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Book review: Sinikka Torkkola and Anna Sendra Toset. Healthcare and Patient Communication in the Digital Era: A Patienthood and Patient Perspective. 2025, New York & London: Routledge, 126 pp.

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Healthcare and Patient Communication in the Digital Era: A Patienthood and Patient Perspective is a highly readable discussion of debates around digital healthcare which will be appreciated by postgraduate students and academics alike. It is also an ideal companion to this special issue that brings together a collection of articles on digital health communication that take a qualitative approach. The book manages to tackle a range of concepts including digitisation and digitalisation, patient and patienthood, medicalisation and biomedicalisation, and respatialisation and retemporalisation with clarity, explaining how these concepts help to describe this digital era of healthcare communication. This slim book of six chapters provides depth to these, and other, concepts and explains how they have been understood, applied and problematised in healthcare communication, which the authors "see as a sub-field of health communication consisting of all communicative actions between its members and collaborators" (p. 19).

Chapter 2 introduces and discusses Twaddle's triadic conceptualisation of (ill) health: disease (medical perspective), sickness (societal perspective) and illness (patient perspective). Those interested in cultural studies and multilingualism will enjoy the examination of the meaning of 'illness' and 'sickness' and the lack of distinction between the two in other European languages such as Catalan, Finnish, German, Russian, Spanish and Swedish, and the discussion of the cultural dimension of treatment practices and guidelines for general practitioners that leads to different approaches across national contexts (see Chapter 4). These practices and guidelines are informed by, for instance, the expectations of patients, and context-specific habits and beliefs that may differ according to context. Cultural dimensions are also alluded to in Chapter 6 with reference to the sociocultural construction of patienthood. Although conceding that Twaddle's triad has been subject to challenge and its dimensions are not clear-cut, this triad serves as an effective organising tool for the arguments in the chapters that follow.

Chapter 2 also introduces the reader to 'biomedical hegemony' and explains how this perspective has dominated medical communication education, but is losing its overall control as healthcare becomes more patient-centred. A significant factor in this change is social media and the way they have enabled health to be co-constructed through the sharing of medical knowledge, experiences of illness and personal narratives (see Chapter 3). The example of long COVID is given as an illness that has been defined through online patient narratives in social networking groups that went on to be defined as a 'sickness' and 'disease'. This shows how narratives – which had previously been told in private – continue to be an important resource for enhancing understanding of 'illness' but also how the digitalisation of these, along with digital health information, on social networks can empower patients and provide a sense of control.

Social media can also be a source of misinformation and disinformation (see Chapter 4) which may create conflict in doctor-patient communication when it is brought into the consultation room. The change in patienthood (e.g., for which an ill person is invited to act as a patient according to co-constructed social and cultural norms) from being defined only by experiencing illness to having digitally-acquired medical information has led to a call for openness around knowledge gaps in medicine, rather than using communication strategies of denial, dismissal, diversion and displacement (p. 62) to challenge the introduction of such information into the consultation. Additionally, healthcare professionals have been requested to participate in online discussions to provide access to reliable medical information to intervene in and correct widespread dis- and misinformation in relation to, for example, smoking, drugs, eating disorders and communicable diseases. COVID-19 is a case in point with the Director-General of the World Health Organization (2021 cited on p. 63) labelling it as both an epidemic and an 'infodemic'.

Digital health information is also available through monitoring devices that can be used remotely by the patient, such as mobile apps, smart watches and ultrasound equipment. As with accessing medical information on social media, these devices are empowering but are accompanied by problems. The authors argue that the health surveillance such monitoring devices enable is geared towards the avoidance of 'sickness' and participation in 'health citizenship' (see Chapter 5). Health citizenship can be understood as a moral obligation to engage in practices that frame ourselves as permanently at risk and responsible for keeping well and avoiding the use of healthcare services. This discourse of self-discipline and empowerment, before the digitalisation of healthcare, was supported, for instance, by health magazines and advertisements for health-related products that drove a consumerist approach to patienthood. This has continued into the digital era.

The authors explain that the digital turn in health communication has "exacerbated the number of preventative actions adopted by patient-citizens to comply with the 'moral obligation' of being well" (p. 87). These actions include monitoring our health with personal devices and accessing medical technologies that allow social medical control, such as buying Ozempic for weight loss, but also 'coerced digital participation' where patients with chronic disease have no option but to use health monitoring equipment. The good patient-citizen must engage with a plethora of digital health information. This highlights the importance of health literacy to the moral obligation to keep well. The discussion of health literacy would have been enhanced by further exemplification in relation to the quantified self since it appears to dominate everyday health monitoring. Health literacy is a serious concern in this age of digital healthcare, and in the final chapter, Chapter 6, the authors recognise this and conclude that a digital health literacy education programme should take a multidisciplinary approach involving, information studies, sociology and epistemology.

In Chapter 6, a table of communicative tasks involved in digital healthcare is given. These are categorised into health information delivery, digital patient records, digital medical and nursing consultations and remote monitoring, digital platforms for the care receiver and for the care giver. These indicate the respatialisation (e.g., online consultation) and retemporalisation (e.g., asynchronous consultation) of healthcare communication that have led to some improvements and cost savings in delivering healthcare. However, as the final sentence emphasises, despite the additional communication channels, these new digital practices will never wholly replace (digital) patient-clinician interaction which will remain the core of medical practice.

The physical size of *Healthcare and Patient Communication in the Digital Era: A Patienthood and Patient Perspective* constricts the breadth of debate that may leave some readers wanting. Despite this, the authors successfully manage to examine, exemplify and discuss the key concepts and literature that characterise the digital healthcare landscape and, in doing so, highlight the challenges of patienthood today.

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