UDC 81’373.46:340.134:614.253.4
DOI https://doi.org/10.32782/2617-3921.2025.27.101-113

Viktoriia Kostenko,
Candidate of Philological Sciences,
Associate Professor at the Department of Foreign Languages, Latin and Medical Terminology,
Poltava State Medical University
https://orcid.org/0000-0001-9077-2191
Poltava, Ukraine

Ivanna Znamenska,
Candidate of Philological Sciences,
Associate Professor at the Department of Foreign Languages, Latin and Medical Terminology,
Poltava State Medical University
https://orcid.org/0000-0001-7091-6215
Poltava, Ukraine

Iryna Solohor,
Candidate of Philological Sciences,
Associate Professor at the Department of Foreign Languages, Latin and Medical Terminology,
Poltava State Medical University
https://orcid.org/0000-0001-9899-6552
Poltava, Ukraine

Yevheniia Honcharova,
Candidate of Pedagogical Sciences,
Lecturer at the Department of Foreign Languages, Latin and Medical Terminology,
Poltava State Medical University
https://orcid.org/0000-0003-3341-3752
Poltava, Ukraine

Legal discourse in informed consent templates for cardiac surgery: a linguistic analysis

Юридичний дискурс у формах інформованої згоди на кардіохірургічні втручання: лінгвістичний аналіз

Summary. *This study investigates the linguistic features of legal discourse in informed consent templates (ICTs) for cardiac surgery, also focusing on their structure, readability, and communicative effectiveness. Informed consent is an*

essential legal and ethical requirement in medical practice, ensuring transparency, patient autonomy, and shared decision-making. However, the hybrid nature of ICTs, where medical and ethical discourses intersect, often results in complex language that challenges patient comprehension.

The research is based on the discourse analysis of 50 ICTs from U.S. healthcare institutions, with a focus on lexical, grammatical, and structural aspects. It has been revealed that medical discourse prevails in the texts, significantly shaping their linguistic characteristics, though legal discourse adds to the overall complexity and formalization of the texts, ensuring voluntary decision-making for patients and safeguarding healthcare providers from liability. The study highlights the interdiscursive nature of ICTs, where legal language intersects with medical terminology to balance patient comprehension with legal sufficiency. This dual function, while necessary for adherence to ethical and legal standards, often results in increased textual density and reduced readability, posing challenges to effective patient communication. Other linguistic features such as nominalization, passive voice, specialized legal terminology, and lengthy sentence structures enhance the formal and precise nature of these documents. Volitional verbs, legal hedging through modal verbs, and standardized legal phrasing ensures compliance with regulatory and institutional guidelines.

Findings suggest that while ICTs aim to balance medical accuracy with legal sufficiency, their complexity often reduces patient comprehension. Readability assessments indicate that these documents are written at an advanced level, potentially hindering informed decision-making. The study highlights the importance of simplifying language, reducing syntactic complexity, and improving clarity to enhance accessibility that is of a great importance for doctor-patient communication in high-risk medical situations.

Key words: *informed consent, interdiscursivity, legal terminology, syntax complexity, nominalization, hedging, patient-centered communication.*

Анотація*. У роботі розглянуті особливості мовної репрезентації юридичного дискурсу в інформованих згодах (ІЗ) для кардіохірургічних втручань. Інформована згода є ключовою юридичною та етичною вимогою медичної практики, що забезпечує прозорість, автономію пацієнта та спільне прийняття рішень. Однак гібридний характер ІЗ, де переплітаються медичний та юридичний дискурси, ускладнює її мовну тканину і, таким чином, створює бар'єри для розуміння пацієнтами.*

Для дослідження використано 50 форм ІЗ, вибраних з сайтів медичних закладів США. Медичний дискурс є основним у проалізованих текстах, що значною мірою зумовлює їхні мовні характеристики. Юридичний дискурс, мета якого – забезпечити ухвалення вільного усвідомленого рішень пацієнтами та, водночас, захистити медичних працівників від юридичних ризиків, до певної міри ускладнює виклад змісту документа. У роботі підкреслена інтердискурсивна природа форм ІЗ, де лінгвістичні засоби, характерні для юридичного дискурсу, вплетені в канву медичного повідомлення, що часто призводить до ущільнення тексту та зниження його читабельності. Серед ключових лінгвістичних особливостей виокремлено номіналізацію, пасивні конструкції, спеціалізовану юридичну термінологію та складні синтаксичні структури, що підсилюють формальність і точність документів. Ви-

користання волітивних дієслів, модальних дієслів як засобів хеджування, та стандартизованих юридичних формулювань забезпечує відповідність текстів вимогам, які висуваються до документів.

