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20 Phrases to Retire from Healthcare...and Reasonable Alternatives to Adopt In Their Place

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The Language of Healthcare: Why the Words We Choose Speak Volumes

The language of healthcare can be complex, intimidating and hard to follow for the average consumer. This has been well-documented and is being responded to through the widespread adoption of a variety of strategies, including health literacy assessments, use of plain language and implementation of teach back. But the language of healthcare can also be stigmatizing, patronizing and dehumanizing. This reality persists, with limited effort to systematically change common healthcare vernacular to be more person-centered.

Have you ever referred to a patient as a room number? Or a concerned family member as a visitor? Have you ever reduced someone's identity to a need they may have (e.g. "a feeder" or "a lift") or their diagnosis ("the stroke in room 201")?

A Mirror to Values and Culture

Language is intrinsic to how culture is experienced. When we use language that dehumanizes individuals, it exposes some truths about the culture of healthcare. It is difficult to reconcile language that dehumanizes with an organizational commitment to person-centered care. When we choose words that stigmatize people based on appearance, diagnosis and/or assumptions, we undermine our ability to achieve health equity. And when we hold fast to well-established terminology that originated at a time when healthcare was decidedly more paternalistic, we reinforce the obsolete idea that healthcare professionals are the experts and patients (and their loved ones) are the passive recipients of care.

Not About the Intent, but the Experience

Inadvertent or not, the language we use creates the world that individuals experience when they interact with the healthcare system. Labeling an individual who is a recurrent user of services as a "frequent flier" creates a bias that may very well influence how the individual is treated. Is it important for the healthcare team to know that the individual has a history of high utilization and may struggle to manage their care? Absolutely! But adopting this more professional terminology sets the stage for a more respectful interaction.



“Once you label me, you negate me.” – Soren Kierkegaard

The common practice of referring to a person as anything other than their preferred name betrays any claims of person-centeredness. How can a provider, a team or an organization purport to be person-centered when the language being used reduces a person to *a thing* -- a diagnosis, a body part, a room number, an appointment time, a bed number, a name they don't actually go by in real life, their procedure, or a need they have? These *things* don't have emotions or complex histories or fears or families.

Perhaps, on some level, that is why it becomes more palatable to refer to “the lift,” “the drug seeker,” “bed 4,” “the homeless guy,” “the psych patient” or “the diabetic.” It may seem to create a sense of distance and professional boundary. But, what it actually does is desensitize caregivers to the very human experience of the individuals in their care. It creates space for assumptions and potentially detrimental biases to inform care delivery where really conversation and the therapeutic relationship should be the guide.

Reinforcing the Team’s Shared Sense of Purpose Through Language

The language we use not only affects interactions with patients and families, but also with staff. Consider the term “ancillary staff,” commonly used to describe non-clinical personnel. A central tenant of the Planetree philosophy of person-centered care is that every staff member is a caregiver, each playing an important role in making people feel not only cared for, but cared about. The language of “ancillary” or “support” staff suggests that the ways these staff members are fulfilling this obligation is “nice,” but not as important as others. But think for one moment what it would be like if these staff members stopped doing these jobs. Suddenly, they don't feel so ancillary!

Similarly, common terms like “front-line” and “back-office” undercut the *everyone is a caregiver* philosophy by creating unnecessary distinctions based on proximity to the patients.

A Place to Start

The truth is this healthcare vernacular is so deeply indoctrinated that it can feel impossible to affect any real change. After all, old habits die hard. But we have to start somewhere. In that spirit, Planetree developed this list of 20 common terms/phrases that need to be forever retired from our healthcare vocabulary. This is just the tip of the iceberg.

What others would you like to add to the list? Tweet us @planetree to let us know!



It's Time to Retire These Phrases in Healthcare!

20 Language Changes to Adopt to Talk the Walk of Person-Centered Care

RETIRE THESE WORDS AND PHRASES FROM HEALTHCARE!	Use these instead...	Why?
Agitated	Communicating distress	Re-framing this observation cues staff to respond with compassion to the individual's distress signals.
Ancillary staff, support staff	Team members, Associates	The work of non-clinical staff is not ancillary!
Baseline (as in asking a patient, "What is your baseline?")	"What is normal for you?"	In everyday life, people don't think in terms of their "baseline." Talk to patients the way they talk.
Busy, short-staffed, understaffed, overworked	Productive, "I have the time."	If individuals feel that requesting assistance is a burden on others, they tend to be less inclined to make their needs known and to ask questions. How can we best address individuals needs if they don't feel comfortable expressing them?
Case management, case managers	Care management, care managers	People aren't cases to be solved, nor do they really want to be "managed." Patients aren't managed; their care is.
Demented	A person with dementia or a person with cognitive impairment	Would you call a person with cancer, "cancered?"
Difficult or Needy	Focus on the person and the needs driving the behavior, e.g. <i>Mrs. Jones has multiple needs that require attention. Or Mr. Milk's family needs support with understanding the progress of his disease.</i>	Adjectives such as difficult or needy express judgement and potentially prevent caregivers from identifying the actual needs.
Do you have any questions?	What questions do you have?	Reframing this as an open-ended question can make it more comfortable for patients to seek out clarification or additional information.



Doctor's orders	Clinical recommendation	The old expression "doctor's orders" suggests the role of the physician is to issue a plan of care and the role of the patient is to follow it. In this new paradigm of patient engagement, patients and clinicians adopt a more collaborative approach that combines the clinician's clinical expertise and the patient's knowledge of their own body, lifestyle and goals to co-develop a plan of care.
Do you understand your plan of care?	How would you explain the reason you are in the hospital to your family? What if they ask you what is going to happen next? What would you tell them?	A "yes" answer to the original question only validates that they understood the question – not that they understand their plan of care.
Drug-seeking behaviors	Concern-raising behaviors	Stigma is minimized by use of the phrase "concern-raising behaviors." Furthermore, the concern on behalf of staff is a fact; drug-seeking is an assumption.
Feeder	A person who needs assistance during meals	Feeder is a disparaging term, reducing a person to the type of assistance they require, rather than a human being who needs assistance.
Frequent Flier	A person often requiring hospitalization; A person experiencing multiple complex needs	Frequent flier is a disparaging term that invites assumptions and potentially bias in care delivery.
Front-line staff	Caregivers	Staff who work at the point of care are not going to battle!
Leading with the diagnosis, e.g. "the addict," "the diabetic," "the c-section"	Lead with the person, e.g. "the person with an addiction," "person diagnosed with diabetes," "the patient who had a c-section"	Person-first language acknowledges that one's diagnosis, health condition, etc. is but one part of who they are as a person.
Long-term care facility	Community	A "facility" is not a home, but a community is.
Non-compliant; Non-adherent	Patient is having difficulty upholding agreed upon treatment plan – OR – Patient disagrees with the care plan – OR – patient chooses not to...	It is not the patient who is "non-compliant," but the care plan that is not working for the patient. The original terms place the blame on the patient, without considering factors that may be beyond the patient's control.



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"Not my job."	"Let me see how I can help."	Often confuses patients when heard by multiple people, if not your job, whose job is it? Additionally, it is indicative of a fragmented approach to care, versus a true interdisciplinary team.
Off-shift , off-site	2 nd , 3 rd shift; staff at the [insert name] location	"Off-shift" and "off-site" establish staff working those shifts or at those locations as "other than" the norm. But those shifts and those locations are the norm for them!
Visitors	Care Partners	"Visitors" remain at the will of the organization. "Care Partners" remain at the will of the patient.