

# A Plain English Movement in Medicine

By George Hathaway

The plain English movement to eliminate legalese in the law is now 15 years old and gaining momentum. To accompany this movement we need a plain English movement to eliminate medicalese in medicine. Legalese consists of unnecessarily complicated sentence structure and unnecessary words. Medicalese consists of one thing—unnecessarily complicated medical terms for parts of the body, injuries, diseases, symptoms and procedures. These terms are usually Latin terms. Some are useful and precise. But many are not. Whenever a complicated Latin term (e.g., hypertension) has a plain English equivalent (e.g., high blood pressure) which is an exact synonym, neither term meaning more nor less than the other, then the plain English term should be used and the Latin term eliminated. To do this we need to develop a suitable approach, because simply arguing with your doctor about eliminating medicalese will get you nowhere.

## The Right Approach

The right approach consists of three parts. All three parts are hard to do—that is why they've never been done before. Part 1 is identifying the principal authority or source or book for each of the three main categories of medical terms: a) parts of the body; b) injuries, diseases and symptoms; and c) procedures. This is difficult because there doesn't seem to be one principal authority in medicine for

Figure 1: Principal Authorities for Medical Terms

Terms for	Principal Authority	Published by	Place	Date
1. Parts of Body	Gray's Anatomy 36th Ed.	Saunders	Philadelphia	1980
2. Diseases, Injuries & Symptoms	International Classification of Diseases 9th Ed. published in English and French (ICD-9)	World Health Organization (WHO)	Geneva, Swit.	1977
	International Classification of Diseases 9th Ed.—Clinical Modification (ICD-9-CM)	Commission on Prof. and Hosp. Activities (CPHA)	Ann Arbor	1986
3. Procedures	Current Procedural Terminology 4th Ed. (CPT-4)	American Med. Association (AMA)	Chicago	1989
	<ul style="list-style-type: none"> <li>used by Medicare's Health Care Financing Administration's Common Procedural Coding System (HCPCSO)</li> <li>used by new Michigan workers comp rules on maximum fee schedules for health care service</li> </ul>			

medical terminology. But for a start see Figure 1.

Part 2 is even harder. It is identifying the decision-makers, the key individuals who have the power to decide what does and does not go into the next revision of the principal authorities. Part 3 is the hardest of all. It is convincing these decision-makers that plain English in medicine is a win-win type of situation. Both sides (medical and non-medical) win. If this can be done then the decision-makers will do the revisions themselves, rather than being forced to do something they don't want to do. They are in the best position to do the revisions because if they don't have the expertise themselves, they know who has the expertise to find plain English equivalents of Latin medical terms.

How do you do Part 3? After you have identified the decision-makers you then have to find out which ones are receptive to discussing the idea objectively. What you need to find is that one person out of a hundred who will try to think of how something can be done instead of why it can't be done. The advantage of finding this person is that besides having the

"Plain Language" is a regular feature of the **Michigan Bar Journal**, edited by Joseph Kimble for the State Bar Plain English Committee. Assistant editor is George H. Hathaway. Through this column the Committee hopes to promote the use of plain English in the law. Want to contribute a plain English article? Contact Prof. Kimble at Cooley Law School, P.O. Box 13038, Lansing, MI 48901

necessary background and expertise to do the work, they know when their peers are bringing up false problems rather than legitimate problems. Furthermore, their peers are less apt to belittle or try to ignore what they are trying to do.

This is the same approach that we have used in the Plain English Committee of the State Bar of Michigan to promote plain English in the law in Michigan. The two best examples are the plain English divorce package of forms developed principally by Jim Ryan and Scott Bassett (when they were the respective chair and vice-chair of the Family Law Committee of the State Bar of Michigan) and the Michigan Association of Realtors (MAR) plain English real estate Sales Contract Form developed by the Standard Forms Committee of MAR.

The three groups to concentrate on in the health field are 1) the World Health Organization, publishers of the International Classification of Diseases; 2) the Commission on Professional and Hospital Activities, one of the publishers of the International Classification of Diseases—Clinical Modification; and 3) the American Medical Association, publishers of Current Procedural Terminology.

Parts 1 and 2 can be done by an individual or a small group of people. But Part 3 is where real influence is needed. Medicare's Health Care Financing Administration and the health insurance companies could greatly assist in this. These groups publish the schedule of procedures for which doctors and hospitals are reimbursed for health care services. If Medicare and the health insurance companies could be convinced that plain English in medicine would save enough money in processing health insurance claims, they could hold out a big enough carrot (payment to doctors and hospitals for health care services rendered) to convince doctors and hospitals to voluntarily participate in a plain English movement in medicine.

### Reply by Robert Seeman, Commission on Professional and Hospital Activities, Ann Arbor

The State Bar of Michigan deserves high praise for the enormous strides it has taken to rid the literature of the law from "legalese." The implementation of forms and documents, and the re-writing of text in plain English so that everyone, from practitioner to layperson, can read and understand what is meant by the law as it is intended is as noteworthy of the achievement wrought in conceptualizing the theory of relativity into the simple expression  $E=mc^2$ .

