

20. Medical/Health Communication

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As a practice, medical/health communication (M/HC) existed long before the field of technical communication (TC). In fact, Barbara L. Harris (1991) identified Hippocrates' "Corpus Hippocraticum," a treatise that modeled how to describe patients' case histories concisely and precisely, as one of "Western Civilization's Earliest Technical Documents." Since then, and especially in recent years, M/HC has become a significant domain of TC, with *information* shared both between medical professionals and between doctors and their patients in a host of in-person, print, and digital *genres*. Yet classical sources can guide how today's TC scholars approach M/HC; for example, the following tenets inspired by Aristotle's *Nicomachean Ethics*: (1) The art of medicine is a model for ethical communication, and (2) "Good health" was (for the Greeks) an indicator of a "good life." In other words, the corporeal conditions that mark someone as "healthy" (or sick) were used to make judgments that tend to confer extra-corporeal advantage. So long as "virtues of the body" are intimately tethered to "virtues of the soul" (Jaeger, 1957, p. 57), M/HC will remain an ethical and political enterprise that has enormous consequences for individuals and publics.

Contemporary M/HC reflects a cross-pollination of ideas between and among scholars in such fields as social studies of *science*, science and *technology* studies, behavioral science, *history* of medicine, medical humanities, communication studies, and TC itself (to name but a few). Intellectual overlap among rhetoric of science, medical rhetoric, and the emergence of TC as a discipline constitutes the bedrock of contemporary M/HC scholarship in TC. It's important to note that this scholarship is distinct from other approaches to medical and/or health communication. The field of health communication, for example, is a rich, stand-alone area of study (typically housed within communication departments) that has its own, unique disciplinary ancestry (see Lynch & Zoller, 2015).

During the early 1990s, TC publications treated M/HC largely as textual phenomena that, when analyzed critically, could shed light on cultural practices, beliefs, and values (see Brasseur & Thompson, 1995; Connor, 1993; Harris, 1991). At around that same time, TC scholars interrogated scientific communication, which similarly involved analyses of textual artifacts, for what they might tell us about specific disciplinary practices and the ethical-sociopolitical construction of *knowledge*, more generally (Bazerman, 1988; Condit, 1990; Paradis, 2019; Zappen, 1991). Analyses of scientific texts from a TC perspective yielded new constructs for unpacking how medical texts—as both practical and professional documents—perform important rhetorical work. In fact, Jessica M. Eberhard (2012)

has argued that TC's "history of collaboration with the applied sciences" and its "attention to workplace writing genres" resulted in the emergence of the rhetoric of medicine (p. 1). The iterative emergence of the rhetoric of medicine and TC's interest in M/HC is further evidenced by Barbara Hefferson and Stuart Brown's (2000) special issue on medical rhetoric in *Technical Communication Quarterly*, which was, according to Eberhard (2012) "the first ever collection of articles fathered [sic] under the name 'medical rhetoric'" (p. 14). Other prominent special issues include Ellen Barton's (2005) special issue on the discourse of medicine in *Journal of Business and Technical Communication*, Amy Koerber and Brian Still's (2008) special issue on online health communication in *Technical Communication Quarterly*, Christina Haas' (2009) special issue on writing and medicine in *Written Communication*, and Lisa Melonçon and Erin Frost's (2015) special issue on the rhetorics of health and medicine in *Communication and Design Quarterly*.

Today, disciplinary and analytic overlap between humanistic traditions that tend toward critique (e.g., rhetorical criticism, critical disability studies, critical race studies) and more socially scientific fields (e.g., sociology, anthropology, political science) continues. Beyond its inherent transdisciplinarity, determining the scope of M/HC is further complicated by that pesky slash between "medical" and "health." Generally speaking, *medical* communication could be characterized as communicative practices, processes, and products within the domain of medical science, while *health* communication includes a more expansive material-discursive corpus that, in tandem with sociocultural contexts, indexes what it means to be healthy (or not). But tensions between medicine and health have a long and sordid history. That tension is all the more amplified when we inquire about M/HC's goals. Are M/HC communicators working toward cure? Or care? Is the goal of M/HC to achieve some idealized standard of how *the* (not *a*) healthy human body ought to look and act?

