Our words matter. It’s time to get them right.

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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 counselling our patients or their families about a difficult diagnosis. Our words matter because trust is foundational in the patient-physician relationship.

But we also recognize there are limitations in language. As with science, our language must change and evolve over time based on new revelations and a deeper understanding.

This thinking is central to the broader work of the American Medical Association in advancing racial justice and equity in medicine. By acknowledging how long-standing practices and beliefs have negatively influenced the health of millions in the U.S. and shaped the unequal health system that exists today, we take steps toward a more equitable future. So too must we continuously reexamine the role of language and question the long-held dominant narratives that exacerbate inequities in health care.

The dominant narratives in American medicine and society reflect the values and interests of the historically more privileged socioeconomic groups—white, heterosexual, able-bodied, cisgendered, male, wealthy, English-speaking, Christian, U.S.-born.

These narratives have been deeply rooted in value systems and ingrained in cultural practices that have given preference to the interests of society’s most powerful social groups. But they can also be wielded as a weapon to oppress others.

That is the case, for example, with the use of adjectives that dehumanize individuals by reducing them to their diagnosis—simply referring to a patient living with diabetes as a “diabetic”—or that unfairly labels groups of people as “vulnerable” to chronic disease while ignoring the entrenched power structures, such as racism, that have put them at higher risk.
New ways of seeing, and talking

To refine our thinking and give us a fresh perspective about the language we commonly use, and to recognize the harmful effects of dominant narratives in medicine, the AMA Center for Health Equity and the Association of American Medical Colleges, led by its Center for Health Justice, have jointly released a new health equity guide to language, narrative and concepts.

This toolkit, “Advancing Health Equity: A Guide to Language, Narrative, and Concepts,” is designed for physicians and all health care workers, though it is applicable for everyone both in and outside of medical care. It is an essential piece of our shared efforts to advance health equity, giving us guidance on equity-focused, person-first language and why it matters.

The goal of this language guide is not to reprimand physicians for the words that have long been used in the delivery of care. We know the vast majority of us care deeply about our patients’ health and well-being and take great care with the words and language we use.

Shifting our thinking about language and dominant narratives can help ensure that we are indeed centering care around the lived experience of people and communities without reinforcing labels, objectification, stigmatization and marginalization. In short, it can help us become better doctors and help our patients achieve better outcomes.

The COVID-19 pandemic and the disproportionate impact of the virus on Black, Latinx, Indigenous and other historically marginalized groups have brought new urgency and focus to addressing long-standing inequities in health and health care. Many leading health organizations are now recognizing the devastating impact of systemic racism in medicine and society, and have pledged to help address it.

Walking the path to justice

The AMA’s journey toward racial justice and health equity began with a public apology in 2008 about our own past practices that excluded Black physicians from our policymaking body—decisions that were rooted in racism and continue to have ripple effects across medicine today.
In 2020, the AMA House of Delegates adopted policies that explicitly denounced racism as a public health threat, called for the elimination of race as a proxy for ancestry, genetics and biology in medical education, research and clinical practice, and decried racial essentialism in medicine.

The AMA has since released an ambitious, multiyear strategic plan to advance racial justice and embed equity in medicine by building alliances and sharing power, fostering pathways for truth, racial healing, reconciliation and transformation for the AMA’s past. The plan also calls for pushing upstream to address all determinants of health and the root causes of inequities.

The AAMC amplified its long-standing commitment to improved health with the launch of the AAMC Center for Health Justice last month to address inequities and ensure that all people have the same opportunity to attain their full health potential. The center is one component of the AAMC’s new strategic plan, which includes increasing diversity and improving equity and inclusion in medicine.

In recognizing the power in our words, it is our hope that this guide will stimulate conversation and understanding about language, narrative, and concepts—helping us to identify harmful phrases and terms while also providing alternatives that move us closer to racial justice and health equity. If this helps to improve the health of our patients, and our nation, it is indeed a conversation worth having.