

Prediagnostic Commentary in Veterinarian–Client Interaction

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The *diagnosis* has been discussed in the doctor–patient communication literature as a discrete event that is separate from other consultation activities such as the examination (Byrne & Long, 1976; Heath, 1992; Peräkylä, 1997). In this article I argue that diagnostic talk may take two forms: first, the traditional “official diagnosis” typically given following the physical examination during a distinct evaluation phase of the medical consultation; and second, it may take the form of comments made most commonly during the examination that in various ways foreshadow the later diagnosis. I will call this type of diagnostic talk “prediagnostic commentary.”¹ It is typically delivered during the physical examination rather than following it and involves diagnostically relevant statements that describe what the physician is seeing or feeling, anticipate or speculate on diagnoses and treatments that are being entertained, or both. These two kinds of diagnostic pronouncements are distinct in the contexts in

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which they are produced; they are also distinct in their design, production, and receipt. Both types of diagnostic talk have been found in both medical and veterinary medicine contexts (Heritage & Stivers, 1998).²

In this article I have two objectives: to describe the distinctions between these two types of diagnostic statements and to describe two interactional uses of prediagnostic commentary in a particular medical context—veterinarian–client interaction. Although there are several types of prediagnostic commentary, in this article I will focus on cases in which the prediagnostic comments come during the course of an investigation of a trouble. For example, the following segment of talk comes very near the beginning of the veterinary consultation as the veterinarian’s examination of a dog who has red, itchy skin begins. The veterinarian is looking at the red areas on the dog’s stomach as this is said. In this and all following segments, VET is the veterinarian.

(1) Basset Hound

- 1 VET: We:ll it could be a plain ole allergic thing. Sometimes
2 it’s complicated by ’em being (0.5) hypo-thyroid . . .

This type of diagnostic talk is termed “prediagnostic commentary,” partly because it is delivered prior to the official diagnosis—while the veterinarian is examining the dog. At the same time, this comment is diagnostic in nature since it projects and offers insight into the forthcoming diagnosis without actually providing a diagnosis. The speculative and anticipatory nature of the comment adds to its being heard as preliminary to an “official diagnosis.” In this article I am concerned with exploring these distinctions further and specifying two functions of these comments in the veterinary medicine context.

The Database

The data for this study come from a corpus of 55 veterinary consultations recorded on VHS videotapes and audiocassettes in a single veterinarian suburban small animal clinic in Southern California. Because of space constraints, only six cases are discussed here.

OFFICIAL DIAGNOSIS

Official diagnosis can be differentiated from prediagnostic commentary along three primary dimensions. First and most crucially, official diagnoses constitute their own phase of the interaction (Byrne & Long, 1976). When an official diagnosis is delivered, it is typically produced as a distinct action (Heath, 1992). In contrast, prediagnostic commentary typically accompanies the veterinarian’s examination of the pet. Second, in most cases the veterinarian makes use of both turn design and nonvocal practices to show that the official diagnosis is being directed to the client. In contrast, prediagnostic commentary is typically delivered in such a way that it is unclear whether it is being directed to a recipient. Third, clients correspondingly often treat official diagnoses as having been overtly directed to them. However, clients frequently treat prediagnostic comments as not requiring a response. These distinctions can be seen both in the participants’ talk and through their gaze and body orientation.

The Positioning of Diagnosis

The following segment is an example taken from the evaluation phase of a visit involving a client and his golden retriever puppy, who has been scratching at her eye. At the beginning of this segment the veterinarian is completing his examination. In this and the following segments AS are veterinarian assistants, and CL is the client (the notation “#” in this and other transcripts indicates a gravelly voice).

(2) Golden Retriever

- 1 VET: [Nothing there: #°I guess {it looks alright.
2 AS1: [(sh-)
3 AS2: { }=
- 4 AS2: =poked in thee eyeball.
- 5 VET: Yeah. Again, ((to AS2 requesting that she shine a
6 light on the dog’s eye “again”))
7 (1.2)
- 8 VET: Nothing hanging on thuh cornea so (2.0) apparently just
9 an abrasion, I think it was about eleven uh clock up there
10 where we saw that thing before?,

11 (.)
12 CL: Uh huh,

At line 1 the veterinarian is completing his examination of the dog's eyelid to see if she might have something behind it. He says, "Nothing there: #I guess it looks alright." Following some talk by the assistants and a bit more examination the veterinarian, at line 8, pronounces that the examination has not revealed anything else. He says that there is "Nothing hanging on thuh cornea" and then shows himself to be moving into the official diagnosis. This transition is marked with "so," which indicates a move to sum up and close. This is followed by a lengthy pause and then the diagnosis: "apparently just an abrasion,". As this is said, the veterinarian holds the dog's head so that the client has visual access to the eye. He then points to the place in the eye where he thinks the abrasion is located and directs the client's gaze verbally by saying, "I think it was about eleven uh clock up there where we saw that thing before?,". The talk that is done here is done as an activity in itself. The talk does not *accompany* the activity of examining but rather *constitutes* an activity—the official diagnosis. This can be seen when, after pointing the abrasion out for the client at "where we saw" (line 10), he steps back from the examination table and thus pulls himself out of his engagement with the animal. The diagnosis "apparently just an abrasion" and what follows are delivered in the specific context "following an examination." In pointing to the location of the abrasion, the veterinarian is not withdrawing from a currently incomplete activity of examining to do that and then returning to the examination. Rather, the activity of diagnosing is the *only* activity that is under way.

Recipient Design

The diagnosis can also be heard as designed for and directed to the client. Focusing primarily on the veterinarian's turn in lines 8–10, the veterinarian both identifies the problem as an "abrasion" and specifies the location as the place "where we saw that thing before?,". Additionally, the veterinarian's pointing gesture shows that he is producing this as a turn directed to the client because it helps the client see what the veterinarian is indicating with "eleven uh clock." Beyond this, the client receipts the veterinarian's turn as having been designed for him. He attends to

the veterinarian's pointing at his dog's eye at line 10, for example. Additionally, at line 12 he acknowledges the veterinarian's talk, indicating that he is attending to the turn in progress.

The same process can be seen in a second example of a diagnosis taken from the beginning of a lengthy evaluation. The consultation involves a husband and a wife and their German shepherd, who has been limping. The examination is complete before this segment begins.

(3) German Shepherd

1 VET: → This is starting to atrophy a little bit=thuh muscle is
2 wasting. (0.2) in 'iz- (.) in 'iz upper leg. (0.4) a bit
3 and=uh (0.5) what (we) really oughta hav:e probably and
4 this is very sensitive even ┌
└even that much pressure.
5 CL1: └Mm hm.
6 (.)
7 VET: you can feel 'im (.) give to it. (.) ┌kinda hurt.
└(Mm hm.)
8 CL2:
9 (0.8)
10 VET: And there seems to be a li:ttle kno:bbiness whether
11 it's thuh (0.7) thuh lack uv:=uh of uh muscle that's
12 wasting awa:y, an: where it appears (quite) (uh bit-)
13 (.) but it seems more prominent there.

The offering of information that begins at line 1 with "This is starting to atrophy" is delivered as the veterinarian gestures in a downward motion across the dog's shoulder where the muscle atrophy is occurring. The gesture is swift and works to accompany and expand on the diagnostic information he is providing rather than actually examining the dog's shoulder. This talk is also delivered as the result of an examination. This can be seen in the veterinarian's "is starting to atrophy." As opposed to a construction that might show the examination to be in progress such as "feels like it is starting to atrophy," this construction shows the examination to have already been done with the evaluation now being delivered to the client. Thus, the official diagnosis follows the examination, and the talk indexes this.

