

Words Hurt: Identifying and Removing Stigmatizing Language from Clinical Settings

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Faculty Disclosures

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Educational Need/Practice Gap

- Bias language has been shown to effect patient care. Working on strategies to mitigate bias language can lead to better overall patient care.

Objectives

1. Describe one example of how the use of biased language in the healthcare setting has been associated with poorer outcomes.
2. Employ the use of three items from the anti-bias toolkit in healthcare documentation.
3. Articulate the significant findings of implementing an anti-bias workshop as part of residency didactic curriculum.

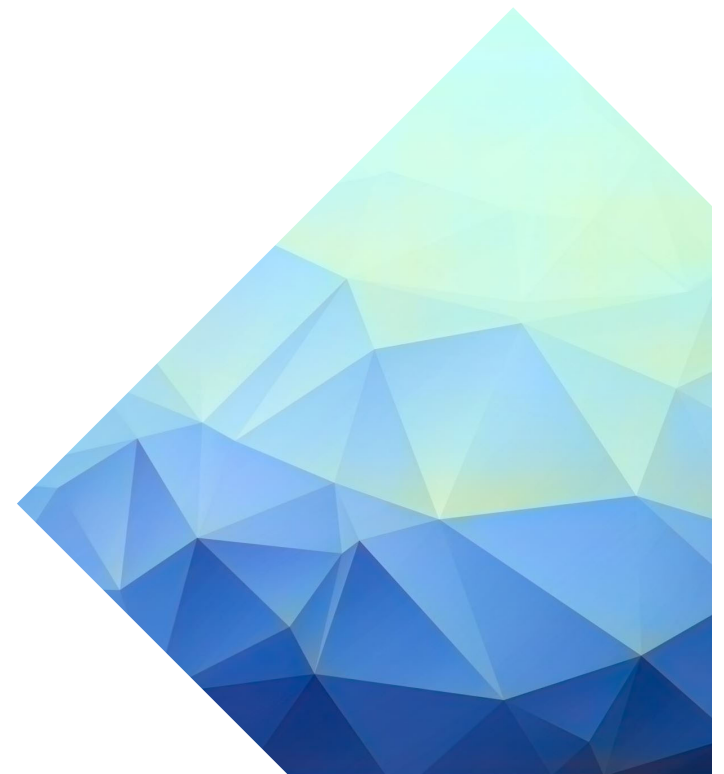
Expected Outcome

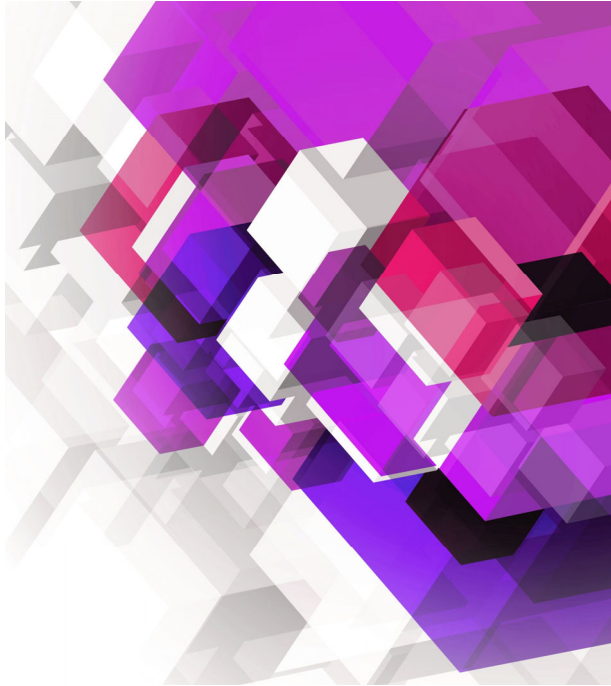
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This is a Brave Space

Ground Rules:

- Be respectful
- Acknowledge intention and impact
- Elevate all voices equally





What Stigmatizing Language Have You Encountered?

- “the sickler is here for...” or “the GSW in trauma bay 1” or “the appy in bed 5”?
- “Patient is faking her pain” or “medication-seeking”?
- “Difficult”? A “challenging” patient?
- “Non-compliant” patient?
- “He had it coming” or “he deserves this”?
- “total body dolor” or having a “pan-positive review of symptoms”?
- “she is just really anxious” or “she’s crazy”?

