TuSalud

There’s a Better Way to Talk to Patients

A new language guide for health care professionals aims to help eliminate racial and health inequities in medicine.

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Remember the adage “Sticks and stones may break my bones, but words will never hurt me”? Well, the saying doesn’t consider that some of the language used by care providers reflect implicit biases that may harm the health of Latinos and other people of color, reports Salud America!

Bias is defined as the tendency to believe that some people, ideas or other notions are better than others, resulting in unfair treatment. In general, there are two types of biases. The first is explicit, or overt, bias, such as racist attitudes toward those from certain population groups, which is easy to spot. The other is implicit bias, which is more subtle and involves preconceived beliefs about others based on such factors as socioeconomic status, race, ethnicity, educational level, political preferences and appearance.

In an in-depth report, Amelie Ramirez, MPH, the director of Salud America! detailed how implicit bias affects Latinos and other people of color. For example, Latino men are unlikely to receive treatment for high-risk prostate cancer from health care providers; Latina women who are pregnant face discrimination from health care workers; and people of color who visit the ER are less likely to receive prescriptions for certain medications than white people.

Language becomes problematic when it supports existing stereotypes and preconceived notions, giving rise to inequities and disparities in health care.

Interestingly, findings show that implicit biases “are malleable, meaning these unconscious associations can be ‘unlearned,’ and replaced with new mental associations,” Ramirez wrote.

To confront implicit bias head-on, the Association of American Medical Colleges (AAMC) Center for Health Justice and the American Medical Association (AMA) cocreated a new guide for health care providers. The organization’s goal is to promote “a deeper understanding of equity-focused, first-person language and why it matters,” said AAMC.

Titled, Advancing Health Equity: AMA-AAMC Guide on Language, Narrative, and Concepts, the guide includes sections on the use of inclusive language to promote health equity, the rationale for

these ideas and a glossary defining key terminology. Several recommendations from the Centers for Disease Control and Prevention included in the guide stress the avoidance of words that are misleading, dehumanizing (e.g., “illegal immigrant”) and linked with violence (e.g., tackle and combat) and words that unintentionally levy blame on people of color, groups or communities (e.g., noncompliant).

“Our words matter. It’s time to get them right,” wrote Gerald E. Harmon, MD, president of the AMA in his essay about the issue. “Physicians instinctively know the power of our words. They must be clear but also precise; they must convey empathy but also understanding. Above all, our words must demonstrate our competence and our confidence when counseling our patients or their families about a difficult diagnosis. Our words matter because trust is foundational in the patient-physician relationship.”

To learn how language affects health care outcomes for Latinas, read “Women Who Speak Only Spanish Less Likely to Get Mammograms.”

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