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Family Medicine

NARRATIVE ESSAY

# The Language of Medicine

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My first course in medical school was gross anatomy. I expected bones, organs, vessels, and bringing home the smell of formaldehyde on my scrubs. What I did not expect was how much the language of medicine would shape the way I learned.

Standing over the dissection table, reciting "*flexor digitorum profundus*," "*ansa cervicalis*," and "*levator ani*," I found myself drawn less to memorization and more to meaning. It was not enough to identify a structure; I wanted to understand why it was named as such. When I did, anatomy transformed. The body became something more than parts. It became a landscape of stories: geese hidden in the knee ("*pes anserine*," the tendinous intersection of three thigh muscles named after its resemblance to a goose's foot), swords at the sternum ("*xiphoid*," the small cartilaginous tip of the breastbone named after its resemblance to a sword), and fragments of language that carried centuries of observation and interpretation.

I began to seek out these meanings wherever I could. Some faculty shared this perspective, weaving history and language into their teaching. In those moments, modern medicine connected to its past, to its humanity, and to something larger than the immediate task of memorization. Other times, terminology was presented without context, and the words felt heavier, harder to carry.

During my preclinical years, I worked with a faculty mentor and classmates to create an elective focused on medical etymology. We designed sessions that aligned with what students were learning in their core curriculum, pairing terminology with the stories behind it. What emerged over time was a shift in perspective. Words that were technical and distant became tools for connection. Once we understood the roots of our language, we became more aware of how it sounded to those who do not speak it. Terms like "*tachycardia*" or "*dyspnea*," so routine to us, can feel opaque to patients. But when we recognize their root meanings, we are better able to translate and meet patients where they are.

On the first day of my pediatrics rotation in my clinical years, a patient on our list had a principal diagnosis of "*Hydroa vacciniforme*", a rare photosensitivity disorder causing blisters and severe scarring. I did not know this disease at first, but I considered the terminology carefully. The root word that jumps out immediately is *vaccine*. Without critical consideration, one might believe this to be a vaccine-induced pathology. With an understanding of medical etymology, however, one may recall that the suffix "*-forme*" indicates that the rash takes the shape or form of something related to vaccine, and in reality, describes the deep, indented scars which develop from the fluid-filled vesicles ("*hydroa*"), resembling the form of scars that may be left by smallpox *vaccination*.

I met the patient's family and I asked if anyone on the team had taken the time to explain the name of the diagnosis to them. They shook their heads no, and it was clear to me that they had a fundamental misconception about the cause of their child's suffering. The main thing they heard was *vaccine*, and they believed that this was an adverse reaction to one of their pediatric immunizations. I sat with them and broke down the language. The wave of understanding that came over their faces was obvious, and I felt that I had made a critical and meaningful difference in their care.

In this way, etymology became less about language and more about the relationship it mediated. It reminded me that communication in medicine can be an act of inclusion or exclusion depending on how we use it. To speak in a way that patients understand is to invite them into their own care. In family medicine, we can do our part by learning the deeper meaning of our words, teaching it in interesting ways to students, and passing

the knowledge along to our patients. As family physicians, we should remember that the words we say (as well as the ones we don't) may stay with patients for years. Ours is a specialty grounded in continuity, teaching, and mutual understanding. When physicians and patients share a common language over time, we strengthen the very foundation of healing.

## PRESENTATIONS

This essay was presented at the 2026 Society of Teachers of Family Medicine Medical Student Education Conference in Charlotte, North Carolina.

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Details have been sufficiently anonymized to prevent patient identification.