VIEWS & REVIEWS

NO HOLDS BARRED

Margaret McCartney: Bad language

Margaret McCartney *general practitioner, Glasgow*

Whether it's related to remnants of paternalism or to the universal rise of the public relations industry, healthcare is littered with terminology that inadvertently or otherwise misleads, by concealing or distorting crucial information. From lazy language to deliberate doublespeak, some of my most loathed examples are below. Don't we need a clear-out of this bad language?

Words that mask austerity cuts:

- **Bed blocker:** Patient who has been failed by funding cuts to the social care sector
- **Social admission:** Outcome of a lack of social care funding (see above)
- **Avoidable admission:** Hospital admission which, in retrospect and with adequate social and primary care funding, could have been managed in the community
- **Inappropriate admission:** Admission to hospital that was necessary because of a lack of capacity elsewhere, usually because of insufficient funding
- **Integration of health and social care:** This will be "disintegration" without enough funding

Words that offer more hope than substance:

- **Excellence:** We should first aim for services that are universally good enough
- **Leadership:** Anyone can claim to be a leader; far better is to know who is following
- **Transformational change:** This is for "leaders." Slow, lumbering improvements are the only thing that works
- **Winter crisis:** It was predictable—so it was poor planning

Words that demean patients:

- **Attention seeking behaviour:** Attention needing behaviour, rather—because attention is something these people have probably lacked for much of their lives
- **Failing to cope:** Hasn't been able to obtain enough resources, either personally or in the environment, to be able to self manage. Where is the failure?
- **Poor historian:** Change to "Doctor didn't try hard enough"
- **Failure to progress or dilate:** Less of the blame, please. It didn't work out as someone hoped it would

- **Non-compliant:** How do you know that the patient isn't simply making a different choice from you?
- **Defaulter:** Lazy term for any woman deciding not to have a smear test
- **Did not attend (child):** Was not brought to his or her appointment
- **Did not attend (adult):** Are you sure it wasn't "Didn't receive appointment"?

Words that dodge reality:

- **Saving lives:** Come on; it's a delayed death
- **Holistic care:** Allowed, except if it includes non-evidenced homeopathy, reiki, herbal medicine, or crystal healing
- **Natural treatments:** Morphine, ricin, charging bulls, and Ebola are all natural; "natural" is a poor discriminator

Words that interrupt the relationship between patients and doctors:

- **Clients:** These can be fired if they are too demanding or unprofitable. Patients, on the other hand, are owed a professional relationship of trust
- **Customers and consumers:** Ditto. It's relatively easy to pick between two sweaters when shopping. If we are afraid, in pain, or distressed we need relationships with professionals that are based on ethics and trust—not sales pitches
- **To consent:** Implies a subjugated position. Surely patients request treatment rather than just "consent" to it

Finally, words that disguise the sell-off of the NHS:

- **Outsourcing:** Privatisation
- **Health and Social Care Act 2012:** An act that has no care in it, which has fragmented and destabilised services, wasted money on tendering processes and reorganisation, and needs urgent repeal

What terms are on your list? Send a rapid response and let me know.

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: I'm an NHS GP partner, with income partly dependent on Quality and Outcomes

Framework points. I'm a part time undergraduate tutor at the University of Glasgow. I've written two books and earn from broadcast and written freelance journalism. I'm an unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I'm a member of Medact. I'm occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013 and am chair of its

standing group on overdiagnosis. I have invested a small amount of money in a social enterprise, Who Made Your Pants?

Provenance and peer review: Commissioned; not externally peer reviewed.

Follow Margaret on Twitter, @mgmtmccartney

Cite this as: *BMJ* 2015;350:h2342

© BMJ Publishing Group Ltd 2015