Результати дослідження свідчать, що прагнення поєднати точність та достатню кількість медичної інформації з юридичними аспектами захисту пацієнтів та лікарів зумовлює створення конденсованих і складних текстів, які можуть ускладнювати процес прийняття обґрунтованих рішень.

Ключові слова: *інформована згода, інтердискурсивність, юридична термінологія, складний синтаксис, номіналізація, хеджування, комунікація, орієнтована на пацієнта.*

Introduction. Communication in healthcare field follows structured social actions and textual conventions, or genres that are both well-established and continuously evolving to meet emerging communicative needs. Healthcare discourse has developed a diverse range of genres tailored to different purposes across intra-professional, doctor–layperson, and inter-professional communication, which reflect the typical social practices and conventions of discourse communities within specific sociocultural contexts. The informed consent process is fundamental to medical practice at present, especially in high-risk procedures that pose a significant risk of complications, adverse events, or mortality due to their complexity, invasiveness, or the patient's underlying condition. Obtaining informed consent is viewed both as a form of doctor-patient communication aimed at evaluating all treatment options and making shared healthcare decisions – whether to accept or decline a particular treatment – and as an essential component of patient care worldwide. Informed consent forms are formal written documents that serve medical, legal, and administrative purposes within the doctor–patient relationship, promoting trust and transparency while aligning with the ethical principle of autonomy and ensuring patients' rights to make informed medical decisions [5; 12, 13; 24]. A completed and signed informed consent form serves a dual protective function – shielding patients from assault and battery while safeguarding healthcare providers from potential legal claims by dissatisfied patients.

Given that heart disease remains one of the leading causes of mortality worldwide, informed consent forms (ICFs) for coronary surgery play a crucial role in ensuring that patients understand the risks, benefits, and alternatives to their treatment. As a genre, ICFs not only communicate complex medical information but also serve essential legal and administrative functions, making audience awareness critical. These documents are based on key medical, legal, and ethical guidelines that define patient rights, physician responsibilities, and institutional compliance. However,

this interdiscursive nature often complicates patient comprehension, as multiple layers of technical, legal, and medical language converge in a single text. Although regulations emphasize that ICTs should be concise, readable, and prioritize patient understanding, they have progressively become longer and more complex over time [12; 32], potentially undermining their intended purpose.

Medical communication, particularly the genre of informed consent, has become a focal point for understanding how different discourses intersect and influence patient understanding and decision-making [28; 5]. Given its multidimensional nature, informed consent has been the subject of extensive research across diverse disciplines, including medicine [6; 10; 17; 19; 21], law [22], nursing [21], bioethics [23; 26], sociology [8; 26], and psychology [25]. While informed consent has been thoroughly theorized, most notably in A History and Theory of Informed Consent by R. Faden and T. Beauchamp, much of the existing research focuses on its ethical, legal, and procedural dimensions [12]. However, there remains a significant gap in exploring the discursive and linguistic aspects of the consent form as a tool for communication, particularly in how language choices impact patient comprehension and decision-making [8; 17; 10; 31]. Addressing these challenges could lead to more accessible ICTs, ultimately improving patient autonomy and healthcare outcomes.

This study aims at examining the linguistic forms of legal discourse in informed consent templates for cardiac surgery, focusing on the challenges and strategies in balancing technical accuracy, legal sufficiency, and patient comprehension. It aligns with the contemporary emphasis on patient-centered care and shared decision-making, emphasizing the importance of clear and effective communication.

