Metadiscourse in Informed Consent: Reflections for Improving Writing and Translation

Isabel García-Izquierdo
igarcia@uji.es
Department of Translation and Communication,
Universitat Jaume I, Spain

ABSTRACT

Metadiscourse has been one of the most prolific areas of research in the field of applied linguistics in recent years. It is understood as the way we use language to connect with our audience, which is the result of integrating propositional content and interpersonal factors (Hyland, 2017). In this paper we will analyse Metadiscourse in one of the most complex medical-legal genres: informed consent (IC). Drawing on a small comparable bilingual corpus of texts belonging to this genre for surgery in Spanish and English, the paper aims to analyse (by using Sketch Engine tools) how metadiscursive elements are evident in written IC documents, and to reflect on what aspects need to be taken into account in order to improve the way these documents are written and translated in the future. The Key findings are a low frequency of *Interactive resources* and a more significant presence of *Interactional resources* in both corpora. However, boosters are almost non-existent, because a large part of the texts belonging to this genre incorporate pre-established formulaic text. Most of the content is related to the procedures requiring consent and their possible consequences, so the sender almost always tends to avoid universal statements and to display a certain reserve in case predictions are not fulfilled. The conclusion is threefold: some metadiscursive elements in the IC manifest themselves in a different way from other medical genres; a more frequent use of some of the interactive and interactional resources could lead to a better understanding; and finally, it would be important to include the analysis of these metadiscursive elements in the training of future medical writers and translators.

Keywords: Metadiscourse; textual genre; informed consent; specialized writing; translation

INTRODUCTION

Metadiscourse has been one of the most prolific areas of research in the field of applied linguistics in recent years, and yet its definition remains controversial (Hyland, 2017). Metadiscourse is the way we use language to connect with our audience, and it is the result of integrating propositional content and interpersonal factors (Hyland, 2017; Salas, 2015; Ädel & Mauranen, 2010). We will analyse Metadiscourse in one of the most complex and controversial medical-legal genres, informed consent (IC).

The Gentt research group (Textual genres for Translation, www.gentt.uji.es) has devoted research in recent years[i] to improving communication between doctors and patients, especially by analysing and improving written documentation, which is considered to be a critical issue that can contribute to social wellbeing and improve the efficiency of health systems (Borja & Gallego, 2012; Montalt & García-Izquierdo, 2016 and García-Izquierdo & Montalt, 2017).

Our research is currently[ii] focusing on an analysis of doctor-patient communication in hospitals and the development of online resources for improving Informed Consent as an act of multimodal communication in public Health Services.

Our focus in this paper is written IC, a hybrid (medical-legal) genre embedded in Consultation, and how it can be improved in order to empower patients as a discourse community. Specifically, we will analyse how metadiscursive elements are evident in written IC documents using a short corpus of this genre in Spanish and English and reflect on what aspects need to be taken into account in order to improve how these documents are written and translated in the future and provide guidelines for good practice.

THEORETICAL FRAMEWORK: GENRE & METADISCOURSE

The Gentt group's research has used the **genre** concept as its conceptual basis from the beginning (García-Izquierdo 2007; Borja, García-Izquierdo & Montalt 2009; García-Izquierdo & Montalt 2017), since it is a multifaceted concept that allows us to address the formal (textual aspects), communicative (contextual situation and participants) and cognitive (readability, comprehensibility, ideology...) characteristics of texts and is thus particularly suitable for defining specialised communication. The concept of discursive community (Bazerman, 2012), which we use to define patients as recipients of medical information, is of particular interest. Thus, in the opinion of Montalt and García-Izquierdo (2016, p.106):

> Patients with a given illness therefore constitute a more or less clearly defined discourse (or knowledge) community, insofar as they share not only norms, characteristics, criteria, concepts, text genres, discursive practices, registers, etc., with respect to communication, but also personal motivations, aims, expectations, concerns about their Health, needs for socialisation and empowerment, etc.

Metadiscourse is one of the formal aspects that can help us to characterise a genre and which has evident implications for interpreting a particular communicative situation. The various studies on Metadiscourse acknowledge the differences that arise between linguistic systems, cultures and disciplinary communities (Salas, 2015).

As Hyland notes (2017, p. 2), studies on Metadiscourse have concentrated particularly on academic register and written discourse (2017, p. 11). In addition, it is necessary to emphasise the difference between the concepts of Metadiscourse and Metalanguage, which are not synonymous. Metalanguage is a specialized language used to describe language itself as an object. Metadiscourse focuses on written rather than spoken texts, prefers corpus methods and "refers to how we use language out of consideration for our readers or hearers based on our estimation of how best we can help them process and comprehend what are we saying" (Hyland, 2017, p. 2)

Among the elements of a language that Metadiscourse can convey, we can distinguish between what are known as interactive and interactional resources (Thompson, 2001; Hyland, 2005a). Following Hyland's proposal (2005a), we can make a distinction between:

Interactive resources:
- Transitions (connectors: addition, comparison, consequence…).
- Frame markers (first, next, lastly, at this point, finally, on the whole, to conclude, my objective is, back to, with regard to...),

- Endophoric markers (as noted above, see figure, in the next section…), or evidentials (according to...) and
- Code glosses (namely, such as...).

To amplify this classification, in this analysis we shall use the approach proposed by K. Ghahremani Mina & R. Biria (2017, p. 17 ff.).

Interactional resources:
- Hedges (epistemic verbs: may, might, perhaps, it must be…; probability adverbs: probably, perhaps, maybe...; epistemic expressions: unlikely, unclear, most, probable, possible, apparent, uncertain…)
- Boosters (emphatics/intensifiers: certainly, demonstrate, really, obviously, clearly…; amplifying adverbs: in fact, always, definitely: cognitive expressions: it is clear that...)
- Attitude markers (Deontic/cognitive verbs: have to, need to, must, feel, expect, agree, consider, suggest, prefer, think, believe, know…; attitudinal adverbs: unfortunately, remarkably, only, dramatically, essentially…; attitudinal adjectives: important, problematic, remarkable, difficult, absurd, surprising…; attitudinal nouns: importance, significance, lack, issue, limitations…).
- Engagement markers (second-person pronouns or reader pronouns: you, your, we, our, yourself; interjections: note that, you can see that, consider that, look at...; imperative verbs/directives: must, have to, should; shared knowledge: obviously…),
- Self-mentions (first-person pronouns: I, me, my, mine, our,...)

Hyland (2005b, p. 180) states that authors employ attitude markers in their texts to indicate a position and take a stance. They use these markers to make readers agree with their points of view and pull the readers into a conspiracy of agreement. He mentions two reasons why using engagement markers is so important, which are:

1. It is essential for the writer to write in a way that meets the reader's expectations of inclusion. For example, readers are addressed with reader pronouns and interjections.

2. It is necessary for the writer to pull the readers into the discourse at critical points, anticipating possible objections through questions and directives. Writers use five elements to engage their readers in the text: reader pronouns (the most obvious way through which the writer can bring the readers into a discourse is probably by Reader pronouns ― Azar & Hashim, 2019, p. 114) ―, personal asides, appeals to Shared Knowledge, Directives and Questions.

