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Communicating dying? An intertextual discourse dnalysis of written texts in municipal palliative care for elderly in Sweden

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Dieser Text behandelt die Kommunikation in der städtischen palliativen Pflege und Betreuung der Altenfürsorge in Malmö, Südschweden. Die Forschung erfolgt als Teil eines fachübergreifenden Projektes (Pflegewissenschaft, Sprachwissenschaft, Pädagogik und medizinische Ethik). Ziel ist es, dieser Kommunikation aus der Perspektive von Intertextualität und Interdiskursivität sowie von Konstruktionen der Zielgruppen zu analysieren. Eine Schlussfolgerung ist, dass interdiskursive Wechselspiele verschiedener Textsortennormen vorhanden sind, sowohl die Textsorte interne Richtlinien für die Altenpflege als auch die Textsorte Krankenpflege-Lehrbuch. Eine weitere Schlussfolgerung ist, dass die öffentliche Information über palliative Pflege und Betreuung keine Rücksicht auf die zusammengesetzten und komplizierten Zielgruppen von Älteren und ihrer Angehörige nimmt.

Stichwörter:
Diskursanalyse, Intertextualität, Interdiskursivität, Textsorte, palliative Pflege

1. Introduction

This article concerns communication in professions and institutions dealing with palliative care for elderly in the municipality of Malmö in southern Sweden. The subject of communication is thus most sensitive as it deals with the care of elderly during their last days or weeks in life. It should be emphasised from the start that the focus is on general information aimed at elderly and their next-of-kin and on the guidelines for communicative work performed by nurses and nursing assistants. In other words: there are no investigations into the personal communication with dying elderly. The explanation is obvious – it would be most unethical, if it were possible at all, to give questionnaires to or to conduct interviews with persons during their last phase of life. The outline of the article is: research setting, aim and research questions, research background, data and methodology, analysis and concluding discussion.

2. Research setting

My research takes place within a multi-disciplinary project involving researchers from the disciplines of nursing, linguistics, education and medical ethics – *Organisation, Communication and Provision of Municipal Palliative Care and the Effects of a Palliative Team Approach to Support the Staff*. The

project is to run from 2008 to 2011, covering three districts of the municipality of Malmö, and is part of the research platform *Elderly, Their Health Care, Nursing Care and Social Service* at the Vårdal Institute, a Swedish multi-disciplinary research institute for health sciences (www.vardalinstitutet.net/eng). Of relevance for the understanding of the texts is the fact that Malmö (the third largest city in Sweden, counting some 280'000 inhabitants) is divided into ten semi-independent districts. The reason for choosing three districts of Malmö is that employees from elderly care in these districts collaborated in an internal educational project conducted by the municipality on palliative care in 2003-2004. The aim of the municipal educational project was to create what is known as palliative representatives, that is, persons responsible for the development of municipal palliative care (Ekberg, 2005). These were given internal training. Today, there are palliative representatives in all districts of Malmö, responsible for internal training for all nursing staff in Malmö. The internal training includes two half-day meetings and has not yet reached all nursing assistants.

The overall aim of the multi-disciplinary project is to study the organisation, communication and content of a palliative care approach to elderly in a municipal context. The study has three phases. The first phase is explorative, investigating potential obstacles (organisational, professional and communicative) to providing high-quality palliative care in the municipal context. This is followed by a quasi-experimental phase, an intervention where study circles regarding central issues for palliative care are offered to nurses and nursing staff at care units in three districts in Malmö. The staff at the care units chosen for the intervention are compared to control groups at other care units in these three districts. The effects will be evaluated in relation to organisational changes, care quality, the staff's situation and older people's care consumption during their last period in life. Finally, the results and experiences will be implemented in all ten districts of Malmö. The study of the implementation will focus on changes in written documentation and guidelines. From a linguistic point of view, the study of the implementation will focus on how the ideals of plain language are interpreted regarding issues such as simplicity, clarity and adjusting to the target groups.

3. Aim and Research Questions

The aim of the investigation is to analyse communication in municipal palliative care in the municipality of Malmö as well as in three of the districts, henceforth labelled A, B and C. More specifically, the aim is to obtain answers to the following research questions:

1) How is communication concerning palliative care for elderly in Malmö constructed?

2) How are the intertextual and interdiscursive relations between text types and genres, both within communication concerning palliative issues as well as between palliative care vs. elderly care in general?

