussed, followed by some concluding remarks.

2. Case reporting as a genre

Case reports belong to written medical discourse and function along such genres as research papers and reviews. These can be contrasted with spoken medical discourse and such examples as history-taking, patient interviews, or case presentations during hospital rounds (Atkinson 1995, Lingard et al. 2003), etc. If a different grouping is adopted, i.e. with a focus on the participants of communication, one can differentiate between doctor-patient and doctor-doctor communication. The former may be exemplified by such genres as history taking and interviews, whereas the latter by case presentations, case reports or research papers, respectively. One additional differentiation should be made at this point. Medical genres can also be divided into those connected with medical practice and academia (Berge 2003). According to Schryer (1994), while researchers seek to reconstruct a research process and prove its validity, clinicians aim to record the way a particular problem is solved and to examine the effectiveness of a solution. Consequently, experimental genres (for instance research reports) used in clinics are descriptive. The choice of a particular genre on the part of these two groups is dictated by two different activities they are engaged in but also by the socialization into two different modes of giving an account of these activities (Schryer 1994: 113). Schryer (1994) rightly points out that case reports (recording genre) are all about problem solving. This fact is also well captured by Hunter (1991) when she refers to them as “reportage, a piece of a scientific puzzle” (Hunter 1991: 94), which, after being solved by a physician, is recorded for other members of the medical community to share a new piece of information. In this respect, just as research papers and reviews have more to do with imparting knowledge to academics, interviews, history-taking and case reports are used by medical practitioners.²

Structure-wise, case reports are relatively short and simple articles (Lysanets et al. 2017) and usually consist of three parts: “a short Introduction, a more detailed Case Report body, and a brief Comment or Discussion section” (Rowley-Jolivet 2007: 185), yet their structure may vary considerably, depending on the journal and its editorial policy. This way, one can enumerate the following forms: short letter-like communications, letters to the editor, one-page unstructured reports or typically structured reports following the Introduction-Case-Report-Discussion format. Alternatively, there are lengthy reports concluded with a written discussion where a group of clinicians jointly arrive at a diagnosis, additionally varying in section nomenclature. What is more, these reports are sometimes organised into a series of related cases (Martyn 2002, Kline 2012), usually from

² Further discussion about the distinctions can be found in Van Naerssen (1981), Schryer (1994) and Fleischman (2001).

3 to 10 (Jenicek 1999). It needs to be noted that, even though the structure of the genre may vary to some extent for different journals, they all follow the problem-solution pattern (i.e. situation, problem, solution and evaluation), arranged causally, chronologically (Cohen 2006, cf. Pujari 2004; Fox 2005; Rison et al. 2013) and in a coherent way (Bayoumi 1998), belonging to “culturally popular patterns of organization” (Hoey 2001: 122). As Hunter (2006: 39) observes, this is “a recognisable pattern (...) [of] [p]iecing together the evidence of the patient’s symptoms, physical signs, and test results. According to Calnan and Barabas (1973: 8), it is important that these types of information follow the same sequence in which they were given in the patient’s case notes.

Central to this genre of medical scientific reporting [i]s how the information about the case [i]s deployed – in other words, the representational techniques that would make it possible for the physician-writer to “put the reader at the bedside”, the medical counterpart to the “virtual witnessing” that Shapin (1994) and other have argued [i]s essential to scientific reporting (Berkenkotter 2008: 18).

Rhetorically, the presentation of information in case reports renders them “descriptive and expository” (Salager-Meyer et al. 1989: 155), also instructive (Lysanets et al. 2017), which is in keeping with the primary aim of this genre. As Doherty (1994) explains, they “rarely test the hypotheses they generate but they do place issues before the medical community and often trigger a more definitive study”. Jenicek (2014: 123, 125) adds that “a clinical case report is an argumentative essay. Its purpose is to share a clinical or community medicine observation, interpretation of what we have witnessed and proposals regarding what to do with it next”.

3. The discourse of the present day case-reporting and recent developments

In the past, case reports functioned as the first reference point regarding medical knowledge. Nowadays, in the era of modern modes of diagnosis, statistics and studies based on large populations, the status of this specialist genre has decreased and it serves primarily for pedagogical purposes as a teaching aid and a socialising tool during an internship. However, the way contemporary case-based genres, including case reports, discursively construct patients, has been criticised as, adopting the biomedical perspective and focusing solely on a disease entity, they depersonalise the patient or entirely abstract from them (Anspach 1988, Albert 2004, Kenny and Beagan 2004). For one thing, the authors of contemporary case reports tend to write them in a “matter-of-fact” mode, omitting self-reference and preferring data, often rendered by machines, to speak for themselves