Studies of Metadiscourse have concentrated on academic register and written discourse (see also Azar & Hashim, 2019). (For example, see the study by Hyland and Tse (2004) on the use of Metadiscourse in postgraduate dissertations in six disciplines: Applied Linguistics, Public Administration, Business Studies, Computer Science, Electrical Engineering, and Biology). Results suggest that Humanities and Social Sciences make use of Metadiscourse markers more than non-Humanities (see also Ghahremani & Biria, 2017). Similarly, Salas (2015) points out that

scientific writers on Medicine employ significantly fewer Metadiscourse markers than their counterparts in Linguistics.

Little attention has been paid, however, to Metadiscourse in genres of certain specialised areas, such as Health Care, in which good communication between doctors and patients is essential (Epstein, 2005; García-Izquierdo & Muñoz, 2015; García-Izquierdo & Montalt, 2017).
So in the study we present below, we will analyse the way certain interactive and interactional resources operate in Informed Consent in English and Spanish corpus. This analysis will aim to compare how these elements manifest themselves in each language, what implications their use may have on how this genre functions and the way it is written and translated in the future.

INFORMED CONSENT

As stated in some of our research findings (García-Izquierdo, 2011 and 2016), there are hybrid genres, i.e., those that straddle two areas of specialisation. One of the most paradigmatic of these genres is Informed Consent, which can be ascribed to both the medical and legal fields (Casado, 2008; Borja & Gallego, 2012; Ramos, 2012) and which is the subject of this research.

Informed Consent (IC) is a complex genre embedded in consultation. IC is legally regulated and can have legal consequences. IC can be oral or written (Montalt & García-Izquierdo 2016). According to recent professional guidance IC should be given orally and when the risk is significant, written consent will be required.

In general, we can make a distinction between two types of IC: IC for taking part in a clinical trial and IC for undergoing surgery.

In this research we will focus on the second type of IC, i.e., Informed Consent for undergoing surgery.

The elements that make up informed consent and the formal requirements of the genre vary from one jurisdiction to another, but all informed consent, in order to serve the purpose for which it is intended, must clearly reflect:

- Its voluntary character (freedom). It must be clearly and repeatedly stated that the person signing it is acting entirely voluntarily, without any coercion or pressure, and is fully aware of his or her actions. The possibility of revoking such a decision, at any time and for any reason, must also be stated under the same conditions.
- Sufficient information in terms of quantity and quality. All information should be provided in sufficient detail and in a tone appropriate to the signatory's ability to read and understand it. Informed consent is a document that sets out the oral communication between the physician and the patient, in which all doubts have been clarified.
- The decision must be valid and authentic. As with any legal process, it must be signed in the presence of a witness and the relevant data must be verified so that it can take effect. Any informed consent document must include a sworn declaration clause attesting to the signatory's signature and wishes.

An important part of the text used for Informed Consent incorporates pre-established formulaic text and, in many cases, the IC is not written by a particular doctor but follows a predetermined model authorised by a Medical Committee or Scientific Association, so its authorship is diluted to a large extent.

The goal of IC has generated considerable debate because it is a paradox: Is it to assist the patient make an informed decision or to protect the health professional and/or the health institution legally?

But going beyond this debate, in relation to information, the Decalogue of Informed Consent produced by the Ethics Committee of the *Organización Médica Colegial* (*Ley 41/2002 de Autonomía del Paciente/ Law 41/2002 on Patient Autonomy*) in 2016 states that the doctor must put himself in the patient's shoes and provide information empathically. The information provided should be appropriate to the patient's personal circumstances, needs, cultural background and cognitive skills, because each patient is different and a standardised IC is not appropriate.

According to the medical profession in Spain, 70% of complaints are due to the lack of information, lack of the IC document itself, or not completing the IC document correctly; in the same vein Wright (2012) refers to —*poor organization and inaccessible language*; Butters, et al., 2000 —*sentence structure free of ambiguity; medical jargon must be explained*. It is true that, in the context of the PCC (Patient Centred Care), there is some concern for patient autonomy (García-Izquierdo & Montalt, 2013) and many studies advocate the need for the patient to understand what he or she is consenting to and propose guidelines to facilitate reading. Pilegaard & Hanne (2012) recommend avoiding technical jargon; using more common words or having a clearer structure. Unfortunately, the fact is that patients still feel that this is not a "friendly" genre (Montalt & García-Izquierdo, 2016).

In this context, one of the aspects that can improve comprehensibility is the appropriate use of certain elements of Metadiscourse, especially those that emphasise interaction.

In the following pages we will analyse a short corpus in English and Spanish in relation to these metadiscursive elements in order to reflect on their role in comprehensibility and propose lines of improvement to address future challenges in the writing and translating of this genre.

METHODOLOGICAL FRAMEWORK

As stated above, a study was carried out using Informed Consent texts for surgery in Spanish and English, taken from Spanish public health hospitals (Generalitat Valenciana, Junta de Andalucía, Comunidad de Madrid, Servicio de Salud de Castilla-la Mancha, La Rioja), a few private clinics and medical associations (CEMED and VACAP); National Health Service hospitals (Bristol, Cambridge, Winchester & Eastleigh) and private medical centres or associations (Swan Lane Medical Centre, British Orthopaedic Association), respectively. It is, then, a comparable bilingual corpus, which comprises 10 texts (11,199 words, 13,003 tokens) in English and 10 texts (11,143 words, 15,397 tokens) in Spanish.

The tool we use to analyse the corpus was the *Sketch Engine*, a tool to explore how language works, to identify what is rare, unusual or emerging usage. It is designed for text analysis and contains 500 ready-to-use corpora in 90+ languages.

In particular, we analysed the corpus using the Wordlist tools (nouns, adjectives, verbs, adverbs, pronouns and conjunctions), to obtain the frequency of the different classes of words in the corpora classified by lemmas; using the Keywords and Key multiwords tools to discover which classes of words and syntagms predominate and the Concordance utility to complete the analysis using Corpus Query language (CQL) language.

In Keyword and term extraction, the focus corpus is the corpus from which keywords and terms are extracted and the reference corpus is a corpus to which the focus corpus is compared.

The aim was to classify the results into the different categories of Metadiscourse and to analyse how they are used. We finish the analysis by manually filtering the results for some of the Metadiscourse elements, when this was necessary.

RESULTS OF THE STUDY

If we start with the overall results of the corpus, based on the data obtained automatically from the Keywords utility, or individual words (tokens) which appear more frequently in the focus corpus than in the reference corpus, we have 1580 items in the ES (Spanish) focus corpus (total frequency in the focus corpus 15397 and total frequency in the reference corpus 14.121%) and 1526 items in the EN (English) focus corpus (total frequency in the focus corpus 13003 and total frequency in the reference corpus 16.098%). The exploration of the Key multiwords, with 1-4 grams, yields two main findings: there is a great variety of expressions that occur only once, and the most frequent categories are nouns (noun premodifier + noun in English) and adjectives (because the frequencies of other parts of speech tend to be similar).

