

# Response to Letter to the Editor Re: Eradicating Jargon-Oblivion—a Proposed Classification System of Medical Jargon



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We appreciate this letter highlighting the important nuance that the effects of jargon usage can be amplified when jargon is captured in written form.<sup>1</sup> As we have presented our work on the seven categories of jargon,<sup>2</sup> we have heard many stories of confusion stemming from a patient's misinterpretation of what was written. Recognizing our jargon use and anticipating the confusion it creates is an important step in navigating the "Open Notes" era.

It is impractical to entirely avoid the written use of jargon such as disease names from the categories of *technical terminology*, *acronyms and abbreviations*, and *medical vernacular* (words that are familiar but not understood). Strictly abandoning this type of jargon documentation could lead to a patient leaving the hospital without ever knowing the name of the condition for which they were treated. Recognizing patients can now read all of our notes, however, provides us opportunities to anticipate the need for clarification. We encourage providers to leverage text shortcuts to add parenthetical clarifications of common phrases and abbreviations typed in notes, so that a specific jargon-laden phrase expected by colleagues and billing requirements can instantly be understood. For example, when we type .ahrf in a note, the following phrase gets pulled in: "acute hypoxic respiratory failure secondary to RSV bronchiolitis (the need for oxygen to treat the cold virus)."

Jargon that falls in the *unnecessary synonym* category, however, can likely simply be struck from our spoken and written vocabularies entirely. By replacing "erythematous" and "upper extremity" with "red" and "arm," we save typing and eliminate the need to explain this jargon to our patients.

As Lessing and colleagues highlight in their example of moving a patient to "the floor," the jargon category *medicalized English*—where medicine has assigned a different meaning to a word than what is commonly understood—can be

particularly confusing when written. After one of our presentations, one person recalled experiencing anxiety and embarrassment as a teenager when his CT scan report included the phrase, "The patient's testes are unremarkable." It wasn't until medical school that he understood that meant there was nothing abnormal. Similarly, *euphemism* jargon like "spot on the X-ray" has also been shown to lead to undue anxiety in patients.<sup>3</sup> *Judgmental jargon* can also be particularly off-putting in the "Open Notes" era, with patients wondering why their doctor insists on saying they "deny alcohol use" when they've in fact been sober for years.<sup>4</sup>

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