

Say This Instead

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(Fam Med. 2021;53(10):904-5.)

doi: 10.22454/FamMed.2021.719266

Language matters. The language we use can influence the way we think and habitually behave. According to linguistic determinism, the language we speak affects the way we experience the world by focusing our perception and attention, and thus impacting our cognitive processes.¹ So how might commonly-used language in health care impact the way we think and potentially behave?

As recommended in the recent report on rebuilding primary care from the National Academies of Science, Engineering and Medicine, we need to “pay for primary care teams to deliver care for people, not doctors to deliver services.”² This focus on team-based care means that everyone in health care is responsible for creating a safe, nourishing environment for professionals with complementary training to come together and grow into high-functioning care teams. A key principle is that the patient is at the center of the team, and not any of the professional team members.

The authors of this column have decades of experience in observing how language can foster or impair the “teamness” we need. Therefore, we have created the following introductory list of language that needs to change for the good of patients.

Instead of this: *Nonphysician*

Say this: *Care team member*

Would it be appropriate to call care team members without an RN degree “nurses”? Of course not. Defining people by what they are not is demoralizing at best. Defining individuals by the team as a whole reinforces the notion that the team is stronger than the sum of its parts.

Instead of this: *Ancillary staff*

Say this: *Care team members*

According to the Merriam-Webster dictionary, the first definition of “ancillary” is “subordinate” or “*subsidiary*,” “of secondary importance.”³ What message is sent to our dietitians, pharmacists, mental health clinicians, etc, when they are described as ancillary? We need to use language that values all members of the patient-centered care team equally.

Instead of this: *Physician extender* and *midlevel provider*

Say this: Use the appropriate profession name, such as *advanced practice nurse*

“Physician extender” and “midlevel” imply that the physician is always the lead of the care team, regardless of the situation or issue. In fact, for a care team to function well, team leadership needs to be fluid, shifting as required to match the patient’s needs with the training and expertise of the care team members. For example, a patient being evicted from their home in the middle of a pandemic may need a social worker or attorney at the helm of the care team to prevent the health consequences of homelessness. A person with severe depression may need the expertise and

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leadership of a psychologist to lead the care team, with a registered dietitian taking the lead on disordered eating issues, and the occupational therapist leading the team with regard to life skills. Comparative words like “extender” and “midlevel” establish a false hierarchy within the care team that could inhibit team performance and negatively impact patient care.

Instead of this: *Provider*
Say this: *Clinician*

The term “provider” is not only generic, but also suggests that a client-provider interaction is transactional.⁴ When a patient sees a clinician, it is not a simple transaction such as taking an item to a cash register and paying for it. The clinician utilizes their training and experience to diagnose, treat, prevent, and manage health issues while supporting wellness. This complex process deserves a term such as “clinician” that better identifies the training, licensing, experience, and expertise embedded in the patient-clinician interaction.

Instead of this: *My nurse*
Say this: *Our nurse*

When discussing a member of the care team, it is common for other members to use possessive language such as “my” nurse, phlebotomist, pharmacy tech, etc, as if that person belongs to a member of the care team. With the patient at the center of the team, the appropriate terminology is the collective “our” nurse, physician, psychologist, service representative, etc. This also emphasizes that every member of the care team equally belongs *with*, not to, the care team as a whole.

Instead of this: *Using titles for people with doctorates and first names for everyone else*
Say this: *Either use titles for all care team members including the patient, or drop titles for everyone.*

This is the scenario: a physician is introduced to a patient by the title “doctor,” and the doctor’s last name, and then the medical assistant is introduced by their first name instead of Mr, Mrs, or Ms; or, everyone on the care team calls one another by their last name,

but refers to the patient by their first name. This reinforces a hierarchy and power differential that impacts collaborative team functioning. A conversation with the patient and the care team regarding preferences is one way to determine the most respectful way to address everyone.

Instead of this: *Health care team*
Say this: *Care team*

The word “health” implies a narrow component of the human experience; at the same time, there is little in life that does not impact individual and/or population health, including homelessness, education, and environment. In this way, “health” is both redundant and limiting, and removing that term allows for a broader definition of care and the care team. For example, the care team can include lawyers who work on health-limiting legal situations, or librarians who contribute vitally to the knowledge of the other care team members. Not everyone on the team is trained in health but everyone is trained to care.

These are just a few examples of how we can choose words and phrases that promote instead of hinder the development of high-functioning care teams. What other words and phrases come to your mind that have the potential to impact our thoughts and behaviors about care and care teams? As we diligently work to keep the patient at the center of the care team, so must our language move to support the most effective, team-based care possible.

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