Materials and Methods. The templates were collected through systematic Google searches and obtained from publicly available institutional, hospital, and academic repositories that ensured a diverse and representative sample, encompassing a variety of healthcare providers and geographic regions. A corpus of 50 informed consent templates (ICTs) for cardiac surgery procedures was compiled, sourced from U.S. healthcare settings to ensure alignment with established legal and medical standards. The templates were obtained through systematic Google searches and retrieved from publicly accessible institutional, hospital, and academic repositories. This approach facilitated the collection of a diverse and representative sample, encompassing a broad spectrum of healthcare providers and geographic regions.

This study was conducted within the framework of functional linguistic approaches, which analyze linguistic resources and their interrelations based on their communicative functions – specifically, how

they interact to shape meaning [15; 16]. To examine language in relation to its social context, the study employed discourse analysis, understood as "the analysis of language as it is used to enact activities, perspectives, and identities" [14, p. 4–5]. Discourse analysis consists of two primary dimensions: textual, which focuses on the structural features of discourse, and contextual, which relates these structures to social and cultural factors [3; 4]. Within this framework, the study applied generic structure analysis to identify and categorize key structural components and themes in the documents, alongside linguistic analysis to investigate specific language patterns.

The linguistic analysis of informed consent forms was conducted using both qualitative and quantitative methods. The analysis aimed to identify recurring linguistic features characteristic of legal discourse, such as complex sentence structures, passive voice, nominalizations, and specialized terminology. To assess the readability (Flesch-Kincaid Readability Score and the Gunning Fog Index) and quantitative characteristics (word frequency, text length, sentence length) that influence the accessibility and clarity of informed consent documents, online text-processing tools such as *Text Analyzer* (https://www.online-utility.org) and *Text Analyzer* (http://textalyser.net/) were utilized.

Results and discussion. Informed consent is a unique document that combines medical and legal discourse to ensure both the delivery of essential information to patients and compliance with regulatory standards. Nevertheless, there are no universally mandated standard formats for cardiac surgery informed consent templates. However, organizations such as the American Heart Association (AHA), the American College of Cardiology (ACC), and the Society of Thoracic Surgeons (STS) provide detailed guidance on the optimal structure and content for cardiac and coronary interventions. A recent review of studies in cardiology found that the content of consent forms in this field represents a "mix of legal requirements, ethical principles, and accrued practice" [3, p. 501], often varying across institutional, regional, and national contexts. The review also highlighted evidence suggesting that the choice of information included in consent forms may not always align with the highest priorities – either in terms of meeting legal obligations to inform patients or providing information that best supports patient understanding and decision-making [20, p. 382]. This variability in consent forms underscores the relevance of interdiscursivity, a concept that highlights the interplay of various discourses, particularly in complex fields of social practice, for instance, in medicine and law [2; 11].

In broad terms, interdiscursivity is a key concept in discourse analysis and sociolinguistics, referring to the blending, interaction, or hybridiza-

tion of distinct discourses within a single text or communicative event. This phenomenon underscores the dynamic interplay of linguistic conventions that extend beyond the textual surface, revealing the interconnected networks of social practices as manifested in genres, discourses, and styles [13]. The interdiscursivity of professional practice has attracted growing scholarly interest, particularly in research on professional and institutional discourse. Studies by V. K. Bhatia [2] have explored interdiscursivity in legal and business communication, demonstrating how professional genres incorporate elements from multiple discourses to achieve communicative goals. C. N. Candlin and Y. Maley have examined interdiscursive patterns in medical discourse, highlighting how patient-centered communication integrates legal, ethical, and scientific discourses [4]. S. Sarangi and C. Roberts have investigated interdiscursivity in institutional and workplace settings, analyzing how professional identities and power relations are negotiated through discourse [28].

A notable example of interdiscursivity in medical discourse is provided by G. Musson and L. Cohen, who examined British medical practice and observed a progressive colonization of medical discourse by the discourse of enterprise [27]. This shift, driven by broader societal transitions from state-supported healthcare to privately organized medical practice, has resulted in a significant fusion of medical and economic discourses, reshaping the language and practices of healthcare professionals. In a related vein, S. Sarangi has studied interdiscursivity in genetic counseling**,** illustrating how multiple discourse types – including medical, ethical, and psychological – intersect in patient interactions, influencing both communication and decision-making processes [29]. These studies collectively underscore the growing complexity of professional communication, where traditional disciplinary boundaries are increasingly blurred, necessitating further exploration of how interdiscursive practices shape professional identities and institutional interactions.

