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# Euphemism as a Discursive Strategy in Doctor-Patient Encounter

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## Abstract

Doctor-patient interaction is an indispensable process in medical institutions. Effective communication in medical consultation contributes to a great extent to the general outcome of patients' healthcare. However, some health practitioners and patients are bereft of the proper communicative strategies in medical discourse, especially in doctor-patient encounters. This study investigated euphemism as a discursive strategy in doctor-patient conversation. Four doctor-patient conversations that have instances of euphemism were analysed in this study. The data were recorded from Alex Ekwueme Federal Teaching Hospital, Abakaliki (AE-FETHA) using a recording device with the approval of both doctors and patients. The study applied the Critical Discourse Analysis (CDA) of Fairclough (1997) and Chouliaraki and Fairclough (1999) in the analysis of the data. The approach serves as both theory and model useful for qualitative investigation that describes and interprets discourses in a social context. Findings revealed that euphemism in medical settings is not for ornament or embellishment of language but is purposely used for different strategic functions in medical discourse such as mitigating unpleasant health nomenclature, setting a social distinction in

knowledge and concealing certain medical realities. The study also shows that euphemism is used to manipulate the psychological and emotional state of patients in doctor-patient communication. The study revealed that euphemisms can be lexical, phrasal or sentential. In conclusion, proper use of euphemisms in medical consultations can enhance rapport between doctors and patients, and ultimately lead to better outcomes in healthcare delivery.
**Keywords**: Euphemism, discursive strategy, doctor-patient, encounter, medical discourse

## Introduction

Doctor-patient interaction is purpose-driven. Like other forms of conversation, it is a social activity organised around a series of conversational goals that require the coordinated efforts of the conversational participants to achieve them. Patients visit doctors to receive medical attention and cures for their illnesses while doctors engage patients in conversation to elicit useful information for patients' diagnosis and treatment. This therefore heightens the importance of effective discourse strategy in doctor-patient encounters. Appropriate language plays a crucial role in engendering positive relationships between doctors and patients, thus setting in motion the therapeutic process that is the ultimate goal of medical practice (Odebunmi, 2010). To achieve communicative intention in the health care context, discourse participants explore certain discursive strategies like euphemism.

Euphemism is one of the linguistic devices and strategies that characterise medical language, especially in doctor-patient discourse. Speakers or writers manipulate discourse participants' social and cognitive domains through euphemisms. They are powerful tools for forming new social attitudes and are extremely widespread in socially significant spheres of speech activity (Khisamova, and Abdullina, 2022). Certain words considered unpleasant and taboo for a particular thing, person or situations are substituted with more appropriate ones by the linguistic form of

euphemism. These linguistic components form the foundation of medical diplomacy (Khisamova, and Abdullina, 2022).

Beyond words or lexis, euphemisms permeate doctor-patient interaction and explore not just the psychological but social and moral resources of the interlocutors. Factors that cause tension and negative emotion in medical conversation could be represented with euphemism. Madzhaeva (2010:57) sees it as an "intentional replacement of an existing word or expression with a more correct, softer one" which is capable of offering a new meaning and different ethical assessment. Doctors may conceal and reproduce certain ideas and realities of patients' health through euphemism. Patients could also be included or excluded in certain medical discussions through the use of euphemisms. However, most times, the true meaning and idea of certain situations are better revealed in their original terms. Using a critical discourse analytic approach to medical discourse, this study examines different structures of euphemism, its strategic functions, and ideology in doctor-patient encounters.

Earlier researches show that doctors use euphemistic words to replace unpleasant words and manipulate patients' psychology and emotions to avoid trauma. However, recent studies prove that euphemisms do not just substitute a specific word or linguistic component but they interpret a certain phenomenon from a new perspective, especially in health care delivery. The study however, investigates different manifestations of euphemism and its function in doctor-patient encounters, especially in Alex-Ekwueme Federal Teaching Hospital, Abakaliki which is the point of focus of this study.