(Taavitsainen and Pahta 2000: 69). What is more, diagnostic equipment and tests tend to be presented as ‘showing’ or ‘revealing’ particular results as if without human involvement, which is referred to by Anspach (1988) as “technology as the agent”. Such a presentation of the material is aimed at objectivity and credibility on the part of the author (Potter 1996: 153). Moreover, the texts feature various numerical values and names (Gunnarsson 2009: 61) as well as terminology, abbreviations and very few textual references to patients (Van Naerssen 1985); abbreviations in particular contribute to the effect of impersonality since a name in such a form seems to be value-neutral (Kirmayer 1988: 61). Regarding the last three elements, although Van Naerssen (1985) refers in her article to case records, the same results were also obtained in genre and discourse analyses of medical case reports specifically (Helán 2012, Zabielska 2014). Additionally, it has been observed that there are longer fragments of texts where body parts, symptoms, biological processes or particular treatments are presented in abstraction from the patient. When it comes to patients, they are either textually absent or are not described as undergoers or experiencers of the procedures and reactions respectively but rather as cases (Kępiński 2013, Woźnicka 2005, Zabielska 2014, cf. de Barbaro and Grajcarek 2001). Lastly, in contemporary case reports, the patient’s perspective is either severely limited or absent. The patient’s presenting complaint and ensuing comment, which are usually at the beginning of the report, are translated into an impersonal and technical medical discourse, which loses its individual character with the elements of lay vocabulary and perception (cf. Zabielska and Żelazowska 2017).

In reply to these accusations but also as a result of the changing character of the practice of medicine, i.e. the development of Medicine 2.0 and growing recognition of the patient’s perspective, new varieties of case reports have been introduced which constitute new generic developments. Their presence is a consequence of the dialogic relation between the form of particular text-types³ and their contextual grounding. In other words, the evolution of genres results from their very nature, i.e. them being situationally dependent, relative and flexible (Grochowski 2014: 15–16, see also Witosz 2001), or, in other words, “dynamic systems” responding to the “[s]ociocultural needs of communities of practice/discourse communities” (Taavitsainen 2014). Consequently, the early twenty-first century has witnessed new case-reporting varieties which include *integrated narrative- and evidence-based* case reports (combine the evidence-based story, i.e. medical facts, as well as patient’s and doctor’s accounts, Reis et al. 2002), *storied* case reports (particularly emphasise the doctor’s reworking of the patient’s story, Bayoumi and Kopplin 2004) or *interactive* case reports (allow readers to

³ The idea of a macro-genre as opposed to micro-genres, where the latter are variations of the former, can also be referred to as what Wojtak (2014: 96) means by the canonical variant, and alternating and adaptable variants respectively.

comment on published cases online and feature 1st person narratives by the patient, Smith 2008a, 2000b) (described in detail by Zabielska 2016, Żelazowska-Sobczyk and Zabielska 2017). This first group of developments within the macro-genre of case reporting can be marked as a turn in the direction of the patient's perspective in the form of the integration of patients' narratives in various ways, which, additionally, testified to the revived interest in the genre. Yet, although they have attracted significant attention in professional medical journals, they have introduced the patient's perspective only as a complimentary element and have not considered its merging with the rest of the text (Nissen and Wynn 2014) or the very way the patient is portrayed in the main body of the text written by the doctor.

Yet, the genre of case reporting has not stopped in its transformations and new developments are constantly appearing. Consequently, the objective of this paper is to comment on and analyse these latest varieties within the said macro-genre. The following discussion will include three groups – structured case reports, an educational segment and one more patient-focused variety.

4. New generic developments in case reporting

4.1. Structured case reports

Along with the novel varieties of case reports featuring different characteristics, new journals publishing more regular case reports are still appearing. It has been already said that a typical case report consists of three parts – Introduction, Case Report body and Discussion/Conclusion. This format is referred to as a structured abstract as opposed to two other – unstructured and narrative formats, with the latter following a more story-like form (Budgell 2008, Pramono 2013). Structured case reports belong to the most typical ones format-wise. The table below includes selected titles of the more recently established journals publishing case reports following the structured format, along with the details of their structures (with some variation) and the starting date of their publication.

