Appendix D: Mindful  Language Toolkit

*Important Questions to Consider*

 

Author Owned

*Attitudes that communicate bias or neutrality in medical documentation:*

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| **Stigmatizing** |  **Neutral** |
| Patient is abusing medical resources | Patient is here to seek help |
| Using labels and stereotypes to communicate patient conditions or contexts (e.g.: “difficult”; “drug-seeking”) | Objective, individualized descriptions of the patient’s experiences and actions promote patients’ best interests among providers  |
| Documentation discounts patient’s identity, uses assumed gender data or avoids topic altogether | Documentation reflects patient’s presentation of self |
|  Patient is solely responsible for their medical problems | Patient’s condition is multifactorial, and it is important to dissect its root causes beyond individual responsibility |
| Another provider will have more time to document with less bias than me | Biases reflected in medical documentation/language perpetuate stigma for each subsequent provider |

*General tips*

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| **Avoid** | **Use** |
| Making the patient their disease (e.g. “she is bipolar”; “sickler”; “substance abuser”) | Phrases like “He has X disorder” |
| Using unnecessary quotations | Patient’s exact words judiciously |
| Words that cast doubt on a patient's experience (i.e.: patient claims, believes…) | Neutral language that accurately relays history (i.e.: patient reports, states…) |
| Words which imply decreased agency for patients with disabilities (wheelchair bound versus wheelchair user) | Patients’ own descriptions of their disabilities  |
|  Be aware of words that might be perceived as racist, sexist, or stereotyped “That’s retarded”“She’s hysterical” | Patient’s subjective experience of their illness |
| Extraneous details that do not impact the condition for which the patient is presenting (e.g. incarceration history, race) | Using pertinent details only |
| Writing in a way that would be problematic for a patient or family member to read | Writing transparently, clearly |
| Using pejorative, dated terms for disease (“pseudoseizure,” “vegetable,” “retarded”) | Appropriate disease terminology (“PNES,” “minimally conscious state,” “intellectual disability”) |

*Special considerations for specific content areas*

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| **Avoid** | **Use** |
| **Substance use:**“Substance abuser, opiate addict, alcoholic” Test was “dirty” or “clean” |  “Person with substance, opioid, or alcohol use disorder”; “period of abstinence” “Your test shows X” |
| **Mental health:**“S/he’s bipolar”; “crazy”; “borderline”“Committed suicide”; “successful suicide” |  “SF has a known diagnosis of bipolar I disorder”“Died by suicide” |
| **Disabilities:**“Wheelchair-bound”“Deaf and dumb” |  “Wheelchair user”“Hearing- and speech-impaired” |
| **Social history:**“Homeless person”“Ex-convict”  |  “Patient experiencing homelessness” or “unhoused person”—can specify chronic or acute“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 |