In segment 3 the veterinarian also shows himself to be directing the talk to his clients. For example, at line 1 when he uses the term *atrophy* he goes on to clarify what he means by this with "thuh muscle is wasting." By further specifying where the muscle atrophy is occurring he explicates

“this” from line 1: “in ’iz- (.) in ’iz upper leg.” He also explains his observation that “this is very sensitive” in line 4 with evidence of the pain the dog can be seen to have. At lines 4 and 6 he says, “even even that much pressure. (.) you can feel ’im (.) give to it. (.) kinda hurt.” As he says this he demonstrates the evidence by putting pressure on the dog’s shoulder area to show the clients that the dog pulls away from the pain. In this way he shows that this talk is not a type of thinking out loud but is addressed to the clients. Thus, there are multiple practices of definition, explication, and demonstration that show the veterinarian’s talk here as being overtly designed for and directed to the clients.

Clients’ Receipt of the Diagnosis

The clients can also be seen to receive the talk as directed to them. In segment 3, both clients offer acknowledgments at different points—client 1 at line 5; client 2 at line 8. Their use of acknowledgments indicate that they are attending to the talk and suggest that they will allow the veterinarian an extended turn at talk (Schegloff, 1982). The clients’ gaze also supports that they are receiving the talk as addressed to them. Figure 1 is a still video frame taken from line 3 of segment 3 (specifically at the word “what”: “and=uh (0.5) **what** (we) really oughta . . .”).³ Although the veterinarian is gazing down toward the dog, the clients are gazing at the veterinarian as he talks. Their gaze provides further evidence that they are engaged recipients who are prepared to receive the veterinarian’s turn.

To summarize, official diagnoses are done as a distinct activity rather than accompanying another activity. Furthermore, official diagnoses are designed for clients and can be seen to be directed to them both in terms



FIGURE 1

of the language and the nonvocal behavior of the participants. Finally, clients receipt the veterinarian’s diagnostic talk—both vocally and non-vocally—as having been directed to them.

PREDIAGNOSTIC COMMENTARY

Prediagnostic commentary is distinct from the official diagnosis along each of the three dimensions discussed—the activity, the recipient-design of the talk, and the way in which the talk is received. In contrast to the official diagnosis, prediagnostic commentary is not done as a separate activity but is treated as commentary on an investigation that is in progress. Whereas both the veterinarian and the client orient to the official diagnosis as the central activity, they treat prediagnostic commentary as, at best, an intermission in and subordinate to the activity of examination that is under way. It follows that prediagnostic commentary is often not overtly directed to the clients or received by them as such. This can be seen through the participants’ talk, gaze, and body orientation. In the following case, the veterinarian is examining a dog’s eye (the subsequent diagnosis in this case is in segment 2).

(4) Golden Retriever

- 1 VET: So you c’n just hold ’er hh chin up uh minute Genie?,
 2 hh
 3 ASI: She’s uh good gir:l.
 4 VET: °°(looking uh:°°
 5 (1.8)
 6 CL: (° °) ((to dog?))
 7 (3.0)
 8 VET: → An:d uh lotta ti:mes one: can’t see an inju:ry,=there
 9 looks like there mighta been some’in’ right back here’s
 10 uh little haziness?, there in thuh
 11 CL: Uh huh,=
 12 VET: =in thee=uh cornea?
 13 (0.6)
 14 VET: Unless you dye it see how that’s nice ’n hard ’n-
 15 (0.5) (comit- I:) (good looking.)



FIGURE 2

At line 1 the veterinarian picks up an ophthalmoscope to use in a closer examination of the dog's problem eye. At line 7 the veterinarian has begun to examine the eye. He continues the examination as he says, "there looks like there mighta been some'in' right back." While he does not direct his gaze away from the dog's eye and does not pull his left hand away from the dog, he does use his right hand to point at the dog's eye and direct the client's gaze to a particular point in their joint field of view. This can be seen in Figure 2, where the frame occurs on "here's" in line 9 ("some'in' right back **here's** uh little . . ."). Although in this case the prediagnostic comment is overtly directed to the client—seen most clearly through his pointing gesture—and acknowledged by the client (line 11), the comment is shown to be an activity subordinate to the examination. The veterinarian does not show himself to be completing—let alone withdrawing from—the activity that is in progress—the examination. The comment is done alongside the examination, which is seen to be primary in that both participants maintain body and gaze orientation toward that activity throughout the commentary.

Many prediagnostic comments are not only done alongside the examination but are also both delivered and received as though not directed to a particular recipient. The following is a prediagnostic comment offered by the veterinarian during the physical examination of the German shepherd whose subsequent diagnosis is given in segment 3.

(5) German Shepherd

- 1 VET: °Feels like there mi:ght be° changes=ho- Lauren?
- 2 ((VET has called assistant to help))

In segment 5 the veterinarian's statement may be heard as a vocalization of his thoughts, similar to an "outloud"—a statement that is equivocal as to whether it is addressing a recipient because it does not require response but allows for it (Goffman, 1978). Whereas in segment 3 the veterinarian made clear what he meant by "atrophy" (line 1) and where it was occurring (line 2), here there is no explication of what he means by "changes" or how it "feels like" this might be the case. Also, much of the veterinarian's comment in line 1, segment 5, is delivered with markedly lower volume than the surrounding talk. Although the talk is certainly audible, the lowered volume makes it less easily heard by the clients in a clinic where barking dogs and ringing phones make conversation difficult at times. Thus, prediagnostic commentary is not frequently designed to engage a recipient. This is understandable particularly in light of the most central feature—that it occurs during the course of another activity. It would be incompatible to address or otherwise attempt to engage a recipient in talk that is a subordinate activity because this action would make the talk relevant as a more central activity.

Like segment 5, segment 6 shows the veterinarian as engaged in the activity of examining but also commenting on the examination. The prediagnostic comment is delivered not *as* the main activity but as a comment *on* the main activity—the examination. The "in progress" nature of the examination helps the talk to be heard as preliminary to the diagnosis as opposed to being heard as a conclusive diagnosis. Furthermore, just as prediagnostic comments often are not directed to the clients, clients also do not treat prediagnostic comments as statements to which they should normatively respond. In segment 6 they do not offer acknowledgments or assessments of the comment. In addition, as shown in Figure 3 (where the image occurs as "seems" is uttered in segment 6), their gaze is not directed toward the veterinarian but rather toward the dog and the ongoing examination.

(6) German Shepherd

- 1 VET: °Seems to be: up in there.° hhh
- 2 (0.8)
- 3 VET: Yeah.

The veterinarian's gaze and body comportment also support the idea that prediagnostic commentary is made alongside the in-progress activity of examining and is not designed to solicit a recipient. In Figure 3, both the



FIGURE 3

veterinarian's body and gaze are oriented toward the dog's shoulder, and the veterinarian shows himself to be primarily engaged in the activity of examining as his hands palpate the dog's shoulder muscle (Goodwin, 1981, regarding gaze; Schegloff, 1990, regarding body orientation). In contrast to the body orientations depicted in the prior still image in this case (Figure 1), in Figure 3 all of the participants have their heads down and their gaze toward the dog.

While prediagnostic commentary does not overtly attempt to engage a recipient and in this way cannot be heard to be directed to the clients, the clients may still be the intended recipients of the veterinarian's talk (Goffman, 1978). Accordingly, the talk may be designed for them as "overhearers" (Goffman, 1979). Prediagnostic commentary then makes a response by the clients optional. On that basis, clients would neither be held accountable for not responding to such statements nor would they be violating any norms of interaction if they did respond.⁴

TYPES OF PREDIAGNOSTIC COMMENTARY

Diagnostic talk of both the official diagnosis variety and prediagnostic commentary may take the form of good news or bad news and may further fall along a continuum between these categories. Because prediagnostic commentary typically precedes and foreshadows a forthcoming diagnosis, the design of the commentary may assist the hearer in fore-

casting whether the forthcoming diagnosis will be good or bad news. This section will focus on the relationship between different types of prediagnostic commentary and their characteristic mitigation.⁵ Three main resources for mitigating these comments include qualifiers such as *kind of*, *pretty good*, or *a little*; hedges using modals such as *might*, *could*, or *may*; and evidential mitigators such as *feels*, *sounds*, or *looks*, which often downgrade the epistemic certainty of the comment. Although prediagnostic comments that forecast both good and bad news may be mitigated, ones that forecast good news are often less mitigated than ones that forecast bad news.

