Words Matter

Addressing Bias in Medical Documentation

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Practice Facilitator

November 28, 2023

Learning Objectives

1. Describe the conditions that created the current opioid epidemic in the United States
2. Reflect on audience experiences with stigmatizing language in healthcare settings
3. Describe how language biases can affect patient care and health outcomes
4. Compare examples of anti-biased and stigmatizing language in documentation
5. Identify language biases in a sample of clinical documentation

Use of Stigmatizing Language

This presentation is about the use of stigmatizing language in service delivery documentation and its effect on provider behavior.

Some words on the slides and used in the presentation might be offensive to members of the audience.

Stigmatizing language used in this presentation is limited and used for the purposes of demonstrating more affirming language.

New England Journal of Medicine

A **5 sentence non-peer reviewed letter** to the editor in 1980 reframed our view on the safety of narcotics.

"… the development of addiction is rare in medical patients with no history of addiction."

Additional papers would follow in the 1990s highlighting undertreatment of pain in the United States.

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients[1] who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,[2] Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

Jane Porter
Hershel Jick, M.D.
Boston Collaborative Drug Surveillance Program
Boston University Medical Center
Waltham, MA 02154

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

The Fifth Vital Sign

In 1995 the American Pain Society promotes pain as the “**Fifth Vital Sign**” in their Pain Management Screening and Treatment Guidelines.

Body Temperature, Pulse, Respiratory Rate, Blood Pressure, and now, **Pain**.

Vital Signs	
1st	Body Temperature
2nd	Pulse
3rd	Respiratory Rate
4th	Blood Pressure
5th	No pain / Discomforting / Distressing / Intense / Utterly horrible / Unimaginable unspeakable 0 1 2 3 4 5 6 7 8 9 10 Very mild / Tolerable / Very distressing / Very intense / Excruciating unbearable

American Pain Society Quality of Care Committee. Quality improvement guidelines for the treatment of acute pain and cancer pain. JAMA 1995; 274:1874–1880.

The Pitch

Purdue paid physicians to market opioids to their peers – touting their safety, efficacy, and teaching about “**breakthrough pain**” and “**pseudo-addiction**”

1996

Purdue introduces **OxyContin** with a historic & award-winning marketing campaign

1998

Purdue offers your first OxyContin prescription free of charge

1997-2002

Prescriptions rose from **670,000 to 6.2 Million**

A Perfect Storm

In 1999 the **United States Veterans Administration** launches the “Pain as the 5th Vital Sign” initiative.

“… there is **no evidence that addiction is a significant issue** when persons are given opioids for pain control.”

Joint Commission on the Accreditation of Healthcare Organizations, 2001

The **Federation of State Medical Boards** and **Drug Enforcement Agency** issue statements promising less regulatory scrutiny.