**Purpose of the Study**

Euphemism is used in varieties of ways in different fields. The aim of this study is to examine the different structures and functions of euphemism in medical discourse and the ideological leanings of euphemistic expressions in doctor-patient interactions in Alex-

Ekwueme Federal Teaching Hospital, Abakaliki, Ebonyi State. The objective is thus to reveal the linguistic features of euphemism found in doctor-patient interactions by linguistically analysing them at the lexical, phrasal, or sentence levels.

**Research Questions**

The following research questions will guide the study:

1. What are the structures of euphemism in doctor-patient encounters?
2. What are the strategic functions of euphemism in doctor-patient interaction?
3. How does the use of euphemism reveal or hide social relations and ideologies in medical discourse?

**Conceptual Review**

**Euphemism**

Euphemism is a special and widely used linguistic tool that permeates everyday conversation. It aims at avoiding vulgar and harsh words in social interactions. Cameron (1995:73) defines euphemism as a figurative term "used deliberately to avoid or soften the negative associations of words that deal directly with taboo subjects". Brain (1979:83) characterizes euphemism as a verbal instrument of overcompensation that involves "a reluctance to face reality". It is used in distinctive ways in different situations and discourse contexts. According to Crespo-Fernández (2018), "euphemism is a discursive strategy that politicians use to approach unsettling, embarrassing, or distasteful, i.e. taboo topics without appearing inconsiderate to people's concerns" (P.789). Euphemism constitutes a veiling method for covering the real personality of the speaker. A segment of reality is disguised so that the euphemistic expression presents a fact in such a way that the hearer's attention is guided to specific parts of the utterance or to opinions that are deliberately chosen by the speaker (CHI Ren and HAO Yu, 2013:46)

Euphemism has been defined in various ways by different scholars having in mind its origin. The origin of the term euphemism unveils the intention of the device very plainly. The word is derived from the Greek: 'Eu' which means 'well' and 'pheme' means 'speaking', thus the word euphemism originally meant speaking well (CHI Ren and HAO Yu, 2013). This entails that euphemism is a socially accepted order of communication in a particular speech situation. Rawson (1981) sees euphemisms as "mild, agreeable, or roundabout words used in place of coarse, painful, or offensive ones" (P.1). In a similar view, Allan and Burridge (1991) explain that:

> Euphemisms are alternatives to dis-preferred expressions and are used in order to avoid possible loss of face. The dis-preferred expression may be taboo, fearsome, distasteful, or for some other reasons have too many negative connotations to felicitously execute the speaker's communicative intention on a given occasion (11).

The above definition tilts towards politeness and face preservation in maintaining interpersonal relationships in communication, and as well please the audience irrespective of the severity of the speaker's intended message. This also gives room for deliberate concealing of certain information or ideas in an interaction which may be useful when discussed.

**Euphemism in Medical Discourse**

In doctor-patient encounters, euphemisms play a very important role, especially in describing emotionally unpleasant issues to patients or relatives. This is because a deliberately chosen language makes a significant contribution to achieving optimal results in diagnosis and treatment (Khisamova and Abdullina, P. 15). The implication of this is that a well-chosen language strategy will encourage patients to willingly express themselves when providing very vital information that could aid doctors in the

treatment process. On the contrary, Anthony (2016) observes that the use of euphemisms as a discursive strategy in the doctor-patient encounter could suggest to the patient that the doctors and other health professionals consider the issue being discussed a taboo topic themselves. However, he further suggests that caution should be applied while using euphemisms in medical conversation to facilitate communication. He agrees that euphemisms are an important tool for developing rapport in healthcare encounters. He avers:

> The concerns around the use of euphemisms in the medical literature are justified. However, this should not mean that euphemisms are to be avoided at all times. Factors such as the intent or goal of the health care consultation (e.g. building rapport or relaying the gravity of a situation, the stage of an illness (e.g. diagnosis or end stage), culture, religion and age of the patient will all be important to consider in choosing the correct terminology to use with a patient and their family during a consultation (P.2).

