

# The Words We Choose

## *and the Messages They Convey*

by Terry Altilio, A.C.S.W., and Katherine Walsh-Burke, Ph.D., M.S.W.

While oncology professionals recognize the range of psychological reactions that patients have to the diagnosis of cancer, we have not always attended to the powerful effects of the language we use to communicate diagnosis, treatment, and prognosis. Yet, the words we choose and how we speak them may be two of the most important interventions oncology professionals can make. The words we choose influence the perceptions and subsequent reactions of both patients and caregivers—no matter what the outcome of the illness and treatments. While words have the potential to distance, confuse, and diminish, they also can communicate the compassion intrinsic to the oncology profession.

For example...

"You've progressed through treatment" has connotations of which we may not be aware. This phrase equates patient and diagnosis and can be construed as assigning responsibility for disease progression to the individual. A better choice is "the cancer has continued to progress," which is a more accurate description and reduces self-blame.

"Keep a positive attitude" is a phrase that expresses a simplistic expectation in the setting of the complex and frightening experience of a

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cancer diagnosis. A better alternative is "We can identify supports, resources, and strategies that will help you manage." These words provide specific recommendations and possibilities for enhanced coping.

"There is little hope" evolves from a perspective that equates hope with cure. Hope is multidimensional. When we equate it with cure, we limit patients and families from focusing on immediate, imaginative, and future hopes that expand to aspects of their life and experience that are beyond the physical self.

"There is nothing more we can do" can imply abandonment and helplessness at a time when families need to know what options, including palliative interventions, will be provided in the setting of progressing disease. Consider the impact of an alternative statement such as "we will continue to provide the best treatment for symptoms and support you and your family."

"The patient has failed treatment" expresses a dichotomy between success and failure that can be misinterpreted. "The treatment has not had all the effects we had hoped for" more accurately describes the continuum of potential treatment outcomes and eliminates the blame that patients may associate with failure.

"I'm afraid he or she is giving up" implies that the patient may be able to overcome progressing illness and possibly death by an act of will. At times this phrase reflects an awareness of an emerging depression,



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which may need treatment. At other times it may reflect a patient's acceptance of progressing illness.

Similarly, "caregiver burden" implies a generalized judgment about the effects of care giving that may not be accurate and may reinforce some of the worst fears of patients and families. Alternative descriptions might include "impact on caregivers" and

"caregiver support," which imply an individualized assessment of needs and offer opportunity for relief and respite.

Health care professionals in oncology develop unique relationships with patients and their families through periods of transition, joy, and sadness. Both verbal and non-verbal communications are essential to these relationships. In the setting of an uncertain illness, we have an opportunity to select the words and phrases that most effectively convey the messages of support and comfort that we want to send. ☐