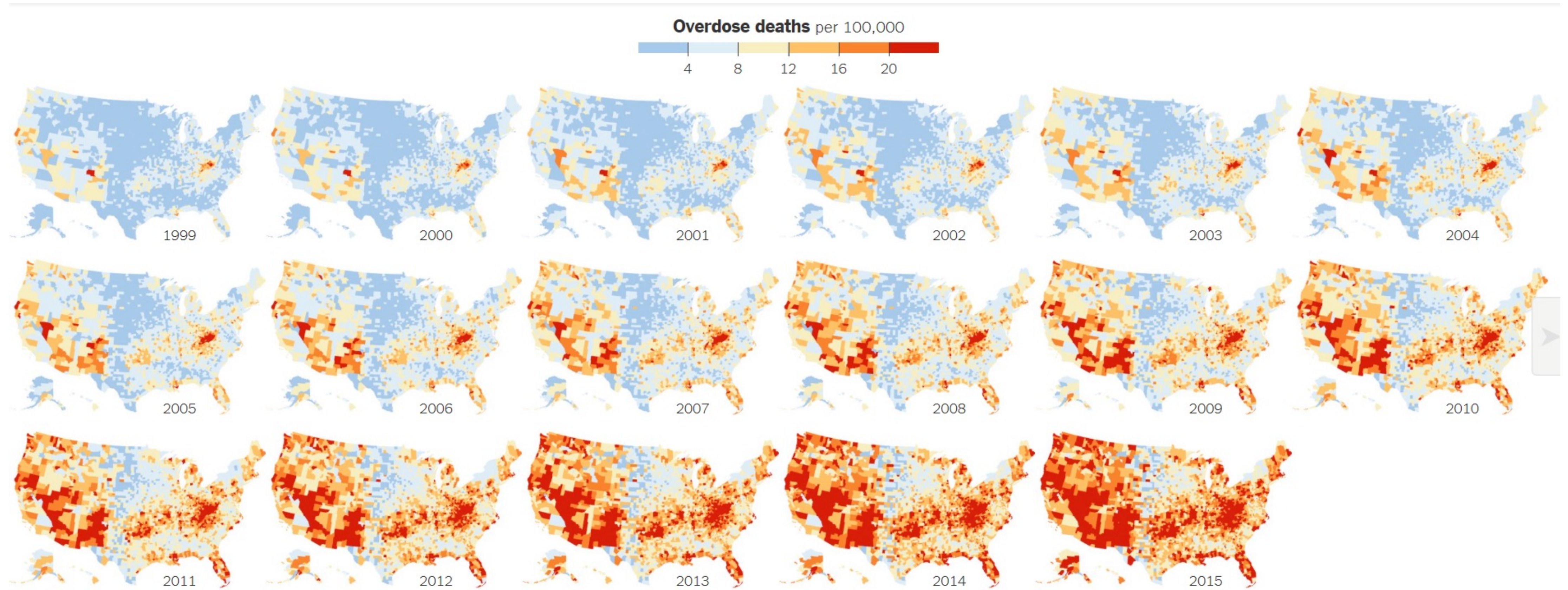
Mularski, R. A., White-Chu, F., Overbay, D., Miller, L., Asch, S. M., & Ganzini, L. (2006). Measuring pain as the 5th vital sign does not improve quality of pain management. Journal of general internal medicine, 21(6), 607–612. https://doi.org/10.1111/j.1525-1497.2006.00415.x
Jones, Mark R., et al. "A Brief History of the Opioid Epidemic and Strategies for Pain Medicine." Pain and therapy (2018): 1-9.
Mandell, Brian F. "The fifth vital sign: A complex story of politics and patient care." Cleveland Clinic journal of medicine 83.6 (2016): 400-401.
Lurie, Julia. “A Brief, Blood-Boiling History of the Opioid Epidemic.” Mother Jones, Mother Jones, 17 Jan. 2018, www.motherjones.com/crime-justice/2017/12/a-brief-blood-boiling-history-of-the-opioid-epidemic/.

Richard Sackler, MD
Former President Purdue Pharmaceuticals

We have to hammer on abusers in every way possible…

They are the culprits and the problem.

Overdose Deaths in the US 1999-2015



Source: Park, Haeyoun and Bloch, Matthew. “How the Epidemic of Drug Overdose Deaths Rippled Across America” The New York Times. January 19, 2016

Robert R. Redfield, Former Director
Centers for Disease Control and Prevention

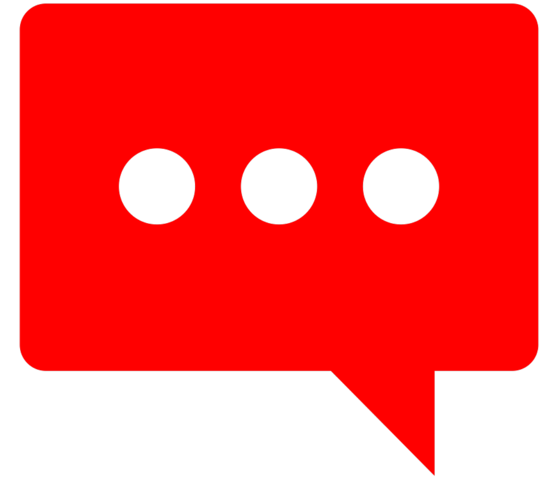
It’s important for society to embrace and support families who are fighting to win the battle of addiction – **because stigma is the enemy of public health**.

This was done <u>to us</u>.

Do Words Matter?

Stigmatizing Language

What words have you heard people in your community use **to talk about or describe people who use drugs** that was **stigmatizing**?



Do Words Matter?

Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record

Anna P. Goddu, MSc[1], Katie J. O'Conor, BA[1], Sophie Lanzkron, MD, MHS[2], Mustapha O. Saheed, MD[3], Somnath Saha, MD, MPH[4,5], Monica E. Peek, MD, MPH, MSc[6], Carlton Haywood, Jr., PhD, MA[2], and Mary Catherine Beach, MD, MPH[1]

Objective: To assess whether stigmatizing language written in a patient medical record is associated with a subsequent physician-in-training's attitudes towards the patient and clinical decision-making.

