Berkshire

davidoliver372@gmail.com Follow

David on Twitter: @mancunianmedic

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ACUTE PERSPECTIVE

David Oliver: Caring about language doesn't mean we can't care

David Oliver *consultant in geriatrics and acute general medicine*

Back in February, the *Daily Telegraph*'s Celia Walden used her column to mock the Royal College of Nursing's (RCN) style guide on the correct terminology and formats to use in nursing communications.^{1 2}

The piece was ostensibly light hearted, its tone gently ribbing what Walden saw as the RCN's po-faced attitude. But it wasn't hard to construe the meaning behind the joke—namely, that we've become far too obsessed with “woke” language and identity politics, that it's distracting and detracting from the vital work of clinical care, and that staff have better things to worry about than putting their foot in it or getting into trouble by accidentally using the “wrong” phrase—perhaps one that was standard a few years ago but has been superseded and might trigger hurtful emotions.

What was the substance behind Walden's thesis? First, the RCN style guide is the kind of document you'll see routinely in checklists for subeditors to ensure consistency: editorial manuals for scientific journals, professional membership organisations, unions, or charities. The guide's target audience is not so much frontline nurses but people involved in communications and publications.

Walden's column focused on a few key items. These included the instruction to refer to “staffing” instead of “manpower”; “older people” rather than “old age pensioners” or “the elderly”; “women” instead of “ladies”; “people with disabilities” instead of “disabled people”; “having” or “living” with a medical or psychological condition instead of “suffering from” it; and “alcohol misuse” as opposed to “alcoholism.” The guide also urged us not to say “bed blocker” or “bed blocking” to describe patients stranded in hospital through no fault of their own as they await services.

I think that the RCN is right on this. Most NHS staff are women, especially in nursing. “Older people” have said that they prefer that term. People with disabilities or other long term conditions and charities that advocate for them don't want to see people defined by their condition or language that stigmatises them. Language evolves for a reason, and some phrases are no longer used when it's clear that they're offensive.

Walden went on to claim that this focus on language would detract and distract from good care, that the emphasis on language and terminology was “frivolity,” and that one unnamed NHS nurse claimed that it would lead to far longer written reports, taking her time away from patient care. And, apparently, that terms such as “living with anxiety” or “misusing alcohol” instead of “suffering from anxiety” or

“alcoholic” would somehow mean that individuals took no responsibility for their own health problems or faced up to the need for help with their mental health.

I don't want to see people attacked online or disciplined at work for accidentally or even persistently using retro terms and phrases. But I don't think that it does any harm to remind people to show some consideration.

Language frames the way we see and treat people. Getting the language wrong can cause hurt and resentment. So, why not make the effort to get it right? It doesn't make you a worse nurse or doctor to do so.

Competing interests: See <https://www.bmj.com/about-bmj/freelance-contributors>.

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1 Walden C. Imposing PC culture onto overworked nurses would be funny if it wasn't so dangerous. *Telegraph* 2020 Feb 3. <https://www.telegraph.co.uk/women/work/imposing-pc-culture-onto-overworked-nurses-would-funny-wasnt/>. (Login needed.)

2 Royal College of Nursing. The Royal College of Nursing style guide. 2019. <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/january/007-946.pdf?la=en>.