The analysis of findings obtained by applying *Text Inspector* and *Text Analyzer* has revealed that the average numerical characteristics of ICTs for cardiac surgery procedures can vary depending on the complexity of the procedure, institutional guidelines, and the level of detail required. The word count typically ranges between 1,500 and 2,500 words**.** This length ensures that the document is sufficiently comprehensive to address legal, medical, and procedural details while remaining accessible to patients [12]. However, variations exist depending on the complexity of the procedure: simpler surgeries may require shorter templates of approximately 1,000 words**,** whereas more complex procedures**,** such as heart transplants, often necessitate longer documents that can exceed 3,000 words to adequately convey all essential information. The sentence count in ICTs for cardiac

surgery typically ranges from 80 to 120 sentences, balancing detail and readability, though simpler forms may have 50–60 sentences, and complex forms can exceed 150 sentences. The sentence length reflects the specialized nature of legal and medical discourse. On average, sentences contain 15–25 words, incorporating complex structures necessary for precision and clarity. The longest sentences, ranging from 30 to 50 words, are often found in sections detailing risks, benefits, or legal disclaimers, where comprehensive explanations are required. In contrast, shorter sentences (5–10 words) are typically used in headings, bullet points, or direct instructions to enhance readability. Readability metrics indicate that informed consent templates are written at a level appropriate for individuals with a high school education or higher. The Flesch-Kincaid readability score places these documents between the 8th–12th-grade levels, while the Gunning Fog Index falls between 12 and 15, reflecting the use of longer sentences and technical vocabulary. These metrics suggest that while the content is relatively complex, efforts are made to ensure patient comprehension.

Our research reveals that medical discourse prevails in ICTs for cardiac surgery, significantly shaping their linguistic characteristics: emphasizes detailed descriptions of surgical procedures, potential health risks, expected outcomes, and the medical rationale behind proposed treatment options. The primary goal of this discourse is to provide patients with a comprehensive understanding of what to expect before, during, and after treatment.

Legal discourse in this context tends to emphasize compliance with statutory and ethical requirements in the informed consent process. We presume the linguistic presentations of legal discourse in ICTs for cardiac surgery exhibit distinct characteristics reflecting both legal requirements and medical communication needs. We analyzed these representations at the lexical, grammatical, structural, and compositional levels.

The lexis of ICTs for cardiac surgery primarily consists of common language vocabulary (approximately 70%), complemented by specialized medical terminology (around 23%) and legal terminology (about 7%). Legal discourse in ICTs often employs specialized vocabulary, including legal terminology and jargon, to uphold adherence to legal standards. This terminology serves to establish clarity, precision, and legal validity in patient–doctor communication, reducing ambiguity and potential liabilities. For example: “I consent to the photographing or videotaping of the operations or procedures to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by descriptive texts accompanying the pictures” [36]. Such phrasing reflects the formal and binding nature of

legal discourse, ensuring that patients understand the scope and implications of their consent.

Terms such as risk disclosure, patient's autonomy, informed consent, voluntary decision, legally responsible person, professional judgment, patient's identity convey essential legal principles that safeguard patient rights and define professional obligations. These terms often originate from statutory and case law and carry specific interpretations within legal and medical contexts. Verbs of volition also play an important role in legal discourse as they convey desire, intent, or willingness to act, helping to establish the mental state of individuals – a key element in legal arguments [9, p. 88–89; 1, p. 7–8]. Determining volition is essential for distinguishing between accidental occurrences and deliberate actions, which can significantly influence legal outcomes. Volitional verbs to agree, to authorize, to assume, to consent, to reject, to attest, and to certify play an important role in informed consent documents, as they explicitly express the patient's will and acts of making conscious decision, reinforcing both their autonomy and legal responsibility. These verbs serve as the linguistic mechanism for granting authorization, also ensuring clarity in the consent process, e. g.: "*I consent to the possible insertion of an intra-aortic balloon pump should it become necessary to temporarily support the heart and circulation*" [35]; "*I also agree that fellows, residents and surgical assistants may participate in significant tasks that are part of the procedure. In addition, I agree to have any other appropriate personnel present for the procedure"* [33].

