
A guide to health care euphemisms

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In modern society, the language of communication has changed. Now, less emphasis is placed on conveying an idea simply, clearly, and directly. Rather, the focus has shifted to using words in a way that deliberately distorts reality.

In some cases, this is to give a positive spin to that which is clearly disagreeable. In other situations, the purpose is to obscure the true intention of an action. Euphemisms, innocent sounding replacements for words with a negative connotation, are frequently employed. Although most commonly associated with politics, euphemisms are also found throughout American health care.

Hospital administrators frequently talk about improving productivity, when what they really mean is squeezing more work out of already overextended physicians. Committees love to promulgate patient safety measures which are often feel good policies with scant supporting data. When there is a backlog of patients, proposals to increase access seem to flourish. In reality, all that means is overbooking the clinic schedule which increases provider and patient frustration.

When new medications enter the market, euphemisms are created in the form of trade names to

subconsciously associate positive imagery to the products. When these drugs are promoted during direct-to-consumer TV commercials, the practice is called patient education.

Physicians in every specialty enjoy attending medical meetings, often held in alluring destinations with lavish social events and gourmet meals. However, attendees may be unaware that registration fees don't fully cover the expense of such meetings. Fortunately, medical product companies are happy to serve as financiers, which elevates their status to that of industry partners.

Surgeons often euphemistically refer to pain after a procedure as discomfort, pressure, or irritation. In procedural specialties, physicians are routinely asked to trial products that are promoted as innovative. Many times, those products turn out to be just newer, not necessarily better. For anyone who hasn't been to the operating room recently, be aware that an unexpected bowel movement during anesthesia is discreetly referred to as a code brown.

In the world of medical research, patients participate in clinical trials—that is, well-designed experiments. The case reports that constitute the lowest level of research are little more than medical anecdotes.

Clinical guidelines have flourished in the era of evidence-based medicine and provide a framework for physicians to manage common conditions in each specialty. However, gaps in knowledge are filled in by expert

opinion; in other words, unscientific conjecture. Prominent academic physicians in every specialty often subtly promote commercial interests via continuing medical education lectures and by co-authoring (ghost-written) journal articles. Although conflicts of interest are disclosed, it is easy to forget that these thought leaders are acting as paid agents of industry.

Euphemisms also abound in the medical legal and insurance realms of medicine. Every hospital employs patient advocates who are, in effect, hospital advocates. Their responsibility is to help avert lawsuits by listening to, and resolving, patient complaints.

Physicians who practice defensive medicine by ordering unnecessary tests are engaging in a wasteful use of resources in order to minimize the risk of lawsuits. Hospitals and practices have become conditioned to request prior authorization from insurance companies before surgical procedures and admissions. However, it is easy to forget that this process is basically upfront denial of care with the possibility of later approval. In other words, the insurance company is getting away with second guessing medical necessity.

The situation is no different for medications. Insurance companies put certain medications on formulary, a list of covered options based largely on which will be least costly, not necessarily better for the patient.

In America, there is still an illusion of free choice when a patient selects where to get medical care. That's because the insurance restrictions that channel patients to selected providers or hospitals go by the euphemism, in network.

Euphemisms have made their way into the titles given to those who work in health care. Just having an MD at the end of one's name may not evoke the respect it did in the past. Fortunately, one can add an acronym or two by becoming a fellow of a specialty society; in other words, a member who has paid the yearly fee.

Equipment and device vendors, who are ubiquitous in the hospital, prefer to be identified as customer service

euphemism [yoo-fuh-miz-uhm]

noun

- 1 the substitution of a mild, indirect, or vague expression for one thought to be offensive, harsh, or blunt.
- 2 the expression so substituted:
"To pass away" is a euphemism for "to die."

representatives to downplay their primary role as sales people. Even drug representatives have reincarnated themselves, now called medical liaisons or product specialists who are ostensibly informing physicians, not marketing to them.

There is an art to deciphering euphemisms that pepper letters of recommendation for medical students seeking a residency. Even a comparatively weak candidate still garners the appealing qualifiers of good and promising. The Dean's letter is a critical part of the application and match process because it summarizes performance on different rotations. Not long ago, it would also euphemistically convey an applicant's rank in the class through the use of words such as good, very good, excellent, and outstanding. This practice was so widespread that there were published translations of such Dean's letter flattery.¹

Critics might argue that euphemisms are harmless and nothing more than refined ways to refer to something. However, the perception they create is that patients and physicians can't cope with the truth. For those who have inherited medical mistrust, this may result in further reduction in confidence in the health care system.

At a time when misinformation is especially widespread, the medical community must be on guard against echoing expressions that will fuel skepticism. Instead, clarity and truthfulness should be an expectation of medical professionalism. Doing so will reduce the continued proliferation of words the likes of which George Orwell said "...give an appearance of solidity to pure wind."²

References

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