Table 1. Recent varieties of case reports

Journal name	First publication	Form and access	Structure	Additional info
<i>Clinical Case Reports and Reviews</i>	Dec 2015	electronic, open access	Keywords, Introduction, Case Report(s), Discussion, Conclusion	possible case-related series: case reports, case series, case in images;

Journal name	First publication	Form and access	Structure	Additional info
<i>Journal of Medical Case Reports</i>	Feb 2007	electronic, open access	Keywords, Background, Case Presentation, Discussion and Conclusion	
<i>American Journal of Case Reports</i>	2001	electronic, open access	Background, Case Report, Discussion, Conclusions	
<i>International Medical Case Reports Journal</i>	2008	electronic, open access	Background, Case Presentation, Conclusion	
<i>Clinical Medicine Insights: Case Reports</i>	2008	electronic, open access	Introduction, Case Presentation, Discussion, Conclusions	Case Presentation section further divided into Examination, Lab findings, Intervention and management
<i>Clinical Medicine: Case Reports</i>	2008	electronic, open access	Introduction, Case Report, Discussion	

As can be seen from the table above, all new titles have appeared relatively recently – between 2007 and 2015, all of them are electronic as well as open access and follow the structured format, with minor nomenclature differences. *Clinical Medicine Insights: Case Reports* is an interesting example here as its Case presentation section is divided further into the typical steps that the patient follows when hospitalised and which all contribute to the discursive construction of the case. Also, the constant appearance of new journal titles publishing structured case reports testifies to the continuing attempts at improving the quality of case reports, whose status decreased dramatically in the 1980s and which were “delegated to the lowest rung of the evidenced-based ladder” (Tomaszewski 2006). These attempts have been made to improve the quality of medical case reports, initially advocating the very idea of reporting even the very “first-in-man”

study (Agha et al. 2016a) and structuring the texts (McCulloch et al. 2009; Hirst et al. 2013). Later particular models were introduced, e.g. The CARE (CAse REport) guidelines in the form of a check-list which points to certain elements which should be present in complete case reports, and which are supposed to help the author in the process of writing (Gagnier et al. 2013); the model was further modified to comply with the needs of surgeons (Agha et al. 2016a, 2016b, cf. also Hirst et al. 2013).

4.2. Educational segment

A large proportion of the new varieties of case reporting belongs to the so-called educational group, which reflects the basic functions of the genre of the so-called era of its regular formats (discussed further by Zabielska 2016 and Zabielska and Żelazowska-Sobczyk 2017). It has been observed that, apart from informing about new cases of diseases⁴ or any novel aspects of their nature, diagnosis and treatment, the role of case reports in the process of medical education, training and professional development can be even more complex. Case reports with their discursive construction of the very basic medical concept of the *case* exemplify a typical way of reasoning of *working up* a case, which is one of the primary medical skills. On the other hand, case reports, regardless of their structure, yet, especially in the segment where the patient's perspective is featured, may prove to be stimulating material teaching empathy and reflection on the part of the doctor in the context of the doctor-patient relationship.

An example of such publications can be the veteran series: "The Case Records of the Massachusetts General Hospital", published by the *New England Journal of Medicine*. These are longer (between 3000 and 5000 words) structured case reports (Abstract, Presentation of Case, Differential Diagnosis, Clinical Diagnosis, Pathological Discussion, Discussion of Management, and Anatomical Discussion). What is characteristic, this group of texts has a very detailed discussion section in which a few specialists jointly arrive at a diagnosis (Nissen and Wynn 2014, Zabielska 2014). A similar section, though, unstructured, the "Clinical Case Conference", can also be found in the *American Journal of Psychiatry*, which, according to the editors, is "the disguised account of the diagnosis and treatment of actual patients who present interesting problems. A critical element is that the case should have been discussed in a departmental forum" (Information for contributors, cf. also Andreassen 1996). It needs to be emphasised at this point that the structure of psychiatric case reports differs significantly from regular ones (Żelazowska-Sobczyk and Zabielska 2019).

⁴ To cite Smith (2008a: 1), the initiator of the journals propagating interactive case reports with the patient's perspective section, "every new condition – whether it is AIDS, SARS, or the next emergent disease – begins with a single case".

In general, the literature on case reports from the pedagogic angle is ample, featuring examples of series in various journals, for instance, “Lesson of the Week” or “Drug Points” in the *British Medical Journal* (henceforth BMJ) (Pique-Angordans and Posteguillo 2006: 655, cf. Pimlott 2014: 966), “Interpretation Corner” in *European Radiology* and “Diagnosis Please” in *Radiology* (Buckley and Torreggiani 2007: W55), “Clinical Problem Solving” in the *New England Journal of Medicine* (Jenicek 1999: XI) as well *Chest’s* “Pulmonary and Critical Care Pearls” and “Teaching Case of the Month” in *Respiratory Care* (Benditt 2004, Pierson 2009: 1376).

