
Writer's Statement about "The Desktop Doctor: Medical Rhetoric in the Emergent Online Context"

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The greatest challenge for me in this project was finding a specific research need within the broader rhetorical community that I had chosen to study, the medical community. At first, I tried to find an unexplored research need within the scholarship on medical rhetoric as a whole. It was only once I really began to study the work done in this field that I realized that studying the rhetoric of the entire medical discourse community would be too expansive a subject for the scope of my project. However, I noticed, as a fairly small part of the scholarship, work done on online medical rhetoric, dealing with how individuals access medical information on the Internet. Almost all of these dealt with individuals, their exigencies, and their motives, and never with the online genres that these individuals accessed. I therefore found a largely unaddressed need within the scholarship, studying some of the more popular medical websites and how individuals utilize them.

This project's Annotated Bibliography reflects my earliest plans. The journal articles analyzed in the bibliography are mostly concerned with medical rhetoric more broadly, while a minority actually discuss online medical rhetoric. At first I considered investigating the rhetorical relationship between physician and patient, but ultimately abandoned this as too broad a topic. The scholarship on online medical rhetoric that I had come across in forming this bibliography helped focus my interest to a manageable topic for the paper I planned to write.

This development from the broadness of modern medicine as a whole to the specificity of online medical resources led to a unique evolution for my project, one which strongly contributed to my final argument. I began by studying the genre conventions of clinical medicine—for example, analyzing in close detail the patient interview form genre in a Genre Analysis. Once I decided to narrow my focus to the online sphere, the differences between the clinical and online genres appeared all the more clearly. Studying these two medical contexts back-to-back led me to my eventual thesis regarding the effect of online medicine's user choice, as compared to clinical medicine's institutionalized control.

Within this development, instructor and peer feedback was crucial. Specifically, early feedback on the initial stages of the project, especially the Annotated Bibliography, criticized my ideas as too unfocused, a critique that helped me realize a narrower topic. Later, once I had chosen to analyze online medical resources, my instructor felt that my ideas and the early drafts of my argument lacked a central unifying thesis. Conversations with my instructor and peer review meetings with my classmates were instrumental in identifying user choice as that unifying theme.

The most interesting aspect of this project was seeing the contrast between institutions. As I discuss in the body of the final paper, clinical medicine possesses an ideological dimension largely absent from online medicine. This differing emphasis on institutional ideology and its effects on genre design were fascinating to explore. Of course, going into this project, I had expected

rhetorical exigency, and not ideology, to be the only real decisive factor affecting these communities. The Genre Analysis, from early in this paper's development, reflects these initial assumptions with its near-complete focus on the medical patient interview form as a purely practical genre resolving particular exigencies. Understanding the role of ideology in these communities was crucial in the eventual development of my thesis regarding the place of user choice in medical rhetorical systems with opposed ideological goals.