TABLE 1. Some examples

ENGLISH	Freq (focus corpus)	SPANISH	Freq (focus corpus)
Caesarean section	45	Representante legal (legal representative)	37
Pain relief	12	Aparato digestivo (Digestive system)	11
Blood transfusion	10	Ano artificial (Artificial anus)	11
Regional anaesthesia	9	Consecuencia previsible (Foreseable consequence)	8
Health professional	9	Intervención quirúrgica (Surgical intervention)	10
Local anaesthetic	7	Anestesia local (Local anaesthetic)	7

In the Spanish corpus there are
- 962 occurrences of nouns (22% of the total)
- 267 of adjectives (5.8%)
- 70 of adverbs (2,4%)
- 11 of conjunctions (0,37%)

In the English corpus there are
- 758 occurrences of nouns (27%)
- 294 of adjectives (7.5%)
- 103 of adverbs (3.1%)
- 5 of conjunctions (0.15%).

The number of nouns and adjectives is much higher than the number of occurrences of adverbs and conjunctions in both corpora.

From the point of view of Metadiscourse, we observed the infrequent occurrence of *Interactive resources* in our corpus. *Thus:*

- **Transitions**

TABLE 2. Examples of transitions

ES Example	Frequency (focus corpus)	EN Example	Frequency (focus corpus)
ADDITION			
Y	249	And	255
Así como también	4	As well as	1
Además	3	In addition	5
Es más	0	Moreover	0
Más	34	Further	25
También	21	Also	35
De nuevo/otra vez	0	Again	2
COMPARISON			
Como	31	Both	2
O	170	Or	158
Pero	18	But	21
Mas	3		
Aunque	11	Although	6
De modo/manera similar	0	Similarly	0
Igualmente	0	Likewise	0
Ni	5		
Sin embargo	0	However	7
Al contrario/por el contrario	0	Conversely/on the contrary/in contrast	0
Igual de	1	Equally	1
Todavía	0	Still	4
Mientras	0	While	3
CONSEQUENCE			
Porque	0	Because	0
Por (lo) tanto	4	So	6
		Therefore	3
Por eso	0	Hence	0
Sin embargo	0	Nevertheless/nonetheless	0
Por supuesto	0	Of course	0
En cualquier caso	0	In any case	0
Como consecuencia/como resultado	0	Consequently/as a result	0
Provocar	1	Lead to	1

As we can see, although we find occurrences of different types of connectors, there is an evident predominance of markers of addition (*y, más, también; and, plus, also*) and comparison (specifically, disjunctions and adversatives: *o, como, pero; or, but*).

(1) […] ni compromete el correcto diagnóstico **y** tratamiento de la enfermedad
(2) Si lo autoriza, **también** se le tomará un pequeño volumen de sangre
(3) Tutor (en caso de minoría legal **o** discapacidad del donante)
(4) En este caso se resuelve con tratamiento médico (medicamentos, sueros, etc.), **pero** que a veces precisa intervención.

Translation
(1) […] nor compromise the correct diagnosis **and** treatment of the disease.
(2) If authorised, a small volume of blood will **also** be taken.
(3) Guardian (if the donor is a minor **or** disabled)
(4) In this case it is cured with medical treatment (medicines, serums, etc.), **but** it sometimes requires surgery.

(5) It may reduce the pain and help in walking **and** sleeping
(6) The length of the incision **also** depends upon the surgeon and your leg
(7) This may be due to altered leg length **or** any of the other complications listed below
(8) This is usually treated with antibiotics, **but** an operation to washout the joint may be necessary.

- **Frame markers**

We do not find any occurrences of the most common frame markers in the English corpus: *first, next, lastly, I begin with, I end with, at this point, in conclusion, on the whole, my objective is, my purpose is, back to, in regard to, turn to*. There is a single occurrence of "in the second part" (2.65%).

The situation is very similar in the Spanish corpus, since it does not contain any examples of: en primer lugar, finalmente, empezaré(emos) con, para finalizar, en este punto, en conclusión, mi/el objetivo, mi/el propósito, volviendo a (translation: firstly, finally, I/We will start with, to end, at this point, in conclusion, my / the goal, my / the purpose, going back to). We only find one occurrence of the expression "en relación con" (0.0065%) (translation: with regard to) and two of the expression "que a continuación exponemos" (0.0013%) (translation: that we present below), so its presence is not worthy of note.

- **Endophoric markers**

We can also say that the appearance of these elements is hardly indicative, in view of their absolute frequency. We find very few examples with very few occurrences.

TABLE 3. Examples of endophoric markers in English

ENGLISH	Keyness score	Freq Focus corpus	Rel. Freq.	Ref Fr. (per million tokens)	Rel Ref Freq*
above discussion	139,590	2	26	153,811	0.109
detailed information	16,090	1	913	76,905	3.84
additional information	8,440	1	1957	76,905	8.235

(9) By signing: I confirm **the above discussion** has taken place and agree for…
(10) [...] issue or cells for research' gives **more <u>detailed information</u>**

TABLE 4. Examples of endophoric markers in English

SPANISH	Keyness score	Freq Focus corpus	Rel. Freq.	Ref Fr. (per million tokens)	Rel Ref Freq*
dicha exploración	130,900	2	0	129,895	0
al final de este documento	65,680	1	1	64,948	0.005
en el anexo correspondiente	62,930	1	10	64,948	0.0049

*in relation to the number of tokens in the whole corpus

(11) Doy mi consentimiento para que me realicen **dicha exploración**/intervención
(12) Tal y como se detalla en el **anexo correspondiente** (al final de este Documento)

Translation
(11) I consent to **this examination**/operation being performed on me
(12) As described in the **applicable annex** (at the end of this Document).

- **Evidentials**

There are no occurrences of *According to* in the EN corpus nor of *En opinión de* (back translation: *in somebody's opinion*) or *De acuerdo con* (back translation: *according to*) in the ES corpus. We find only 7 occurrences of *según,* in examples such as:

(13) A rellenar por el médico **según** las características de cada paciente

Translation
(13) To be completed by the doctor **depending on** the characteristics of each patient.

or, in most cases, "según se le indique" (back translation: "as directed").

- **Code glosses**

There is no significant presence of these resources in the corpus either.

TABLE 5. Examples of code glosses

Example ES	Frequency (focus corpus)	Example EN	Frequency (focus corpus)
Por ejemplo	0	Such as	5
Tal como	0	Namely	0
Tales como	1	That is	0
Es decir	0	e.g.	4
Esto es	0		

(14) […]caso, esta intervención podría ser desaconsejable en caso de descompensación de determinadas enfermedades, **tales como** diabetes, enfermedades cardiopulmonares, hipertensión arterial, anemias, etc.