The very educational segment of the newer varieties has been described in greater detail also by Żelazowska-Sobczyk and Zabielska (2016a, 2016b), and in Żelazowska-Sobczyk (2019). This group features modified formats of case descriptions, many of them authentic, which are supposed to offer attractive teaching material. Its attention-grabbing character can be strengthened when these descriptions are accompanied by pictures. In some cases, pictures themselves serve as the only teaching material, for example, in “Minerva Pictures” and “Picture Quizzes” series in the *BMJ*, whose main aim, according to the editors, is “offer[ing] an educational message and which will publish clearly and depict the abnormality obviously”. In the latter case, also particular questions (and answers) are required, for example, “What does the picture show and what is the differential diagnosis?”, which are the questions students could potentially get from doctors during ward rounds or in an exam situation. The *BMJ* also publishes the so-called “Endgames”. “Endgames is designed to help doctors across all levels and specialties test their knowledge and reflect on their practice for continuing medical education” (TheBMJ 2019). The series was meant to replace traditional case reports which had been published by the journal for a very long time.

An interesting format is also the so-called *Medscape’s* “Case Challenge”, which are very brief descriptions of particularly challenging cases accompanied by pictures (Pregerson 2014). The fact that the authors use the word ‘scenario’ to refer to patients’ cases testifies to the narrative character of the material that the genre features.

4.3. Patient-focused variety

In 2001, a case report entitled “Case report: Patient’s perspective on acute diabetic neuropathy” (Kargel et al. 2001) was published in *Canadian Family Medicine*.⁵ The text contains a short introduction followed by a regular case presentation. In both parts, it is explicitly stated that this publication features

⁵ The present author has not established yet whether it is a series or a single publication, but, at the same time, has not identified any other publications of this type so far.

the patient's reports on experiences of illness. Following is a number of short paragraphs/sections, entitled according to their contents, e.g. the patient's perspective, distracting activities, effect on schoolwork, etc. The two final sections are also typical of case reports – Discussion and Conclusion. While the parts typical of reports are written from the 3rd person's perspective, again characteristic of such publications, the remaining parts are direct quotes from the patient. Additionally, the text finishes with "Editor's key points", one of them emphasising the importance of the variety of the text: "This patient's story is a good reminder to treat the whole patient."

In the patient's paragraphs, the language the treated person employs is "vivid", using the author's words, touching upon a number of issues, important from the perspective of the patient:

The effect on the quality of one's life:

I couldn't have anything heavy on my feet or socks on my feet. I just wore flip-flops.... I was like a vegetable in my home. I didn't go anywhere.... I couldn't really walk;... I just laid on the couch, sat in the lawn chair, and laid in bed.

The very experience and the effect on other people:

It was constant pain all the time.... It was really sore....On a scale of 1 to 10, the pain was a 10, I was always depressed and always down on myself. I took a lot out on my mom.

Understanding of the patient's condition:

They thought it was like an attention thing.... I just got the feeling they didn't care.

It has been already observed that the first round of developments in the varieties of case reporting genres were attempts at integrating the patient's account in various modes, also combined with doctors' accounts. It needs to be noted, however, that the former modifications appeared no earlier than in 2003 while the aforementioned publication was published in 2001 and thus can be regarded as a precursor of the first round of the varieties, i.e. when patients' narratives gained recognition. It also differs to some extent from the way patients' accounts are presented in interactive or related varieties (see above). While both here and in interactive case reports, the patient's contribution appears at the end and as a separate, clearly marked "Patient's perspective" section (after the regular report), here the section is significantly longer and is further subdivided into smaller thematic sections. In the case of integrated narrative- and evidence-based case reports, the account is interwoven with the doctor's account and constitutes

the main body of the text. Also, in the case of the *Canadian Family Medicine* publication, the patient’s perspective as included in the text is signalled as early as in the title. Therefore, the innovative character of this publication cannot be undermined.

5. Conclusions

The aim of the present article has been to discuss recent developments within the macro-genre of medical case reporting and to tap into their discourse. After a brief discussion of the genre of the medical case report, i.e. its structural and discursive features and the very conceptualisation of the case in medicine as well as its functions, a short overview of the first round of modifications was offered, to present the backdrop for the changes in the genre at hand, which is the topic of the current paper. The recent developments presented include not only the continuous appearance of electronic open-access journals publishing structured case reports but also a significant segment of educational case-based publications whose main aim is to offer attractive and stimulating teaching material for medical education as well as a particularly interesting variety from the patient’s perspective. The developments discussed testify to the fact that, on the one hand, new titles publishing structured case reports, additionally coupled with some structural guidelines, are aimed at improving the quality of the genre. On the other hand, the complexity of the educational varieties, including also the use of graphic elements, shows the evolving nature of the genre, form- and function-wise. The last modification presented demonstrates a generic development in the context of the patient’s perspective.

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