The verbs of volition are predominantly concentrate in the final section, *Consent / Acknowledgement*, as they are to demonstrate and confirm that patient is free in his / her choice from "coercion and from unfair persuasions and inducements" [6, p. 637].

The grammar typical of legal discourse in ICTs for cardiac surgery exhibits several nuanced features that reflect its formal and precise nature. Legal writing often underscores duties, rights, or consequences rather than the specific parties performing actions, and, according to M. Shiflett, "this grammatical concept, accepted or refused by the linguists, is a permanent fixture in legal language, and it involves downplaying of agency or responsibility" [30, p. 33]. The passive voice, commonly used to depersonalize actions and focus on the procedure rather than the actor, shifts the focus to what matters in a legal context, thus serving as a as a hedging device, e. g.: "*If written materials explaining the Risks/Hazards/ Benefits are required to be provided to the patient by the provider performing the medical care and/or surgical procedure, those have been provided"* [35].This strategy is particularly useful for limiting liability and managing patient expectations, as it mitigates direct attribution of

responsibility. For example, phrases like *"*Complications may occur" or "It is advised that follow-up appointments be attended" deflect emphasis from specific actors, creating a sense of neutrality and professionalism. Passive voice also mirrors the traditional style of legal language, which tends to prioritize formality over conversational clarity [3].

In addition to the passive voice, modal verbs are frequently employed as legal hedging devices in ICTs. Words like "may", "will", "might", "could", "should", and "shall" are used to convey obligations, possibilities, and recommendations while leaving room for flexibility or uncertainty. This use of modality allows for careful balancing between informing patients and protecting healthcare providers from absolute commitments or guarantees. For instance, a sentence "*The chances of these occurring may be different for each patient based on the care/procedure(s) and the patient's current health*" [35] illustrates how modal verbs function to temper expectations and clarify limitations.

Nominalization is another linguistic feature in ICTs for cardiac surgery, reflecting the formal and legal nature of these documents: "*I hereby certify that the patient or one authorized to act on his/her behalf has authorized the performance of the procedure(s)*" [37]. Our findings reveal that verbal nominalizations encapsulating actions or processes into noun forms and allowing for more concise expressions of complex ideas are the most prevalent in ICTs. By converting verbs and, rarely in studied ICTs, adjectives into nouns, nominalization creates a more abstract, impersonal tone that aligns with the objective and authoritative style of legal discourse. This linguistic strategy allows for the condensation of complex information while focusing on actions or processes rather than the actors involved similarly to the passive voice, thus, helping emphasize procedural objectivity. However, excessive nominalization can contribute to increased complexity and reduced readability, potentially challenging patients' understanding.

A defining syntactic feature of legal language is the length and complexity of sentences, often resulting from the compression of large amounts of information into a single statement. Composite sentences, particularly complex and compound-complex structures, being central to legal discourse, are quite frequent in ICTs [18, p. 142] as they enable the presentation of multiple elements – such as conditions, consequences, and exceptions – within a cohesive framework. This structure provides the precise articulation of nuanced relationships between concepts. For example, a sentence "*If the party fails to comply with the terms outlined in this agreement, then the contract shall be deemed void*" [37] demonstrates how composite sentences clarify legal reasoning. Another notable characteristic of legalese in complex sentences is embedding, where subordinate

clauses are intricately nested within independent clauses, enhancing the precision and comprehensiveness of the text, for example: "*I understand that during my care/procedure(s) my physician/health care provider may discover other conditions which require additional or different care/procedure(s) than originally planned*" [36].

Analyzing the impact of nominalization and syntactic complexity in ICTs through Grice's maxims of quantity and manner highlights potential challenges to patient comprehension. The maxim of quantity requires communication to be sufficiently informative without excessive detail; however, nominalization and complex syntax, while condensing information, can often obscure meaning, making it more difficult for patients to fully grasp critical information for informed health decision-making.

