

Letters to the Editor

AQA—a harbinger for physician leadership

I very much enjoyed reading your editorial on physician leadership in *The Pharos* (Winter, 2023, pp. 2-11). As chair of a large clinical department, I found that one particular statement really resonated:

Language is the leader's chief resource—actions and interactions must match the way in which the facts of the situation are interpreted.

Language is so important in our communications and in our professional interactions. But, I think it may be overlooked in the pell-mell pace established by clinical performance metrics, grant performance metrics, bibliometrics, and national rankings. We measure and alter so many of our behaviors, that we may miss in leadership the most elemental of all behaviors: communicating to our faculty, staff, and trainees.

S. Thomas Carmichael, MD, PhD
AQA, Washington University School of Medicine in
St. Louis, 1994
Los Angeles, CA

Restoring the joy of caring

The recent editorial, “Restoring the joy in caring,” (Pharos, Autumn 2022, pp.2-5) inspired me to take the reader to a time when joy was an assumed part of being a physician. These years were in the 1960s through the mid 1980s. I practiced with two other more experienced pediatricians in Seattle, Washington. I joined their practice after residency and my military obligation. Each owned his practice. We shared expenses and on-call.

Joy was spread throughout the day. It began with morning nursery rounds, sharing the mostly good news with parents. There was joy in volunteering to be an attending at the local children's hospital. Making rounds with medical students and residents kept me on my toes.

Office hours followed. What issues might be waiting? This created eager anticipation. No two days were alike. For check-ups, the issues to be covered were protean. For illness, rapid diagnosis and treatment was mostly accomplished with dispatch. Communication was direct and personal. There were no computer screens or keyboards to interfere with intimacy. Brief notes were made for a more detailed dictation after each visit. A phone call accomplished referrals.

The number of patients seen, or the time spent with each, was not recorded. I didn't need those numbers. The parents didn't need them either—they knew. We had an unspoken contract. The contents were a trusting relationship, parents knowing I cared and would do my best. I knew the parents cared and would do their best. This was a comforting joy. For any reason, either party was free to cancel our contract.

We private and academic pediatricians came together for educational events. We knew one another on a first name basis. At monthly dinners in a downtown establishment, we shared stories, laughter, commiseration, and camaraderie. A small dose of education was included.

I sat on a committee that adjudicated fee disputes between physicians and insurance companies. All members were physicians, representing generalists and specialists. We had the patient records. We could build the “been there, done that” scenario to be fair to both parties.

So what happened to the joy? The joy was given up when physicians gave up ownership. They made a Faustian bargain in exchange for a gift, a gift for an easier, less complicated, and more “normal” life. The price was unknowingly surrendering some joy. Physicians became providers when they gave up ownership for a paycheck.

No way will universal health care cure this malady. It will entomb the hope for joy. Patients are distressed by today's non-system, with its bureaucratic demands. We hear complaints almost daily.

Some physicians recaptured their joy by retaking ownership of their practices. These concierge practices are loved by the physicians, and by those patients who can afford them.

Ownership then and now is the key. Owners dictate terms. The companies are now the owners.

Could communities of practice mimic the concierge practices? They might if owned outright by the participants. Ownership would move the control of medical care from bean counters to physicians, nurses, and other medical personnel.

Hal H. Hunt, MD
AQA, University of Washington, 1959
Scottsdale, AZ

Words matter

I have thoroughly enjoyed reading *The Pharos* since becoming an AΩA member in 2019. As a result of reading it, I have discovered my own love of writing as a means of processing the more difficult things I have experienced thus far in my short medical career. I have learned the power of words in healing, hurting, and understanding. Words are sometimes the only tool we have when science has nothing left to offer our patients. As such, I write to point out an area of potential improvement for *The Pharos* in terms of language.

I have noticed “substance abuse” used in recent *Pharos* publications.

The term “abuse” is ingrained with strong connotations. “Abuse” is defined in the Oxford Dictionary as “use (something) to bad effect or for a bad purpose; misuse;” “treat (a person or an animal) with cruelty or violence, especially regularly or repeatedly;” or “speak in an insulting and offensive way to or about (someone).”¹ Abuse is inherently understood as a bad thing and implies a degree of intent.

When words such as “substance abuse” are used to describe patients with substance use disorders, even if unintentionally, it implies these feelings toward them: malintent and moral failure. Such terms propagate the misconception that substance use disorders, much like stigmatized mental health conditions, are a choice and fault of the patient rather than a medical condition deserving of treatment.