3) Which target groups for the texts can be discerned?
Which texts are aimed at the elderly citizens and which at their next-of-kin?
Which texts are aimed at nurses and nursing staff in their professional communicative work with elderly citizens and their next-of-kin?
Which texts are aimed directly and specifically at elderly citizens in need of palliative care and which texts are aimed at elderly citizens in general?

4. Research Background

A general point of departure for collection of ethnographic data and ethnographic analyses of communication is Saville-Troike (2002). Investigations concerning the communication of a political organisation or a subculture are interesting from a theoretical and methodological perspective for my purposes. The same goes for ethnographic mapping with methodologies and perspectives from disciplines such as nursing, sociology or education. Thus, this investigation benefits from these perspectives on ethnography in general.

Most relevant for this study are two related Swedish research projects within linguistics. *Literacy Practices in Working Life* (2008) was carried out in 2002-2005 with the aim of describing practices for constructing and interpreting texts during a working day in a number of common occupations. Practices were observed and analysed in professions such as nurse assistant, lorry driver, construction worker, cleaner, auto mechanic, shop assistant and kindergarten teacher. Karlsson (2006) offers summaries of some of the case studies and a survey of the project as a whole.

Text and Work in the New Economy (2007) is a continuation of the previous project, albeit with a partly different perspective where the focus lies on "the role played by written texts in the new work order, as symbolic artefacts and mediators of knowledge and experience". The main result of this project is a thesis on how engineers write and interact with texts during their education and in their professional activities (Hållsten, 2008).

Ethnographic analyses of professional texts are also part of the research field of discourse analysis. There is a growing number of discourse analyses of health care and hospitals, e.g. Sarangi & Roberts (1999), looking into the relations between the individual employees and the institutions in the health care discourse, and Iedema (2007), focusing on organisation and discursive interplay. Iedema & Scheeres (2003) deal with the topic of how professionals in health care handle different texts in varying discourses, resulting in a

continuous renegotiation of their identities, professional activities and professional settings.

4.1 Intertextuality and genre – points of departure

A point of departure is Critical Discourse Analysis (CDA) as developed by Fairclough (1992, 1995, 2003) and his way of doing discourse analysis by combining three analytical frames: social practice, discursive practice and textual practice. This is a way to remind the analyst of the complexity of the discourse setting – from the widest socio-cultural and ideological settings via the text-institutional setting (under which conditions a text is produced and consumed) to concrete text analysis. The adjective 'critical' in CDA should make the analyst aware that the analytical view should be critical on all the analytical frames, but most of all regarding ideology and how power is articulated in ideological terms. For my purposes two notions discussed by Fairclough are particularly relevant, viz. genre and intertextuality.

Genre chains are genres connected to each other in systematic ways, forming chains with transformations between the linked genres (Fairclough, 2003: 31). These transformations of course encompass changes in both content and style. Genres also constitute a means of governance, e.g. promotional genres (p. 33). For the analysis of genres at different levels of abstraction, there are three notions: pre-genres, disembedded genres and situated genres (p. 68). Pre-genres are situated at the highest level of abstraction. Concerning the examples given by Fairclough – narrative, argument, description and conversation – there is an obvious connection to the notion of text type. At the middle level we find disembedded genres, which are genres lifted out of "particular networks of social practices where they initially developed, and becoming available as a sort of 'social technology' " (p. 68). Finally, situated genres constitute the most concrete form, embedded in a certain network of social practices.

Intertextuality and genre are related to each other, for example, as the transformations between genres are examples of an intertextual relation. Fairclough distinguishes two main types, manifest intertextuality (texts and parts of texts inserted in other texts) and interdiscursivity (styles and norms for one discourse used in another discourse). When one text quotes part(s) of one or more other texts, e.g. the verbatim wording from a law text rendered in a news text about a law change. The label interdiscursivity is used for style mixture, e.g. a colloquial wording and syntax combined with a stylistically neutral wording and syntax as when a journalist lets teenagers speak in an interview. When doing genre analyses, Fairclough not only stresses the hybrid character of the text in terms of intertextuality, but is also concerned with variation of styles, text types and genres within texts.

Linell (1998) has a partly different perspective on intertextuality as his main notion is re-contextualisation (originally from Bernstein, 1990), which he explains as wordings, text norms, arguments and perspectives being transferred from one text or genre to another. Fairclough analyses one text and the traces left by other texts, whereas Linell focuses on the relations between several texts and text settings. This extension of intertextuality is most relevant for the purposes of this text.

