

Words and Medicine

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Abstract

The Author comments upon some new medical words either in Portuguese or in English raising some questions about their true meaning.

Key words: medical vocabulary, patient, client.

I have never felt the slightest empathy by certain innovations introduced in our vocabulary that, apart of being unnecessary, have strongly interfered with my childhood imaginary. Here are some examples - Ping-pong (named after the sound having always a “pong” after a “ping”) was pompously promoted to “table tennis”. The comic strips, the unforgettable “Tintin Adventures” published in Papagaio, took a hint of French to become “banda desenhada”.^{*} The “tricks” so used in the cinema classic series of the 40ties, became in the post-Spielberg era “special effects”.

Football is also full of such examples. Imported from the United Kingdom at the beginning of the 20th century, it had written instructions in English and, if some expressions evolved to “footballish” (as happened with the words football and goal), others were forced in our vocabulary, not by the creativity of the fans in the seats but due to the zeal of those who isolated in office rooms have as a role to preserve the purity of the language. But I must say that for me, *pontapé-de-canto* remains a corner, and *grande penalidade* is and always be penalty!

All this to mention that medical vocabulary has not escaped either to this renewal wave of the last decades. I am not referring to the use of “patient” instead of “*doente*” [a sick person] – an adaptation of the Anglo-Saxon expression, so much of the liking of new generations of physicians. Because “patient” (can also mean *the sick*) is, in Portuguese, a person

with patience. *Doente* is, and has always been, the right word to express “the individual with impaired health”.

Most importantly, is that in the recent History of Medicine, other linguistic metamorphosis have happened and far from being innocent they imply conceptual changes that we physicians are not always attentive. It was because of this, that in 1989, at a time where a major campaign against the medical profession was at its peak, I wrote suddenly and with some rage, a small text which appeared on the “Bulletin of the Lisbon Civil Hospitals” and I dare to transcribe the following paragraph:

At a time when Medicine all over the world and also among us, has suffered the interference of people without a clinical background – that on one hand has biased it with the concept of economic priority and on another hand with a sort of third world rhetoric – physicians have not always been capable of effectively arguing their reasons. Before the odd changes that took place, Lisbon Civil Hospitals physicians have always understood that it is necessary not to mix “medicine” and “health”, “the sick” with “the user”, “clinical diagnosis” with “homogenous diagnosis”, “therapy” with “prescriptions”.

It can be asked: what is the purpose of all this? Why to transcribe here a text out-of-date and of an arguable interest? Because, browsing the Journal of the Royal Society of Medicine, issue of July 1995, I came across an editorial headed “The meaning of words in the New Health Service” in which is made a detailed analysis of such theme, this time in the United Kingdom. It is from this editorial that I will quote a small part that for obvious reasons is reproduced in the original language.

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^{*}Literal translation from “band dessinée”

The New Health Service has brought with it a new vocabulary. Familiar terms like “hospital”, “patient”, “doctor”, and “nurse” have been replaced by terms as a “provider unit”, “client” and “healthcare professional” (...) Faced with this linguistic transformation one has to ask, “is the change in nomenclature desirable or necessary?”, “what do words mean?” and “does it matter?”

In its White Paper, *The Health of the Nation*, the Government states “the term “patient” reflects the inequality of many medical encounters with the professional in an expert and dominant role”. The government prefers the term “client” which it perceives to imply “a willingness to seek out the views of the professional, which will then be taken into account when decisions are made”.

One should pay attention to this delightful explanation on the Government preference for the word “client”, in which is clear the worry of neutralizing any possible ascendancy of the physician, that may place the patient in the position of dependency. Thus, and with total irresponsibility, it is sought to deprive clinical medicine of one of its most powerful placebos: the total trust by the patient towards the physician in whom he trusts and who will take decisions on which his health depends and on his behalf.

Therefore, there or here, the main issue is to know whether it would be possible to stop such linguistic transformations that try to withdraw from the physician his crucial role as a main actor on the mission of caring for patients. What is it not easy, as a north-American colleague said, “doctors do not have friends in government”.

In any case, I would be happy already if I had succeeded with this small note that where, at present, it can be read “Patient attending medical appointment” will not read in the future “Healthcare professional interviewing user”. ■