Method: Randomized vignette study of two chart notes employing stigmatizing versus neutral language to describe the same hypothetical patient, a 28-year-old man with sickle cell disease.

Goddu, O'Conor, K. J., Lanzkron, S., Saheed, M. O., Saha, S., Peek, M. E., Haywood, C., & Beach, M. C. (2018). Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. Journal of General Internal Medicine : JGIM, 33(5), 685–691. https://doi.org/10.1007/s11606-017-4289-2

Do these words matter?

Stigmatizing Language Sample

He is narcotic dependent and in our ED frequently.

Anti-Biased Language Sample

He has about 8-10 pain crises a year, for which he typically required opioid pain medication.

Goddu, O'Conor, K. J., Lanzkron, S., Saheed, M. O., Saha, S., Peek, M. E., Haywood, C., & Beach, M. C. (2018). Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. Journal of General Internal Medicine : JGIM, 33(5), 685–691. https://doi.org/10.1007/s11606-017-4289-2

Do these words matter?

Stigmatizing Language Sample

Yesterday afternoon, he was hanging out with friends outside McDonald's where he wheeled himself around more than usual and got dehydrated due to the heat.

Anti-Biased Language Sample

He spent yesterday afternoon with friends and wheeled himself around more than usual, which caused dehydration due to the heat.

Goddu, O'Conor, K. J., Lanzkron, S., Saheed, M. O., Saha, S., Peek, M. E., Haywood, C., & Beach, M. C. (2018). Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. Journal of General Internal Medicine : JGIM, 33(5), 685–691. https://doi.org/10.1007/s11606-017-4289-2

Do these words matter?

Stigmatizing Language Sample

On physical exam, he appears to be in distress.
He refuses to wear his oxygen mask and is insisting that his pain is ‘still a 10.’

Anti-Biased Language Sample

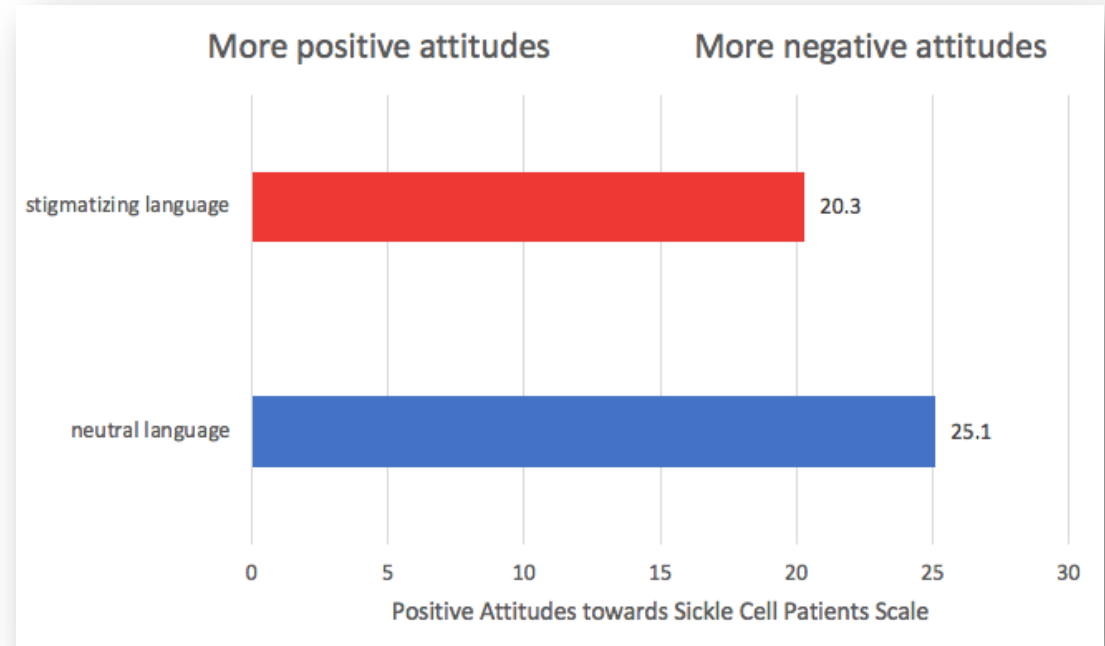
On physical exam, he is in obvious distress.
He is not tolerating the oxygen mask and still has 10/10 pain.