Good News

Unlike bad news, good news is sometimes prepared for with wholly unmitigated positive assessments. This is often seen in routine checkups. Although this variety of prediagnostic commentary is not being focused on here because it is not in the face of a problem, an example will nonetheless provide a clear case of unmitigated positive assessments in commentary preceding good news. In segment 7, the veterinarian is examining a dachshund puppy, making sure that the heart, lungs, teeth, and so forth "look good."

(7) Dachshund

- 1 VET: Grab his little elbows here and let's: be sure his:
- 2 testicles are both in the proper place, (.) Hold still,
- 3 †Hold still le le le
- 4 (0.2)
- 5 VET: → Yep.
- 6 (0.3)
- 7 VET: → No hernias,
- 8 (0.2)
- 9 VET: → Looks good.

In segment 7 the veterinarian is doing a physical examination and at lines 1–2 shows himself to be moving to see if the puppy's testicles are in the "proper place." He treats this as a question to be answered at line 5, where after completing the examination he says, "Yep." After examining the puppy for hernias he then says, "No hernias," (line 7). Both of

these prediagnostic assessments provide diagnostically relevant information in a direct way. They are not mitigated by qualifiers, hedges, or evidential mitigators. Then, at line 9 the veterinarian completes his examination and offers an overall diagnosis that the puppy “Looks good.” In well-animal checkups the structure of the consultation may be different from a sick-animal visit because in the well-animal visits the assumption is that there are no problems, but the veterinarian will look at each of the various parts of the body and check this off—often with a verbal assessment such as “Yep” or “No hernias,” as we saw here.

Epistemically, certain assessments in commentary prior to good news are not restricted to well-animal visits. In sick-animal visits there may also be positive assessments given during the examination as prediagnostic commentary. However, where there is any prospect of illness, the comments are likely to be cautious and more mitigated than the commentary shown in segment 7. In the case of the golden retriever puppy who was brought in with the eye problem, the veterinarian comments on how her heart sounds.

(8) Golden Retriever

- 1 VET: Her:=uh chest 'n 'er hh (1.5)
 2 CL: (#Yeah: #)
 3 VET: (she-) an' her:=uh (0.5)
 4 AS: ()
 5 CL: mm (such uh good girl you: yeah:.)
 6 VET: → Heart sounds (sk-) alright uh course, hh ((breathy))

Of concern for the discussion here is the veterinarian’s comment that the heart “sounds (sk-) alright uh course.” This is made not while listening to the heart, which occurred slightly prior to the beginning of segment 7, but while the examination is still going on. Across line 6 the veterinarian is palpating the chest area. The component of the turn at line 6 “sounds alright” uses the evidential mitigator verb *sounds*, showing that the evidence for his evaluation of the heart as “alright” comes from having listened to it. This verb construction is hearably less certain than “*is* alright.” However, following his use of the evidential mitigator, the veterinarian shows that he had expected the heart to sound fine through his use of “[of] course,” which highlights the relative certainty of this comment. Although I have argued that this instance of prediagnostic

commentary is downgraded relative to segment 7, it is as strong as is typically seen across the data corpus.

Assessments as prediagnostic comments that forecast good news can nonetheless be downgraded and mitigated. In the following encounter the dog has been brought in for a recheck of an ear infection. The following segment occurs as the veterinarian examines the dog’s ear.

(9) Basset Hound

- 1 VET: Ho:ld=on big guy. ((checking dog’s ears))
 2 (3.2)
 3 VET: → Looks pretty good down in †there after you get (there’s)
 4 a little (.) activity in here in the right side and
 5 that’s (0.2) oh STO P I::T.
 6 CL: Oh STOP.
 7 VET: Looks like it’s practically healed ya know?

It is a positive assessment that forecasts good news when the veterinarian says “Looks pretty good down in †there,” but this is mitigated first with the evidential mitigator *looks* that downgrades the epistemic certainty of the assertion. Next, the veterinarian’s modification of “good” with “pretty” both qualifies and downgrades the assessment “good.” Then at line 4 the veterinarian points to a trouble “a little (.) activity in here,” which further qualifies his already mitigated assessment that the ear “looks pretty good.” Finally, at line 7 the veterinarian says, “Looks like it’s practically healed ya know?” which is another assessment that forecasts good news. It forecasts good news in that if something is “practically healed” there is an implication that it will be completely healed soon. However, this is delivered cautiously with the evidential mitigator *looks like* and the qualifier *practically*. Although improvement in the ear’s infection and the prediagnostic comment that it “looks good” and is “practically healed” are positive, this serves as an example where assessments that forecast good news are qualified.

Bad News

Prediagnostic commentary that forecasts bad news also falls along a continuum of mitigation. However, as was mentioned earlier, talk that forecasts bad news is ordinarily more heavily mitigated and epistemically

downgraded. Although unmitigated commentary prior to delivering good news can be found, unmitigated commentary prior to delivering bad news is virtually absent.⁶ Additionally, within the spectrum of commentary that forecasts bad news, epistemic markings may show the comment to be more or less certain. One way to mark prediagnostic commentary as less certain is to make a comment about what is being felt tactilely during the examination. This occurs in the following segment, a repeat of segment (5), an examination of the German shepherd's shoulder, which exhibits several features of mitigation.

(5) German Shepherd

- 1 VET: °Feels like there mi:ght be° changes=ho- Lauren?
2 ((VET has called assistant to help))

The veterinarian's utterance is epistemically less certain because it begins with the evidential mitigator *feels like* to describe how he is inferring that there might be "changes." Rather than stating that there are changes or that there might be changes, the use of the evidential mitigator downgrades the veterinarian's assertion that changes are occurring in the dog's shoulder. Following the evidential mitigator the veterinarian uses the modal *might* and stretches the word, which doubly emphasizes the uncertainty surrounding his assertion. Finally, the characterization of what is being tactilely felt in the examination—"changes"—is vague. This comment can be heard as forecasting bad news, partially because it is delivered in this more mitigated way but also due to this comment's being delivered in the context of an earlier prediagnostic comment regarding the possibility of a tumor or ulcer.

In another segment taken from the same consultation, the veterinarian marks the comment as epistemically less certain with the use of an evidential mitigator. Although some evidential mitigators directly report observations, *seems* may be heard as even more of a downgrade than *looks* or *feels* in that it does not show where the veterinarian's evidence is coming from but only there is something that seems "to be enlarging."

(10) German Shepherd

- 1 VET: → It seems to be (1.0) And that seems to be enlarging.
2 I can't tell because all the muscle and the tendons
3 around there.

In line 1 the veterinarian makes the comment, "It seems to be (1.0) And that seems to be enlarging." where he formulates what he is finding in his examination as a comment that is diagnostically relevant. The epistemic certainty of his comment is diminished first because of the evidential mitigator *seems to be*. Then the veterinarian goes on to further show that he is indeed uncertain and to account for that: "I can't tell because all the muscle and the tendons around there,". In this way he shows himself to have been using *seems* as an evidential mitigator, marking uncertainty as opposed to *feels* or *sounds*, which may be used to describe the examination through the appropriate senses and thus do not diminish certainty to the same degree.

Commentary that forecasts bad news can also take the form of an indirect statement or a generalization. For example, the following segment is taken from the golden retriever puppy consultation about the problem eye.

(11) Golden Retriever ((a fragment from segment 4))

- 8 VET: → An:d uh lɒtə ti:məs one: can't see an injury,=there
9 looks like there mighta been some'in' right back here's
10 uh little haziness?, there in thuh
11 CL: Uh huh,=
12 VET: =in thee=uh cornea?

The veterinarian has been examining the dog's eye. Through his generalization that "seeing" injuries is difficult (line 8: "An:d uh lɒtə ti:məs one: can't see an injury,"), he suggests indirectly the possibility that the puppy could have injured her eye, although his construction leaves it somewhat ambiguous. This indirect suggestion is followed with a comment more specific to this dog (lines 8–9: "there looks like there mighta been some'in' "). Here we can see the veterinarian using both an evidential mitigator *looks like* and hedging through his use of the modal *might*. Both of these further diminish the certainty of the comment about the injury that he has just suggested as a possibility. Finally, as he points to a particular place in the dog's eye where he sees "uh little haziness?" he qualifies his description of "haziness" with "uh little," which downgrades the likely seriousness of the condition.

