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60 seconds on . . . jargon

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It's everywhere

You're telling me. Terms that used to be the preserve of scientists are suddenly being bandied around by politicians on national television, brought up over a coffee with friends, or appearing in the family WhatsApp group. Flattening the curve to the R number and contact tracing have all entered the general lexicon since SARS-CoV-2 emerged.

I love those words, they make me sound so clever

Uhm. While it's good that everyone is involved in the discussion and some of these terms can be helpful, problems can arise when they are used incorrectly or are not properly explained.

So, we're not all singing from the same hymn sheet?

Not always, according to public health consultant Angela Raffle. False positive and negative are at the top of her list of words that should be banned from general use. "They mean different things to different people. When talking with the general public we cannot be sure they have the same shared understanding."

Can you put that in context?

Exactly. Raffles says that when these terms are used without any context it can create confusion, the last thing you want in a pandemic. For example, false positive can be taken to mean someone who tests positive for SARS-CoV-2, but what they have actually got are viral fragments from an infection they had a long time ago, meaning they're not infectious or a new case. However, to someone working in a laboratory a false positive would mean a test that is done incorrectly and therefore indicates the virus is present when it is not.

It's testing our patients

You can say that again. Pillar 1 and pillar 2 testing are more examples of terms that do not really tell you what you need to know. They were brought in as the UK increased its covid-19 testing capacity, to loosely separate out hospital based (pillar 1) and community based (pillar 2) testing. But experts have said this division is not the most helpful and the terms themselves don't relate to their meaning.¹ "It's jargon. I want to know which are the tests done diagnostically because someone had symptoms, which are the tests done as safety checks before operations, which are the ones done for employment purposes, and which are the ones done because they are contacts of cases. When you are muddling all those things together it does not give you the information you need," argues Raffle.

So, no more pretending you know what you're talking about?

That's right. But try telling that to the politicians.

¹ Mahase E. Covid-19: the problems with case counting. *BMJ* 2020;370:m3374. doi: 10.1136/bmj.m3374 PMID: 32883657