Translation
(14) […] case, this operation may be inadvisable in the case of decompensation of certain diseases, **such as** diabetes, cardiopulmonary diseases, arterial hypertension, anaemia, etc.
(15) The blood transfusion can involve giving you other blood components **such as** plasma and platelets which are necessary for blood clotting. Your doctor will only give you a transfusion of blood or

(16) See also advance directive/living will (**e.g.** Jehovah's Witness form) Patient has withdrawn consent (ask patient to sign/date here).

The *Interactional resources*, include:

- **Hedges**

1.   Epistemic verbs
In general, the presence of some modal verbs is relatively high in the English corpus, with 340 total occurrences and a frequency of 2.6%. In the case of English expressions equivalent to the Spanish subjunctive, of the type "I /we suggest that you should read the leaflet; I/we suggest you read…/ I/we recommend that you should do that; I want you to read this, If you should have…", it is not always easy to determine whether this is epistemic or deontic modality and, in any case, there are only two occurrences in the whole corpus that can be considered to fall into this category:

(17) "What should I expect before the procedure" and
(18) "What else should I look out for?"

As far as the Spanish corpus is concerned, only the presence of the verb "poder" is remarkable, as we can see in the table below. What we do find in Spanish is the subjunctive mood (134 occurrences, 7.9%) both in auxiliary verbs (7; 454.63 per million token; 0.0045% Rel. Freq., in forms such as hayan, hubieran, haya, esté...), as well as in the semi-auxiliary verbs (17; 1,104.11 per million tokens; 0.11% Rel.Freq, in forms such as sea, fuere, sean, fuera, fueran) and in main verbs (110; 7,144.25 per million tokens; 0.71% Rel. Freq.), although their absolute presence, as we might expect, is much lower than that of indicative verbs (773 occurrences: 587 main verbs + 112 semi-auxiliary + 74 auxiliary) or even infinitives (415 occurrences: 21 auxiliary + 45 semi-auxiliary + 349 main) or participles (374 occurrences: 12 semi-auxiliary + 362 principal).
The list of verb forms expressing modality in both languages found in the corpus is as follows:

TABLE 6. Verb forms expressing modality in Spanish

SPANISH	Freq (Focus corpus)	Ref Fr. (per million tokens)	Rel Ref Freq*
Poder	135	8,767.94	0.88%
Deber	35	2,273.17	0.23%
Creer	6	389.69	0.039%
Pensar	3	194.84	0.019%
Saber	9	584.53	0.059%
Considerar	6	389.69	0.039%

TABLE 7. Verb forms expressing modality in English

ENGLISH	Freq (Focus corpus)	Ref Fr. (per million tokens)	Rel Ref Freq*
Must	3	230.72	0.023%
Might	6	461.43	0.0046%
May	85	6,536.95	0.65%
Can	56	4,306.70	0.43%
Could	1	76.91	0.0077%
Should	16	1,230.49	0.12%

(19) He formulado las preguntas que **he creído** conveniente
(20) En su caso **pensamos** que la cirugía abierta es la mejor opción
(21) […] los cuidados médicos y la asistencia que usted **pueda** necesitar en el futuro
(22) Para la exploración el paciente **debe** realizar la preparación que se le ha indicado
(23) Debe **saber** que si ocurre cualquier complicación…
(24) […] a **considerar** por el medico

Translation
*(19) I have asked the questions that **I considered** necessary*
*(20) In your case, we **believe** that open surgery is the best option.*
*(21) [...] the medical care and assistance you **may** need in the future*
*(22) The patient **should** prepare for the examination as indicated*
*(23) You should **be aware** that if there is any complication …*
*(24) [...] to **be considered** by the doctor*

(25) You **should** make sure that there is someone to assist you
(26) You **must** discuss this and the risks with the anaesthetist
(27) **may** become necessary
(28) **may** be necessary
(29) If your baby is very small, he/she **might** need to go straight to the special baby care unit
(30) Implants **can** wear from overuse
(31) The injection **can** sometimes lead to sepsis

2. *Probability adverbs*

There are no adverbs of this kind in the corpus, either in English (*probably, perhaps* or *maybe)* or in Spanish *(probablemente, quizás)*

3. *Epistemic expressions*

Epistemic expressions are also infrequent. Thus, we only found 8 occurrences of *most* (Rel. freq. 0.0062%) and 7 of *possible* (Rel. 0.0054%), in examples such as:

(32) A vaginal delivery is the **most** common way to give birth
(33) To diagnose and treat the **possible** cause of your symptoms…

And their Spanish counterparts *más* (32, Rel.freq. 0.21%) and *possible* (20, Rel.freq. 0.13%)

(34) El tratamiento **más** adecuado
(35) Lo **más** frecuente es…
(36) Si necesita **más** información…
(37) Cuando no es **posible** reconstruir el recto hay que dejar una ileostomía

Translation
(34) The **most** appropriate treatment
(35) Most **frequently** it is …
(36) If you need **more** information …
(37) When it is not **possible** to reconstruct the rectum, an ileostomy must be left in place.

- **Boosters**

In the corpora analysed we found no significant presence of emphatics/intensifiers (certainly, demonstrate, really, obviously, clearly…); amplifying adverbs (in fact, always, definitely) or

cognitive expressions (it is clear that...), either in English or in their Spanish equivalents. We note only 11 occurrences of the amplifier adverb *siempre* in Spanish (Rel. freq. 0.065%) and its counterpart *always*, which appears only once in the English corpus (Rel. freq. 0.0077%)

(38) Su identidad **siempre** será preservada
(39) Manteniendo **siempre** la confidencialidad

Translation
(38) Your identity will be protected **at all times**
(39) Maintaining confidentiality **at all times**

(40) **Always** check with your doctor if you have any concerns

- **Attitude markers**

Evaluation can be highlighted and enhanced through the use of attitude markers. They can express positivity or negativity. They can also show significance, agreement, disagreement, surprise and a few other attitudes (Azar & Hashim, 2019, p. 157).

1. Deontic/cognitive verbs
We find occurrences of this type of verbs in both corpora, although they are infrequent in both English and Spanish.

