

USE OF THE LIE CATEGORY IN THE SPEECH OF DOCTORS

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Abstract

Keywords:
*paraphonetic,
parakinetic,
rhetoric, asthma,
vision, saroma,
myocardium, heart
attack.*

Nowadays, the language means of lying in the speech of doctors has become an important factor of social life. The importance of rhetoric in the speech of doctors is very important. In many countries, in the field of linguistics, great attention is paid to the study of types of speech and to the clarification of issues related to the linguistic and methodological tools of public speech. Accordingly, linguistic units related to the phonetic, morphological, lexical and syntactic language levels that serve to increase the effectiveness of dialogic speech in English and Uzbek languages, paraphonetic and parakinetic tools that show the differences and commonalities of English and Uzbek languages for dialogic rhetoric, linguistic tools that reflect the national and common features of rhetoric tools, the differences between the level of activity of linguistic tools related to topics widely used in dialogic rhetoric, language units with positive and negative meanings in dialogic rhetoric in English and Uzbek languages were researched.

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INTRODUCTION

The use of lying language in the speech of doctors is of great importance in the patient's fight against the disease. The use of these types of speech units is often used for critically ill patients or for patients for whom the naming of the disease may have a negative impact on the patient.

MAIN DISCUSSION

Communication with patients whose death is imminent requires great skill from the doctor. During this communication, the doctor and the nurse are under a lot of stress. All measures are taken, but the patient's life will inevitably end fatally (death). Every patient, whether they come back to life or vice versa, the doctor and the nurse, in tragic situations, put themselves in agony. It is important for the doctor to prepare himself for such sensitive life situations.

In the speech of Uzbek doctors, a patient with cirrhosis of the liver will die after a certain time (probably in the near future). The patient has now accepted his fate. His death is not very near, but he will not live for many years. In this case, the doctor can have a more open conversation with the patient. *«Сизнинг аҳволингиз нисбатан дуруст. Негаки, сўнги олинган биохимик натижалар анча яхши»*, - can be comforted. In the speech of Uzbek doctors, it is important to avoid conveying a message that will have a negative effect on the patient in such a case. Here too, in a certain case, it is necessary to pay attention to the personal characteristics of the patient. For example, it is better to tell the truth to some patients who are strong-willed and can withstand the blows of life (if they ask for it) (in particular, to make a legal document such as a will, distribution of inheritance). Another problem. Should the patient be told the cancer diagnosis? At the same time, we will bring a life story. The patient (a well-known journalist) loses weight day by day, becomes weak, and begins to feel discomfort under the sternum.

In the speech of English doctors, language devices that express lies are also used. *“You are watching me very closely,” said Nurse Ansel. “Are not you pleased? Tell me, did you think I looked like this?” “I am not sure. I don’t see your hair.” Nurse Ansel took off her cap. There it was – flat, wide top with a V mark of the dangerous snake. “Very pretty, very pretty indeed.” She put the cap back.*

In this example, although the interviewer looks ugly, the nurse is convincing him with false words that he is *very pretty, very pretty indeed*. As a result, the interlocutor's mood rises and there is an opportunity to invite him to the goal of the speech. The treatment carried out does not give a positive result. Then they call a well-known surgeon

in the Republic for advice. The patient is a specialist for several days looks forward to it. The day of "examination" is coming. That "famous" surgeon quickly sees the patient and tells the bitter truth (in the presence of the patient): *«Бу касалда ошқозон раки. Ўтказиб юборилган, даводан фойда йўқ»*, - that leaves the room.

Imagine the condition of the poor patient, the result of the "examination" that was waited for so many days with so much hope... Isn't such a reality even more terrible than metastasis? After all, the few days of the patient do not turn into a dark night?

It should also be said that if the patient refuses the operation, it is permissible to inform him of the seriousness of his illness in a mild form. In particular, it is advisable not to give X-ray documents showing the diagnosis of cancer to the patient, and to indicate "organic changes of the stomach" or "gastric ulcer" in the documents. Here, it is necessary to convey implicit information to the patient, which is considered a rhetorical theory.

As a conclusion, it can be said that the medical staff around the patient are serious about their profession and they do not act against their conscience only if they treat it with understanding.

As mentioned above, a careless word can lead to an unpleasant situation. Here is a real-life example: when a nurse takes a female patient to the next procedure: *«Негадир бачадонингиздаги ёриқлар битмаяпти. Яхшилаб тозаламасак, бачадонингиз чириб кетиши мумкин»* - деди. After such a "conversation", the patient becomes depressed and lactation stops. It seems that such a deontological mistake should not be made at all.

As in all departments, medical secrecy is required in the gynecology department (diagnosis of infertility, adoption of a fetus).

Therefore, it is important that a doctor and a nurse should be able to find great strength in themselves to "lift" all the whims of a woman who is on the borderline of life and death and who is waiting for the happiness of becoming a mother in the next days, hours, and minutes, but who is suffering from pain.

When talking to the patient about the diagnosis, it is necessary to speak in simple, understandable language. Usually, some terms sound terrifying to the average citizen. So he better not uses words. If the patient is concerned: *«Вой ўлмасам, астма бўлиб қолибманми?»*, does it say, therefore, this term means a very painful, incurable disease for him. Then an experienced doctor or nurse will not hesitate to: *«Йўқ, сизда астмага мойил бронхит бор»*, - he answers. Here, the phrase "has asthmatic bronchitis" rather than "becomes asthmatic" gives the patient relative mental ease and may help in fighting the disease. For this, the role of speech culture in the deontology of the doctor is great.

There is little difference between asthma and these diseases, and the treatment is the same. In order to diagnose sarcoidosis, the doctor or nurse must first explain to the patient that this term has nothing to do with sarcoma (cancer) or any other malignant tumor, and that this disease is relatively harmless.

Also, during the acute course of myocardial infarction, the doctor tells the patient that the heart attack or strangulation of the heart vessels is prolonged, and after a few days, after the patient's condition improves and he gets used to the hospital, he says that he had an infarction, but now the danger has passed. It is better to explain to a patient with angina pectoris that his disease is a strangulation of the heart vessels. (Furthermore, it seems easy to encourage the use of nitroglycerin under the pretext of "suffocation of the arteries". Many dislike these drugs due to their association with angina, heart attack, ischemic heart disease, etc.)

The famous English scientist Steward wrote: "at all costs, avoid announcing a terrible diagnosis." Of course, the patient may insist on telling the truth, but softening the truth is an important step. Humanity should come first when a patient needs to be informed of his diagnosis. There is a saying that "Tell the patient the truth, only the truth, but not the whole truth." For example, *instead of talking about thrombosis of the coronary arteries, heart attack, a new tumor rather than cancer, sadness rather than hypertension, nervousness rather than anxiety neurosis, and headache* is more correct. In addition to being gentle, these words are also understandable. Therefore, in the speech of the doctor, the stylistic tool of paraphrase, which is widely used in artistic and oral style, is more widely used. By doing this, it helps the patient to form a process of combating comfort.

CONCLUSION

In conclusion, it is not necessary to exaggerate the lie when the diagnosis is softened. All that is needed is to soften the truth, think about the patient's future, and inspire him to overcome his illness. In these cases, the above-mentioned stylistic tool of paraphrase can be used. After all, the patient's belief in recovery is a tool in the fight against the disease. At such a time, there is no room for unwarranted denials or mere complacency. The patient believes the doctor to be a mild-mannered person, let alone believe an overly optimistic word.

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