Definition: Stigmatizing Language

Stigma: an attribute, behavior, or reputation that is socially discrediting

Language is stigmatizing if it:

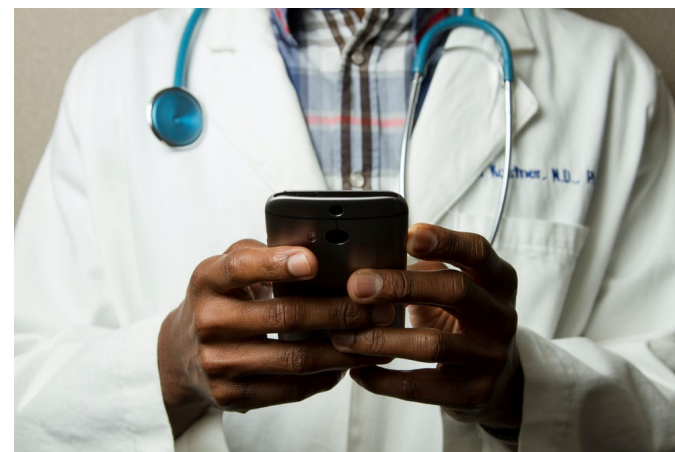
- Casts doubt on the patient's experience
- Portrays the patient negatively by:
 - Implying culpability
 - Using pejorative linguistic variations
 - Implying a stereotype (racist, sexist, culturally non-nuanced)
 - Using unnecessary details that might bias future providers

The Power of Language

Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record

Anna P. Goddu, MSc¹, Katie J. O'Connor, BA¹, Sophie Lanzkron, MD, MHS², Mustapha O. Saheed, MD³, Somnath Saha, MD, MPH^{4,5}, Monica E. Peek, MD, MPH, MSc⁶, Carlton Haywood, Jr., PhD, MA², and Mary Catherine Beach, MD, MPH¹

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Stigmatizing language characterized by:

- “casting doubt on patient’s pain...
- portraying the patient negatively...
- implying patient responsibility with references to uncooperativeness”

Goddu *et al.*, 2018

(Photo by National Cancer Institute). Public domain photo downloaded 7/19/20 from:

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The Power of Language

- ANTI-BIASED:

“He has about 8-10 pain crises a year, for which he typically required opioid pain medication.”

- STIGMATIZING:

“He is narcotic dependent and in our ED frequently.”

The Power of Language

- ANTI-BIASED:

“He spent yesterday afternoon with friends and wheeled himself around more than usual, which caused dehydration due to the heat.”

- STIGMATIZING:

“Yesterday afternoon, he was hanging out with friends outside McDonald’s where he wheeled himself around more than usual and got dehydrated due to the heat.”

The Power of Language

- ANTI-BIASED:

“On physical exam, he is in obvious distress.”

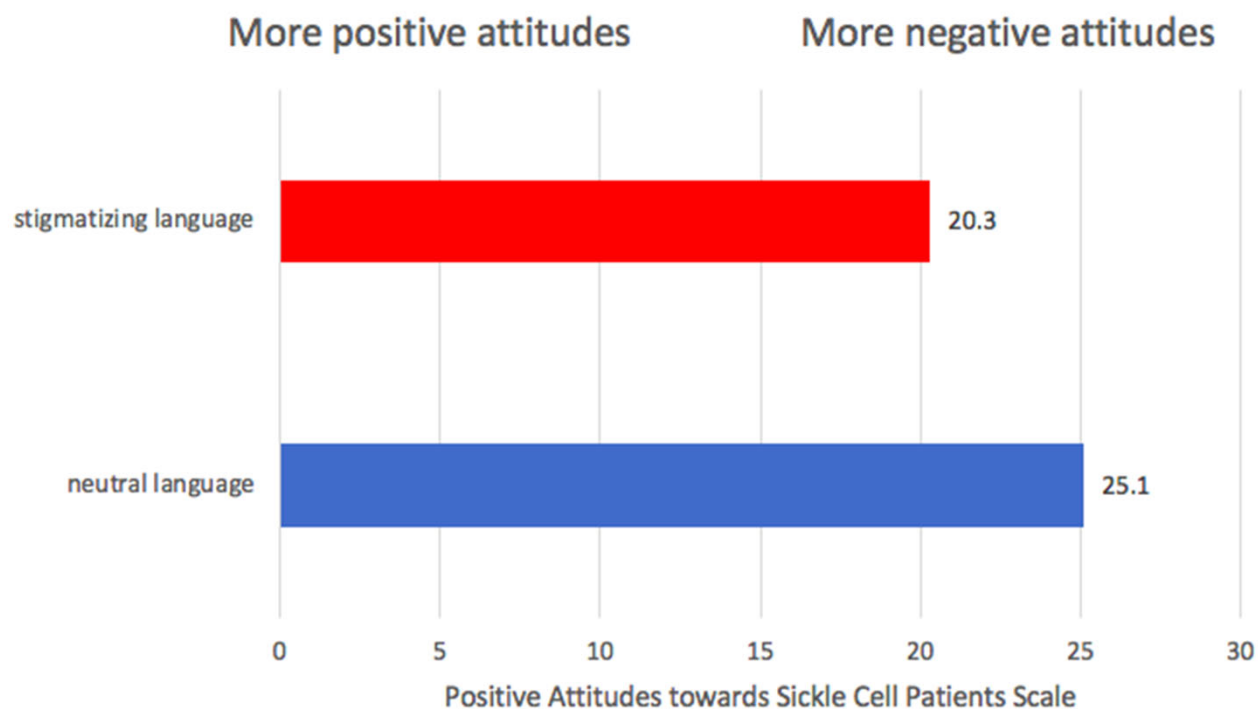
“He is not tolerating the oxygen mask and still has 10/10 pain.”