TABLE 8. Examples of deontic/cognitive verbs in English

ENGLISH	Freq Focus corpus	Ref Fr. (per million tokens)	Rel Ref Freq*
Have to	3	230.72	0.023%
Need to	13	999.77	0.1%
Be able to	8	615.24	0.062%
Expect	3	230.72	0.023%
Agree	13	999.77	0.1%
Believe	4	30.762	0.031%
Prefer	6	461.43	0.0046%
Know	3	230.72	0.023%

(41) You do not **have to** agree and if you prefer not to…
(42) Please call us if you **need to** cancel your appointment
(43) Important things that you **need to** know
(44) The midwives will **be able to** give you further pain relief if required
(45) What should I **expect** before the procedure?
(46) I **agree** to the procedure described in this booklet. I also agree that any additional procedure in addition to that…
(47) […] that regional anaesthesia is unsuitable or if you **prefer** to be asleep
(48) To the best of my ability and in a way in which I **believe** s/he can understand
(49) To inform this decision he/she will need to **know** about: […]

TABLE 9. Examples of deontic/cognitive verbs in Spanish

SPANISH	Freq Focus corpus	Ref Fr. (per million tokens)	Rel Ref Freq*
Necesitar	13	999.77	0.1%
Ser capaz de	0		
Ser preciso	3	194.84	0.019%
Esperar	4	259.79	0.026%
Estar de acuerdo	0		
Preferir	1	64.95	0.0065%
Conocer	8	519.58	0.052%

(50) Los cuidados y la asistencia médica que usted pueda **necesitar** en un futuro
(51) El beneficio **esperado** es la erradicación de la enfermedad
(52) […] puede **ser preciso** más tiempo.
(53) Procedimientos y beneficios que **se esperan** (sic) alcanzar
(54) Si lo **prefiere**, puede hacerse acompañar de algún familiar
(55) Por eso es importante que usted **conozca** los riesgos que pueden aparecer

Translation
(50) The medical care and assistance you may **need** in the future.
(51) The **expected** benefit is the eradication of the disease.
(52) […] more time may **be necessary**.
(53) Procedures and the benefits **they are hoped** (sic) to achieve
(54) If you **prefer**, you can be accompanied by a family member.
(55) It is therefore important for you to **be aware of** the risks that can arise

2. Attitudinal adverbs

Attitudinal adverbs are not abundant in the English corpus. Thus we found no occurrences of *unfortunately, remarkably, dramatically, essentially* or *hopefully*. The only forms that appear are:

only (Freq.Focus corpus: 14; Ref.Freq. (per million tokens): 1,076.67. Rel.Ref.Freq 0.11%); and
significantly (Freq.Focus corpus: 1; Ref.Freq. (per million tokens): 76.91. Rel.Ref.Freq 0.0077%)

(56) This **only** applies to patients undergoing general anaesthesia
(57) In some cases this is **significantly** less

Similarly, neither do we find occurrences of the forms desafortunadamente, de un modo/manera remarcable/destacable/importante, esencialmente or significativamente in the Spanish corpus (translation: unfortunately, in a remarkable / outstanding / important way / way, essentially or significantly). We only find the following forms:

solo (translation: *only*) (Freq.Focus corpus: 1; Ref.Freq. (per million tokens): 64.95. Rel.Ref.Freq 0.0065%),
*adecuadamente (*translation*: properly)* (Freq.Focus corpus: 4; Ref.Freq. (per million tokens): 259.79. Rel.Ref.Freq 0.0026%), and
*debidamente (*translation*: duly)* (Freq.Focus corpus: 2; Ref.Freq. (per million tokens) 129.9. Rel.Ref.Freq 0.0013%)

(58) […] igual de dolorosa que la propia punción y **solo** en casos en que no se puede llegar.
(59) Declaro que he comprendido **adecuadamente** la información
(60) He informado **debidamente** al donante […]

Translation
(58) […] as painful as the puncture itself and **only** in cases where it cannot be reached.
(59) I declare that I have **fully** understood the information
(60) I have **duly** informed the donor […]

3. Attitudinal adjectives

We find some examples of attitudinal adjectives in both corpora, although they appear a little more frequently in English. Thus we find relative frequencies of over 0.1% for *important, necessary, appropriate and common* in English, but only for *posible* and *necesario* in Spanish.

TABLE 10. Examples of attitudinal adjectives

ENGLISH	Freq Focus corpus	Ref Fr. (per million tokens)	Rel Ref Freq*	SPANISH	Freq Focus corpus	Ref Fr. (per million tokens)	Rel Ref Freq*
Important	17	1,076.79	0.11%	Imporante	6	389.69	0.039%
Necessary	28	2,153.35	0.22%	Neceario	19	1,234.0	0.12%
Appropriate	17	1,307.39	0.13%	Apropiado	0		
Common	18	1,153.58	0.12%	Habitual	6	389.69	0.0039%
Possible	7	538.34	0.0054%	Posible	43	2,792.7	0.28%
Foreseeable	0			Previsible	9	584.53	0.058%
Difficult	3	230.72	0.0023%	Difícil Complicado	0		
Urgent	0			Urgente	5	389.69	0.0039%
Serious	7	538.34	0.054%	Grave	9	584.53	0.058%
Timely	0			Oportuno	4	259.79	0.026%
Convenient	0			Conveniente	6	389.69	0.039%
Exceptional/ Rare	0/ 11	769.05	0.077%	Excepcional	8	519,58	0.52%
Anomalous	0			Anómalo	3	194.84	0.019%
Typical	0			Típico	3	194.84	0.0019%
Suitable	2	153.81	0.015%	Adecuado	6	389.69	0.039%
Significant	1	76.91	0.0077%	Significativo	0		

(61) It is **important** to follow the instructions
(62) Procedures described in this form will only be carried out if it is **necessary** to safe my life
(63) The person will, however, have **appropriate** experience and will ensure that **appropriate** measures are taken
(64) Risk and complications may be very **common**
(65) To diagnose and treat a **possible** cause of your symptoms…
(66) […] can make breathing very **difficult**
(67) It is necessary to safe my life or to prevent **serious** harm to my health
(68) Severe allergic reaction. Very **rare**
(69) Information about whether there are **suitable** alternatives to blood transfusion
(70) [...] with a blood transfusion as <u>**significant**</u> blood loss can cause you harm

(71) Es **importante** que antes de la exploración informe a su médico…
(72) En ocasiones puede ser **necesario** ampliar la extirpación
(73) Si es **posible**, posteriormente se reconstruirá. Cuando no es **posible** reconstruir el recto hay que dejar una ileostomia...
(74) [...] la situación clínica actual y las consecuencias **previsibles** de su no realización
(75) [...] es excepcional y en todo caso nunca de carácter **grave**
(76) Transmitir infecciones durante la exploración es **excepcional**
(77) He formulado todas las preguntas que he creído **conveniente**
(78) [..]complicaciones que pueden requerir tratamiento **urgente**
(79) No autorizo a que realicen las actuaciones **oportunas**
(80) Para una **correcta** exploración del esófago…
(81) Preparados para destruir células **anómalas**
(82) **Riesgo típico** [collocation]
(83) Siempre se buscará el tratamiento más **adecuado** para su caso

Translation
(71) It is **important** that you inform your doctor before the examination…
(72) Occasionally it may be **necessary** to remove more
(73) If **possible**, it will be reconstructed at a later stage. When it is not possible to reconstruct the rectum, an ileostomy must be left in place....
(74) [...] the current clinical situation and the **foreseeable** consequences of not carrying it out
(75) [...] is exceptional and in any case never **serious**
(76) The transmission of infections during examination is **exceptional**
(77) I have asked the questions I considered **necessary**
(78) [..] complications that may require **urgent** treatment
(79) I do not authorise the **necessary** action.
(80) For the oesophagus to be examined **properly**…
(81) Prepared to destroy **abnormal** cells
(82) **Typical risk** [collocation]
(83) The most **appropriate** treatment for your case will always be sought.

