Thursday Memo – May 21, 2015

Language

Language is important. Words can heal, but they also can hurt. In medicine we use a lot of big words. Perhaps it makes us feel important; it certainly separates us from our patients. In some cases it is not our fault, our forefathers and foremothers passed these onto us. But swear words have also been passed along to us and we can chose not use them; it seems we could be better with the words within medicine.

Last week I had a number of occasions where this donned on me. I am not good at foreign languages and yet I find myself constantly acting as a translator. As I tried to read to my patient, first the findings of a CT scan, and then a consult note, I found myself reading the big words and then translating with normal words to make sense of the jibberish.

In some instances I was reading ahead to avoid insulting the patient as the words used also implied a lack of effort on the patients part to improve and a sense of malingering. I am often reminded in this situation of Sandy Blount's approach to read his last note out loud to the patient at the next visit verbatim. What a great way to be sure that what you write can be understood by the patient and will not insult, in fact, may even inspire!

I often tell students to strike certain words or phrases from their medical vocabulary. Her are my big three.

Chief Complaint. Who thought that up? People aren't complaining; they have real concerns. So I teach that one as Chief Concern so it still fits into the "CC" framework we use as short forms for our notes.

Compliance. It just denotes people not trying and not being beholden to our agenda. Heck, if my income was $30000 for a family of 4 or I had to take 2 buses to get to the doctor or I had to work 2-3 jobs to make ends meet or I lived in a small cell with another guy or 2, I might not exercise, be late for my appointment, eat cheap refined food and not be able to take 11 medications properly! Not sure if adherence is much better. Maybe it's just "struggling".

"The sore throat in room 3 is ready". It sounds like something out of a Woody Allen movie. I imagine this giant sore throat with 2 little legs looming behind the door in room 3. People are not an accumulation of their body parts (although our first few years of medical school might have us believe that) - they are a complete person tied together by a soul, feelings, experiences, a family, community and oh so much more. It reminds me of the saying by Osler:

It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.

I'm sure I could go on and on and I'm sure you have your pet peeves about language too. (for example - EDC - we are a long way away from a time when women were "confined". I use EDD which seems more appropriate in this day and age to denote the "estimated date of delivery".)

It would seem if we are truly going to offer patient-centered care then we should try and speak in respectful patient-centered language.

And so as I finished the appointment with my patient he thanked me for explaining things to him. This being a prison setting he said that he felt like he was seeing a doctor in the community. Since my approach has always been to treat patients as I would want to be treated myself or have my mother or daughter treated - this is always the greatest compliment for me. I did not refer to him as an inmate in my note, I used patient or person or his name. I didn't say he was not trying and I did not say he was obese. I said he was struggling within the confines of the limits of his environment and his situation. He had agreed to try walking some more in the good weather and trying to eat a little less of the starchy meal he was given day after day. To me that was hope. And I wrote that.

And I meant it.