- STIGMATIZING:

“On physical exam, he appears to be in distress.”

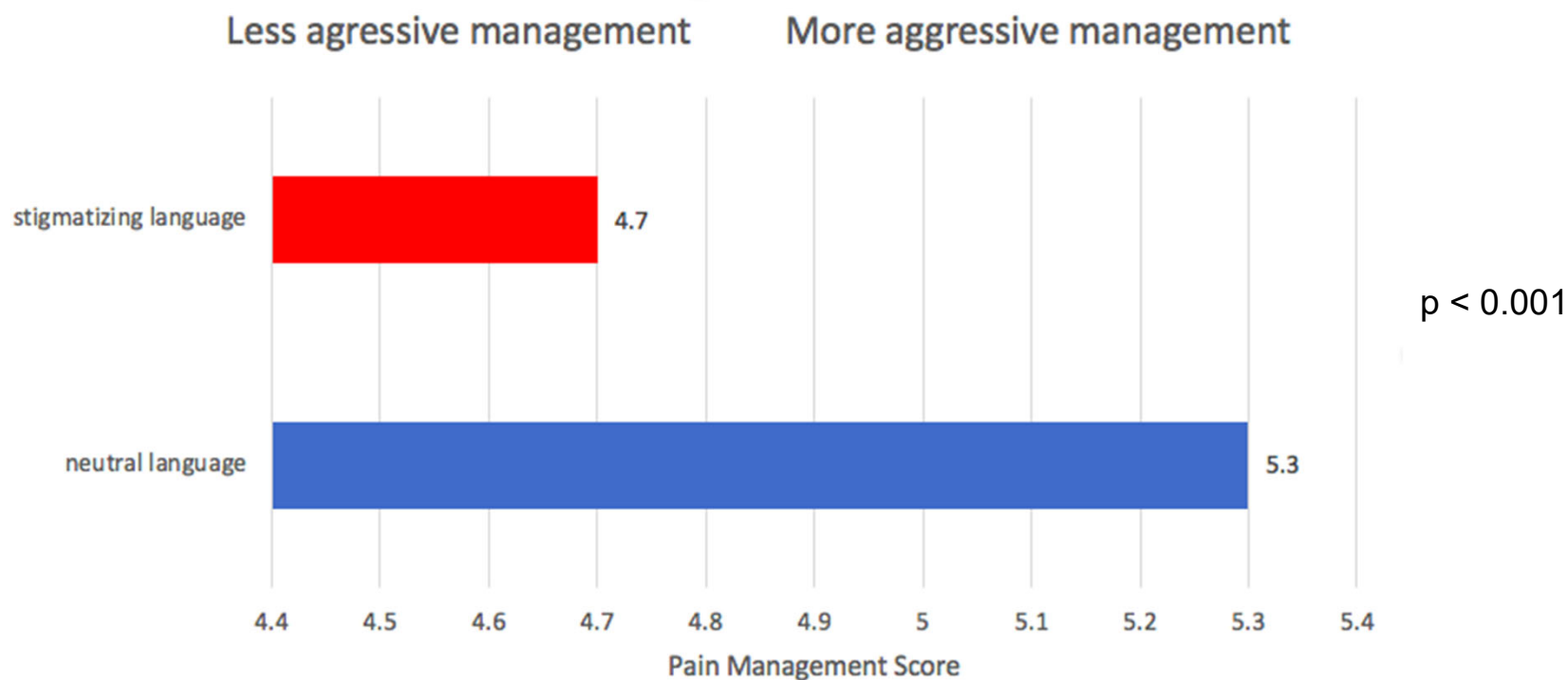
“He refuses to wear his oxygen mask and is insisting that his pain is ‘still a 10.’ ”

Attitudes Toward Patients



Data from Goddu *et al.*, 2018. Image author owned.

