

Break It To Them Gently

Andrea Nair, M.A. CCPA (Canadian Counselling & Psychotherapy Association)

I encourage you to **not** use the following words/ terms in your interactions with patients, as they do not support resiliency or the installation of hope. These words may also give your patients visual images which may set them into a defeatist or victim mind-set.

- **SORRY**- This is a word used when apology is necessary for wrong-doing: otherwise it is *pity*.
NEVER say something like, “I am so sorry to tell you that you have cancer.”
- **WORRY**- Do not give your patient a diving-board for anxiety or to increase their existing anxiety.
Even bringing the word “worry” in as a reassurance- “I am sure this is nothing to worry about...” will be a seed for the patient to actually start worrying. If you do not mention it, they may not think of it.
- **BATTLE**- The mental image of battle is usually disturbing. Battle implies “fight”- which is less effective than an image of union or finding a way to work *with* the diagnosis they are given.
For example: “Others who are battling with fibromyalgia might experience...”
- **SUFFER**- Avoid using this word for the mental imagery and sadness it evokes.
For example, “How long have you been suffering from these headaches?”
- **AFRAID**- This word verbalized, even in a neutral context, can increase fear.
- **NOTHING**- “This is probably nothing...” If you are certain that there is no medical diagnosis, then you are likely alleviating anxiety- which isn’t nothing. Use extra validation and compassion to impress upon your patient that you are listening.

Do speak in a *neutral and compassionate manner*. This means to remove any words listed above which trigger negative core beliefs, scary images, strong emotions, fear, anxiety, or sorrow.

DO use words which counter possible negative core beliefs and show respect for their experience: SERIOUS, TOUGH, HARD, CHALLENGE, DIFFICULT, IMPORTANT are all neutral terms which acknowledge the potential difficulty of a situation.

Other points to consider:

- *Describe a diagnosis rather than giving a label.*
Instead of saying someone is a “diabetic,” say they “have diabetes.”
- **Do not** speak to your patients in either a manner which is:
protective- hiding necessary information or
scary- using shocking words.
- Avoid using words which may have judgment attached to them like:
good, bad, horrible, awful, or terrible.
STAY NEUTRAL to promote non-defensiveness, reduce emotional charges and increase the possibilities of any particular experience.
- Attempt to increase other’s positive core beliefs, and thereby also their resilience by incorporating the words: **trust, hope** and **safe** as much as appropriate.

Andrea Nair is co-owner of a Centre with a family medical practice and allied health professionals. One of her goals is to support family doctors in their patient interactions thereby increasing the physician’s overall wellness. She offers tools and education for physicians to both use and pass on to the patients. www.andreanair.com corefhc@rogers.com

YES	NO
<i>Respectful:</i> serious hard tough challenge difficult important	<i>Limiting:</i> sorry worry afraid nothing battle/battling with suffer/suffering from
<i>Describe Diagnosis:</i> has diabetes	<i>Do Not Label:</i> diabetic
<i>Words of Support:</i> trust hope safe	<i>Judgment Terms:</i> good bad horrible terrible awful
<i>Be:</i> neutral compassionate	<i>Do Not Be:</i> scary protective
spend a moment in their shoes	