For a deeper understanding of text, genre theory and genre research are relevant. One of the most important works on genre within the tradition of New Rhetoric is Miller (1994 [1984]). Miller is not primarily interested in content and textual structure in genres, but rather in the communicative actions for which genres are used. Points of departure for her are the members of the discourse community and their common and everyday usage of language and texts.

Swales (1990) builds on Miller in his genre analyses of academic texts, belonging to the research tradition Language for Specific Purposes. A strategic remark is that genres are more than text: "While it remains necessary to understand how texts organize themselves informationally, rhetorically and stylistically, textual knowledge remains generally insufficient for a full account of a genre" (Swales, 1990: 6). In other words: there is no necessary one-to-one relation between text structure and generic class membership, an important thing to remember when investigating the Malmö texts.

A model for analysing and characterising genres (partly building on Miller and Swales) is outlined in my thesis (Rahm, 2002), where I stress the importance of elucidating the conventions used for the construction of meaning. A condition for the function of non-fictional texts (i.e. to be read) is that they are credible for the actual discourse. By discourse credibility I mean that the texts apply to the discourse members' expectations of text goal, text pattern and text style. This discourse credibility means that the texts apply to the discourse members' expectations of text goals, text patterns and text styles. Because of this, the texts of the actual discourse have to apply certain conventions to be functional. These conventions are established in the interplay between the different professions and individuals in the municipality of Malmö involved in producing and designing texts, as well as between these text producers and the text consumers (professions, elderly, next-of-kin).

A further observation to be made is that the textual range varies between a homogeneous pole and a heterogeneous pole. For text producers it is as important to connect to the well-known as to be innovative. Only a well-balanced mix (which of course is more or less innovative due to the setting) can facilitate efficient texts in modern text society, where a huge number of texts compete to gain attention. The mix between the established and the innovative also applies to the goal of at least the informative texts in the municipality of Malmö. On the one hand it is of course most important that the

informative purpose is obvious, giving the readers sufficient information. On the other hand, a text with information excess (e.g. overestimating the needs of the readers in terms of common or complicated content) as well as a text with information deficit (e.g. underestimating the needs or capacities of the readers in term of common or oversimplified content) may counteract its purposes.

5. Data and Methodology

The first step in the investigation consisted of scanning and collecting written data regarding municipal palliative care for elderly in Malmö. It should be underlined that no personal files regarding elderly were collected. Thus, all data concerning municipal palliative care for elderly in a broad sense was collected in Malmö in the fall of 2008. The sources were the municipal website (www.malmo.se), the municipal intranet (called Komin), internal material in physical files at the care units as well as e-mails and phone calls to persons responsible at different organisational levels in Malmö. Data from the same sources will be collected in November 2009, April 2010 and November 2010 in order to analyse data changes – number of texts, text categories, text structures and text content.

The focus for the selection of data for this text is on texts and text parts dealing with palliative care, but also the relation between texts on elderly care in general and on texts and text parts on palliative care specifically. There are several justifications for not restricting data to texts specifically and exclusively dealing with palliative care. One is the fact that palliative care is only part of the municipal elderly care, which means that texts of a general kind on health care, nursing care and social services for elderly (that is, texts only implicitly dealing with palliative care) also encompass sections and/or perspectives on palliative care. Another justification is that palliative diagnoses for obvious reasons in many cases are made at a late stage, which means that there is a need for communication about general care for elderly as well as on specific palliative care issues. A third motive is that communication about palliation and death is frightening for the elderly and their next-of-kin, thus leading to an interest of and need for texts dealing with both general care and palliative care issues.

6. Analysis

There are of course a large number of texts in the subsection *Elderly and disabled* on the Malmö website (www.malmo.se). However, there is only one informative pdf leaflet. The leaflet is called *Life lasts all life* and contains two main sections – *Living at home* and *Living in special care* – as well as the sections *Four areas of particular importance* and *My rights* and a page with

phone numbers to the ten districts of Malmö. The brochure thus covers health care and social services for all kinds of elderly with all kinds of needs, from receiving assistance in their own flat or house, e.g. with laundry, to moving into a care unit with total assistance. The section *Four areas of particular importance* begins in this way:

> In Malmö's municipal plan for elderly care we have chosen to develop four particularly important areas in the coming years – health-promotion efforts, rehabilitation, dementia care and care in the final phase of life.

The subsection *Health promoting support* has a general perspective:

> Growing older follows the course of life. Energy is reduced, your mobility and fitness might not be what they once were. Ageing is not a disease, but it means that the risk of ill health increases.
>
> Average length of life in Sweden has increased, above all because of the preventive health work that has been done. This in turn has led to changes in our lifestyle and has also given good results among people of high age.
>
> Mental, physical and social activity is important for maintaining good health no matter how old you are.