Pain Medication Recommendations



Data from Goddu *et al.*, 2018. Image author owned.

The Power of Language – Substance Use

Research paper

Does it matter how we refer to individuals with substance-related conditions?
A randomized study of two commonly used terms☆

John F. Kelly*, Cassandra M. Westerhoff

Center for Addiction Medicine, Department of Psychiatry, Massachusetts General Hospital, 60 Staniford Street, Boston, MA 02114, United States

This study gave mental health providers clinical vignettes using the term

“**substance abuser**” vs. having a “**substance use disorder**”

Kelly *et al.*, 2009



Study Results

- With “**substance abuser**” rather than “**substance use disorder**”:
 - patients seen as **personally culpable**
 - use of **punitive measures** against him/her justifiable

Kelly *et al.*, 2009



Gender Stigma in Depression

- Language related to depressive symptoms may be heavily influenced by gender roles according to the **artifact hypothesis**
- In two separate cross-national metaanalyses by Salk *et al*, 2017 found women to be twice as likely to be:
 - *diagnosed with MDD*
 - *exhibit depressive symptoms*



Gender Stigma in Depression: Study Results

Gender differences exist in both MDD & depressive symptoms (*Cohen's d* of 0.27)

Cross-national differences

Developmental differences:

- Female adolescents are at increased risk of being diagnosed with major depression than their male counterparts
- Men 20+ are more likely to be diagnosed with MDD than females

Salk *et al*, 2017

Small Group Activity

- In small groups, review the documentation of a clinical case:
 - Identify stigmatizing language and/or assumptions that are present
- Please write words your group believe to be stigmatizing.
- How does this depict the patient?
 - How might they affect patient care?
 - What challenges do providers face when trying to avoid using stigmatizing language?

(10 minutes)

What Language
or Assumptions
were
Stigmatizing?





Does Awareness Reduce Stigmatizing Language Usage?

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Breaking the Prejudice - Habit Model

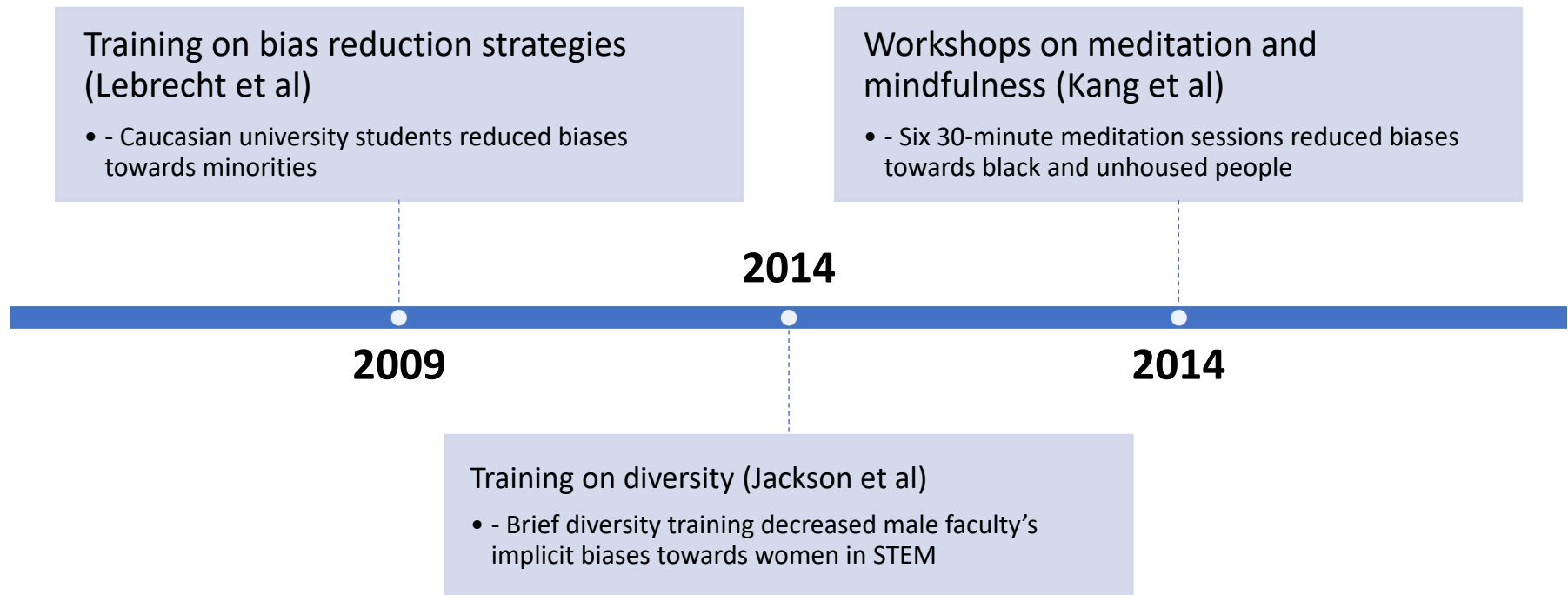
- “People must be aware of their biases and, second, they must be concerned about the consequences of their biases before they will be motivated to exert effort to eliminate them.”
- “People need to know [...] how to replace those biased responses with responses more consistent with their goals.”