Fortunately, the DSM-5 has updated its terminology to replace the prior version’s diagnosis of “substance abuse” with “substance use disorders.”² Although the DSM-5 was published nearly a decade ago, studies show that much of the medical literature has not yet adopted the use of this updated, person-first language.^{3,4}

The limited literature on this topic supports this change in language. Studies suggest that the terminology used when referring to patients with substance use disorders affects physician attitudes toward those patients. For example, one study by Kelly et al., examined differences in provider perceptions when given scenarios describing patients as having a “substance use disorder” versus being a “substance abuser.” They found that, “[compared] to those in the ‘substance use disorder’ condition, those in the “substance abuser” condition agreed more with the notion that the character was personally culpable and that punitive measures should be taken.” They concluded that, “[even] among highly trained mental health professionals, exposure to

these two commonly used terms evokes systematically different judgments.”⁶

The language we use can perpetuate stigma and biases, which can in turn lead to differences in clinical care. These attitudes may be continued through medical education when taught, even if only by example, to the next generation of physicians.

I am proud to be a member of AΩA. I believe it is our duty to strive to be worthy to serve the suffering, but also to strive to ensure that each suffering patient is treated as worthy of being served. Those with substance use disorders, much like other marginalized groups, are often left behind by society and our health care system. We have a duty as AΩA members to promote equitable and improved care for all patients.

Language is one of the strongest, simplest, and most explicit tools we have to convey the value of our patients’ lives. Words can be a powerful agent of change. I know that AΩA shares my belief that all patients, including those with substance use disorders, are worthy of being served.

In keeping with these beliefs, the AΩA mission, and the AΩA Diversity, Equity, and Inclusion Statement, I request that *The Pharos* update its publication standards to include the use of up-to-date, medically precise, and non-stigmatizing language in its publications when referring to patients with substance use disorders.⁶ In doing so, *The Pharos* can continue to lead by example in promoting humanistic, compassionate, and excellent care to all the suffering we serve because our words do make a difference.

Thank you for your consideration. I look forward to reading the next edition of *The Pharos*.

References

1. OED Online., Oxford University Press; December 2022. www.oed.com/viewdictionaryentry/Entry/11125.
2. Regier DA, Kuhl EA, Kupfer DJ. The DSM-5: Classification and criteria changes. *World Psychiatry*. 2013; 12(2): 92-8.
3. Hartwell M, Naberhaus B, Arnhart C, et al. The use of person-centered language in scientific research articles focusing on alcohol use disorder. *Drug Alcohol Depend*. 2020; 216: 108209.
4. Traxler B, Nicks S, Puckett M, Dunn K, et al. The use of person-centered language in scientific research articles focusing on opioid use disorder. *Drug Alcohol Depend*. 2021; 228: 108965.
5. Kelly JE, Westerhoff CM. Does it matter how we refer to individuals with substancerelated conditions? A randomized

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study of two commonly used terms. *Int J Drug Policy*. 2010; 21(3): 202-7.

6. National Institutes of Health, NIDA. Words Matter—Terms to Use and Avoid When Talking About Addiction. 2021. <https://nida.nih.gov/nidamed-medical-healthprofessionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>.

Jessica Moore, MD

AΩA, Cooper Medical School of Rowan University, 2019
Camden, NJ

Editor's note: *The Pharos* appreciates Dr. Moore taking the time to point out how important words are, especially when talking about an illness. Going forward, *The Pharos* will change its graphic standards to use “substance use disorders.”

National and Chapter news

NSU Florida

Newest AΩA chapter

AΩA is pleased to announce the chartering of its 136th Chapter, Nova Southeastern University Dr. Kiran C. Patel College of Allopathic Medicine, effective April 24, 2023. Nova Southeastern University (NSU), located in Ft. Lauderdale, FL, recently received their full LCME accreditation, and is now designated as AΩA's Theta Chapter of Florida. Stuart Marcus, MD, (AΩA, Duke University School of Medicine, 1987), Chair of Clinical Sciences, is serving as the founding AΩA Councilor at NSU.

NSU is classified as a “high research activity” university by the Carnegie Foundation for the Advancement of Teaching, and is one of only 59 universities to be awarded the Carnegie Community Engagement Classification. It is the largest private institution to meet the U.S. Department of Education's criteria as a Hispanic serving institution. The school emphasizes research, scholarship, and development of leadership skills throughout its four-year curriculum.

2023 *The Pharos* Poetry Award Recipients

Alpha Omega Alpha Honor Medical Society is pleased to announce the 2023 recipients of *The Pharos* Poetry Award. Out of 172 submissions, the following were selected as the winners:

First Place — Home to Alaska by Dana Arenz, University of Washington School of Medicine

Second Place (tie) — Kid in a White Coat by Gabriella Garcia, Herbert Wertheim College of Medicine at Florida International University

Second Place (tie) — Hues of You by Marilee Kneeland, University of South Dakota Sanford School of Medicine

Second Place (tie) — A Voice Unheard by Matthew Robinson, Perelman School of Medicine at the University of Pennsylvania

Third Place — Earl by Jane Buell, Baylor College of Medicine

The winning poems will be published in the 2023 Summer edition of *The Pharos*. Congratulations to all.