In contrast to the two preceding sections, the purpose is not to inform about the services offered to elderly persons. Rather, the idea seems to be to list the priorities for elderly care in Malmö. The first sentence indicates an interdiscursive interplay with the genre of activity plan. Questions that the reader can ask are why this section is included, how it is linked to the preceding parts, why these four areas are particularly important, what other areas there are in elderly care, and why they are less important. In none of the sections about the high-priority areas are there any concrete examples of how these areas are prioritised in any of the ten districts of Malmö. And when it comes to the section *Dementia care*, the orientation to the receiver is troublesome, to say the least. For despite the use of *you* in the closing sentence of the section – *Dementia care will de designed so that you will be able to go on living in your own home as long as possible* – it is unreasonable to imagine that only demented elderly people are the target group of this section. It is clear here that another group of receivers is also envisaged, the next-of-kin, even though this is not at all explicit. The section *Care in the final phase of life* can also be reasonably expected to have next-of-kin as the target group, as they participate to a greater or lesser extent in the old person's last days. Here there is no *you* addressed to the reader:

> One can become so sick and weak that the body no longer responds to a curative treatment.

The use of the indefinite pronoun *one (man)* can be explained by a desire to express things in a generally gentle way, as becomes even more obvious in the following two sentences:

> It becomes more important to apply measures to control pain, or efforts of a more psychological, social or existential kind. The overall aim is to achieve the best possible quality of life in the prevailing circumstances.

In the first of these sentences the distancing is even greater, interplaying with the norms of the genre of nursing textbook. In the second sentence the distance is increased a step further, in interplay with the norms of the genre of policy document for elderly care.

Even though the heading of the subsection is clear – *Care in the last phase of life* – the text does not explicitly state that this type of care is intended for people who are actually dying: "One may become so sick and weak that the body does not respond to curative treatment any more" The content becomes less threatening by using the verb *may* as a hedge and the pronoun *one* as a way to avoid addressing the dying elderly

The citizens are directed to the web pages of the ten autonomous districts of Malmö, which function as semi-independent municipalities. But on the web pages of the three investigated districts there is likewise no explicit information on palliative care for elderly. In order to obtain answers to questions or to find information, the citizens (elderly or next-of-kin), have to send e-mails, phone or visit the "citizens' offices". (Each of the ten autonomous districts of Malmö has a citizens' advice bureau for contacts with its inhabitants.)

In order to understand the distribution of information on palliative care between the municipality of Malmö and the autonomous districts, Lisa Janzon was contacted via mail and phone calls (Janzon, 2008). On July 1, 2008, a new post was established in the municipality of Malmö, as editor of the section *Elderly and disabled* at www.malmo.se and the corresponding section on the intranet, *Health care and other care services,* Janzon has held this new position since its establishment and her fundamental point of departure is that the information on the Internet is aimed at the citizens of Malmö and that the information on the intranet should be an efficient working tool for the employees. Janzon interprets her function as a switchboard for texts – she edits texts and information posted to her in order to publish texts or to give others authority to publish the texts. Twice a year she meets representatives of health care and other care services in the districts of Malmö to go through what should be updated in the shared thematic sections on the Internet and the intranet. Janzon also gives advice and support to the employees.

The general editor of the intranet, Jesper Bylund, was also contacted (Bylund, 2008). Bylund does not think that all relevant data can be found on the intranet yet, even though he thinks that the situation has improved significantly during the last five years. He underlines that in the end it is matter of priority in the respective municipal administrative departments: "The understanding of the possible gains via intranet usage varies among those in charge." The guidelines for external as well as for internal information are of a

general character, giving the subject editors extensive freedom to interpret and put the guidelines into practice. The fundamental and long-term objective is that the intranet should provide support which can enhance the efficiency among all major personnel categories and functions in Malmö, Bylund concludes.

