

HEDGING IN INFORMED CONSENT TEMPLATES FOR DENTAL TREATMENT

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The voluntary informed consent for medical treatment or clinical trial known as an integral part of the modern system of moral, ethical, legal, and administrative regulation of healthcare provision has been arousing interest in different fields, including not only healthcare, but bioethics, philosophy, psychology, and linguistics. This paper is aimed at determining what hedging devices are exploited in informed consent templates for dental treatment and investigating how well they fit in achieving the text credibility. The study was conducted with a set of 25 original informed consent (IC) templates for dental treatment used in the USA healthcare settings authorized to render oral and dental services for 2018 – 2021.

Hedging is an important metadiscursive strategy for writers to mark their epistemic stance and position writer–reader relations in general and to reduce the force of propositional statements in particular. The identification of hedges in the informed consent (IC) forms is grounded on the model of interactional resources by Hyland and Tse's [2, p.158].

There is not, and there cannot be a unified solid view on the role of hedging because of a variety of genres, registers. Hedges are generally defined as devices that determine the writer's doubt about propositions in the text and limit his / her personal commitment towards the conveyed context. They indicate "lack of commitment to the truth of a proposition" [3] or the writer's decision to recognize alternative voices and viewpoints and so withhold complete trust to a proposition. Hedges are also used to distinguish facts from opinion, or "honesty, modesty and proper caution" [5, p. 174], or to facilitate other possible perceptions from readers.

The findings obtained demonstrate that the hedges rank the second position of the total number of interactional metadiscourse markers per text reaching 24% and following selfmention metadiscourse markers.

Hedges in the IC documents are mainly used to report nuanced cautious information about risks, complications and other potential problems associated with the dental procedures and

thus to minimize the patients' overanxiety. In other words, hedges in the IC texts are to tone down negative information, to implement threat-minimizing strategy. The most common hedging devices in the IC texts are represented by modals (*may, might, can, could*), but lexemes *possible, potential, sometimes, certain* are also widely used. The following are the examples of hedges used in the IC texts:

*Possible involvement of the sinus during removal of upper molars, which **may** require additional treatment or surgical repair at a later date.*

*I have been informed and fully understand that there are **certain** inherent and **potential** risks associated with root canal treatment.*

*Dentistry, as in medicine, is not an exact science and therefore no guarantee **can** be made or implied as to the success of the root canal treatment and/or surgery.*

The balanced use of hedging devices is invariably essential not only for academic writing [4, p.251], but for patients' health-related documents because excessive use of hedging devices may create an adverse effect on the credibility of the claim, hence, on the authors behind the informed consent. When the author does not want to take full responsibility for the truth of his / her utterances, he / she can employ hedging modifiers *can* to suggest a hypothetical possibility, and *could* to make the suggestion even more tentative [1, p. 216 – 220].

Changing clinical behavior because of hedged words creating spurious associations due to truthiness from proven factual tenants diminishes outcomes and puts patients at increased risk.

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