

Drawing on your experience of the language doctors use in their day-to-day practice and teaching, reflect on the ways it can promote or impede feelings of inclusivity and belonging in patients and students.

As a Black medical student on my first year of clinical placement, I have noticed many ways in which the language used by doctors in their day-to-day practice can be highly problematic and impede feelings of inclusivity in patients and students.

Many doctors are still using medical eponyms which have Nazi associations such as 'Reiter's syndrome' and 'Wegener's granulomatosis' despite the move towards alternative terminology. Personally, I find this very uncomfortable as the history behind the physicians linked to these conditions is extremely distressing and for other students, may have deep rooted personal history. Globally it is recognised that eponyms to honour the work of physicians has limitations if the same people were involved in torture and murder, which of course should not be honoured. However, in my experience, old-fashioned doctors have not moved away from using these terms simply because it is engrained in their medical language. Hearing doctors continually use the names of known Nazi's without condemning their actions can be taken as offensive and potentially triggering. By doing this, they are not showing their solidarity or sympathy to the ethnic or religious groups who were targeted by Nazis. Further, morality has a huge role in medicine and preserving the professional memory of criminals goes against the fundamentals of what being a doctor is about. This language is disrespectful and excludes certain groups from participating in the conversation. However, unfortunately, since some doctors continue to use these terms, us as students must learn and sometimes use them against our will to benefit from learning opportunities.

Another way in which the language used by doctors during teaching can impede inclusivity is the use of sexist and derogatory mnemonics as tools to help learn clinical information. The vast information that must be memorised for medical school exams have meant that mnemonics have a long history in medical education. Although the goal is to make them memorable, this should not be at the expense of simple ethical principles. The argument that the more outrageous the mnemonic, the more memorable is insensitive to those who are the object of the derogatory phrases. Using these seemingly harmless mnemonics creates an unfriendly learning environment, whether intentionally or unintentionally, and can limit the potential for effective learning. This also applies to blunt descriptive phrases used to depict clinical presentations, such as 'lemon on a stick' and 'buffalo hump' for Cushing's syndrome. I have been taught by doctors who use these blunt descriptions in their teaching yet advise not use them in front of patients, therefore acknowledging that they are potentially harmful and rude. It is not necessary to use these phrases since other more medically correct alternatives exist. This language impedes feelings of belonging in patients and students because they may feel made fun of and even insulted.

From my first week of placement, I noticed that the language used by doctors in their day-to-day practice can often involve stereotypes. An example that comes to mind is a nephrology doctor describing the diet of her Indian patients as "oily, fatty and causing diabetes." Not only was this generalising that all Indian people eat a similar diet, but also stereotyped that cultural foods are always unhealthy. Since diet has a huge impact on health, if a doctor assumes that a patient's diet is causing their clinical presentation purely

based on their ethnic background, they are less likely to empathise or investigate their symptoms thoroughly. In a consultation, the doctor encouraged a patient to give up their cultural food for Western food thereby sending the message that Western food is superior in terms of health, when this is certainly not always the case. The advice she gave alienated the patient and impeded their sense of belonging as she singled out something she viewed as different and labelled it as negative. Using language that avoids assumptions ensures everyone feels acknowledged as an individual and valued, regardless of who they are.

The language that doctors use has a huge impact on promoting or impeding feelings of inclusivity and belonging in patients and students. A patient's health may benefit if they feel welcomed and accepted as they may be more likely to divulge what is troubling them which may help with their diagnosis and treatment. For students, working in an inclusive team is important for learning and leads to better performance. Reflecting on how the language that doctors use can affect patients and students has also led me to evaluate the language that I use. I recognise that being more mindful of how the words that I use may impact others will help me to make small changes to contribute to a more inclusive environment wherever I am.