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Medical Jargon: Obstacle to Effective Communication between Physicians and Patients

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Medical jargon, which is full of Latin terminologies and abbreviations, is used throughout medical practice and tends to create barriers and social distance between the physician and patient. So often we as physicians speak to patients in medical terms and do not realize how little the patients understand us, yet good medical practice depends on complete understanding between physicians and patients. Arguably, residents and young physicians are more guilty of using medical jargon than older physicians.

This letter highlights a dialogue between a physician and a patient's relative following the death of the patient. A 60-year-old woman was admitted to the intensive care unit of a university hospital with the diagnoses of non-Hodgkin's lymphoma and acute renal failure.

'Good morning, doctor.'
'Good morning. How may I help you?'
'I want to know how my patient is?'
'Name?'
'Mrs. XX.'
'Ohh, I am sorry, but she was ex early this morning.'
'Ex? Really! Ex?'
'Yes.'

12 hours later.

'Good evening, doctor.'
'Good evening.'
'I asked about Mrs. XX in the morning, I was told that she was ex this morning. How is she now?'
'Still ex!!!!'

'Ex' is an abbreviated form of 'exitus', a Latin word meaning 'a going out' or 'death'. In *Dorland's Illustrated Medical Dictionary* it is defined as 'out of' or 'away from'. In the above dialogue why did the physician prefer to use 'ex' instead of 'passed away' or 'died'? Probably 'ex' is simpler, inaccessible to the patients' relatives, and sounds more academic. 'Die' would be pure shock to the patients' relatives, whereas they at least had some time to think about 'ex'. Most of the time, relatives sense the meaning of the medical terminology instead of fully understanding it, which may lead to an interesting dialogue, as illustrated above.

When using medical terminology, physicians must ensure that the patient and relatives are receiving the intended message. Physicians should remember that even commonly used medical terminology

is often poorly understood by non-health care professionals and should therefore explain it carefully [1]. Communication of important information can be hindered when physicians use medical terminology that patients do not understand or when patients use medical terminology incorrectly when speaking with physicians. In a study performed by Lerner et al. [1] in an emergency department, the percentage of patients who did not recognize analogous terms such as bleeding and hemorrhage was 79%; broken and fractured bone: 78%; heart attack and myocardial infarction: 74%; and stitches and sutures: 38%; while for nonanalogous terms diarrhea and loose stools: 37%, and cast and splint: 10%.

Latin terminology and abbreviations are commonly used in patients' records and prescriptions, which are an important form of communication between professionals and require accurate details. Unfortunately, the clinician's understanding of the Latin language is poor. It is suggested that the next generation of physicians should be encouraged to learn Latin because most European languages are based on it and include many Latin root words, prefixes and suffixes [2, 3]. The medical literature contains numerous examples in which misinterpretation of Latin abbreviations has resulted in errors in prescriptions [4]. Latin can also be spoken at the patient's bedside so that the patient might not understand, but unfortunately medical students as well may not fully understand the conversation as knowledge of Latin continues to decrease with the new generation of doctors [4].

Medical language frequently contains linguistic forms that create social distance between physicians and patients, which in turn results in poor patient communication as the physician uses it to modulate his interaction with the patient. Often, use of jargon leads to the inability of the patient to understand what the physician is saying [5], but through a reversed logical process, the physician is considered a good doctor when he or she speaks an incomprehensible language. As the 16-century French essayist Michel de Montaigne observed, people trust more what they do not understand.

Effective physician-patient communication is vital, and all physicians who wish to deliver the best health care should carefully consider the words they choose when communicating with their patients and patients' relatives. The importance of building effective communication skills should also be borne in mind while developing and implementing medical education curricula.

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