

Sensitive Language Use to Reduce Stigma

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

- When talking about a patient, use “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).
- Try to avoid referring to mental health diagnoses frivolously as negative personality characteristics “you med students are all so OCD about your CaRMS applications” – this can trivialize the real impacts of mental illness.
- 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 hurtful or 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 [U of S Libguides](#).
- OUTSaskatoon has a helpful guide to terminology related to gender and sexual diversity at [Queer Terms](#).



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 carry significant self-stigma, meaning they carry a degree of disapproval, shame, guilt insecurity about one or many parts of their perceived 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 visible or invisible, that is, apparent physically (such as a physical disability) or an internal mark that is carried as a burden (mental health, criminal record, HIV status). All stigma is created and maintained by beliefs, attitudes, and assumptions found in our societal institutions and take different forms in different regions. Additionally, no individuals or groups experience stigma in the same way.

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

- Awareness of common assumptions that underpin stigma. For example, a visible or invisible stigmatizing attribute may imply to some that a person or group are: morally inferior, less intelligent, lazy, weak-willed, dirty or contaminated, being punished for their failings as a person, or a physically threatening.
- 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 problem and that you accept and work with patients with this challenge prior to asking about past or present IVDU is more appropriate. Inviting patients to bring confidantes to appointments and directing them towards appropriate community-based organizations.
- Commonly used language may also promote stigma inadvertently. Descriptors such as 'dirty' or 'clean' promote the notion of a person being dirty or clean. Consider 'used' vs 'new' needle when talking with a person who uses drugs intravenously.
- Anticipating common assumptions for stigma prone conditions and addressing them directly can be very helpful for patients. For example, emphasizing that people with HIV who take medications daily, live long and healthy lives and that having HIV does not mean someone is 'dirty', 'contagious', 'bad', or 'immoral' can help reduce self-stigma.
- Inviting patients to bring confidants to appointments to answer questions about a condition or to assist in disclosure.
- 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 stigma to your use of language in presentations, group discussions, public and private life.