So, how is the situation on the intranet? For obvious reasons there are no texts intended for the general public on the intranet. The entrance page has five main tabs where the content is sorted: *Administration*, *Self-service*, *For leaders*, *Operations*, *Departments*. No texts about palliative care can be found in the sections on *Administration*, *Self-service* and *For leaders*. In the section *Operations* there are of course a large number of texts about health care in general, but only internal training documents regarding palliative care specifically. The section *Departments* contains subsections for each of the ten districts as well as for the common services of Malmö such as the Streets Department and Arts and Cultural Amenities Department. In the subsection on *Health care and other care services* in district A there are no texts on health in general or on palliative care. However, district B has a special heading, *The palliative team*, with contact information for those in charge. The heading comprises these pdf files:

- security document for planning of palliative care aimed at the patient
- registration of patient in palliative care
- summary of patient in palliative care
- questionnaire for next-of-kin
- routines for palliative care – registered nurses
- routines for palliative care – nursing staff
- palliative care – education for nursing assistants

District C has a similar heading to B, *Palliative care*. As in district B, contact information for the palliative representatives is placed here. In addition, there is a quotation from the WHO definition of palliative care (in Swedish translation) as well as a short comment on the tasks of the palliative representatives and the participation of medical specialists in geriatric palliative care of the citizens in district C. The information is divided into four categories: *Routines, Forms, Next-of-kin* and *Worth reading*. Under *Routines* the same documents for professional routines are found as in district B. Besides, there are local routines for the ordering of supervision as well as guidelines for using short-term care at a local unit for elderly living on their own. Under *Forms* there is a form serving as a basis for conversations with care recipients in the last phase of life and their next-of-kin regarding issues to deal with at the prospect of a near death, which is known as a security

conversation for the planning of palliative care. There are also forms for estimating symptoms and pain as well as government information on the rights to financial support from the government when nursing a close relative. Another form is called *Support for the soul* and contains names and phone numbers to officials in the municipality and deacons in churches. The heading *Worth reading* includes a reading list of fiction and non-fiction about palliative care, newsletters from the Swedish Palliative Network and links to further information.

This account reveals striking similarities as well as obvious differences between two of the districts, B and C. How can this be explained? Some explanations can be traced to the common pilot project in 2003-2004, described in an internal final report in 2005 (Ekberg, 2005). In this report, most of the texts described above can be found in an appendix. A comparison of the routines for nursing assistants shows identical wording in the two districts, except for one sentence which is added at the end of the routine in district B: "Handle the above according to the current situation of the unit." And in the appendix the very same routines occur in exactly the same wording as on the intranet for both of the districts. The same date of origin is given for the text in the report appendix and in the text from district C, December 8, 2003, while district B dates its text April 14, 2008. Furthermore, the text in the report appendix indicates at the bottom of the page: "The project group Palliative care in district C". The conclusions are simple: The routines for nursing assistants were developed in district C as part of the pilot project. Surprisingly, district B does not give credit to the originator of the text and even claims to have created the routines lately by adding a recent date of origin.

The routines for nurses have undergone changes in the versions found on the intranet of the two districts. But the origin is still discernible, the text from the pilot project, which also has the project group in district C as an author.

The forms for registration and summary of patients in palliative care are identical in the versions on the intranet of district B and in the final report. The versions in the final report both have the project group in district C as originator. There are no directions to fax forms stated in the routines for nurses in either of the districts. In both cases, the instruction is to fill in all data and information for the patient in ORIGO, the computerised system used for patient information in all districts of Malmö. A possible interpretation is that district B still uses fax in order to send certain texts.

The security document at district B is identical with the version in the final report, the only change being a recent date of origin. It is stated in the final report that the security document is due for revision as the form is hard to handle. The form is called a security conversation on the intranet in district C and (which is of greater relevance) has undergone fundamental changes, the most important one including both the patient and next-of-kin in the guidelines

for the conversation and giving the conversation a more open character by stressing the continuous changes in wishes on the part of the patient.

How can the lack of texts on the intranet of district A be explained? One possible explanation is the autonomy of each district of Malmö, which leaves it up to those responsible at local level (personnel belonging to different professions as well as leaders) to decide which texts to place on the intranet, which texts to place in physical files and which information and knowledge to communicate orally. In other words – there are no guidelines or regulations prescribing a minimal content in the intranet sections and subsections in the different districts of Malmö. Of course, it would be a dangerous and most naïve simplification to conclude from the texts about palliative care on the intranet for the three investigated districts that palliative care in district A is the least developed, palliative care in district B is moderately developed and palliative care in district C is most developed. However, the amplitude of the variation is so large that it indicates that there might be a certain qualitative difference in palliative care among the three districts, and for several reasons especially in favour of district C. One reason is the fact that most of the texts used in district B and district C (which of course can be and most probably are used in other ways in district A) emanate from the project group for palliative care in district C. Another reason is that there are developed versions of the texts from the project group in district C. Also, the number of texts is largest in district C. Whether or not this is the case remains to be investigated, which it is my intention to do during 2010.

