

health systems

The Danger of Doctorspeak

Editor's Note: Most practitioners have had a similar experience to the hospitalist in this story by Scott Abramson, MD: *What we said was not what the patient heard.* In a profession that relies so heavily on the spoken word, miscommunication may have serious adverse consequences. Combine unfamiliar jargon with fear, pain, or other confounding conditions and the setup for confusion is complete.

Health care has its own language, acronyms, and jargon familiar to us and yet foreign to those with whom we need most to communicate.

To avoid this confusion, there are some steps practitioners can take:

- Review the basic principles of good clinician-patient communication. For example, check in frequently with the patients to make certain they are understanding and ask if they have any questions.
- In our communication, avoid using words that might be confusing to patients and use alternatives (see Table 1 for examples of words/expressions that are often confusing).

I'm sure our readers have other similar examples of terms they have used that resulted in confused patients. If so, please write the *Journal* so other readers can learn from your experience.

— Lee D Jacobs, MD

This is a true story about medical jargon and how it may confuse our patients.

A while ago, I happened to be involved in a hospitalized patient-family conference. There seemed to be about ten family members present, all very devoted and concerned, though not particularly medically sophisticated. With much compassion and patience, the hospital-based specialist doctor reported that the x-rays showed what was, almost certainly, a newly discovered cancer. The doctor pointed out the multiple brain lesions on the MRI. She informed the family about other lesions showing up in the bone and still other lesions in the liver. The primary lesion, she suspected, was most likely in the lung. She then explained how lesions could spread from the primary to different parts of the body. The family listened respect-

fully, but they seemed more than a bit puzzled by it all. Suddenly, one brave family member blurted out, "What's a lesion?"

For a moment, the doctor looked crestfallen. It occurred to her that in the last five minutes, nothing she said had been understood. Then she made a brilliant recovery. "A lesion," she promptly declared, "is a cancer spot." She then went through the same spiel again, but this time, instead of the word "lesion" she substituted the term, "cancer spot." This time, as she spoke, the family nodded with understanding. When the doctor had finished her explanation, the family, though clearly saddened by the bad news, asked about the possibility of treatment.

"Good question," replied the doctor, "but first we need to get **tissue** ..." ♦

Originally printed in Medical Staff Education News, Greater Southern Alameda Area, May 2006 and online at: <http://kpnet.kp.org/cpc/quick/doctorspeak.html>.

Table 1. Caution: confusing and emotionally provoking words!

History	Acute Prognosis Generic Invasive Non-formulary Disability
Procedures: <i>We need to do a ...</i>	Lumbar Puncture An HIV test Debridement Dialysis Chemotherapy <i>... it might hurt a little</i>
Consultation: <i>We need to refer you to a ...</i>	Psychiatrist Hospice Surgeon Oncologist High-risk pregnancy specialist
Diagnosis: <i>There is a possibility of ...</i>	MRSA infection An infiltrate Stroke Heart Attack A Defect Cancer

Scott Abramson, MD, is a neurologist with The Permanente Medical Group in Northern California. He is Chair of the Physician Wellness Committee at Hayward, CA. E-mail: scott.abramson@kp.org.