Although a comment forecasting bad news is usually phrased as less certain, it can be mitigated but still heard as more epistemically certain

than in some of the earlier segments. The following example is taken from the veterinarian's initial observation of a dog's movements:

(12) Schipperke

- 1 VET: → ((As he watches the dog walking)) She's not right in
 2 her nervous system is she.
 3 (0.5)
 4 VET: It's okay baby.

In segment 12 the veterinarian watches the dog, who is hunched over and not walking normally. After observing her for a moment, he articulates his deduction that the diagnosis is likely to involve a neurological problem rather than a musculoskeletal problem. In this construction the veterinarian uses a rhetorical figure (litotes) in which something is described by negating its opposite (Bergmann, 1992): "She's not right." As Bergmann discussed, this figure is commonly used in delicate environments such as this. The formulation used is a far more mitigated choice than using a negative lexical item (e.g., "There's something wrong with her nervous system"). The end result of these multiple mitigation strategies is that while the veterinarian can be heard to be preparing to deliver bad news, both his claim and its observational basis are downplayed.

Perhaps the strongest example of commentary that forecasts bad news is in the following case, during which the veterinarian is examining a dog who has recently been adopted from a local animal shelter.

(13) Poodle mix

- 1 VET: ((pulls stethoscope from drawer))
 2 (15.0) ((VET is listening to dog's chest))
 3 VET: [°°There is quite uh little racket there.°°
 4 ASI: [Don't growl at me.
 5 CL: (Mi[ke,)
 6 ASI: [Mikey (I'm right here .)
 7 (4.8)
 8 VET: No:t pneumonia but=uh=h certainly uh=d: uh deep
 9 bronchitis ya know,

The commentary offered in line 3 is made during an examination of the dog's lungs. This comment is initially upgraded with "quite" and then

mitigated with the qualifier "uh little." Like segment 12, this report of a finding that forecasts bad news is mitigated. This comment directly prefaces the diagnosis offered in lines 8 and 9.

In this section we saw that prediagnostic commentary could take the form of an incipient news delivery, either good or bad, and further that the epistemic certainty with which the commentary was delivered could vary a great deal. In determining whether the forthcoming diagnosis will be good or bad news, clients rely not only on the mitigation but also on the content and the sequential position of the commentary. This will be more clear in the following section where prediagnostic commentary is tracked across two primary consultations.

USES OF PREDIAGNOSTIC COMMENTARY

When the veterinarian is dealing with sick animals and there is a problem to be addressed, two primary uses of prediagnostic commentary show up in my data: to forecast the official diagnosis and to allow for negotiation of both diagnosis and treatment. By virtue of its content, placement, and mitigation, prediagnostic commentary will forecast to the client that the diagnosis will be good news or bad news. Beyond this, some instances of prediagnostic commentary may deal with both the diagnosis and the treatment and thus may be heard by the client as allowing for negotiation about the treatment and the diagnosis as well.

Forecasting

Maynard (1996) described several ways in which people in a variety of contexts can forecast bad news both vocally and nonvocally. One strategy he discusses in relation to the medical context is the way in which health professionals make use of logic in delivering bad news. An elaborate report, listing the progression of the disease or condition, can forecast bad news to the patient, family, or both early in the news delivery. Another strategy Maynard discussed was health professionals' use of syllogism in which they do not explicitly tell the bad news but, for example, present diagnostic test results and then define the condition that

the test results are consistent with (Maynard, 1992). This invites recipients to infer the bad news by putting the two premises together.

Prediagnostic comments work in much the same way as other forecasting strategies described by Maynard (1996). However, whereas Maynard's discussion of forecasting focuses on aspects of the delivery of the diagnosis that permit forecasting, the forecasting that is accomplished through prediagnostic commentary extends beyond the activity of diagnosis delivery into the examination phase of the consultation and in some cases even earlier (cf. segment 16). In the case of the basset hound, the first prediagnostic comment was the following offered during the examination phase:

(14) Basset Hound

- 1 VET: ((*during examination*)) We:ll it could be a plain ole
 2 allergic thing, sometimes it's complicated by 'em
 3 being (0.5) hypo-thyroid and so often times you run
 4 uh (0.4) us'lly in fact we run uh=hh a thyroid (0.5)
 5 uh: test, (0.5) along with treating 'em.
 6 CL: Mm hm.

This prediagnostic comment works to forecast that the problem with the dog is a nonserious one in that as the veterinarian looks at the red skin he readily offers one diagnostic possibility of its being a "plain ole allergic thing." "Plain ole" displays the routineness of the ailment—something that would not have been clear had the turn begun "We:ll it could be an allergic thing." Even though this is just the beginning of a lengthy list of diagnostic options that are ultimately discussed, by the time this turn is complete, the client has already been given multiple clues that the range of diagnostic options the veterinarian is contemplating are in the nonserious domain. When other prediagnostic comments come later in the consultation, they will be heard in the context of this initial less serious diagnostic comment (segment 15), which sets the broad domain of diagnostic possibilities. The veterinarian certainly could offer later prediagnostic comments that might implicate something serious, but in the context that has been established this would involve a marked revising of his position.

We can also see the veterinarian use prediagnostic commentary to forecast that a serious diagnosis is forthcoming. An extensive example of this can be seen in the case of the German shepherd who was brought in for limping. The clients' initial candidate diagnosis is that the limping is being caused by a foxtail—a weed that can burrow into the skin and

become infected and painful. While not unreasonable, this is an optimistic diagnosis since *minor surgery* using a local anesthetic would solve the problem. The veterinarian ultimately diagnoses the condition as bone cancer but early on suggests a tumor or an ulcer. By following the prediagnostic commentary throughout the consultation, it is possible to see the way in which the bad news is being forecast to the clients.

This first example is taken from the opening, just 5 lines into the interaction.

(15) German Shepherd

- 1 CL1: → Ya know he's- (.) He may have (even) gotten a foxtail
 2 er some'in' up intuh the side of 'iz shoul'der.I don'
 3 know.
 4 VET: Mm: hm,
 5 (0.3)
 6 VET: → May have got=uh (1.3) I wuz wondern if he's: might be
 7 developing a little (.) tumor or ulcer, (.) which they
 8 do on thuh- (.) in thuh joints you know,
 9 CL1: Mm hm.

At lines 1 and 2 the client offers a very early candidate diagnosis (something clients rarely do). The veterinarian minimally acknowledges this with "Mm: hm," at line 4. However, at lines 6 to 8 his own first candidate diagnosis is drastically different and far more serious—a "tumor or ulcer . . . in the joints." This prediagnostic comment can be heard as forecasting a serious diagnosis both because of the lexical item "tumor" and because of the juxtaposition of this rather negative candidate diagnosis just a few lines following the optimistic candidate diagnosis that had been offered by the client. The alternative candidate diagnosis "ulcer" mitigates the more serious "tumor" but only after the juxtaposition is made.

The seriousness of this prediagnostic comment is also made clear through the veterinarian's self-initiations of repair at line 6. After beginning with one mitigation strategy that parallels the client's own candidate diagnosis from lines 1 and 2, the veterinarian repairs "May have got=uh" to "I wuz wondern if he's:". The change in formulation alters the epistemic certainty of the prediagnostic comment in that while "may have got" indicates a real possibility, "I wuz wondern if" significantly reduces that. He then repairs "he's:" to "might be," which further downgrades the certainty of the prediagnostic comment and reflects the delicacy of his assertion.