Goddu, O’Conor, K. J., Lanzkron, S., Saheed, M. O., Saha, S., Peek, M. E., Haywood, C., & Beach, M. C. (2018). Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. Journal of General Internal Medicine : JGIM, 33(5), 685–691. https://doi.org/10.1007/s11606-017-4289-2

Yes, they matter.

The chart shows **provider attitudes** towards a patient measured using the Positive Attitudes towards Sickle Cell Patients Scale (PASS)

Participants had **more positive attitudes after reading the vignette using neutral language** compared to the vignette which used stigmatizing language.



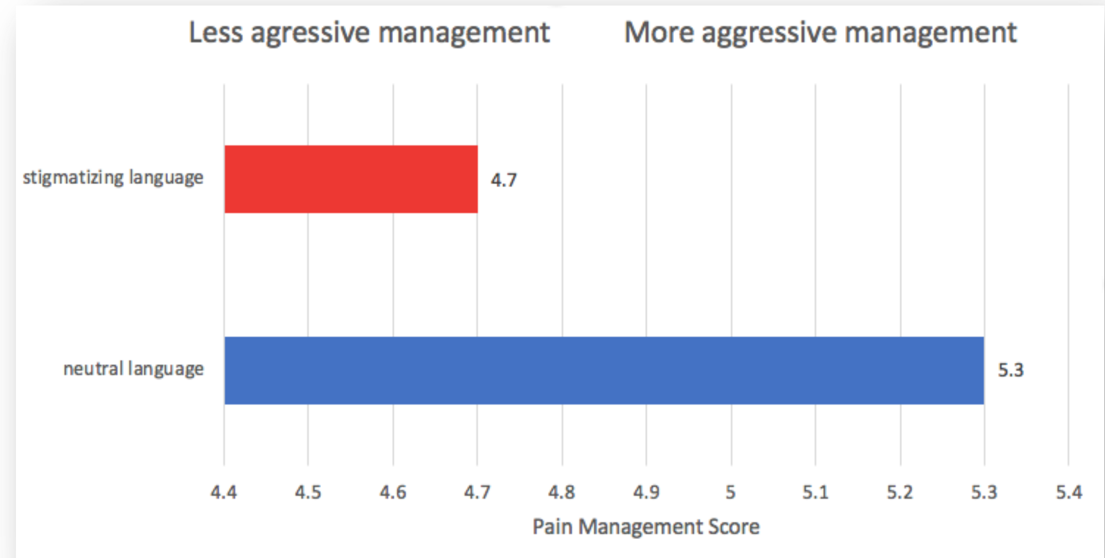
Words Mattered!

Goddu, O'Conor, K. J., Lanzkron, S., Saheed, M. O., Saha, S., Peek, M. E., Haywood, C., & Beach, M. C. (2018). Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. Journal of General Internal Medicine : JGIM, 33(5), 685–691. https://doi.org/10.1007/s11606-017-4289-2

Pain Medication Recommendations

Additionally, provider **choices for pain management intensity varied** depending on the language used in the vignette as well.

The neutral language resulted in **more aggressive treatment recommendations**.



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Do these words matter?

Research paper

Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms☆

John F. Kelly*, Cassandra M. Westerhoff

Center for Addiction Medicine, Department of Psychiatry, Massachusetts General Hospital, 60 Staniford Street, Boston, MA 02114, United States

Objective: We sought to determine whether referring to an individual as "**a substance abuser**" vs. "**having a substance use disorder**" evokes different judgments about behavioral self-regulation, social threat, and treatment vs. punishment.

Method: Participants were asked to read a vignette containing one of the two terms and to rate their agreement with a number of related statements.

Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*, *21*(3), 202-207.

Yes, they matter.

Substance Abuser

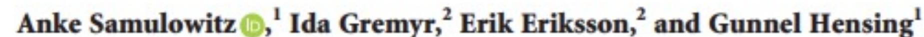
Patients were seen as **personally culpable** and that the **use of punitive measures** against the patient was **justifiable**

Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. International Journal of Drug Policy, 21(3), 202-207.

Do these words matter?