The above submission emphasized the essence of euphemism in doctor-patient discourse. Although it advocates for the proper application of euphemism considering the age, culture, and religion of the patient but highlights that the intentions of doctors and the goal of the consultation are factors that prompt its use. Madzhaeva (2010) views euphemism in medicine as a "defense mechanism." This could be possible against unseen reactions of the participants at whom the euphemistic expression is directed. For Ralph Keyes (2010), "Euphemisms represent a flight to comfort, a way to reduce tension when conversing (6-8). According to Madzhaeva (2010), a distinctive feature of euphemisms in medical terminology is as important as the presence of an emotive element, which is motivated by extra-linguistic factors. She further argues that not all euphemistic words fit into a particular terminology system; instead, they may be found on its outskirts, giving them a distinct place in terminology (Madzhaeva, 2010). The deployment

of euphemism in medical discourse may not merely be a common practice of substituting milder terminology for harsh ones, but may also have institutional roots. The study of Khisamova and Abdullina (2022) on the 'Problem of Euphemisms in Medical Terminology' explains that euphemisms could be classified as conventional and non-conventional. Thus they write:

> Common or usual euphemisms are lexical units fixed in general or special dictionaries, or very often found in texts and oral speech with a given euphemistic meaning. At the same time, the euphemistic meaning does not require any explanation or parallel use of direct names in the text. The meaning of such euphemisms is revealed regardless of the context. Non-conventional ones include euphemisms of professional vocabulary and jargon, formed according to the principle of polysemy, that is, lexical units in which the euphemistic meaning is not the only one and is not the first (P.17-18)

The assertion above suggests that euphemisms could be professional or institutional-based and follow certain principles. It is therefore important to locate the structure of euphemism and the motivation behind professional euphemisms as in doctor-patient discourse. The studies of Young, Geoffrey, and Karin (2008), and Tailor and Ogden (2009) demonstrate that investigating patients' use of euphemisms and its impacts on patient's perception of their disease and compliance with treatments is of high interest in medical discourse.

**Euphemism as a Discursive Strategy in Doctor-Patient Encounter**

The strategy a doctor adopts in his or her conversation with a patient goes a long way in determining the shape of the discourse and the entire healthcare process. The way a doctor communicates with his or her patient is as important as the information he or she is conveying to the patient (Travaline, Ruchinskas, and D'Alonzo 2005). In medical discourse, euphemisms are employed by doctors

in interactions with their patients as strategy to keep patients calm or in an attempt to involve them in their treatment plans (Ugwu and Adeoti, 2013), especially in serious health situations. Invariably, euphemism could be used a tact for social interdiction or inclusion in medical interactions. Ugwu and Adeoti, (2013) further explained that euphemistic expressions in doctor-patient interaction might intentionally or unintentionally create a false sense of security in the patient.

Though, doctors use a range of euphemisms in medical consultation as a means to facilitate communication they could affect patients' perception of disease and compliance with treatment. This is because "euphemism use decreased perceptions that serious medical events consequences have" (Tayler and Ogden, 2005:321). Most patients are likely to be more satisfied with medical encounters in which a doctor adjusts his language to match theirs and does not use technical jargon (Williams and Ogden 2004). Of course, patient' satisfaction is key in modern healthcare.

Studies have shown that there are different discursive strategies that reflect in medical discourse to meet certain goals. Ezeugo and Ezeifeka (2020) in their study, "Question and Answer in Doctor-Patient Discourse in two Federal Teaching Hospitals in Ebonyi State" observe that question and answer is a discourse strategy that is at the core of doctor-patient encounters and cannot be separated from it. They further reveal that question and answer is also seen as a technique for maintaining harmony and challenging asymmetry and dominance in doctor-patient discourse (P.190) although it encourages the traditional stereotypical role of the doctors being the domiciliary of power in medical encounters.