7. Conclusions

The analysis of the discourse on palliative care for elderly on the Malmö municipal website (www.malmo.se) shows that the general public in principle only obtains general information on health care and social services for elderly (with the exception of a minor part in a brochure covering all the needs and interests of all elderly). This information is presented in an informative pdf leaflet called *Life lasts all life*. There are interdiscursive interplays with the norms for the genres of municipal activity plan, policy document for elderly care as well as nursing text book. These examples of interdiscursivity (Fairclough, 1992, 1995, 2003) and re-contextualisation (Linell, 1998) indicate that the leaflet is not easy to interpret. Another complicating matter is the composite target group or rather the amount of target groups. One example is the continuum of possible target groups from healthy elderly to elderly with multiple illness and disorder. Another example is that next-of-kin (spouse, adult children or other relatives) to a varying extent are included as target groups. The tasks of the leaflet *Life lasts all life* are thus impossible in more than one aspect – which services to inform about, which genre norms to use and which target groups to design the text for.

In some of the contacts I have had with representatives of palliative care the opinion has been put forward that the lack of information on palliative care is not a major problem as the elderly do not have the knowledge to use the Internet and that they also are so weak that they do not care. I find such an attitude frightening, as it is a democratic right for all citizens, regardless of age or computer competence, to be taken seriously. It is most dangerous to generalise about elderly in any way, as dangerous as it would be to generalise about teenagers or middle-aged people. Also, next-of-kin to the elderly (spouse, children or others) have a right to find relevant and sufficient information for their own needs and interests as well as for their needs and interests to assist their relative in the last phase of life.

The extent of the variation in the municipal intranet of the investigated districts may be explained by the autonomy of the districts and the personnel responsible at local level. As Bylund (2008) concludes, it is a matter of priority in the respective municipal administrative departments. It is not of interest for this study to discuss the autonomy of the ten semi-independent districts of Malmö. However, it is my conclusion that the administrative departments would benefit if there were common guidelines for what texts to find in the different sections of the municipal intranet. It seems as if this coordination work has begun with the establishment on July 1, 2008 of a position as editor of the section *Elderly and disabled* at www.malmo.se and the corresponding section on the intranet, *Health care and other care services*. As this position means giving advice and support to the employees (Janzon, 2008), the texts on palliative care will probably develop, both internally on the intranet and externally for elderly and next-of-kin. This development will be investigated in the data to be collected in November 2009, April 2010 and November 2010.

Of course, the analyses of texts on the Internet and intranet cannot give a comprehensive view of all the talking, reading and writing that is part of a working day for health care professionals. However, at a later stage of the research it will be possible to conduct comparisons with Swedish research projects on texts in common professions (*Literacy Practices in Working Life* (2008) and *Text and Work in the New Economy* (2007)). In the summary of the case studies in the project *Literacy Practices in Working Life*, Karlsson (2006: 67) points to the fact that nursing assistants at care units for elderly patients start their working days by reading texts about the current situation for the elderly, partly because the elderly have various problems communicating. It is most important to investigate such text routines, and that is something I intend to do by observing and interviewing about the professional literacy practices in palliative care in Malmö. A preliminary assumption is that text routines also encompass communicating texts orally or signing and filling in routine texts such as lists of medicines, as well as documenting in Malmö's computerised system, ORIGO. In order to get access to the files on the

individual patients in ORIGO, it is necessary to apply for permission from the regional ethics board. These investigations will be compared to research on organisation and discursive interplay in the health care discourse (Sarangi & Roberts, 1999; Iedema & Scheeres, 2003; Iedema, 2007).

As shown above, there are many cases of manifest intertextuality (Fairclough, 1992, 1995, 2003) among the texts dealing with palliative care. For example, the origin of the texts is not indicated in district B. This is surprising, but may probably partly be explained by a view of texts as professional tools developed for practical purposes for common usage among professionals. It might be the case that both oral and written texts on palliative care are treated as transmitters of knowledge from one party to another. Whether or not this is the case remains to be investigated. During 2010 I will conduct interviews with key persons at different levels in Malmö. The aim is to reach a deeper understanding of the communication in general and to obtain answers to specific questions, e.g. whether there are qualitative differences in palliative care between districts A, B and C. Another important issue is to compare the texts on the municipal intranet with other texts in use at the nursing units from perspectives of interdiscursivity and re-contextualisation.

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