Review Article

"Brave Men" and "Emotional Women": A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain


Anke Samulowitz,[1] Ida Gremyr,[2] Erik Eriksson,[2] and Gunnel Hensing[1]

Objective: The purpose of this study was to review literature on gendered norms about men and women with pain and gender bias in the treatment of pain and to analyze the results guided by the theoretical concepts of hegemonic masculinity and andronormativity

Method: A literature search of databases was conducted. A total of 77 articles met the inclusion criteria. The included articles were analyzed qualitatively, with an integrative approach.

Samulowitz, A., Gremyr, I., Eriksson, E., & Hensing, G. (2018). "Brave men" and "emotional women": A theory-guided literature review on gender bias in health care and gendered norms towards patients with chronic pain. *Pain Research and Management*, *2018*.

Yes, they matter.

Terms used to describe pain in women often highlight absence of "evidence for organic pathology," rather than acknowledging presence of true suffering

The specific words used to describe a patient's pain may be susceptible to gender bias.

Impact on treatment:

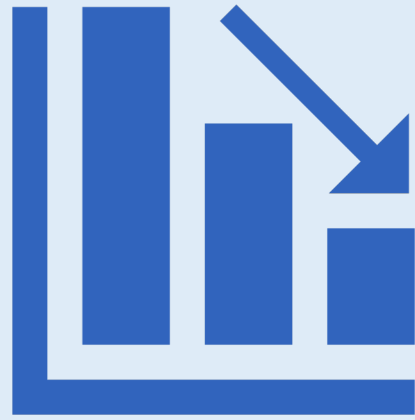
- Male patients' pain **more readily believed** and **treated more aggressively**
- Women received **less and less effective pain relief**; more often received antidepressants, mental health referrals

Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. International Journal of Drug Policy, 21(3), 202-207.

Implicit Bias

"the **automatic activation of stereotypes** derived from **common cultural experiences**, which may override deliberate thought and influence one's judgment in **unintentional and unrecognized ways** and may affect **communication behaviors and treatment decisions**"

Goddu, O'Conor, K. J., Lanzkron, S., Saheed, M. O., Saha, S., Peek, M. E., Haywood, C., & Beach, M. C. (2018). Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. Journal of General Internal Medicine : JGIM, 33(5), 685–691. https://doi.org/10.1007/s11606-017-4289-2



Reducing Stigmatizing Language

Breaking the Habit

Long-term reduction in implicit race bias: A prejudice habit-breaking intervention

Patricia G. Devine,
Psychology Department, University of Wisconsin – Madison

Patrick S. Forscher,
Psychology Department, University of Wisconsin – Madison

"People must be **aware of their biases** and, second, they must be **concerned about the consequences** of their biases before they will be motivated to exert effort to eliminate them."

"People need to know [...] **how to replace those biased responses with responses more consistent with their goals**."

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of experimental social psychology*, *48*(6), 1267-1278.

Words Matter Workshop

Facilitator Guide

PowerPoint Presentation

Mindful Language Toolkit

Clinical Cases

Sign-Out Skit

Course Evaluation

A. Raney, J., Pal, R., Lee, T., Saenz, S. R., Bhushan, D., Leahy, P., ... & Hoang, K. (2021). Words matter: an antibias workshop for health care professionals to reduce stigmatizing language. MedEdPORTAL, 17, 11115.

Targeting Stigmatizing Language

Identify **conditions that promote stigmatizing language**; be especially mindful under these conditions

Question and **actively revise language** that might perpetuate bias

Use **alternative words and descriptions** to mitigate stigmatizing language in clinical settings

A. Raney, J., Pal, R., Lee, T., Saenz, S. R., Bhushan, D., Leahy, P., ... & Hoang, K. (2021). Words matter: an antibias workshop for health care professionals to reduce stigmatizing language. MedEdPORTAL, 17, 11115.

When documenting …

Does my documentation consist of facts or assumptions?

Am I using "quotations" judiciously?

What is my state of mind while documenting?

Is this fact relevant to the patient's presentation? If not, should I delete it?

Do I disbelieve or dislike this patient? Does the record imply this?

Are these details or adjectives necessary to describe the clinical picture?

Is the patient the same race, gender, sexual orientation as me?

