

## TUTOR PRIMER: CBL LANGUAGE EDITS

The CBL cases have recently been reviewed and revised to adopt more inclusive language. The language used in the cases is not meant to be prescriptive, and the changes do not mean that the language you may be more familiar with is “wrong.” However, the cases offer examples of terms that may be more inclusive and respectful of all patients. It is important to remember that when talking about specific patients, the **best language to use is the language patients use to refer to themselves.**

### GENDER AND ASSIGNED SEX



Gender is each person's internal and individual experience of gender whereas sex is the anatomical classification of people as male, female, or intersex, usually assigned at birth. When referring to specific people, it is best practice to refer to them by their gender (e.g. [cisgender/transgender] woman, [cisgender/transgender] man, nonbinary). “Cisgender” and “transgender” provide further information about the patient’s gender, but best practice is simply using the language people use for themselves. Sometimes referring to assigned sex is medically relevant, for example when we refer to literature or research that is based on assigned sex (e.g. temporal arteritis is more common in females than in males). However, making generalizations about an entire group always has limitations because **not all people with the same assigned sex will have the same anatomy/physiology, and not all people with the same gender identity will have the same anatomy/physiology.** It is often best to use sex and gender neutral language when we are not speaking about a specific person. For example, when tutoring about abnormal premenopausal uterine bleeding, it is both more inclusive and more precise to refer to “menstruating patients/people” as opposed to “young women” or “young females.”

### PREGNANCY, FERTILITY, AND PARENTING

Terms around pregnancy and fertility can be loaded. Often the most specific and precise terms are also the least harmful. Examples include:

- spontaneous vaginal delivery (*instead of natural delivery*)
- conceive w/o intervention (*instead of conceive naturally*)
- person with low sperm count (*instead of infertile person*)



Consider the various identities of people who may present with pregnancy and fertility related medical visits. Not all will be in relationships or heterosexual relationships, not all will be planning to parent, not all will be cisgender women. When speaking about people in general or the patient identity/circumstances are unknown, some inclusive terms you may come across include:

- pregnant person (*instead of pregnant woman, expectant mother*)
- birthing parent (*instead of mother*)
- parent(s) (*instead of mother and father*)

## RELATIONSHIPS



When speaking about people in general or when a person's relationships are unknown, we opt for gender neutral and inclusive language. Examples include:

-support person, partner, spouse, significant other

## PEOPLE FIRST LANGUAGE

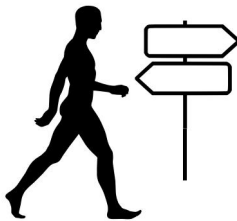
You may notice “people first” language, which recognizes the person as an individual first and the condition or illness second. This type of language is meant to emphasize patient humanity and agency.

Examples include:

- person with schizophrenia (*instead of schizophrenic*)
- person using wheelchair (*instead of wheelchair-bound person*)
- person who uses drugs (*instead of drug user/addict*)



## AUTONOMY



We have made a shift toward language that respects patient autonomy and agency in the doctor-patient relationship and moves away from authoritarian, negative, and blaming language.

Examples include:

- recommend treatment (*instead of put patient on treatment*)
- patient has barriers to treatment/has not followed treatment (*instead of patient is non-compliant/non-adherent with treatment*)
- patient declined (*instead of patient refused*)

## REFERENCES

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