

Introduction

The language we use reflects our beliefs and holds the power to shape others' perceptions. As patient advocates, our language choices are not mere words but vessels that can either bridge understanding or reinforce disparities. We should embrace and integrate inclusive language into our daily vocabulary to bolster our commitment to the well-being of the individuals and communities under our care.

This essay discusses how doctors' language influences inclusivity and belonging. It explores respectful communication, navigating sensitive topics, cultural competence, equitable education, and the power of storytelling.

The Language of Respect and Identity

Language can affirm respect and identities for both patients and students. It shapes interactions and validates unique experiences to foster belonging within medical practice and educational settings. A fundamental principle of inclusive language revolves around the adoption of a person-first language instead of an identity-first language. For instance, instead of identifying someone solely by their condition, person-first language emphasises the person's worth before introducing descriptors. A classic example is the use of the term "people with AIDs" to avoid victimisation.¹

This understanding found a powerful resonance in a virtual patient encounter. A patient expressed a preference for being addressed as "a person with diabetes" rather than being labelled as "a diabetic,". She felt that the former term honoured her identity and affirmed her humanity, in contrast to the latter, which she felt stripped her of her individuality and designated her as "just another case." Such firsthand encounters underscore the profound impact of language on personal dignity and the importance of adhering to preferred terms to promote inclusivity.

However, the subject is nuanced. For instance, whilst "people living with disability" is fitting according to the aforementioned perspective, some groups advocate for identity-first language (i.e., "disabled people") within the disability community, viewing it as empowering and attributive rather than limiting.²

Navigating Sensitive Topics Through Language

Proficient communication is key to navigating intricate and sensitive subjects within medicine. Through the strategic interplay of clinically precise and culturally attuned terminology, clinicians can broach topics and cultivate candid dialogues that otherwise might invoke vulnerability and insecurity, potentially leading to reduced treatment adherence and a dysfunctional doctor-patient relationship. Encouraging open communication and acknowledging patient experience is particularly crucial when it comes to destigmatising matters such as abortion, mental health disorders, or end-of-life care, by breaking down the barriers of silence and shame that might surround such topics.³⁻⁵

Cultural Competence

Cultural competence refers to a system of consistent behaviours, attitudes, and policies within healthcare that supports effective work in cross-cultural contexts.⁶ It involves understanding and respecting various cultural norms, beliefs, and practices to improve treatment adherence, patient satisfaction, and overall health outcomes.⁷ Using language that resonates with patients' cultural contexts helps clinicians establish rapport and comprehension. Yet, there is a delicate balance between acknowledging cultural differences and upholding patients' identities and dignity. Sensitivity is vital to avoid assumptions or stereotypes.

For instance, a healthcare provider who learns basic phrases in a patient's language or respects their religious practices demonstrates cultural competence.⁸ Nevertheless, within this framework, effective communication also involves using plain language to encourage patient-centred care despite disparities in health literacy.⁹

Equitable Medical Education

The language employed by educators profoundly impacts students' perceptions in two pivotal ways.

Firstly, using inclusive language actively contributes to a safe space within the educational environment with open dialogue and a receptive atmosphere. This, in turn, fosters a genuine desire among students to actively listen and engage with their educators.

Secondly, the impact of educators' language extends far beyond the classroom. Once internalised, this language shapes students' perspectives and behaviours in both educational and clinical settings. It is thus significant in ensuring appropriate patient care.

UCL educators, as observed through my own experiences, are actively committed to these principles. They consistently integrate diverse perspectives, adopt gender-neutral terms, and address various cultural norms. This dedicated effort ensures that our educational environment accurately reflects the intrinsic diversity of patients and medical professionals. Such initiatives cultivate a more representative atmosphere, equipping students to effectively engage with a spectrum of patients and colleagues in their future careers.

Personal Narratives and the Power of Storytelling

Personal narratives serve as poignant examples that underscore the profound influence of language in patient care and medical education.

Drawing from my experience as a person of mixed-race heritage, I have encountered micro and macro aggressions, such as comments like “your name doesn't match your skin colour” or “you don't look Indian.” These remarks vividly highlight the potential alienation caused by language choices that overlook the richness of cultural diversity.

We must not merely dismiss these comments and suppress the emotions they provoke. By doing so, we inadvertently condone such behaviour, risking harm to our mental well-being, hindering academic progress, and fracturing relationships in our working and learning environments. In this context, storytelling emerges as a potent tool for prompting reflection upon our language practices to recognise that seemingly innocuous remarks perpetuate insensitivity.

Conclusion

In conclusion, this exploration underscores the impact of language in patient care, medical education, and beyond. In education, inclusive language fosters safe spaces that encourage open dialogue and engagement, bridging understanding between educators and students. Moreover, the impact extends beyond classrooms, moulding how students perceive and interact with the world.

UCL educators' commitment to inclusive language exemplifies the potential for meaningful change. Their dedication to diverse perspectives shapes a more equitable medical education. Yet, personal narratives remind us of the nuances and power of seemingly innocuous remarks. Embracing conscious language choices is key to fostering equity, reducing disparities, and creating an environment where everyone's voice is valued and understood, paving the way for a more equitable future.

References

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