Change Baseline Assumptions

Change our Baseline Assumptions	
Stigmatizing	**Anti-Biased**
The patient is abusing medications.	The patient is seeking help for a legitimate reason.
I already know why they are here.	I'm curious as to why they are here.
Patient or family is solely responsible for their medical problems.	Patient's condition is multifactorial, and it is important to dissect its root causes beyond individual responsibility.
Another provider will have more time to document with less bias than me.	Biases reflected in medical language perpetuate stigma for subsequent providers and could harm patient outcomes.

A. Raney, J., Pal, R., Lee, T., Saenz, S. R., Bhushan, D., Leahy, P., ... & Hoang, K. (2021). Words matter: an antibias workshop for health care professionals to reduce stigmatizing language. MedEdPORTAL, 17, 11115.

General Guidelines

General Guidelines	
Stigmatizing	**Anti-Biased**
Uses labels and stereotypes to communicate patient conditions or contexts (e.g., "difficult" or "drug-seeking")	Describes the patient's experiences and actions objectively and in an individualized way that promotes patient's best interests among providers
Discounts a patient's identity (e.g., uses assumed gender data or labels)	Reflects a patient's own presentation of self

A. Raney, J., Pal, R., Lee, T., Saenz, S. R., Bhushan, D., Leahy, P., ... & Hoang, K. (2021). Words matter: an antibias workshop for health care professionals to reduce stigmatizing language. MedEdPORTAL, 17, 11115.

Documentation Code of Conduct

Consider First

Does it cast blame?
Does it reinforce a stereotype?
Does it include extraneous details?
Does it contain pejorative language?
How would my patients feel if they read this?

A. Raney, J., Pal, R., Lee, T., Saenz, S. R., Bhushan, D., Leahy, P., ... & Hoang, K. (2021). Words matter: an antibias workshop for health care professionals to reduce stigmatizing language. MedEdPORTAL, 17, 11115.

Examples

AVOID	USE
Substance use: "Substance abuser, opiate addict, alcoholic"; "relapse" Test was "dirty" or "clean"	"Person with substance, opioid, alcohol use disorder"; "period of abstinence"; "recurrence of use" "Test shows X"
Disability: "Wheelchair-bound" "Retarded"	"Wheelchair user" "Intellectually disabled"
Social history: "Homeless" "Ex-convict"	"Patient experiencing homelessness" or "unhoused person" "Person with a history of incarceration"
Gender Identity: Assuming or not asking about gender identity, pronouns, etc.	**When relevant to care**, note sex on birth certificate, gender identity, treatments or surgeries, and pronouns

A. Raney, J., Pal, R., Lee, T., Saenz, S. R., Bhushan, D., Leahy, P., ... & Hoang, K. (2021). Words matter: an antibias workshop for health care professionals to reduce stigmatizing language. MedEdPORTAL, 17, 11115.

Examples for HIV-related Content Areas

AVOID	USE
Promiscuous	Has multiple sexual partners
Compliant or Noncompliant	Adherent or nonadherent
Unprotected Sex	Sex without a condom or other medicines to prevent or treat HIV
Risky behavior	Risk factors, 'people with certain risk factors such as [*examples*]'
At-risk person	Person behaviorally vulnerable to HIV

Weird

Identifying Stigmatizing Language

Instructions

Read the documentation.

Identify 3 examples of stigmatizing language and then consider the following for each:

How does this language depict the patient?

How might this language affect patient care?

Identify Stigmatizing Language or Assumptions

AJ is a 17-year-old girl with a history of complex childhood trauma, PTSD, borderline personality disorder, obesity, irritable bowel syndrome, Ehlers-Danlos syndrome with associated visceral hypersensitivity, and dysmotility, who is undergoing inpatient pain management for an acute pain flare. She is currently on total parenteral nutrition due to inability to tolerate food by mouth.