Another example of prediagnostic commentary comes slightly later in the consultation during the pet examination phase as the veterinarian examines the dog's shoulder, feeling for an opening or fluid—indicative of an ulcer—or feeling for muscle atrophy or a mass, either of which could indicate a tumor. As the veterinarian begins to examine the dog, there is a series of diagnostic comments, built on the prior statement that he wonders if a tumor or ulcer is developing, which work to further show a bad news diagnosis to be forthcoming. The first of these is the first comment in the pet examination phase, “Seems to be: up in there.” hhh (0.8) Yeah.” The veterinarian says this as he feels the dog's shoulder, apparently feeling for a tumor or to rule out other diagnostic options.

The comment “Seems to be: up in there” can be understood by the clients to mean that the veterinarian has found further evidence for what he was initially “wondering about”—a tumor or ulcer—but it does not provide a conclusive diagnosis. The veterinarian leaves the referent ambiguous by dropping the nominal subject. However, the predicate of the sentence presupposes the existence of a tumor or ulcer in that it reports on an effort to locate one. In order to locate something, it must first be presumed to exist. It is left to the clients, though, to construe the tumor or ulcer as the referent.

In segment 16 we see the next diagnostic comment in the pet examination, which builds off the one just quoted. The veterinarian is now attempting to determine where a still unspecified “it” is—in the scapula (the shoulder bone) or the humerus (the large upper leg bone):

(16) German Shepherd

- 1 VET: → #Egh# it seems, (.) is- (0.4) s-scapular the upper hh
 2 (0.5) {thing more than thuh- (.) humerus the next one =
 3 CL1: { ()
 4 VET: =which comes down {to 'iz elbow. ya know,
 5 CL1: {Yeah†

In this instance, the veterinarian has moved from wondering about a tumor or ulcer (segment 15) to trying to determine its general location (the “locating” comment quoted above) to actually placing which bone it is in (Segment 16). This will ultimately be a crucial point because if the tumor were in the leg bone, amputating the leg might make it possible for the dog to continue living a relatively healthy life. However, if the tumor were in the shoulder this option would be essentially eliminated.

Like the “locating” comment, the comment in segment 16 uses the evidential mitigator *seems* but this time uses the pronominal subject “it.” The referent for “it” can be heard to be the tumor discussed at the opening of the interaction,⁷ in segment 15, and there is no evidence of another referent that this “it” could be referring back to. This segment is the third in a progression of prediagnostic comments that appear to be rather unequivocally heading in the direction of a bad news diagnosis.

The final prediagnostic comment in this series during the examination phase of this German shepherd is shown in segment 17:

(17) German Shepherd

- 1 VET: → hhh °I hope 'e 'asn't got a tumor comin' in his bones
 2 but that's what it (1.0) kinda feels like.°
 3 CL1: {hmm
 4 CL2: {mm

Here the veterinarian reiterates “tumor,” this time as a negative—something he is hoping the dog “[h]asn't got” but which “it (1.0) kinda feels like.” In segment 15 he offered the prediagnostic comment as something he “was wonderin' if he might be developing,” but now it has been upgraded from something the veterinarian is wondering about, marked with heavy doubt, to a hope that he is wrong in what he thinks he feels in the examination. Additionally, he states only “tumor” as opposed to segment 15 in which the use of “or ulcer” allowed for two diagnostic possibilities. We can also see this as an upgrade on the “locating comment” and the comments in segment 16 in that the veterinarian only reported feeling *something*, whereas in segment 17 he asserts that he feels a *tumor* in the dog's shoulder (“that's what it kinda feels like”). The upgraded seriousness compared to segment 16 is not only in the language but is also dependent on the veterinarian's having felt the dog's shoulder for several minutes versus only examining the dog visually (recall that segment 15 occurs at the opening of the examination). It is through this series of upgrades that the client is prepared to “realize” the bad news diagnosis that is delivered:

(18) German Shepherd

- 1 VET: Unfortunately that's what it- (0.9) {best guess at this=
 2 CL1: { (appears to)
 3 VET: =point is that. you know, th't it's (.) cancer of the

4 bo:ne.
5 (1.2)

After eliminating other diagnostic possibilities (data not shown) the diagnosis is delivered. In segment 18 we see the veterinarian articulate what has been forecast from the outset of the interaction.

Forecasting in the Diagnosis Versus With Prediagnostic Commentary

Maynard (1992, 1996) showed several ways in which bad news may be both forecast and delivered within the diagnostic phase. He outlined the delivery of preannouncements and prefaces, for example, as devices that can be used to vocally forecast the delivery of bad news (Maynard, 1996). As I discussed earlier, when the physician offers an elaborate telling about the patient's condition or sequence of treatment or an explanation of their test results, this can also work to forecast bad news to come (Maynard, 1992). This can be seen in the following segment:

(19) Maynard (1996)

1 DR: This combination of cerebellar dysfunction in one arm
2 and cortico-spinal tract dysfunction in the other
3 ((shakes head, raises eyebrows, looks at PT))
4 DR: I'm sorry you know it's stronger than any other
5 laboratory test we have. It's- there's no other disease
6 but multiple sclerosis that will do it.

In this case, the doctor first outlines the evidence for the diagnostic conclusion and then delivers the diagnosis. This externalization of the diagnostic reasoning process (Peräkylä, 1997) provides the patient with clues as to the forthcoming diagnosis and therefore works in the way Maynard (1996) described as an example of forecasting, which helps the recipient of the news to realize what has happened. As Maynard put it, forecasting works by involving the recipient of the bad news in the delivery process and "leading [him/her] . . . from a state of relative ignorance to a state of knowledge in the situation where the news is to be given" (p. 116).

Although this type of forecasting can be seen in the veterinary consultations, even more important is the extensive use of forecasting prior to the evaluation phase. In the veterinary consultations the forecasting in prediagnostic commentary is far more extensive than what has been outlined in the medical literature. The forecasting that is accomplished through prediagnostic commentary reaches more deeply into the veterinary consultation beginning as early as the opening (segment 15). What differentiates these two types of forecasting is the way in which the veterinarian makes the diagnostic reasoning process transparent *as the visit progresses* by offering observational and etiological prediagnostic commentary throughout the consultation. By contrast, the physician in segment 19 makes the reasoning process transparent only in *retrospect* by explaining how he arrived at the diagnosis. The doctor's observation that there was cerebellar dysfunction and corticospinal tract dysfunction were likely made when examining test results or during the verbal and physical examination. The implications of the doctor's observations are brought together with the observations only during the delivery of the diagnosis.

In the case of the German shepherd, the forecasting function of prediagnostic commentary results in an externalization of the diagnostic reasoning process throughout the visit, which helps to lead clients from a state of "ignorance" in which they think their pet needs minor surgery to remove a burrowed foxtail (segment 15) to a state of "knowledge" at which point they realize that their pet is dying of bone cancer (segments 15–18). The externalization works to forecast the bad news partly because it makes the diagnostic reasoning process more transparent to the client and partly because of the accumulation of speculative prediagnostic comments over the course of the consultation.

Negotiation

In some cases prediagnostic commentary can also function as a resource through which the veterinarian can explore the client's preparedness to allow (and to pay for) particular diagnostic tests and treatments. In the veterinary clinic there is a strong orientation to cost, and the veterinarian has an interest in determining how much the client is going to be willing to pay for diagnostic tests and treatment for his or her animal. As Sanders (1994) stated, "Engaged in a fee-for-service occupational activity, veterinarians must ongoingly be concerned with monetary issues" (p. 166). Sanders also pointed out that adjustments in fees may

be made to “‘cool out’ belligerent clients or reward those who were regulars, well liked, and seen as short on funds” (p. 167). Ethnographically the veterinarian I studied has commented that some clients have spent a substantial amount of money to buy their pet or may feel that their pet is “their child.” This is supported by a 1995 survey that found that 70% of pet owners “think of their animals as children” (Tawa, 1996, p. A14). These clients may be more willing to spend extra money on their pets.