4. Attitudinal nouns

Finally, the presence of attitudinal nouns is minimal in Spanish, as we only find 4 examples and there is very little recurrence:

Importancia (Freq.Focus corpus: 1; Ref.Freq. (per million tokens) 64.95. Rel.Ref.Freq 0.0065%)
Relevancia (Freq.Focus corpus: 1; Ref.Freq. (per million tokens) 64.95. Rel.Ref.Freq 0.0065%)
Beneficio (Freq.Focus corpus: 3; Ref.Freq. (per million tokens) 194.84. Rel.Ref.Freq 0.019%)
Problema (Freq.Focus corpus: 2; Ref.Freq. (per million tokens) 129.9. Rel.Ref:Freq 0.013%)

(84) La herida es normal y carece de **importancia**
(85) […] posibles hallazgos genéticos de **relevancia** clínica para mí y/o mi familia
(86) Los **beneficios** que se obtienen compensan los posibles riesgos
(87) […] accede directamente al intestino para resolver el **problema**

Translation
(84) The injury is normal and **insignificant**
(85) […] possible genetic findings of clinical **relevance** to me and/or my family
(86) The **benefits** obtained outweigh the potential risks.
(87) […] directly accesses the intestine to correct the **problem**

The situation is very similar in the corpus in English, although in this case we find some additional occurrences:

Reason (Freq.Focus corpus: 8; Ref.Freq. (per million tokens) 651.24. Rel.Ref.Freq 0.062%)
Problem (Freq.Focus corpus: 2; Ref.Freq. (per million tokens) 153.81. Rel.Ref.Freq 0.015%)
Opportunity (Freq.Focus corpus: 7; Ref.Freq. (per million tokens) 538.34. Rel.Ref.Freq 0.054%)

(88) This is a simplified **reason** as to why arthritis occurs
(89) Rarely, pain will be a long-term **problem**
(90) Your treatment may provide an important **opportunity** to discuss the details of anaesthesia

- **Engagement markers**

1. Second-person pronouns (or reader pronouns)

As can be seen in the table below, second person pronouns predominate in both corpora. (personal – usted, you – or possessive – su, your)

TABLE 11. Examples of reader pronouns

Example ES	Frequency	Example EN	Frequency
tú	0	You	284
Tu	0	Your	211
Su	60		
Usted	17	We	31
Nosotros	1	Our	2
Mismo	9	Yourself	2

(91) Se ofrecerá información adecuada y se solicitará **su** autorización
(92) Sin que ello suponga ningún riesgo para **su** salud
(93) Puede **usted** retirar este consentimiento cuando lo desee
(94) Por eso es importante que **usted** conozca los riesgos que pueden aparecer

Translation
(91) The necessary information will be provided and **your** authorisation requested.
(92) Without posing any risk to **your** health
(93) **You** can withdraw your consent at any time
(94) It is therefore important for **you** to be aware of the risks that can arise

(95) [...] change **your** mind in any time, even after **you** have signed this form
(96) **You** will be visited by **your** surgeon before the operation
(97) **Your** angiogram allows us to assess **your** heart arteries and heart function

2. Interjections

As the following table shows, interjections are not present in either of the corpora:

TABLE 12. Examples of interjections

Example ES	Frequency	Example EN	Frequency
Nótese	0	Note that	0
Véase	0	You can see	0
Como puede ver(se) (back translation: As you can see)	0	Make sure that	2

3. Imperative verbs and directives

We find hardly any examples of the **imperative** in the corpora. In the case of the English corpus, of the 492 occurrences of the basic forms of main verbs, only 8.33% (41) function as imperatives, in examples like:

(98) Please **read** the information carefully
(99) **Do not take** any medication used to treat diabetes

In the case of the Spanish corpus, we only find 4 occurrences of the imperative amongst the main verbs of the corpus, equivalent to 0.0026%, in examples such as:

(100) **Díganos** si tiene alguna duda
(101) **Coméntelo** con su médico

Translation
(100) Let us know if you have any questions
(101) Discuss it with your doctor

Finally, in the case of **directives,** in the English corpus we find only 25 occurrences, which are of the type:

(102) Do you have any allergies?
(103) Who will perform my procedure?
(104) What does the procedure involve?
(105) What else should I look out for?

And in the Spanish corpus directives appear 15 times, and are of the following type:

(106) ¿En qué consiste la sedación?
(107) ¿Para qué sirve la exploración?
(108) ¿Qué es una punción lumbar?
(109) ¿Hay otras alternativas?

Translation
(106) What is sedation?
(107) What is the examination for?
(108) What is a lumbar puncture?
(109) Are there any alternatives?

4. Shared knowledge

We found no examples of shared knowledge markers in the English corpus and only 1 case of *obviamente* and one of *totalmente* in the Spanish corpus (Fre. Focus corpus: 1; Ref Fr. (per million tokens) 64.95. Rel.Ref:Freq 0.0065%)

(110) […], siempre **obviamente** manteniendo el anonimato
(111) La participación es **totalmente** voluntaria

Translation
(110) […], while obviously remaining anonymous
(111) Participation is entirely voluntary

5. Personal asides

In both corpora we found occurrences of parentheses. The search using CQL tools has been completed with a manual analysis. In Spanish TAG set *parenthesis* is made explicit as a specific attribute in *Parts of speech (punctuation)*. There are 116 occurrences, 17.73% of the total number of occurrences of punctuation marks (654). In the case of the English corpus, the search is even more complicated, since it does not appear as a TAG in sentence-break punctuation (. ¡ ?) and neither does it expressly appear as a Symbol, so we have had to filter the search manually. Thus, of the total number of clauses containing symbols (182), 42 include parentheses, accounting for 23.07% of symbols.

Broadly speaking, we can say that in the English corpus approximately 18% of the total number of punctuation marks are brackets, and about 23% in the Spanish corpus.

In any case, since equivalent analyses cannot be used, suffice it to say that the information conveyed in parentheses to guide the reader is similar in both corpora in terms of content. Thus, in both cases, the contents of parentheses are mainly used to:

a. Clarify, paraphrase, amplify or provide an example to explain information that may be difficult to understand or that the doctor believes is important for the patient.

(112) Drug (e.g. Tinzaparin)
(113) the implant (metal replacement)
(114) […] an incision (cut) in the abdomen (tummy)
(115) anesthetize the patient (as long as it is safe and practical to do so)
(116) infection (affect 1 in 10 patients)
(117) allergic reactions (uncommon)
(118) your pubic bone (called a 'bikini cut')

(119) laparotomía (apertura de la herida)
(120) Tratamientos paliativos (pequeñas dosis de quimioterapia, radioterapia u otros agentes…)
(121) Aparato digestivo (náuseas, vómitos, falta de apetito, diarreas) Folículo piloso (caída del cabello) Piel y mucosas (enrojecimiento cutáneo, úlceras en la boca, etc.)
(122) En la mayoría de los casos, se realizará un ano artificial en el abdomen de forma temporal (ileostomía de descarga).
(123) […] sedación (salvo negativa expresa del paciente)
(124) Otras cuestiones de interés (a considerar por el profesional)
(125) administrar una inyección (aprox. 10 ml)

Translation
(119) laparotomy (incision)
(120) Palliative treatments (small doses of chemotherapy, radiotherapy or other agents...)