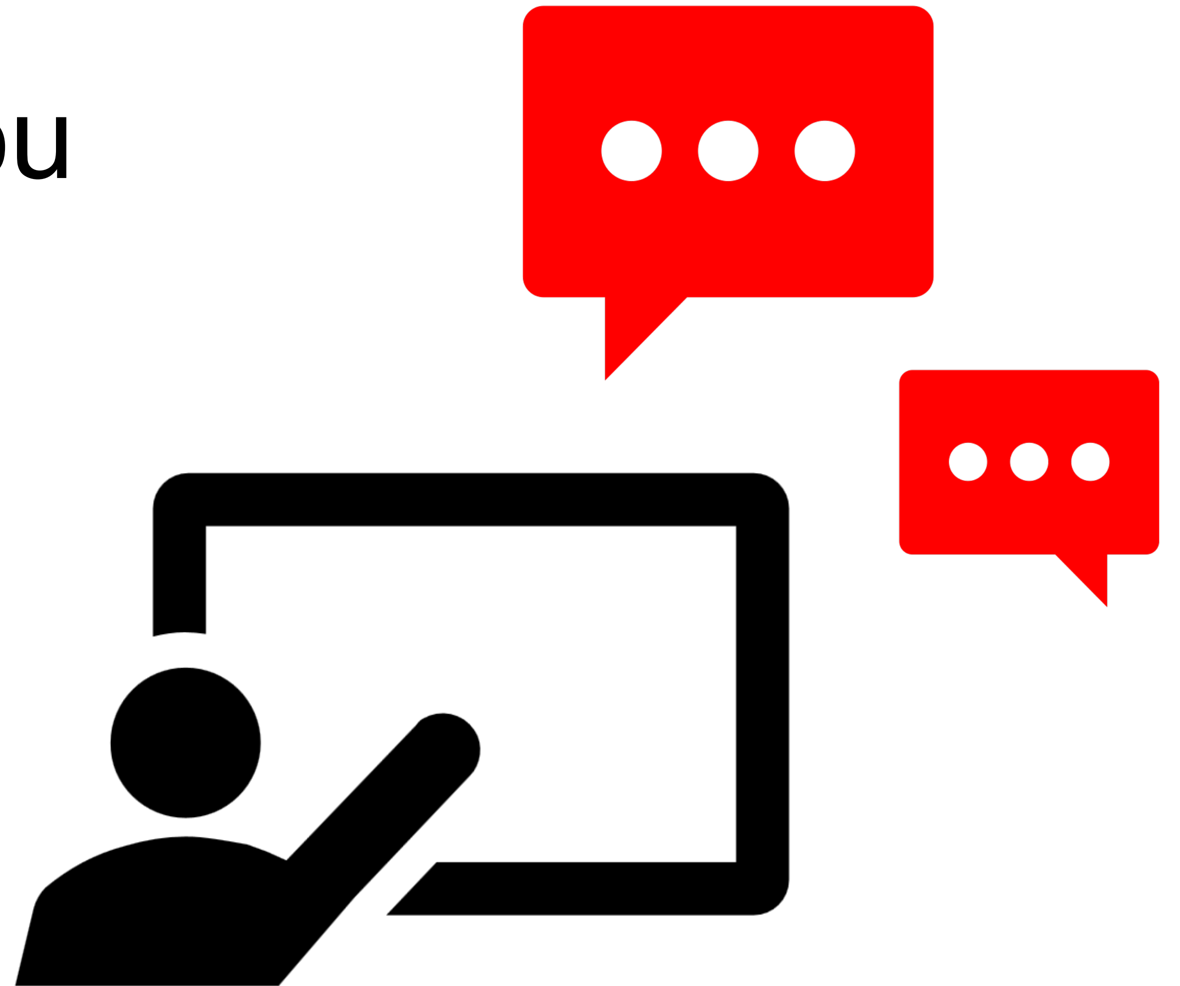
She is brought in by her mother, who is also seen as demanding and medically unsavvy. They are a bounce-back to the inpatient pediatrics service after a recent discharge and no-showing to post-hospitalization discharge follow-up outpatient appointment. Of note, patient has been a frequent flier to the ED and to multiple institutions seeking urgent narcotic and interventional inputs for similar symptoms.

Her current level of pain varies between 10/10 and 0/10, depending on the moment. AJ is an exceedingly unreliable historian—her descriptions of events and complaints of pain shift frequently with retelling; she is very hard to redirect. She is also attention-seeking; she contorts and moans in pain when in earshot of providers, but when she thinks she is alone, does not appear to be in any distress, sitting up in bed and talking loudly on the phone.

No objective or organic etiology has been found to date for her symptoms, despite several comprehensive workups. All labs and imaging have been completely normal. Patient's mother and patient refuse to accept that no further diagnostic interventions are recommended and are demanding to see the most senior doctor in the hospital. They also demand to be cared for by more competent physicians, RNs, and consultants.

Discussion

Where in the sample documentation did you identify stigmatizing language or assumptions?



Where did you find stigmatizing language or assumptions?

