

Politically correct medicine

The *Canadian Medical Association Journal* recently ran a commentary entitled “Who you calling obese, Doc?”.¹ It noted that in most Western nations, obesity, as defined by a body mass index of 30 kg/m² or higher, has assumed epidemic proportions, and the word, like many others in the medical lexicon, has been absorbed into the vernacular.

However, the word “obesity” is weighed down with negative connotations, both personal and social. Because of the capacity of the pejoratives “obese” or “obesity” to stigmatise, people use these words with great care and strip away as much of the implicitly judgemental language as possible by substituting terms such as “a person with obesity” or by suggesting that an individual is “medically obese”.

The motivation underpinning such verbal gymnastics is idealistic and laudable, intending to give minimal offence and shifting the focus from the person to the condition. It has become an integral part of the new medical lexicon, removing the bluntness of certain medical terms and replacing them with more politically correct (PC) language. However, this fear of hurting an individual's sensibilities can drive language into foggy territory. This is as true in medicine as it is in other areas of human endeavour.

Dr Sally Satel, psychiatrist and resident scholar at the American Enterprise Institute for Public Policy Research in Washington, DC, has published her thesis on the weakening and dilution of medical language in *PC, M.D. How political correctness is corrupting medicine*.² She claims that twisting language to avoid occasioning hurt can sometimes be more insulting than edifying: “You are basically sending the message that people are so fragile that they can't tolerate reality”.

A further example of the handiwork of the PC brigade in medicine is the substitution of the traditional term “patient” with “consumer”, “customer” or “client”. As some wag has noted, in our more socially restrictive past, the term “clients” was notoriously reserved for “customers” of the sex industry!

However, to fall back on a well worn cliché: there is nothing new under the sun. Euphemisms have always been embedded in our language as we have habitually sought to cushion our emotional response to taboo subjects, such as these examples noted elsewhere: death (“going to sleep”), pregnancy loss

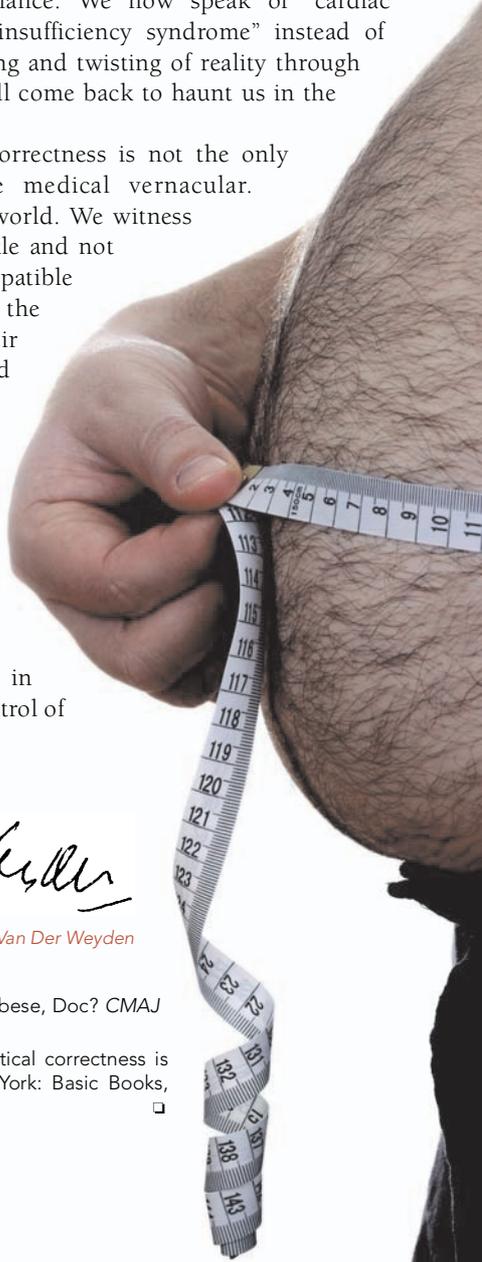
(“born still” or “stillborn”) and menstruation (“time of the month”).¹

Moreover, this watering down of language can also be found in everyday medical parlance. We now speak of “cardiac impairment” or “cardiac insufficiency syndrome” instead of “heart failure”. This filtering and twisting of reality through feel-good rhetoric may well come back to haunt us in the long run.

Interestingly, political correctness is not the only movement changing the medical vernacular.

Another is the corporate world. We witness daily the many ways, subtle and not so subtle, that the incompatible corporate structures of the world of business, with their bureaucratic language and allure of success and fortune, have intruded into the medical world. Indeed, the purist may well claim that the medical world has been traduced by corporatisation and business modelling.

Like many other things in medicine, we have lost control of our language.



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1 Collier R. Who you calling obese, Doc? *CMAJ* 2010; 182: 1161-1162.

2 Satel S. *PC, M.D. How political correctness is corrupting medicine*. New York: Basic Books, 2001. □