(121) Digestive system (nausea, vomiting, lack of appetite, diarrhoea); Hair follicle (hair loss); Skin and mucous membranes (reddening of the skin, mouth ulcers, etc.)
(122) In most cases, a temporary artificial anus will be made in the abdomen (discharge ileostomy).
(123) […] sedation (unless expressly refused by the patient)
(124) Other questions of interest (to be considered by the professional)
(125) give an injection (approx. 10 ml)

But we also find examples in the corpus for:

b. Giving instructions about procedures
   (126) (tick if applicable)
   (127) (if available)
   (128) (see below for details)

   (129) (marcar con una X lo que proceda)
   (130). (NOTA: Márquese con una cruz)
   (131) Vea el anexo correspondiente (al final de este Documento)
   (132) (si procede)

   Translation
   (129) (mark with a X if applicable)
   (130). (NOTE: Mark with a cross)
   (131) See the relevant annex (at the end of this Document)
   (132) (if applicable)

c. Invoke external references if additional information is needed.
   (133) (see DOH guidelines)
   (134) (or please call the hospital contact centre)
   (135) (Ley Orgánica 15/1999, de 15 de diciembre…)

- **Self-mentions**

Pronouns do appear in the corpus to refer to the person giving the Informed Consent. There are hardly any examples in which pronouns refer to the sender of the text.

TABLE 13. Examples of self-mentions

Example ES	Frequency	Example EN	frequency
Yo	15	I	70
Mi	1	Me	4
Me	32	My	23
Conmigo	1	Mine	0
		Our	2

(136) […] in the public interest or in other circumstances permitted by law. **I** have been assured and understand that by declining my consent my care and treatment will not be affected in any way. Signature.
(137) […] or to prevent serious harm to my health. **I** have been told about additional procedures which may become necessary during my treatment. **I** have listed below any procedures which **I** do not wish to be carried out without further discussion.
(138) Consent to **my** personal details being submitted to the National Health Service
(139) that I am the above patient or the parent/legal guardian/personal representative of the above named patient and give **my** consent to receive the vaccination(s) listed.

(140) FIRMA APELLIDOS Y NOMBRE FECHA 2.3. CONSENTIMIENTO **Yo**, D/Dña , manifiesto que estoy conforme con la intervención que se me ha propuesto. He leído y comprendido la
(141) REPRESENTANTE LEGAL **Yo**, D./Dª. ………………………………………., con DNI …………, y domicilio
(142) DESCRIPCIÓN DEL PROCEDIMIENTO El cirujano/a **me** ha explicado que, mediante una incisión en el abdomen, se **me** va a extirpar el intestino grueso y la mayor parte del recto.
(143) […], he formulado todas las preguntas que he creído conveniente y **me** han aclarado todas las dudas planteadas. • Que se **me** ha informado de la posibilidad de utilizar el procedimiento en un proyecto

Translation
(140) SIGNATURE SURNAMES AND NAME DATE 2.3. CONSENT **I,** Mr/Ms   , declare that I agree to the proposed operation. I have read and understood the
(141) LEGAL REPRESENTATIVE **I**, Mr/Ms ………………………………………., holder of ID number ……………….…., and resident at
(142) DESCRIPTION OF THE PROCEDURE The surgeon has explained to **me** that my large intestine and most of my rectum will be removed through an incision in my abdomen.
(143) […], I have asked all the questions as I have considered necessary and all **my** doubts have been clarified. • That **I** have been informed about the possibility of using the procedure in a project

In all these examples, as can be seen, the pronouns refer not to the writer of the text, but to the person giving the Informed Consent.

INTERPRETATION AND DISCUSSION

In the corpora analysed, in which we find mainly nouns (noun premodifier + noun in English) and adjectives (because the frequencies of other parts of speech tend to be similar), the frequency of *Interactive resources* is low, in line with the conclusions of previous studies. Of the interactive elements, *transitions* stand out, with an evident predominance in both languages of addition and comparison markers (especially disjunctions and adversatives), which are necessary to mark the basic progression of information in the text with little involvement of the sender's perspective. However, in neither corpus do we find a significant presence of either *frame markers* or *endophoric markers*, linguistic expressions that serve to point to or signal other sections, which is evidence of the of the sender's detachment or lack of interest in marking the structure of the text or helping the reader understand the purpose of the discourse in relation to other parts of the text. Similarly, no *evidentials* indicating the textual source of information originating outside the current text appear in English or in Spanish. In fact, only examples using "según" appear, but in most cases more as a relative adverb equivalent to "como" ("as"; not as *according to*). The presence of *code glosses* is also insignificant (slightly higher in English, with 9 examples in the whole corpus, but not remarkable), which denotes little interest in reformulating, explaining, defining or clarifying the meaning of certain terms. In short, beyond the differences due to the linguistic systems themselves, we don't find many differences between the two corpora, so the use of interactive resources in both languages is minimal.

Interactional resources have a more important presence in both corpora, in line with the pattern of previous studies, which have shown that "medical science authors used interactional Metadiscourse markers more frequently in their texts" (Ghahremani & Biria, 2017, p.17). However, since we are not, strictly speaking, talking about a medical article but about Informed Consent, which has a highly specific predetermined structure, it is striking that Boosters – which are intended to give certainty and emphasise the force of the propositions – are almost non-existent. Thus, neither emphatic/intensifiers, amplifying adverbs nor cognitive expressions appear in either of the two corpora, probably because, given the predetermined nature of at least part of the text,

the sender/author considers such emphasis to be unnecessary. This contrasts with the conclusions of Ghahremani and Biria, (2017, p. 28) for other medical texts, since, in the opinion of these authors, "hedges and boosters in medical science texts are more abundant than other kind of Metadiscourse markers", which once again reinforces the hypothesis that certain uses in Informed Consent are specific. This is in line with studies such as those of Hyland and Tse (2004) and Hyland (2005b), which assert that interactional resources tend to be more common in the soft-knowledge disciplines than in the hard sciences.

We do, however, find some *hedges* which the sender uses probably to avoid being categorical in the transmission of propositional content. In the corpora, as is usually the case, there are more modal verbs than adverbs of probability or other epistemic expressions. Following the linguistic structure of both languages, the English corpus contains more modal verbs and fewer expressions equivalent to the Spanish subjunctive. In contrast, in the Spanish corpus the epistemic verbal modality is almost always expressed by the subjunctive mood, both in auxiliary and main verbs, as a form of non-assertion, of not declaring the factual reality of what is asserted. This could once again be explained by the fact that an important part of the text used for Informed Consent incorporates pre-established formulaic text and most of the content is related to the procedures requiring consent and their possible consequences, so the sender almost always resorts to verbal expressions in the subjunctive which, at least in Spanish, can be used to avoid categorical statements, displaying a certain reserve in case predictions are not fulfilled.