AJ is a 17-year-old girl with a history of complex childhood trauma, PTSD, borderline personality disorder, obesity, irritable bowel syndrome, Ehlers-Danlos syndrome with associated visceral hypersensitivity, and dysmotility, who is undergoing inpatient pain management for an acute pain flare. She is currently on total parenteral nutrition due to inability to tolerate food by mouth.

She is brought in by her mother, who is also seen as demanding and medically unsavvy. They are a bounce-back to the inpatient pediatrics service after a recent discharge and no-showing to post-hospitalization discharge follow-up outpatient appointment. Of note, patient has been a frequent flier to the ED and to multiple institutions seeking urgent narcotic and interventional inputs for similar symptoms.

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Stigmatizing Language and Assumptions

AJ is a 17-year-old girl with a history of complex childhood trauma, PTSD, borderline personality disorder, obesity, irritable bowel syndrome, Ehlers-Danlos syndrome with associated visceral hypersensitivity, and dysmotility, who is undergoing inpatient pain management for an acute pain flare. She is currently on total parenteral nutrition due to inability to tolerate food by mouth.

She is brought in by her mother, who is also seen as demanding and medically unsavvy. They are a bounce-back to the inpatient pediatrics service after a recent discharge and no-showing to post-hospitalization discharge follow-up outpatient appointment. Of note, patient has been a frequent flier to the ED and to multiple institutions seeking urgent narcotic and interventional inputs for similar symptoms.

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Potential Revisions

AJ is a 17-year-old girl with a history of complex childhood trauma, PTSD, borderline personality disorder, obesity, irritable bowel syndrome, Ehlers-Danlos syndrome with associated visceral hypersensitivity, and dysmotility, who is undergoing inpatient pain management for an acute pain flare. She is currently on total parenteral nutrition due to inability to tolerate food by mouth.

She is brought in by her mother, who is also seen as demanding and medically unsavvy. They are a bounce-back to the inpatient pediatrics service after a recent discharge and no-showing to post-hospitalization discharge follow-up outpatient appointment. Of note, patient has been a frequent flier to the ED and to multiple institutions seeking urgent narcotic and interventional inputs for similar symptoms.

Her current level of pain varies between 10/10 and 0/10, depending on the moment. AJ is an exceedingly unreliable historian—her descriptions of events and complaints of pain shift frequently with retelling; she is very hard to redirect. She is also attention-seeking; she contorts and moans in pain when in earshot of providers, but when she thinks she is alone, does not appear to be in any distress, sitting up in bed and talking loudly on the phone.

No objective or organic etiology has been found to date for her symptoms, despite several comprehensive workups. All labs and imaging have been completely normal. Patient's mother and patient refuse to accept that no further diagnostic interventions are recommended and are demanding to see the most senior doctor in the hospital. They also demand to be cared for by more competent physicians, RNs, and consultants.

AJ is a 17-year-old adolescent (she/her/hers) with a history of complex childhood trauma, PTSD, borderline personality disorder, obesity, irritable bowel syndrome, Ehlers-Danlos syndrome with associated visceral hypersensitivity, and dysmotility, who is undergoing inpatient pain management for an acute pain flare, currently on total parenteral nutrition. She is currently on total parenteral nutrition due to inability to tolerate food by mouth.

She is brought in by her mother, who might have low health literacy. She is readmitted after a recent discharge.

AJ has visited a number of EDs at multiple institutions seeking urgent narcotic and interventional inputs.

Her current level of pain varies between 10/10 and 0/10, depending on the moment. AJ's descriptions of prior events and pain reports shift on occasion; at times, she is hard to redirect.

Labs and imaging have been unrevealing to date.

Resources

UNITE Against SUD Stigma

A resource to help reduce stigma and raise awareness for medical teams.

Link: https://fsph.iupui.edu/research-centers/centers/ECHO/echo-programs/mcphd-echo-series.html

The Mindful Language Toolkit

A resource for debiasing medical documentation which includes materials and resources conduct your own training.

Link: https://www.mededportal.org/doi/full/10.15766/mep_2374-8265.11115

Final Reflection

Stigmatizing language perpetuates bias.

Most of us have used stigmatizing language at some point in our lives, **even times when we were trying to be respectful**.

Increasing awareness of bias and raising concern about its effects on patient care can help change behaviors when paired with debiasing strategies.

Be Respectful

Questions