Devine *et al*, 2012

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Reductions in Bias have been Demonstrated



Reflection: Before Documenting, Consider...

Does my documentation consist of **facts or assumptions**?

What is my state of mind while documenting?

Am I using “quotations” judiciously?

Do I disbelieve or dislike this patient?
Does the record imply this?

Are these details or adjectives *necessary* to describe the clinical picture?

Is this fact **relevant** to the patient’s presentation? If not, should I delete it?

Is the patient the same **race, gender, sexual orientation** as me?



Author Owned

Toolkit: Mindful Language

Baseline Assumptions

Stigmatizing	Anti-Biased
<ul style="list-style-type: none">▪ The patient is abusing medical resources▪ I already know why they are here▪ Patient or family is solely responsible for their medical problems▪ Another provider will have more time to document with less bias than me	<ul style="list-style-type: none">▪ The patient is seeking help for a legitimate reason▪ I'm curious as to why they are here▪ Patient's condition is multifactorial and it is important to dissect its root causes beyond individual responsibility▪ Biases reflected in medical language perpetuate stigma for subsequent providers and could harm patient outcomes

Toolkit: Mindful Language

General Guidelines

Stigmatizing	Anti-Biased
<ul style="list-style-type: none">▪ Uses labels and stereotypes to communicate patient conditions or contexts (eg: “difficult”; “drug-seeking”)	<ul style="list-style-type: none">▪ Describes the patient’s experiences and actions objectively and in an individualized way that promote patient’s best interests among providers
<ul style="list-style-type: none">▪ Discounts a patient’s identity (eg: uses assumed gender data or labels)	<ul style="list-style-type: none">▪ Reflects a patient’s own presentation of self

Code of Conduct

DOCUMENTATION CODE OF CONDUCT



Consider first:

1. Does it cast blame?
2. Does it reinforce a stereotype?
3. Does it include extraneous details?
4. Does it contain pejorative language?
5. How would my patient feel if they read this?

Code of Conduct



Author Owned

Specific Examples for Particular Content Areas

Avoid	Use
Substance use: “Substance abuser, opiate addict, alcoholic”; “relapse” Test was “dirty” or “clean”	“Person with substance, opioid, alcohol use disorder”; “period of abstinence”; “recurrence of use” “Test shows X”
Neuropsychiatric: “Committed suicide”; “successful suicide” “Hypochondriac” “Pseudoseizure”	“Died by suicide” “Malingering” “Psychogenic non-epileptic seizure”

Specific Examples for Particular Content Areas

Avoid	Use
Disabilities: “Wheelchair-bound” “Retarded”	“Wheelchair user” “Intellectually disabled”
Social history: “Homeless” “Ex-convict”	“Patient experiencing homelessness” or “unhoused person” “Person with a history of incarceration”
Gender: Assuming or not asking about gender identity, pronouns, etc.	When relevant to care, note sex on birth certificate, gender identity, treatments or surgeries, and pronouns

How Can We Make It Better?

In your small group, revise the documentation of the clinical case and write out your improved version. Please consider:

- How did you change the language to reduce bias?
- How did you facilitate others' recognition of the bias?
- What feedback strategy did you use?

(10 minutes)



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<https://burst.shopify.com/photos/plant-potting-tools-and-soil?q=plants>

Large Group Discussion

- What replacement language did you use?
- What barriers did people encounter with this exercise?
- Do you find this issue present at your hospital or institution?
- What challenges would you face to implementing change? Any strategies to combat these barriers to create change?
- How will you approach colleagues who use biased language? How about learners? Supervisors?

Final Reflections

- Most of us have experienced stigmatizing language in patient care
- Stigmatizing language perpetuates bias among providers and negatively affects the quality of care delivered
- Increasing awareness can help change behaviors
- The Mindful Language Toolkit can be utilized to promote more anti-biased language and assumptions about patients



Questions?

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