However, there are other clients who may have found their dog or cat on the street and may be unsure how much they want to spend on a pet whose owner may soon resurface. Still other clients may not have enough money to pay for tests and treatments. Because diagnostic tests (e.g., blood tests, x-rays, biopsies) are costly, veterinarians often need to negotiate whether the client is going to authorize and pay for particular tests. Through this process, the veterinarian and client will find themselves negotiating the range of diagnostic possibilities that will be entertained and ultimately the pet’s treatment. As cited by Tawa (1996), one Colorado State veterinarian states, “It’s not so much ‘Can you do it,’ but can the owners afford it?” (p. A14). Also cited in Tawa (1996), a veterinarian in a major Southern California hospital is paraphrased as saying that they “offer a range of treatment options and let pet owners decide how far they want to go” (p. A1). I will argue that one practice for determining “how far [the clients] want to go” is this veterinarian’s use of prediagnostic commentary. Over the course of the consultation the veterinarian treats the client’s responses to his comments as consequential for the final treatment and diagnostic decision by calibrating and recalibrating his recommendations to the client’s minimal or more than minimal responses. In this sense prediagnostic commentary is a means of tacit negotiation of the final treatment and diagnosis.

Evidence for this can be seen in the case of the basset hound. Here, the client has brought her dog in for a reevaluation of a previously diagnosed ear infection. The dog also has a skin rash for which this is the first examination. In this example of prediagnostic commentary the veterinarian proposes a blood test to check the thyroid gland.

(20) Basset Hound

- 1 VET: We:ll it could be a plain ole allergic thing, Sometimes
- 2 it’s complicated by ‘em being (1.1) hypothyroid and so
- 3 often times you run uh=h (0.6) u:s’lly in fact we run
- 4 uh=hh ay thyroid (0.7) uh: test, (1.0) along with

- 5 †treating ‘em.
- 6 (.)
- 7 CL: Mm hm.

In segment 20 at line 1 the veterinarian offers a prediagnostic comment, “We:ll it could be a plain ole allergic thing,”. It is marked as tentative with the modal “could” projecting that this is not a final diagnosis but one diagnostic possibility. He then moves from the basset hound’s individual case to a “typical” case when he says, “Sometimes it’s complicated by ‘em being (0.5) hypothyroid.” His use of “sometimes” is the first index of the veterinarian’s move away from this case and to cases of skin allergies in general. He continues to index the generality of his statement with “it’s complicated by” talking about the condition generally but not about this dog specifically. Finally, he says that dogs who have skin allergies can also be “hypothyroid” here making the generalization clear with his use of “‘em” in line 2.

Having provided a rationale for running a test of the basset hound’s thyroid gland, the veterinarian then proposes the test as a generalization (lines 2–4): “and so often times you run uh (0.4) us’lly in fact we run uh=hh a thyroid (0.5) uh: test,”. Here the veterinarian begins along the same level of generalization as he did with “sometimes” in line 1 as he says “so often times”; however, he then switches and strengthens this to “us’lly” and further emphasizes this with “in fact” before finally stating what test is normally run when dogs have a possible skin allergy—“a thyroid (0.5) uh: test,”. With the switch to “us’lly in fact we run” the veterinarian can be heard to be upgrading his position from one in which he was more distantly aware of the co-occurrence of a hypothyroid condition and skin allergies to one in which he and his staff usually run this test, thus showing himself to be explicitly in favor of a thyroid test.

At this point the veterinarian can be heard as having made the indirect proposal that they run a thyroid test “along with treating ‘em.” However, the thyroid test is costly, and this will come up explicitly later. As these comments are not offered as a final diagnosis but as speculations or possibilities, the client’s responsiveness to them will have consequences both for the interaction and for the final treatment and diagnosis decision. In this segment the client does not offer uptake at the clausal boundary in line 1 or at the silence at the clausal boundary in line 4 but rather offers only a minimal acknowledgment token at line 7. This response is minimal in that it only acknowledges the veterinarian’s proposal and does

not agree to it or show acceptance of it. While a more expanded response is not normatively required, we might speculate that this response is hearable by the veterinarian both as “minimal” and as an unenthusiastic response to his prediagnostic comment, thereby negotiating against it.

Indeed, the veterinarian’s treatment of her “Mm hm” can be seen to support this analysis. Following her lack of uptake, the veterinarian downgrades his treatment suggestion from a thyroid test proposal to a medicated spray and bathing—a less expensive option.

(21) Basset Hound ((*continued from segment 20*))

- 1 VET: (Now you c-)
 2 (3.0)
 3 VET: Thee other thing you can do on the outside in addition
 4 tuh (.) medicated spray, (0.8) ((*turns to get spray*
 5 *from cupboard*)) like=uh (.) this. (0.8) is to:=uh bathe
 6 him, (0.8) {uh: h every five or seven day:s,
 7 {(*starts spraying dog*)
 8 (.)
 9 CL: Uh huh,
 10 (3.0)

In segment 21, the veterinarian proposes another form of treatment (line 4), a spray that he retrieves from the cupboard and demonstrates by spraying the dog. This is referred to as “Thee other thing” (line 3), setting up a contrast between the first treatment proposed and this alternative. However, this is not taken up by the client either. This time at line 9 the client offers a continuer, “Uh huh,” and thus passes on a full turn at talk (Schegloff, 1982). The client’s use of a continuer in this position may be hearable by the veterinarian as treating his proposal as incomplete in that it suggests he continue following both a recompletion of his turn (line 6) and a micropause (line 8).

In tracking the veterinarian’s prediagnostic commentary, we can see that he adjusts his position depending upon the client’s uptake. The veterinarian treats more than minimal uptake or minimal uptake as negotiation in favor of or against his diagnostic and treatment proposals. In cases where there is only minimal uptake, the veterinarian typically revises his position.

At this point the veterinarian has heard the client to have not taken up his proposal for a more costly thyroid test (segment 20) and has also

heard her to have not taken up his suggestion of less costly baths and sprays (segment 21). At line 10 (segment 21) there is a 3-sec silence during which the veterinarian does not continue his earlier talk as we might have expected following the client’s continuer. Rather, he treats his earlier turn as having been complete and sprays the dog with the treatment proposed in segment 21. In segment 22, though, the client shows herself to still want treatment for the skin condition by reporting a medically relevant behavior.

(22) Basset Hound ((*immediately following segment 21*))

- 1 VET: ((*sprays dog throughout*)
 2 CL: He’s been scratchin’.
 3 (.)
 4 CL: that le: g, ((*client points*)
 5 VET: {goin’ {crazy.
 6 CL: {and up under here.=
 7 VET: =Mm hm,
 8 (0.5)
 9 CL: Really ba:d.
 10 VET: Hm.
 11 (3.0)
 12 VET: A:n:d then hh
 13 (1.0)
 14 CL: Wherever it’s raw (like that back there,)

The client has noticed the dog scratching the area that the veterinarian is treating. The client’s statement at lines 2, 4, and 6 may be hearable as a comment pointing out to the veterinarian that she has in fact noticed red skin in the locations the veterinarian is currently treating—under 2 different legs. This turn may then be seen as responsive to the veterinarian’s treatment of the dog, with the client claiming to have been a diligent and attentive pet owner. It is this hearing that I argue the veterinarian shows in his usage of a continuer at line 7. However, this statement is also hearable as a complaint about her dog’s condition. The action of complaining would, as opposed to a simple noticing, make a solution to the problem still relevant, thus treating the veterinarian’s proposals so far as insufficient.

Evidence for this can be seen in that the client not only offers the initial comment at line 2 but following no uptake at 3 she pursues uptake

by adding an increment to her turn. In terminal overlap the veterinarian reformulates and upgrades her noticing from scratching to “going crazy” and in this way aligns with her noticing as a problem (Goodwin & Goodwin, 1987). However, she offers yet another increment at line 6. Following the veterinarian’s continuer there is a 0.5-sec silence, and the client adds a third increment at line 9 that suggests she is still pursuing a response from the veterinarian. In this continued pursuit she shows herself to not merely be commenting on a problem in the course of the veterinarian’s treatment of it but also to be complaining in the face of a treatment/diagnostic option with which she is not satisfied.