Adjacent fields of study such as disability studies have asked similar ends/means questions that often result in critiques of M/HC for its unabashed pursuit of cure (often at the expense of care), which, according to such critiques, advances normative ideologies about human bodies. Building from such cure vs. care critiques, I'd argue that what animates the productive power of the slash between medicine and health, at least as it concerns TC, is amplified attention to how power operates—in all its (intersectional) forms.

Practicing medicine or performing health requires a constellation of suasive evidences, many of which are textual inscriptions. Historiographic or archival studies offer one means to uncover some of these evidences. For example, Carolyn Skinner (2012) studied "the incompatible rhetorical expectations for women and for physicians" in the 19th century (p. 307), Lee E. Brasseur and Torri L. Thompson (1995) critiqued the "gendered ideologies" in medical manuals used during the Renaissance, and Carol Berkenkotter and Cristina Hanganu-Bresch (2011) conducted archival *research* of admissions records for a 19th-century asylum. In addition, TC scholars have attempted to trace how power circulates by

investigating exigent M/HC documents within both forensic and deliberative situations. These include Susan Popham's (2014) examination of juvenile mental health records, Mary Lay Schuster et al.'s (2013) analysis of court case documents regarding end-of-life decisions, and Carolyn Schryer et al.'s (2012) discourse analysis of dignity interviews. TC researchers in M/HC have also examined medical record-keeping (Popham & Graham, 2008; Scott, 2014; Varpio et al., 2007) and whether said records accurately reflect concerns and contributions from patients and their caretakers (Breuch et al., 2016). Other TC scholars have chosen to study M/HC's writing practices and processes (see Heifferon, 2005; Opel & Hart-Davidson, 2019; Willerton, 2008).

But it's not always evident from textual products, practices, and processes how economies, geographies, race, gender, sex, and politics (to name only a few) intersect and influence who or what counts as "healthy." Intersectional power differentials are often legitimized, if not enabled, by medicalized institutions and technologies in less visible ways (Moore et al., 2018; Teston, 2016). Consider, for example, the computational code that structures genetic tests' results (Condit, 2018; Kirkscey, 2019; Sidler & Jones, 2008; Teston, 2018), or medical professionals' implicit biases (Hernández & Dean, 2020; Liz, 2020; Segal, 2005). These less visible sites of rhetorical power, while difficult to isolate and analyze from a purely textual vantage point, have serious consequences on M/HC. One way TC researchers have sought to better understand how extra-textual medicalized "discourses and practices" (Lupton, 2002, p. 95) affect individuals is to wed patient-centered care with human-centered *design* (Bellwoar, 2012; Gouge, 2017; Melonçon, 2017)—especially as it concerns informed consent (Bivens, 2017; Kim et al., 2008).

Capturing how power circulates beyond the text has led TC scholars to consider a wider range of M/HC artifacts, perhaps best described as information ecologies—e.g., oral, gestural, textual, *visual*, and/or statistical forms of communication, the boundaries of which often bleed into one another and therefore require multiple methodological approaches. Many scholars in TC have sought to unspool how power operates in M/HC's information ecologies through site-based *research* methods, as exemplified by Fountain's (2014) rich analyses of the anatomy laboratory, Debra Bureson's (2014) interviews with hospitalists, S. Scott Graham and Carl Herndl's (2013) observational study of a pain management team, Elizabeth L. Angeli's (2015) robust *in situ* analyses of emergency medical services professionals' reliance on memory in their workplace writing, and Ellen Barton and Susan Eggly's (2009) observations of how physicians pitch to cancer patients the opportunity to participate in a clinical trial.