The structural and compositional peculiarities of legal discourse in ICTs for cardiac surgery are essential to ensuring that these documents meet both legal and institutional standards while remaining accessible to patients. One key feature of ICTs is their structured format, which organizes complex medical and legal information in a logical and systematic manner. Another important aspect is the use of standardized phrasing and templates across ICTs for cardiac surgery, which ensures compliance with legal mandates and best practices while also facilitating their application in diverse clinical and legal contexts. The structural and compositional characteristics of legal discourse in ICTs for cardiac surgery are intended to meet both legal and institutional standards while maintaining accessibility for patients. Informed consent templates for cardiac surgery often include sections densely populated with legal vocabulary and distinct grammatical features. The sections as Procedure Description, Risks and Benefits, Patient Rights, Liability Clauses, Emergency Procedures, Blood Transfusion Consent, and Acknowledgment of Understanding employ precise legal terminology and structures to ensure clarity, safeguard patient rights, and mitigate legal risks. Balancing medical information with legal language is critical for effective communication in the situation of obtaining or giving informed consent.

Conclusions. Informed consent templates for cardiac surgery embody a complex interaction between medical and legal discourses, each fulfilling distinct yet complementary functions. While medical professionals emphasize clarity and transparency, legal language often introduces complexity, which may impede readability and patient comprehension due to the integration of specialized terminology and complex sentence structures.

Legal terminology is unevenly distributed across different sections of these templates, with the highest concentration found in Risks and Benefits, Patient Rights, Liability Clauses, Emergency Procedures, Blood

Transfusion Consent, and Acknowledgment of Understanding. These sections underscore the challenge of balancing legal obligations with the ethical responsibility to inform and empower patients.

Further exploration of the discursive and linguistic dimensions of ICTs is needed to address gaps in patient comprehension and decision-making that includes investigating how interdiscursive practices shape communication and identifying strategies to balance technical accuracy with readability.

REFERENCES

1. Al-Rabiah M. R. Linguistic features of legal language: a contrastive study of Saudi Arabia and Canada labour laws: Dissertation. Al-Imam Muhammad Ibn Saud Islamic University. Published by European Centre for Research Training and Development. UK. 2018. 30 p.
2. Bhatia V. K. Interdiscursivity in professional discourse. Discourse and Communication. 2010. № 4 (1). P. 32–50.
3. Boddington P. et al. Consent forms in genomics: the difference between law and practice. European Journal of Health Law. 2011. Vol. 18, No. 5. P. 491–517.
4. Candlin C. N., Maley Y. Intertextuality and interdiscursivity in the discourse of alternative dispute resolution. The construction of professional discourse. London: Longman, 1997. P. 201–220.
5. Candlin C. N., Candlin S. Healthcare communication: a problematic site for applied linguistics research. Annual Review of Applied Linguistics. 2003. № 23. P. 134–154.
6. Carmen M. G., del Joffee S. Informed consent for medical treatment and research: a review. Oncologist. 2005. Vol. 10 (8). P. 636–641.
7. Coleman B. In Defense of the Passive Voice in Legal Writing. Journal of Technical Writing and Communication. 1997. Vol. 27 (2). P. 191–203.
8. Corrigan O. Empty ethics: the problem with informed consent. Sociology of Health & Illness. 2003. Vol. 25 (7). P. 768–792.
9. Coulson D. More than Verbs: An Introduction to Transitivity. The Scribes Journal of Legal Writing. 2020. Vol. 19. P. 82–125.
10. Darriba P. English to Spanish translated medical forms: A descriptive genre-based corpus study. Translation and Interpreting.2018. Vol.10 (2). P. 122–141.
11. Engberg M., Kjær A. L. Professional Discourse across Medicine, Law, and Other Disciplines. Cambridge Scholars Publishing, 2011. 385 p.
12. Faden R. R., Beauchamp T. L. A History and Theory of Informed Consent. New York: Oxford University Press, 1986. 408 p.
13. Fairclough, N. Discourse and Social Change. Cambridge: Polity Press, 1992. 259 p.
14. Gee, J. P. An Introduction to Discourse Analysis: Theory and Method. Routledge, 1999. 176 p.
15. Halliday, M. A. K. An Introduction to Functional Grammar. London: Edward Arnold, 1985. 384 p.
16. Halliday M. A. K., Matthiessen, C. M. I. M. An Introduction to Functional Grammar. 3rd ed. London: Routledge, 2014. 480 p.

