
USING THE LIE CATEGORY IN THE SPEECH OF MEDICAL PERSONNEL

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ABSTRACT: The use of the category of lies in the speech of medical personnel in the conversation between the doctor and the patient and the delivery of diagnosis results to the patient and the improvement of health and the patient's realistic view of life, the importance of the role of speech, and the importance of speech culture are incomparable. In linguistics, research was conducted on the theory of speech art in various languages, including foreign scientists such as J. Bentham, A. Judis,

S. P. Foley, M. M. Hinks, E. Grinko, and in Uzbek linguistics, Sh. Zokirkho'jaev, scientists such as A.H. Aripova, E. Kasimov, I. Miylieva, D. Teshabaeva, H. Rasulov conducted research on the topic of public speaking. The relevance of this scientific article lies in the fact that the use and characteristics of the false category in the speech of English and Uzbek medical workers have not been studied in a cross-sectional aspect. This article covers the following:

- the use of the lying category between the patient in communication was explained in English and Uzbek in a mixed aspect;
- specific characteristics of the culture of interaction between medical staff and patients are revealed;
- the importance of language tools expressing the meaning of praise and respect in the speech communication model of medical staff is proven;

KEYWORDS: Iatrogenic, linguistics, methodology, stylistic, linguocultural, mimicry, speech, dentology, euthanasia.

INTRODUCTION

The use of language tools that express lies in the speech of medical personnel 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 naming the disease may have a negative impact on the patient.

THE MAIN RESULTS AND FINDINGS

Communication with patients whose death is imminent requires great skill from doctors and nurses. During this communication, the doctor and the nurse are under a lot of stress. All measures have been 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.

First of all, it should be understood that not only the patient but also his relatives need psychological support. The doctor's role in that process is very important. English jurist and

philosopher Jeremy Bentham's 1834 book *Dentology or Science of Morals*, which founded the science of dentistry, explained the duty of doctors and the culture of relationship between patients.

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. It can be comforted that

«Сизнинг аҳволингиз нисбатан дуруст. Негаки, сўнги олинган биохимик натижалар анча яхши». 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.

Communication with patients in the gynecology and obstetrics department.

Patients come to this department (as in the surgical department) on a planned basis and suddenly. Patients are mainly disturbed by conditions such as anemia, toxicosis, and the threat of miscarriage. Some experience unexpected anxiety, meaning that these mothers are prematurely separated from their children in their wombs. There are also the opposite cases - women come asking to get rid of an unwanted fetus. A doctor should be able to deal with women who come to the department with different intentions, different dreams, and it should be said, conflicting goals.

It is natural that intelligence is required from medical workers who serve in an environment where there is an ocean of positive and negative, i.e. opposite feelings.

During the examination of women in the gynecology department, they should be treated taking into account their inherent shyness. Especially the verb of childless and climactic women is very impressive. It is better to free sick women from prying eyes as much as possible.

In the process of giving birth, women need to speak politely, do not behave rudely, and support them with sweet words.

A special deontological approach is needed for women who have lost a child and during severe toxicosis. Suppose a woman loses her child. The doctor should sympathize with this woman and her husband and hope that they will have children again in the future. It is also important to talk to every young woman about contraception and the dangers of abortion (especially the first child).

As noted, a careless word can lead to an unpleasant situation. Here is a real 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.

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 use words. If the patient is concerned: " Вой ўлмасам, астма бўлиб қолибманми?" - means that this term means a very painful and incurable disease for him. Then an experienced doctor or nurse will answer without hesitation: " Йўқ, сизда астмага мойил бронхит бор " Here, rather than the word "астма бўлиб қолиш", the expression "астмага мойил бронхит бор" provides a relative mental ease in the patient and can 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, 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 vessels of the heart. (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, коронар артерияларнинг тромбозини гапириш ўрнига, юрак хуружи, рак дегандан кўра янги пайдо бўлган ўсма, гипертония дегандан кўра хафақонлик, ташвишлиниш неврози дегандан кўра асабийлашганда бош оғриғи деган дурустроқ. 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. This helps the patient to form the process of fighting the disease.

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.

It is worth noting that 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. Sometimes elderly patients feel embarrassed about being old. They no longer care about medicine. Seems like a waste of experts' time. For the most part, they are a doctor's or nurse's: «Шифокорга югуравермай, ёшингизни яшаб қўйганингизни эслашингиз керак!», they are afraid to hear the words.

CONCLUSION

In such cases, the doctor or nurse should state that the patient's old age does not prevent him from treating his pain. Often, a joke can be used to cheer up such a patient. «Бир чол тиззаси оғриётганидан нолибди. Шифокорнинг “Бу ҳаммаси қариликники», - деган жавобини эшитиб жаҳл билан: «Бўлмаган гап, иккинчи оёғим ҳам саксонга кирган, лекин униси оғримаяпти-ку!» дермиш. This anecdote has a deep medical meaning. Of course, a doctor does not cure old age, but old age and disease are completely different things. The complaint of an elderly person is related to either a somatic disease or (it should not be forgotten) depression, which is common at this age.

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