Zhang (2021) further identifies other discursive strategies in doctor-patient encounters that disrupt the stereotypical roles of

doctor and patient while eliciting positive feedback. He summarises them thus:

> The manifesting empathy strategy indexes an empathizer position for the doctor. The promoting positive feedback strategy indicates a potential cooperative partner position for the doctor and the e-patient, which contributes to a win-win situation (i.e., doctors being acknowledged for their service and e-patients being given the return-visit coupon). The associating assessment with further inquiries strategy indicates a considerate online seller position of the doctor (P.14).

From the exposition above, it is clear that the discursive strategy participants in doctor-patient discourse adopt depends on the goal and intention of the discourse and the interlocutors. The investigation of how euphemism is deployed as a discursive strategy in medical interaction is therefore key to this research.

## Theoretical Framework

### Critical Discourse Analysis (CDA)

Critical Discourse Analysis (CD) generally, examines power dynamism, ideology and social dominance in any event of communication. Fairclough (1997) assumes that in any case of language is a communicative event. His method focuses on the linguistic aspects of the text, the processing involved in text generation and consumption, and the broader social practices that communicative events are a part of. The model of Fairclough to CDA consists of three categories which he called dimensions. The three dimensions may be summarized as follows:

1. Text: this can be speech, writing, images, or a combination of all three forms of communication. He called this an analysis at the word level.
2. Discursive practice: this involves the production of texts or the constitution of text. The analysis here takes place at the text level

3. Social practice: this is about the standard of society or the organization in effect social structures. It is the analysis of the norm level.

Fairclough's analytic approach assumes that language is a tool of change that can be used to change behavior and feelings. He believes that language is purposefully used and the choice of certain words or expressions in the text shows the attitude and intention of the user. Invariably, the choice of euphemism in doctor-patient interaction is an embodiment of attitude and ideology.

Critical Discourse Analysis according to Chouliaraki and Fairclough, (1999) examines social practices based on their discourse moments. It emphasizes "the substantively linguistic and discursive nature of social relations of power" and the way they are used and discussed in discourse (Fairclough and Wodak, 1997:14). Their approach to CDA centres on the social transformation of language. Although their book, *Discourse in Late Modernity: Rethinking Critical Discourse Analysis* provides a great deal of theoretical insight but never takes its eye off of the desperate need for praxis in contemporary society; that is, it embraces the inextricable relationship between reflection and social agency (Leistyna, 2001). The underlying concern of Chouliaraki and Fairclough is to examine what is the true nature of language in a discourse and what is behind the choice. Thus they argue:

> The basic motivation for critical social science is to contribute to an awareness of what is, how it has come to be, and what it might become, on the basis of which people may be able to make and remake their lives. And this is also the motivation for CDA. (4)

Chouliaraki and Fairclough elucidate the essential generative, emergent potentials of social interaction and, like John Shotter (1993), explain that interactive discourse is a "joint action" or the

result of co-production. So discourse participants ought to be aware of what they say and mean in conversation. The framework is however adopted in this study to explain why euphemisms are used as discursive strategies in doctor-patient encounters and how the knowledge of the participants is explored or manipulated towards the success of the discourse goal. Doctors can produce or hide their intentions and ideology of patients' conditions through euphemistic expressions. A critical analysis of discursive strategies involved in this process seems necessary to examine the way euphemism operates in doctor-patient encounters.

## Methodology

This study adopts a qualitative research design which gives room for explanation and critical investigation of euphemism as a discursive strategy in doctor-patient encounters. Conversations between doctor and patient in Alex Ekwueme Federal University of Teaching Hospital, Abakaliki (AE-FETHA) were recorded. Six conversations between doctor and patient were surreptitiously recorded on tape and four conversations were analyzed in this study. For ethical reasons, the participants were informed that their conversations were tape-recorded and confidentially used for research purposes. Those who gave their permission to the researcher had their conversation recorded. Instances of euphemism in the four textual samples were selected from the recorded conversations and analysed using the three research questions in this study as a guide. The letter 'P' in the text sample stands for patient while 'D' stands for doctor's utterance.