Integral to each of these projects is the generalizable finding that medicalized power matrices are often occluded by bureaucratic regimes that prevent individuals from accessing the means by which they might not just survive but thrive (Barton et al., 2018; Lynch, 2009; Scott, 2002). That is, such M/HC projects uncover how the medical *profession* cultivates and maintains a sense of (hegemonic) expertise through what Colleen Derkatch (2016) might call "boundary work" (see

also Stone, 1997). Medicine's ethos is frequently "distributed and mediated" (Sánchez, 2020) via symbolic representations such as figures, graphs, medical images, and other forms of visual evidence (Graham, 2009; Longo et al., 2007; Welhausen, 2015; Wise, 2018). But ethos is also negotiated, if not challenged, behind the scenes, as evidenced by (anti)vaccination controversies (Campeau, 2019; Lawrence, 2020; Scott, 2016), or "do-it-yourself" argumentation tactics employed by holistic health coaches (Gigante, 2018).

Fueled by the desire to design more democratic if not equitable medical or health spaces, some TC researchers have waded into digital or online communities where M/HC circulates—i.e., spaces where ethos and expertise are negotiated in real time, (presumably) beyond the constraints of medicalized bureaucracies (Ding, 2009; Freeman & Spyridakis, 2009; Moeller, 2015; Segal, 2009; Spoel, 2008). For example, Lori Beth De Hertogh (2018) pairs TC frameworks with a feminist digital research methodology in a five-year case study of an online childbirth community. Given users' vulnerability to health and medical misinformation in online spaces such as these, Rebecca K. Britt and Kristen Nicole Hatten (2016) propose an "e-health communication competence scale." Similarly, Abigail Bakke (2019) examines the risks of misinformation in a Parkinson's disease online community, and Amy Roundtree (2017) studies "health-related Facebook usage of people not designated as patients" (p. 300). As new communication technologies emerge, it's likely that more TC researchers will pursue projects related to telemedicine (continuing the work of Mirel et al., 2008) and how so-called "smart" devices are marketed as a way to improve care coordination and communication (see Alaiad & Zhou, 2017), especially in developing countries.

Transdisciplinary variety in M/HC scholars' theoretical frameworks and methodological approaches will undoubtedly continue in response to changing sociopolitical and economic conditions—including the effects of environmental degradation on human health, global pandemics, health consumerism, and how to treat "invisible injuries," like those sustained during pervasive military imperialism around the world (Lindsley, 2015). Such evolutions may further blur disciplinary territory between, say, M/HC and consumer science, disability studies, political science, economics, environmental studies, and interdisciplinary approaches to human vulnerability.

Looking toward the future, it is important to recognize transnational medical and health precarities, which have been enabled by the rise of power among the Global Right. Those who teach, research, and practice M/HC in the US might expand their investigative repertoire to account for "non-native-English speakers" (Koerber & Graham, 2017; see also Bloom-Pojar, 2018; Ding, 2009, 2020; Gonzales et al., 2018; Walton & DeRenzi, 2009), or the ways immigrants and asylum seekers, for example, are disproportionately affected by medicalized patienthoods (see Cedillo, 2020; Rose et al., 2017). A word of caution, though: These M/HC projects ought to be pursued in a way that is neither exploitative nor extractive. Intellectual bridges should be built between TC and Indigenous methodologists, for example,

who are careful to critique the ways academic research—especially as it concerns medicine and health—has been used exploitatively to deny basic human rights via biocitizenship (Happe et al., 2018; see also TallBear, 2013; Washington, 2006).

Through these and other ongoing disciplinary evolutions, it's possible to imagine that the communicative hegemony associated with “medicine” and “health” might more forcefully be reckoned with. Toward that end, it is important that those who study M/HC's practices represent a wider range of diverse identities and desires, as embodied in the work of Avery Edenfield, who has published extensively on *social justice*, power, and the need to queer tactical technical communication (Edenfield, 2019; Edenfield, Colton, & Holmes, 2019; Edenfield, Holmes, & Colton, 2019), and Modupe Yusuf (2022), a rising star in M/HC, whose dissertation examines the circulation of mobile health information among women and children in Nigerian communities. Ideally, the outcome of such diversification will make TC scholars who study M/HC an important resource for clinicians who serve diverse *publics*. TC scholars who study and practice M/HC ought to continue to work toward catalyzing public policy such that it does more than reify Aristotelean (and neoliberal) assumptions about the relationship between good health and good living.

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