17. Karadzic-Kocica U. et al. Informed consent in cardiac surgery – current institutional practice and legislation. Vojnosanitetski pregled. 2021. Vol. 79. P. 29–39.
18. Kostenko V., Bieliaieva O., Solohor I. Complex sentences in texts of informed consent for dental treatment: structural, semantic, communicative and discursive aspects. Germanic Philology Journal of Yuriy Fedkovych Chernivtsi National University. 2021. P. 135–147.
19. Kostenko V. H., Solohor I. M. Semantic and pragmatic peculiarities of verbs in informed consent templates for dental treatment. *Scientific notes of V. I. Vernadsky Taurida National University, Series: "Philology. Journalism"*. Vol. 70(1). Part 2. 2020. P. 109–115.
20. Laurie G., Postan E. Rhetoric or reality: what is the legal status of the consent form in health-related research? Medical Law Review. 2013. Vol. 21 (3). P. 371–414.
21. Licqurish S., Evans A. 'Risk or Right': a discourse analysis of midwifery and obstetric colleges' homebirth position statements. Nursing Inquiry. 2016. Vol. 23 (1). P. 86–94.
22. Maclean A. Autonomy, Informed Consent and Medical Law: A Relational Challenge. New York; Cambridge: Cambridge University Press, 2009. 315 p.
23. McConnell T. C. Inalienable Rights: The Limits of Consent in Medicine and the Law. Oxford: Oxford University Press, 2000.
24. Manson N. C., O'Neill O. Rethinking Informed Consent in Bioethics. Cambridge: Cambridge University Press, 2007.
25. Matthew D. B. Race, Religion, and Informed Consent – Lessons from Social Science. *The Journal of Law, Medicine and Ethics*. 2008. № 36(1). P. 150–173.
26. Mazur D. J. How successful are we at protecting preferences? Consent, informed consent, advance directives, and substituted judgment. *Medical Decision Making.* 2006. № 26(2). P. 106–109.
27. Musson G., Cohen L. The Enterprise Discourse: An Empirical Analysis of its Effects. *Communication and Culture*: 6th Annual Communication and Culture Conference, Sheffield Hallam University. 1996.
28. Sarangi S., Roberts C. Talk, Work, and Institutional Order: Discourse in Medical, Mediation, and Management Settings. Berlin: Mouton de Gruyter, 1999. 529 c.
29. Sarangi S. Activity Types, Discourse Types and Interactional Hybridity: The Case of Genetic Counseling. *Discourse and Social Life*. London: Pearson Education Limited, 2000. P. 1–27.
30. Shiflett M. Passive Tense in English Legal Text. *International Journal of Novel Research in Humanity and Social Sciences*. 2017. V. 4(2). P. 32–35.
31. Sugarman J. Informed Consent, Shared Decision-Making, and Complementary and Alternative Medicine. *The Journal of Law, Medicine and Ethics*. 2003. № 31(2). P. 247–250.
32. Wray L. O. et al. Veterans' mental health beliefs: Facilitators and barriers to primary care-mental health use. *Family Systems & Health.* 2016. № 4(4). P. 404–413.

ILLUSTRATION SOURCES

33. Consent for Arteriography and Possible Angioplasty, Stent Placement or Lytic Therapy. URL: https://surl.li/lcifij (Date of access: 22.01.2025)

34. Consent for cardiac surgery for ascending aortic dissection. URL: https://surl.li/lrbgcz (Date of access: 22.01.2025)
35. Consent form for open heart surgery. URL: https://surl.li/bapaan (Date of access: 22.01. 2025)
36. Disclosure and consent for endovascular stenting. URL: https://surl.li/hqmskg (Date of access: 12.01.2025)
37. Informed Consent for Private Cardiac Treatment Procedures. URL: https://surl.li/bpodjg (Date of access: 14.01.2025)