## Data Presentation and Analysis

### Analysis of Euphemism in Doctor-Patient Encounter in FETHA

| Text | Euphemism | Structure of euphemism | Function of euphemism | Social and ideological relations of |
|---|---|---|---|---|

| | | | | **euphemism** |
|---|---|---|---|---|
| **Text 1** | Lump, growth(for cancer) | Words | Psychological or emotional label | To differ and redirect the patient's mind |
| | abnormal growth of cells in colon( for cancer and cancer test) | Phrase | | To differ and redirect the patient's mind |
| **Text 2** | you have a strong family history (for serious hereditary diseases such as 'glaucoma') | Sentence | Psychological or emotional stability | To control the patient's emotions, and assumptions.to underestimate the severity of the condition |
| | it's just a precautionary test (glaucoma test) | Sentence | Effective and mutual Communicatio n | Explanation is used to control the patient's feelings and reduce his anxiety |
| **Text 3** | I don't know what this your leg is looking for (for the current condition of the patient) | Sentence | Avoidance | Truth or knowledge hidden |
| **Text 4** | Parasite (for disease) | Word | veiling or disguising reality | Hidden type of disease and its impact |
| | any occult blood (test for diseases like h-pylori, ulcer or infectious diseases) | Phrase | Concealing | Hidden reality |

The table above shows instances of euphemism in the data for analysis (that is text 1 to text 4). The summary of the answers to the research questions that capture: the structures of euphemism in

doctor-patient encounters, the strategic functions of euphemism in doctor-patient interaction and how euphemism reveals or hides social relations and ideologies in medical discourse are also incorporated in the table.

**Structures of Euphemism**

In Text 1 and Text 4, the structures of euphemisms are lexical (word) and phrase forms. The following are the instances in the data:

i. *Lumps and growth* to mean *cancer*(Text 1)
ii. *Parasite* for *disease* (Text 4)
iii. *Abnormal growth of cells in colon* refers to *cancer* (Text 1).
iv. *Any occult blood* refers to laboratory tests of diseases like h-pylori, ulcer or infectious diseases (Text 4)

Text 2 and Text 3 realised euphemism in the following sentence structure:

i. *You have a strong family history (for serious hereditary disease as 'glaucoma')* (Text2)
ii. *It's just a precautionary test* ( instead of saying glaucoma test) (Text2)
iii. *I don't know what this your leg is looking for* (instead of saying the current condition of the patient's health) (Text3)

**Strategic functions of euphemism**

The following functions of euphemism are seen in the data:
Text 1: Psychological or emotional label
Text 2: Psychological or emotional stability
Text 2: Effective and mutual communication
Text 3: Avoidance
Text 3: Veiling or disguising and concealing reality

**Social relations and ideologies of euphemism**

Text 1: To differ and redirect the patient's mind

Text 2: To control the patient's emotions, assumptions and make underestimation of the condition
Text 2: Explanation used to control the patient's feelings and make less of his anxiety
Text 3: Truth or knowledge hidden
Text 4: Hidden type of disease and its impact (Hidden reality)

**Discussion and findings**

Text 1 is drawn from a medical consultation of a patient who feels her ailment is embarrassing and suspects it is cancer which should not be mentioned to a second person. The patient entertains fear as cancer is a deadly disease. To her, using the word, cancer could be likened to declaring death. On the other hand, she believes mentioning cancer will give room for the doctor to suspect and conclude it is cancer. Thus the patient chose a word that is mild to cancer in the text below:

**Text: 1**

1. D: hello! So… what is wrong with you?
2. P: I have been having this pain in one of my breasts. An.. eh
3. I don't know what it is. I feel it is a **lump**
4. D: since when?
5. D: does it look like a **growth**? is it at a particular point or a movement?
6. P: sometimes it appears something is there
7. D: hmmm, let me see… just lie down there (he examines her)
8. D: nothing to worry about, but we need to find out… you will go for a blood test
9. D: and CT scan to know if it is an **abnormal growth of cells in colon** or just a reaction