Following her third increment the veterinarian offers another minimal acknowledgment token “Hm.” followed by a 3-sec pause at line 11. By prefacing his turn at line 12 with *and*, he indicates to the client that he is connecting this turn back to what he was saying before regarding sprays and baths (Heritage & Sorjonen, 1994). Not only does the *and* help to show the veterinarian to be returning to his line of talk earlier but it also shows him to have treated the sequence shown here as “an aside.”

Following a 1-sec silence, the client offers yet a fourth increment of her pursuit of a response. With this she both continues her pursuit of an alternative treatment/diagnostic option and shows herself to be against the prior one by continuing *her* line of action despite the veterinarian’s projection that he would be talking about the diagnostic/treatment option he had proposed earlier.

In response to the client’s complaint, the veterinarian offers a series of other diagnostic possibilities and another diagnostic testing option.

(23) Basset Hound ((*vet is spraying dog throughout segment*))

- 1 VET: Som:e general treatments of=uhm (1.0) skjn dise:ase that
 2 is as long as we’re (1.8) we know it’s not something
 3 internally an’ that’s why you’d take uh (0.5) oh: uh
 4 pretty- thorough bloo-d test to begin with’s uh pretty=
 5 CL: Mm: hm,
 6 VET: =good idea in case it’s kjdneys er liver er something
 7 like that, (that’s got into it,)
 8 CL: Uh huh,
 9 (0.5)
 10 VET: Uhm
 11 (1.2)
 12 VET: We’ve got to uh (1.0) (looking in his coat I) don’t even

- 13 see any fleas on ’im.
 14 (0.5)

The veterinarian upgrades his list of diagnostic possibilities from a skin allergy and a thyroid condition (shown earlier) to skin disease (line 1), kidney trouble, or liver trouble (line 6). The possibility of skin disease is raised indirectly when the veterinarian initiates a discussion of treatment for the condition, thus implying the relevance of the corresponding diagnosis—skin disease. He also raises the possibilities of kidney or liver trouble indirectly as conditions that should be ruled out by a blood test before treating skin disease. All of these possibilities are receipted with continuers at lines 5 and 8.

What can be seen thus far is that treatments and diagnostic tests that are recommended by the veterinarian, and consequently the range of corresponding diagnoses, are highly flexible. It is through this flexibility and the easy movement across multiple diagnostic and treatment alternatives that the client’s responses to prediagnostic commentary are seen to be consequential for accomplishing the negotiation of the final diagnosis. Here the veterinarian demonstrates himself to be using prediagnostic commentary as a way to give clients an opportunity to “go along with” the diagnosis/treatment. In segment 23 what is being negotiated is whether or not the client wants to pay for a “pretty thorough blood test” to rule out the possibility of a more serious problem with the dog’s liver or kidneys. However, the “pretty thorough blood test” is even more expensive than the test of the thyroid gland—something that the veterinarian is acutely aware of. This upgrade, though, can be seen as responsive to what is hearable by the veterinarian to be a request for a better treatment than has been proposed thus far (segment 22).

In segment 23 the veterinarian offers a diagnostic comment in lines 1–4 and 6–7 and a second one in lines 12–13. The client offers continuers at lines 5 and 8 claiming that she is attending to the talk (Schegloff, 1982) and suggesting that she will allow him an extended turn at talk. However, as the sequence continues, the client’s general level of uptake indicates a lack of commitment to the course of action the veterinarian has proposed. The client is by no means required to speak at that point, but the veterinarian’s default choice of the least expensive treatment and corresponding diagnosis will remain in place unless the client says that she wants to have the blood test done or provides an affirmative response.

Segment 24 comes 13 lines later in the consultation, where the veterinarian can be seen to be offering yet another diagnostic possibility

and treatment option. In this case, however, the client can be heard to align with the proposal, and as will be seen in the next extract, this will be the treatment that is ultimately used.

(24) Basset Hound

- 1 VET: Why (we'd-) (.) maybe start 'im out with cortisone and
2 antibiotics if he's running uh temperature,
3 (3.0)
4 VET: hhh and=uh (.) (us'lly) leave him on antibiotics fer
5 about: ten days 'cuz _usually (.) with that type of a
6 dermatitis there's uh (0.2) infection going. uh
7 [systemic infectioⁿ, (Hold still.)
8 CL: → [°Oh uh°] When you When we=
9 VET: =O:kay. ((to dog))
10 CL: → When we first started to put him on those pi:lls?
11 VET: Mm hm,
12 CL: → It cleared up really goo:d. It=wz really lookin' good.
13 VET: Is that right.
14 CL: → Then it started back.
15 VET: Mm..

In segment 24 we see the veterinarian propose yet another treatment possibility—cortisone injections and antibiotics (lines 1–2) thus raising dermatitis as a further diagnostic possibility (note that this diagnosis has not been asserted). At lines 8, 10, 12, and 14 the client takes up the diagnostic/treatment possibility that has been proposed. The client says that the pills (antibiotics given to her at the last visit for an ear infection) had coincidentally cleared up the skin quite well, but then the red skin returned. She can be heard to be providing a more than minimal response and further to be aligning with the veterinarian's proposed treatment and consequently the proposed diagnosis. The veterinarian treats her turn to be negotiating in favor of this diagnostic/treatment option in that 5 lines later he proposes that given the evidence the client has offered that the pills worked in the past, the dog should probably be given them again. Furthermore, this concludes the negotiation process, and they move on to discuss a second unrelated problem. Finally, in the evaluation phase of the visit, the antibiotics are in fact prescribed as the treatment, thus treating this sequence (in retrospect) as having made the decision and completed the negotiation.

To summarize, then, in segment 20 the veterinarian offered prediagnostic commentary that introduced skin allergies as a diagnostic possibility and proposed a thyroid test to investigate the possible complication. This was met with nonalignment. The veterinarian then downgraded his prediagnostic commentary in segment 21 to offer as treatment medicated sprays and baths. However, this too was met with nonalignment. In segment 22 the client offered a complaint about the dog's condition, showing that she still wanted a diagnostic solution but one that had not yet been proposed. In segment 23 the veterinarian responsively upgraded his prediagnostic commentary to suggest "uh pretty thorough blood test" to investigate skin disease, kidney, and liver problems. In this case the client also failed to endorse the proposal. Finally, in segment 24 the veterinarian moved to yet another tactic with the proposal of cortisone and antibiotics. This proposal was embraced by the client, who stated that the pills used before had cleared the skin up really well. We now turn to the final segment—the official diagnosis.

This is taken from the evaluation phase, at which point diagnostic and treatment possibilities that were raised as prediagnostic commentary earlier (segments 20–24) are brought together in a final opportunity for the client to take a stance toward the treatment/diagnosis being offered.

(25) Basset Hound

- 1 VET: So I gue:ss what we'll do (.) He has to go on (.)
2 thee uh antibiotics anyway (0.8) and uh (2.0) to save
3 the expense of a blood test (0.5) why we can just go
4 onto the antibiotics an' (1.2) and uh hhh then (.)
5 maybe have you (0.5) use a (.) spray like this on him=
6 CL: =Okay,
7 VET: as well as (.) once a week if you could give 'im a (0.5)
8 medicated bath (.)you know?
9 (1.2)
10 VET: And we'll see if we can (0.8) save the expense of thee
11 thee (.) cuz' (0.5) total what we call total body gh m-
12 blood test runs eighty-seven fifty?=
13 CL: =uh huh
14 VET: And therefore uh kinduv expensive ya know=and (1.2)
15 it includes the thyroid u-h: whereas if we did just =
16 CL: [yeah
17 VET: = the thyroid (0.8) um (0.8) that's thirty-five

- 18 †dollars='n (1.0) if he is hy' hy' hypo thyroid as I
 19 say many of the skin (.) cases are (0.5) why it would
 20 be a good idea to uh (0.8) good idea to uh (1.5) put 'im
 21 on it of course (ob-vious-ly with the) skin but (0.5)
 22 CL: †yeah
 23 VET: †we'll wait and see if we can get by without that.