In legalese the target was text and processes, the description of actions, situations, methods of behavior and definitions of roles, responsibilities, transactions and limits of individual and agency accountability. Legalese

was not focused on the *names* of things in the law.

Likewise, in medicalese the issue is not the naming of things, diseases, or processes. "Nausea and vomiting" is certainly more readily understood by everyone, and easier to pronounce than is "emesis." On the other hand, "high blood pressure" is not as readily an appropriate or adaptable substitute for "hypertension." First of all, three words are used to describe the same problem when one word will suffice. Furthermore, when describing the variety of disorders that arise from hypertension, the use of "high blood pressure" becomes even more cumbersome. How much simpler it is to say "hypertensive nephropathy" instead of "damaged kidney due to high blood pressure."

"Fracture of the hip" is not a suitable replacement for fracture of neck

## LEGAL RESEARCH, MEMOS AND BRIEFS

Put our experience on 2,946 cases for Michigan attorneys to work for you. Nationally we have completed work on more than 95,000 cases.

Use our 71 full-time, specialized research attorneys to help you reduce work overloads, meet demanding schedules, access major research sources and serve more clients.

Tell us what you need—memoranda, trial or appellate briefs, computer searches, telephone reports, settlement brochures, client newsletters, etc.

You set the deadline. You establish the budget. You control the process. We do the research.

**Call 1-800-446-1870**

or write

**National Legal Research Group**

2421 Ivy Road • P.O. Box 7187 • Charlottesville, VA 22901

of femur (femoral neck), and the clinically significant specific parts thereof (trochanteric, subtrochanteric, etc.). "Broken bone" is not a suitable replacement for "fracture" since fractures themselves can be described as to types and degrees which are clinically different as to severity and implication for care and management and the different course that can be taken in various cases.

What is needed is agreement on what a thing should be called and consistent use of the term agreed upon without the terrible tendency for friendly variation and other distortions of the language that is rampant. There are many examples of the former, such as in the case of a disease which is known by many titles. For example, is Marfan's syndrome better understood and communicated by the expressions: "acrochondrohyper-

plesia," "arachnodactyly," "spider fingers," "dolechostenomelia," or "dysmorphodyptrophia mesodermis congenita." The Latin terms may or may not be more precise (if one knows Latin, perhaps yes), but why must there be so many different ones? On the other hand it may be All-American to talk of "Lou Gehrig's disease," but he is not known to the European; "amyotrophic lateral sclerosis" is more universally understood as to what the disease process is all about.

The issues you raised in the section of the paper entitled "The Right Approach" bears some comment. The "principal authority or source or book" does have disparate origins. Anatomy is anatomy, but some body of persons needs to convene to establish a single authority of terminology. Already, two such consortiums exist: The Basel Nomenclature and The In-

ternational Nomenclature of Anatomy. These two sources do not always agree, and their expertise is in the propounding of Latin or Greek terms which do not help you and me.

In the area of disease naming, there is no authority. The World Health Organization years ago began a long and elaborate project on standardization of names of diseases. However, it must be kept in mind that there would be a decided European bias to the final decisions. Certainly, the International Classification of Diseases, as published by WHO, is *not* any attempt at nomenclature. It is written by many hands from many countries, and many "terms" are more the artifact of text convention, not the products of agreed upon terminology. Technically, you cannot cite the ICD-9-CM of CPHA as a "source" book on terminology since it really only repeats what is in ICD itself.

It is the convening of people who are willing to try to legislate (impose, I guess) their concerted good efforts on the universe of practitioners at large to conform to using "standard terminology." This is a heroic and, unfortunately, doomed venture. Physicians, like lawyers, do not play the game very well. They hold their responsibilities to their patient and to their clinical colleagues as a higher level of concern than their responsibility to society at large. They do not like being dictated to or restricted by limits when it comes to language.

#### Author's Reply to Reply

It's a lonely, thankless job...but somebody has to do it. Take two aspirins, Hippocrates, because T. Selden Edgerton is going to call you in the morning. ■

---

*George H. Hathaway is a senior attorney at the Detroit Edison Company and the chair of the Plain English Committee of the State Bar of Michigan. He received his B.E.E. and M.E.E. degrees from Cornell University in 1965 and 1968 and his J.D. degree from the University of Detroit School of Law in 1979.*

## ARAB-AMERICAN BAR ASSOCIATION

The AABA (Arab-American Bar Association) meets regularly and presents guest speakers to comment on various current issues. If you would like to develop friendships with attorneys of similar interests and receive future meeting notices, please complete the bottom portion of this notice and return to:

Mona Majzoub  
1 Woodward Avenue  
10th Floor  
Detroit, Michigan 48226

Name: \_\_\_\_\_

Bar No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_