The words *lumps* and *growth* in line 3 and line 5 of text 1 are used euphemistically to replace 'cancer' by the patient and doctor respectively. The doctor's choice of the word, *growth*

symptomatically suggests a trace of cancer from the medical knowledge which only he holds and can interpret but would not what to mention that to the patient. To avoid the psychological and emotional effect of saying, 'Does it look like cancer or do you suspect it is cancer?' the doctor chose to say, 'Does it look like a **growth**?' On the other hand, out of anxiety, the patient's choice of lump suggests her perception of her illness. The use of euphemisms in the language used by patients is of high interest from a medical point of view as the choice of words might have an impact on patients' perception of their disease as well as on their compliance with treatments (Faure, 2016).

Again, moving forward in the conversation, the phrase structure, **abnormal growth of cells in colon** in line 9 (see Text 1) was used by the doctor to indirectly avoid taking responsibility of concluding that the patient has cancer but rather refers to the kind of test the patient should undergo and ultimately leaves the responsibility to the laboratory results. Thus, helps to maintain mutual relationships in the communication. This is in line with Allan and Burridge's (1991) submission that "every time we open our mouths, we have to consider whether what we say is likely to maintain, enhance, or damage our face, as well as considering the effect of our utterance on others" (p.5).

Therefore, the use of the word '**growth'** and the phrase, '**abnormal growth of cells in colon'** is to reduce the patient's anxiety and redirect her mindset and judgment. This agrees with van Dijk (2004) that through this mechanism, the phenomenon is presented entirely in different mental models. This therefore answers the research questions one and two: what are the structures of euphemism in doctor-patient encounters? What are the strategic functions of euphemism in doctor-patient interaction?

Text 2, which is also a conversation of the doctor and the patient who already has a glimpse of his medical condition from a

previous consultation refused to accept the report of the earlier consultation that proved he has symptoms of glaucoma but visits the hospital in adherence to doctor's instruction and to find alternative cause of his ailment.

**Text 2:**

1. P: Good morning doctor
2. D: Good morning sir, how're doing today
3. P: I'm fine sir. And you
4. D: I'm great, as you see us in Naija, what brings you?
5. P: I came for a checkup. They said there is a trace of glaucoma,
6. P: I know I don't have it, but Dr. Okonkwo who saw me last year,
7. advised me to come for check-up every year that I have a family history of glaucoma
8. D: Is your folder here, what's your name again?
9. P: Peter Adimola
10. D: Okay, it is here… I see that *your optic nerve is thicker than normal*
11. And ***you have strong family history***
12. D: That's probably the reason, they said you should always
13. come for precautionary test every year.
14. D: you can go another test, so that will be sure of what it is. Two tests: visual field analysis and OCT.
15. D: You can bring it tomorrow… I will still be on call
16. P: Okay, s…ir
17. D: ***It's just a precautionary test***; it may just be inflammation
18. P: Thank you sir, till tomorrow
19. D: Alright, well done

In the above Text, the patient confidently mentioned the word, 'glaucoma' for his sickness as revealed by the previous medical consultation but the doctor on the other hand avoided it and rather used the following sentences that overshadows and hides the true

reality of previous diagnosis of glaucoma: *your optic nerve is thicker than normal* (to suggest symptom of glaucoma), *you have strong family history* (to replace serious hereditary disease as glaucoma) and *it's just a precautionary test* (instead of glaucoma test). The doctor avoids to mention the disease, glaucoma but chose different expression for it. This is to hide the true medical condition of the patient and possibly the treatment process which could trigger patient's emotional crisis if overtly said. It also places the doctor ahead of the patient as he already knows the outcome of the laboratory test and the treatment from the interpretation of the previous consultation.

