

## With Respect to Patients

Patients have often been the Rodney Dangerfields of the medical literature, getting no respect. “The fool!” an exasperated Oliver Wendell Holmes exploded in 1858, describing, in the *New England Journal of Medicine*, a patient he considered block-headed. And in 1918, patients with yellow fever were described as “loathsome objects to be isolated from their kind”.

Arguably, patients have inched upward in status over the years, but less than 20 years ago study subjects were still occasionally referred to as “patient material”, and—incredibly—sick children were called “pediatric material”.

Language demeaning to patients persists, but it is subtler now, more nuanced. Take the word “manage”. Physicians who wouldn’t dream of introducing themselves as “Dr. Brown” while addressing their patients as “Mary” or “Bill” see nothing wrong with writing about managing their patients, as if they were unruly children: “Patients in the intervention group were managed more aggressively.” It’s typical medical shorthand, of course—no disrespect intended. Still, although physicians may properly be said to manage diseases, conditions, and treatments, they should never be described as managing patients, who instead are “treated” or “cared for”.

Not even subtle, it seems to me, is the

slur implicit in calling men and women “males” and “females”—terms normally applied to animals. In a pinch—if, for example, a group of patients includes both adults and children—subjects can be called “male patients” and “female patients”, as befits those whose informed consent presumably doesn’t extend to the surrender of their human dignity.

Patients want to be seen as more than the sum of their signs and symptoms. They resent being called by their diseases—“diabetics”, for example, instead of “patients with diabetes”. This practice can be as ridiculous as it is offensive. Patients are described as “cardiacs”, “mild hypertensives”, even “idiopathic hypercalciurics”. A pulmonary disease paper once referred, with perfect seriousness, to “the chronic obstructive patient”. (This weapon can be turned against the physician as well, as in a book review describing the book as “geared to the morbid anatomist”.)

Paternalism may have diminished considerably since Holmes’s day, but usage persists that subtly portrays the patient as a whining ninny and the physician as dominant and wise. Why, for example, are patients never said to report or describe their symptoms, but invariably to complain of them—even when the information has been elicited by the physician? (Doctor:

“Do you ever have headaches?” Patient: “Yes.” Doctor (writing): “The patient complained of headache.”) “Instruct” is another word that tends to tip the status scales in the physician’s favor. Depending on context, the word inform or suggest can often be substituted.

When patients “admit” or “deny” certain practices—drug or alcohol use, homosexuality—a value judgment is hinted at that has no place in a scientific report. In the sentence “Only 2 percent of the women admitted having had an abortion”, substituting the neutral “reported” for “admitted” eliminates the problem.

We copy editors and manuscript editors may have an advantage over physicians in this matter of respecting patients. Not only are we likely to be more sensitive to verbal nuance, but we may also find it easier to identify with patients and thus to recognize language that disparages or patronizes them.

The Word Watcher welcomes your comments and suggestions. Recently retired from the *New England Journal of Medicine*, she can be reached by mail: Lorraine Loviglio, The Word Watcher, 1347 Sudbury Road, Concord MA 01742; or e-mail: [loviglio@ma.ultranet.com](mailto:loviglio@ma.ultranet.com).