UGME TEACHING TIPS

Sensitive Language Use to Reduce Stigma

The following information on reducing stigma in patient care is worth considering if you are using patient cases in your teaching.

- Stigma can take many forms. Patients may experience significant self-stigma, meaning they carry an internal degree of disapproval, shame, guilt insecurity about one or many parts of their identity. Some may try to hide a stigmatizing aspect of their identity from others, fearing enacted-stigma, or outright mistreatment or discrimination, which may lead to severe social dysfunction (many have had experiences of enacted-stigma). Stigma can be based on visible or invisible attributes, that is, apparent physically (such as a physical disability) or an internal characteristic that is negatively perceived (mental health diagnosis, criminal record, HIV status). All stigma is created and maintained by beliefs, attitudes, and assumptions found in our societal institutions. These may take different forms in different regions. Additionally, no individuals or groups experience stigma in the same way.

Students at USask are encouraging faculty to think about language use that reduces stigma. Here are just a few suggestions:

- When talking about a patient, prioritize "person-first" language (e.g. describing a patient as "an obese quadriplegic" defines them by their health condition and disability, while describing a patient as "a patient with quadriplegia and elevated BMI" puts the patient first, and the diagnoses second).
- Avoid inaccurate references to mental health diagnoses as negative personality characteristics: "you med students are all so OCD about your CaRMS applications" – this trivializes the real impacts of mental illness and indicates that the space is not safe for discussing mental health concerns
- Use preferred terminology when speaking about groups who may face discrimination. For example, while for many decades the term "mentally retarded" was an accepted medical diagnosis, the term retarded has negative connotations for many individuals with intellectual disabilities and their families. The DSM has replaced the term "mental retardation" with "intellectual disability". Similarly, using the term "R word" as an adjective for stupid can be harmful and offensive.

Use a culturally-safe approach in your teaching. When speaking about a cultural group, try to use language that is considered to be respectful by that group.

- Find useful resources on cultural safety and competency related to Indigenous health at USask **Libguides**. **OUT Saskatoon** has a helpful guide to terminology related to gender and sexual diversity at Queer Terms.
- The Canadian Public Health Association has a guide on respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma at Language Matters.

Some things to consider to reduce the potential for stigmatizing patients:

- An awareness of common assumptions that underpin stigma. For example, a visible or invisible stigmatizing attribute may imply to some that a person or group is: morally inferior, less intelligent, lazy, weak-willed, dirty or unclean, being punished for their failings as a person, or physically threatening.

- An awareness that one's approach to a patient can promote or decrease stigma. For example, deliberately looking at a patient's forearm for injection sites is threatening and should not be done without first building rapport. Clarifying with a given patient that IV drug use (IVDU) is a common health concern and that you accept and work with patients who use drugs prior to asking about past or present IVDU is more appropriate. Invite patients to bring a support person to appointments and direct them towards appropriate community-based organizations.

- An awareness that commonly used language may also promote stigma inadvertently. Descriptors such as 'dirty' or 'clean' reinforce negative assumptions related to sexuality and drug use. For example, saying an STBBI test is "clean" implies that people living with STBBIs are dirty. For more appropriate language consider 'used' vs 'new' needle when talking with a person who uses drugs intravenously.

- Anticipation of common assumptions for stigma prone conditions. Addressing these assumptions directly can be very helpful for patients. For example, emphasizing that people with HIV live long and healthy lives with the help of daily medication. This challenges the assumption that someone who has HIV is 'dirty', 'contagious', 'bad', or 'immoral', which in turn can help reduce self-stigma.

- Direct patients toward appropriate community-based organizations and provide up to date print information where appropriate.

- As stigma is a social phenomenon that we all play a role in constructing or dismantling, bring awareness to the impacts of stigmatizing language in presentations, group discussions, public and private life.Because medical education strives to be inclusive, there is an expectation that this language will continue to evolve as we learn more about the human condition and the experiences of marginalized people in our community. Learning a set of complex new terminology may feel like a daunting task if you have not had the opportunity to participate in these conversations before. It may feel disheartening when someone tells you that the language you are using is harmful or outdated. Most of us strive to be respectful and kind in our interactions with students, colleagues, or patients. If someone lets you know that the language you're using is incorrect, you might consider thanking them. When someone takes the time to let you know that the language you're using is incorrect, they are also indicating that they know you can and will do better.

Check out Faculty Development's Equity, Diversity, and Inclusion Online Course for more content on inclusive language.

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