

# The Power of Language

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# Background

- ▶ 27 y.o male
- ▶ PmHx:
  - Sickle Cell Anemia
  - Bilateral hip replacement secondary to AVN
  - Depression
- ▶ Medications:
  - Hydromorphone 8 mg po
  - Hydromorphone 4 mg po for breakthrough
  - Hydroxyurea 500 mg
  - Folic Acid 5mg

# In the ER

▶ Prompt pain relief:

- Hydromorphone 6mg IV q1h

▶ Admitted to GIM:

- Changed IV Hydromorphone to 4 mg po q1h
- Pain unrelieved

# Red Flags

- ▶ Discharge summary already attached to chart
- ▶ Resident documentation:
  - “sickler”
  - “Lying comfortably, on phone”
  - “pain managed”
  - “Patient claim’s pain is..”

# The Power of Language

- ▶ Language plays a powerful role in creating documentation biases
- ▶ Affect the patient-provider relationship
- ▶ Impair the healthcare quality
- ▶ Create healthcare disparities
- ▶ Some commonly used language in healthcare can perpetuate blame on the patient

# Negative Language

- ▶ Complaining of
- ▶ Claim
- ▶ Compliance
- ▶ Non-compliance
- ▶ Poorly controlled
- ▶ Patient refused
- ▶ Patient failed
- ▶ Fat
- ▶ Obese
- ▶ Vulnerable
- ▶ High- risk

- ▶ Minority
- ▶ Tackle
- ▶ Combat
- ▶ Denies
- ▶ Substance abuser
- ▶ Failure to progress
- ▶ Narcotic dependent
- ▶ Drug seeker
- ▶ Addict
- ▶ Homeless
- ▶ Clean or dirty



# How can we Improve?

## Descriptors:

“Sickler” → patient living with sickle cell disease,

“Substance Abuser” → a person with substance use disorder

## Pain:

“Reports/claims pain is 10 out of 10” → Presented to the ED with 10 out of 10 pain

## Plan:

“I discussed ...” → We collaborated, we discussed, we encourage

## Refused:

“Patient refused ...” → Patient declined...

## Compliance:

“Non compliance” → barriers to adherence ...

# Questions to ask yourself ?

1. Read your note before finalizing it
2. Does my documentation further perpetuate biases in any way?
3. Does the information I have chosen to include directly affect the patient care?
4. How will the patient feel or react if they read this documentation?





# Neutral Language

Mr. R is a 27-year old man with sickle cell disease and chronic left hip osteomyelitis who comes to the ED with 10/10 pain in his arms and legs. He has about 8-10 pain crises per year, for which he typically requires opioid pain medication in the ED. At home, he takes 8mg of Hydromorphone BID and Hydromorphone 4 mg for break through pain.

Over the past few days, he has taken 2 tabs every 4- 6 hours. About 3 months ago, he moved to a new apartment and now has to wheel himself in a manual wheelchair up 3 blocks from the bus stop. He spent yesterday afternoon with friends and wheeled himself around more than usual, which caused dehydration due to the heat. He believes that this, along with recent stress, precipitated his current crisis. The pain is aching in quality, severe (10/10), and not alleviated by his home pain medication regimen.

On physical exam, he is in obvious distress. He has no fever and his pulse ox is 96% on RA. The rest of the physical exam is normal other than tenderness to palpation on the left hip

# Negative Language

Mr. R is a 27-year old sickle cell patient with chronic left hip osteomyelitis who comes to the ED stating he has 10/10 pain “Ball up in my arms and legs.” He is narcotic dependent and in our ED frequently. At home he reportedly takes 8 mg of Hydromorphone BID and Hydromorphone 4 mg for breakthrough pain.

Over the past few days, he says that he has taken 2 tabs every 4-6 hours. About 3 months ago, patient states that the housing authority moved him to a new neighborhood and he now has to wheel himself in a manual wheel chair up 3 blocks from the bus stop. Yesterday afternoon, he was hanging out with friends outside McDonald’s where he wheeled himself around more than usual and got dehydrated due to the heat. He believes that this, along with some “stressful situations,” has precipitated his current crisis. Pain is aching in quality, severe (10/10), and has not been helped by any of the narcotic medications he says he has already taken.

On physical exam, he appears to be in distress. He has no fever and his pulse ox is 96% on RA. The rest of the physical exam is normal although he reports tenderness to palpation on the left hip.

**Thank You !**

# References

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