Again, the sentences in lines 10 and 11 are expressions of indirectness used by the doctor to mitigate unpleasant realities surrounding the patient's health, (defensive and protective strategy in favour of the previous doctor's prescription, I see that *your optic nerve is thicker than normal*). The implicit denial of responsibility that maintains the tempo of the consultation as well as the protection of the medical ethics and image of the colleague are seen in the sentence. Thus answers research questions one, two and three.

The text below also shows a patient who came for checkup and complains of serious pain on her leg which had been fixed with a compression by the same doctor.

**Text 3:**

1. D: how is it going?
2. P: fine ooo!
3. D: let me see that leg again
4. P: this place started paining me
5. D: is it paining you now? (touches in examination)
6. P: ye-es
7. D**: I don't know what this your leg is looking for**
8. P: a beg it should not look for any other thing again ooo!

The doctor from the physical examination of the patient's leg, instead of explicitly telling the patient his observation, chose to express it in a different way which neither tells the medical condition of the leg nor suggests the healing state as seen in line 7, 'I don't know what this your leg is looking for' (see text 3). The choice of the sentence is a euphemistic way to avoid mentioning the patient's current condition (which could be unpleasant) and, as well hides certain knowledge from the patient. The statement, though in a personified form is informal and socially mutual, hence the patient also replies in a similar sentence structure in line 8, 'abeg it should not look for any other thing again ooo!' This builds common social ground and effective communication between the doctor and the patient. The requirements of research questions one and three are therefore fulfilled.

Earlier in this study, it has been established that euphemism clothes unpleasant expressions which could also hide certain ideologies or knowledge. In the text below, the doctor conceals the name of the patient's illness but rather replaces it with a word that can suggest multiple meaning or create ambiguity for the patient to avoid prediction.

**Text: 4**

1. D: does your tongue itch?
2. P: No, it doesn't.
3. D: And what do you do when you have stomachaches?
4. P: Sometimes I take Andrew Liver Salt. It helps a bit.
5. D: yes, it helps. But not too good. Do you take any other thing like Tums, Mylanta or Maalox?
6. P: No
7. D: Are you taking or have you been taking now or before this problem
8. any medication on a consistent basis, like aspirin, Advil, or Motrin?
9. P: No

10. D: And if you take aspirin, or any other kind of anti-inflammatory medicine,
11. does it affect your stomach?
12. P: No I can't really remember.
13. D: Ok, I think e m, you will have to run some tests to check if you have any kind of **parasite**
14. P: Ok
15. D: besides this, I want to look for **any occult blood**. You said you have not really seen any changes in your faeces.

From the above conversation, the doctor knows about the patient's illness but avoids revealing that to him in order to maintain a certain form of control or shift the responsibility to the laboratory test. He used the word, 'parasite' for disease (unknown to the patient) and the phrase, 'any occult blood' (for diseases like h-pylori, ulcer or infectious diseases). The diseases that could be detected in the test the patient is required to undergo are already known by the doctor. This is shown in the specificity of his utterance in line 15, 'I want to look for **any occult blood'.** This is a form of veiling euphemism aimed at concealing certain truths, redirecting the patient's mind, and avoiding inaccurateness.

**Conclusion**

The analysis carried out in this study demonstrates that euphemism is well entrenched in doctor-patient encounters and is strategically used to fulfill different communicative and ideological functions. The examination of euphemism in the data reveals that in medical discourse, euphemism can be realized with lexical, phrase, and sentence forms. Doctors intentionally use euphemisms to manipulate the psychological and emotional state of patients, as well as conceal certain ideological realities of a medical condition of a patient's illness. Again, euphemisms are explored in medical discourse as strategy to mitigate unpleasant health challenges and preserve the image of the health practitioners before patients for effective communication. Patients use euphemisms as a strategy to

avoid mentioning the name of their illness especially the ones considered as deadly and pilloried. The study concludes that proper use of euphemisms by both doctors and patients will enhance communication and the entire therapeutic process in doctor-patient encounters.

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