In this segment the veterinarian begins by saying that the dog “has to go on the antibiotics anyway” (due to an ear infection). If the antibiotics were to solve the skin problem as well (which would be the case if he had a systemic infection) this would, as the veterinarian goes on to say, “save the expense of a blood test.” In this way the client and the veterinarian would get two problems solved for the price of one—the ear infection and the skin problem. Then he suggests that on top of the antibiotics the client might try a spray, which is good for skin trouble, and medicated baths. So, while the sprays and bathing were not embraced earlier, here they are offered again but not straightforwardly, as the aligned-with option of antibiotics was, but rather in a mitigated fashion with the rationale that it would be a way to save money.

DISCUSSION

Across the segments from the examination of the basset hound, the veterinarian does not first diagnose the problem and then discuss treatment options. Rather, the treatment and the diagnosis are discussed in conjunction so that the cost of various treatment and diagnostic testing options helps to determine the diagnosis. In this case the least expensive option, as discussed in segment 25, is to see whether the antibiotics that are being prescribed for the existing ear infection (lines 1–2) will work to treat a systemic infection that might be the cause of the skin condition. The rationale for this diagnosis is based not only on symptoms but also on cost. This may give the impression that the veterinarian and his clients negotiate the cheapest treatment while the pet's life hangs in the balance. In this case and others like it, the malady whose diagnosis is being negotiated is not life threatening. When the veterinarian does feel that

the pet's condition is more serious, he is more likely to encourage further testing although cost still remains an important issue.

The other treatment options discussed in segment 25—a spray (line 5) and medicated bathing (lines 7–8)—are stated as optional (“maybe” at line 5) but are also at the low end of the cost spectrum. If the antibiotics work, the veterinarian and the client will assume that the corresponding diagnosis—a systemic infection—was correct. If the treatment does not work, the veterinarian may suggest the next step up in terms of cost—a blood test to determine whether the thyroid gland is functioning properly.

The treatment decision seen in segment 25 might appear to be made unilaterally by the veterinarian based on cost—the least expensive option being favored. However, when segment 25 is looked at in light of segments 20 to 24 it can be seen that this decision is not unilateral but rather interactionally achieved. This can be seen to unfold over the course of the consultation as the veterinarian repeatedly offers the client opportunities to take a stance toward the treatment and diagnosis being mentioned and furthermore by being flexible and responsive to the client's turns. It is not uncommon for the veterinarian to be aware of the level of commitment a client may feel for his or her pet, and this is not always directly correlated with income level. In the case of the basset hound, the dog was relatively recently found on the street. During the client's first couple of visits with the dog, she was still unsure about whether the dog's owner might resurface to claim him. Thus, she had a very low level of commitment to him. At this point the level of commitment may have risen, but the veterinarian is still aware that this was not a pet that this client intended to be spending time and money on.

Over the course of the consultation, the veterinarian upgrades and downgrades his prediagnostic comments in line with the client's uptake or lack of uptake. It is through this process of adjustment that the diagnosis, treatment, and its cost are negotiated for the visit.

CONCLUSION

Initially it might be thought that prediagnostic commentary is something unique to this veterinarian. However, prediagnostic commentary is widespread in a broad range of pediatric and two-party medical consul-

tations (Heritage & Stivers, 1998). While this corpus cannot support further claims of generalization to other veterinary contexts, it appears unlikely that the phenomenon is idiosyncratic. In women's annual gynecological exams, for example, prediagnostic commentary such as the following is common during the physical examination:

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- 1 DOC: → You (c'n) hardly even feel thee ovaries
 2 an' that's good.
 3 PAT: That's good?
 4 DOC: Yeahhh. That's real good.=hh
 5 (1.0)
 6 DOC: → .hh An' #yer uterus is uh:# (9.0)
 7 (is) fine.

What I have focused on in this article, however, are uses of prediagnostic commentary that are unique to this veterinary context—that of forecasting and that of allowing for negotiation.

Prediagnostic commentary is not used in the human context to forecast serious medical complaints. Rather, serious medical conditions are discussed with regard to further testing typically following the examination. In the human situation, there may be relatively little choice about the appropriate course of action to pursue. In these cases the physician's task may simply be to prepare the patient for this course of action. In the veterinary situation, by contrast, animal owners may choose to euthanize their pet if care is too expensive or considered too painful for the animal. Thus, when there is bad news to be delivered, it is not the case that clients must be prepared for an already determined course of action. Instead, they must be prepared to make a decision about the money, time, and energy they are willing to spend and the pain they are willing to put their pet through.

Second, the veterinarian's commentary provides clients with the opportunity to participate in the negotiation of their pet's diagnosis and treatment. Unlike children, pets are not covered by the family health plan. The issue of cost is a highly relevant variable in the veterinary clinic that not only plays a role in the treatment of the pet but also in the diagnosis because the two are tightly intertwined. Thus, the veterinarian's use of prediagnostic commentary to negotiate the diagnosis and the treatment of the pet with the client may be primarily a result of this economic issue.

By contrast, in human contexts, whereas the specific treatment (e.g., choice of antibiotics) may be negotiated following the delivery of the diagnosis, the diagnosis itself is not negotiated over the course of the examination.

In this article I have shown that prediagnostic commentary is a distinct type of diagnostic talk that can occur in the course of medical consultations. Most important, in differentiating prediagnostic commentary from official diagnosis, I relied on the different sequential environments that the two phenomena occur in. Additionally, issues of recipient design and receipt were explored. Different types of prediagnostic commentary, including varieties of good and bad news, were looked at. Finally, two uses of prediagnostic commentary particular to these veterinary consultations were explored. Relying on content, sequential position, and mitigation, all prediagnostic commentary could be seen to help forecast to clients, early on in the consultation, whether the forthcoming diagnosis would be good or bad news. Beyond this it was shown that prediagnostic commentary could be used to allow clients to participate in the negotiation of their pet's diagnosis and treatment.

NOTES

- 1 *Prediagnostic commentary* is a general term that encompasses talk that has diagnostic implications and is positioned before the diagnosis delivery but is not necessarily restricted to a position within the examination activity of the visit. The only "prediagnostic" comments that have been discussed in previous studies of diagnosis are those made immediately prior to and adjacent with the diagnosis, and typically these comments seem to be working to counteract patient resistance (cf. Peräkylä, 1997). The prediagnostic commentary discussed here is not restricted to adjacent positions.
- 2 Heritage and Stivers (1998) also distinguished between prediagnostic commentary and on-line commentary, a more restricted subset of these remarks that occurs strictly during the physical examination. In this article, all of these remarks have been glossed as prediagnostic.
- 3 In this and all subsequent stills, the bold word indicates the point at which the still was taken.
- 4 In fact, there are cases when clients do respond, as in line 12 of segment 4. The point here is that neither the client nor the veterinarian show an orientation to the client responding following the veterinarian's offering prediagnostic commentary.

- 5 This is not to say that official diagnoses are not mitigated (cf. segment 2, lines 8–9: “apparently just an abrasion”). However, space prevents a full comparison of the mitigation in official diagnoses and mitigation in prediagnostic comments.
- 6 The only exception in the corpus is a case in which the veterinarian had previously diagnosed a cat as having a fungus that is contagious to humans. The client has, against the veterinarian’s advice, chosen not to put the cat to sleep but to keep him on medication. The following occurs concurrently with the examination:

VET: Come outta there Sam?
(6.0) ((VET looks at cat))

VET: → ↑Yea:h it still looks like it’s active you know, and I
(1.5) So: (.) she wants some more (1.2) medicine

“It still looks like it’s active you know” is clearly bad news because this is a condition that for the veterinarian is reason to put the cat to sleep. Although it does use an evidential mitigator, *looks*, it is relatively unmitigated considering that the comment will later prompt the veterinarian to reiterate his position that the cat should be euthanized. However, it is post the original diagnosis of the condition, which may account for his lack of mitigation.

- 7 Although an ulcer is never explicitly ruled out, it would either have a visible opening or there would be an area filled with fluid in the shoulder region. Neither is the case, so the veterinarian appears to be orienting toward his first candidate diagnosis—a tumor.

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