

# Language that belittles or blames patients is overdue for change

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Medical language that casts doubt, belittles, or blames patients for their health problems continues to be commonly used in everyday clinical practice, but is outdated and overdue for change, argue experts in *The BMJ* today.

Caitríona Cox and Zoë Fritz at the University of Cambridge draw on existing research to describe how such [language](#), while often taken for granted, can insidiously affect the therapeutic relationship by altering the attitudes of both patients and physicians. They suggest how it could be changed to foster a relationship focused on shared understanding and collective goals.

Language that belittles patients includes the widely used term "presenting complaint" rather than referring to a patient's reason for engaging with healthcare, they write. Similarly, use of words such as "denies" and "claims" when reporting a patient's account of their symptoms or experiences, suggests a refusal to admit the truth, and can hint at untrustworthiness.

Other frequently used language renders the patient as passive or childlike, while emphasizing the doctor's position of power, they add. For example, doctors "take" a history, or "send" patients home.

The terms "compliance" and "non-compliance" (in relation to taking medication) are also authoritarian, and they suggest that doctors should focus on changing their language to instead focus on reasons why patients might not be taking prescribed medications, promoting a more collaborative doctor-patient relationship.

Patients too have objected: "Being described as 'non-compliant' is awful and does not reflect the fact that everyone is doing their best."

Language that implicitly places the blame on patients for poor outcomes is also problematic, argue Cox and Fritz. For instance, the term "poorly controlled" in conditions such as diabetes or epilepsy can be stigmatizing and make patients feel judged, while ["treatment failure"](#) suggests that the patient is the cause of the failure, rather than the limitations of the treatment or the doctor.

Research shows that specific word choices and phrases not only affect how patients view their health and illness but also influence doctors' attitudes towards [patients](#) and the care and treatments offered, they explain.

For example, a study of neutral language with language implying patient responsibility (not tolerating oxygen mask v refuses oxygen mask), showed that the non-neutral term was associated with negative attitudes towards the patient and less prescribing of analgesic medication.

The authors note that using the right language "is not a matter of political correctness; it affects the core of our interactions" and say research is now needed to explore the impact that such language could have on patient outcomes.

Much of the language highlighted here is deeply ingrained in [medical practice](#) and is used unthinkingly by clinicians, they write. Clinicians should consider how their language affects attitudes and choose language that facilitates trust, balances power, and supports shared decision making.

**More information:** Presenting complaint: use of language that disempowers patients, *The BMJ* (2022). [DOI: 10.1136/BMJ-2021-066720](#)

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