In the case of *attitude markers*, in the corpora analysed the importance that the sender assigns to the information transmitted is usually indicated by attitudinal adjectives. These are the most frequent markers of attitude, as other authors have also shown (Azar & Hashim, 2019), particularly in terms of the variety of different words (the frequency in English of the most frequent adjective is 43 and in Spanish 28 and in general the frequency is slightly higher in English, as we have seen). In fact, there are virtually no other types of *attitude markers*, such as cognitive verbs, attitudinal adverbs or attitudinal nouns, present in the corpora. In the case of adjectives, there are fewer indicating the emotions (positive or negative) associated with the information conveyed; once again this is probably because the intention is to be detached. Most of those that do appear refer to the expected attitude of the recipient towards procedures or the causes and consequences of procedures. In fact, the only attitude adjective which coincides in the two corpora is necessary/necesario, in order to express the significance of proposition.

The presence in both corpora of engagement markers, especially of second-person pronouns, is mainly evidenced in Spanish by *su/usted* and you/your in English. The configuration of the English language, which requires the subject pronoun to be explicit, evidently means that, from a contrastive point of view, "there are many more appearances of "you" in English than "tú" in Spanish. However, this cannot be considered a specific feature of this genre, so I do not consider it worthy of note.

As is well known, the use of reader-pronouns is the most obvious way in which the writer can bring the reader into the discourse and, in the case of Informed Consent, it is virtually the only engagement marker that we can say is frequent in both languages. Interjections are not found, and there are very few verbs in the imperative, given the supposedly non-prescriptive nature of the information conveyed. Some occurrences of Directives, both in English and Spanish, which are a common resource in medical texts addressed to patients, and can provide an economy of expression, do appear, especially in questions raised to resolve any doubts the patient/recipient may have. And there are no elements that display shared knowledge, not so much because the sender expects the reader to have enough knowledge to understand references, but rather because,

once again, they indicate distance or pretended neutrality. Finally, both corpora use parentheses to mark personal asides, either to clarify or explain, and to give instructions or refer to external information. In this sense, in IC, as R. Sahragard (2017, p. 114) asserts, personal asides add more to the writer-reader relationship than to the propositional development of the discourse and are one of the few resources used in Informed Consent to interact with the patient.

In both corpora we find the metadiscursive phenomenon of self-mentions conveyed primarily by the first person personal pronouns as the subject *Yo/I* (with unequal frequency for the reasons already explained, the first person singular personal pronoun *me* in Direct Object and Indirect Object function in Spanish, and the determiner, first person singular possessive adjective *my* in English. However, in the case of this genre, we should draw attention to the particularity that the presence of these elements is due to the inclusion in the genre of the Consent paragraph, in which the patient, who is the initial recipient of the text, has to consent in the first person. This is a specific use of self-mentions in this genre which should be taken into account in training.

CONCLUSION

As we saw at the beginning, at a Metadiscourse level the writer guides the reader through the text. From an analysis of the two corpora, English and Spanish, we can conclude that, in general, as already noted in previous studies and as we said at the beginning of this article (Salas, 2015; Ghahremani & Biria, 2017), scientific texts, including medical texts, employ significantly fewer Metadiscourse markers than their counterparts in Linguistics or Social Science and important differences in the use of metadiscursive elements can exist between cultures, disciplines or genres (Hyland, 2005b). In this respect, it should be noted that the results of our study show that there are intra-disciplinary differences in the medical field. An analysis of the metadiscursive elements shows that there are some elements that take a different form in Informed Consent not only in comparison with genres from other disciplines, but even within the medical field itself. The hybrid nature of IC manifests itself in two ways: firstly, as we have seen above, in the medical-legal nature of the text; and secondly, in its classification as a specialised genre, but one designed to inform patients, thus sharing certain characteristics with interpreting knowledge for a lay audience. And it is this second sense that is partly responsible for the distinctive way the metadiscursive element function:

- boosters are virtually absent, in contrast to medical articles
- the use of modal verbs and the subjunctive solely as hedges to mark a certain distance from the content
- the use of attitudinal adjectives (and not other types of attitude markers), in an attempt to express the significance of propositions but avoid the involvement of the sender
- the use of the engagement markers through the use of antonomasia, second-person pronouns, together with some Directives (more typical of medical popularisation genres), but no interjections, imperatives or shared knowledge; and some personal asides, in an attempt to explain medical terms and facilitate the recipient's understanding
- the specific use of firs person pronouns, referring not to the sender of the genre, but to the person giving Consent

As we have seen above, Informed Consent genre information has to be provided in sufficient quantity and quality, in a tone in keeping with ability of the person signing it to read and understand it. This is because informed consent is a document that supposedly embodies a previous oral communication between the doctor and the patient, in which all doubts have been clarified. However, the virtual non-existence in either language of interactive resources and the limited use of interactional resources clearly demonstrates, as we saw above, the lack of involvement of the sender (who may, on some occasions, unlike in other medical genres, be multiple or indeterminate) in order to promote dialogic engagement with the patient and the desire for objectivity and neutrality, which contrasts with the ultimate objective of Informed Consent. As seen above, in many cases the IC is not written by a particular doctor but follows a predetermined model authorised by a Medical Committee or Scientific Association, so its authorship is diluted to a large extent.

Metadiscourse has proved to be a very effective tool not only for improving writing and reading, but also for listening. This is why many authors have proposed including its study in the syllabi of postgraduate language teaching and translation programmes.

The analysis we have presented above has obvious limitations due to the size of the corpora analysed, but certain conclusions can be drawn from it that help us assert the need to improve the wording of Informed Consent forms in order to make them easier to understand. Furthermore, as we have said in previous studies (García-Izquierdo & Montalt, 2017; Muñoz & García-Izquierdo, 2020), it would be useful to include an analysis of the most important metadiscursive elements of this genre and how they work (and how they should work in order to improve comprehensibility and the recipient's engagement) in the training of future medical writers and translators in order to help them acquire an expert knowledge of these elements in relation to the languages concerned.

ENDNOTES

i.   The Gentt group has had 7 funded projects in the period 2013-2022 devoted to improving doctor-patient communication.
ii. This research has been carried out in the context of the project *Creation of multilingual resources for improving doctor-patient communication in Public Health Services* (Hipócrates) PGC2018-098726-B-100, financed by the Spanish Ministry of Science, Innovation and Universities.

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ABOUT THE AUTHOR

Isabel García-Izquierdo is a professor of Applied Linguistics to Translation at the Universitat Jaume I, in Castelló (Spain). Since 2000, she is the director of the research group GENTT (Textual Genres for Translation) that focuses on the multilingual analysis of textual genres in the framework of specialised communication applied to translation. Web of Science Researcher ID G-4674-2015. https://orcid.org/0000-0001-8208-4479