



ELSEVIER

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Review Paper

Access to treatment with controlled medicines rationale and recommendations for neutral, precise, and respectful language



W. Scholten ^{a,*}, O. Simon ^b, I. Maremmani ^c, C. Wells ^d, J.F. Kelly ^e,
R. Hämmig ^f, L. Radbruch ^{g,h}

^a Willem Scholten Consultancy, Wielsekade 64, 3411 AD Lopik, The Netherlands

^b Département de psychiatrie, Centre hospitalier universitaire de Lausanne, av. Recordon 40, 1004 Lausanne, Switzerland

^c Santa Chiara University Hospital, Via Roma n. 67, 56126 Pisa, Italy

^d European Pain Federation EFIC, Grensstraat 7, 1831 Diegem, Brussels, Belgium

^e Department of Psychiatry, Center for Addiction Medicine, 60 Staniford St., Boston, MA 02114, United States

^f Universitäre Psychiatrische Dienste Bern (UPD), Zieglerstrasse 7, Postfach 52, 3010 Bern, Switzerland

^g Department of Palliative Medicine, University Hospital Bonn, Sigmund-Freud-Str. 25, 53127 Bonn, Germany

^h Palliative Care Centre, Malteser Hospital, Bonn/Rhein-Sieg, Germany

ARTICLE INFO

Article history:

Received 30 March 2017

Received in revised form

24 August 2017

Accepted 30 August 2017

Keywords:

Terminology

Stigma

Patient access

Publication policy

Substance use disorder

Pain

Opioids

ABSTRACT

The European Pain Federation EFIC, the International Association for Hospice and Palliative Care, International Doctors for Healthier Drug Policies, the Swiss Romandy College for Addiction Medicine, the Swiss Society of Addiction Medicine, and the World Federation for the Treatment of Opioid Dependence called on medical journals to ensure that authors always use terminology that is neutral, precise, and respectful in relation to the use of psychoactive substances. It has been shown that language can propagate stigma, and that stigma can prevent people from seeking help and influence the effectiveness of social and public-health policies. The focus of using appropriate terminology should extend to all patients who need controlled medicines, avoiding negative wording. A narrow focus on a few terms and medical communication only should be avoided. The appropriateness of terms is not absolute and indeed varies between cultures and regions and over time. For this reason, it is important that communities establish their own consensus of what is 'neutral', 'precise', and 'respectful'. We identified twenty-three problematic terms (most of them we suggest avoiding) and their possible alternatives. The use of appropriate language improves scientific quality of articles and increases chances that patients will receive the best treatment and that government policies on psychoactive substance policies will be rational.

© 2017 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

* Corresponding author.

(W. Scholten)

<http://dx.doi.org/10.1016/j.puhe.2017.08.021>

0033-3506/© 2017 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Introduction

Recently, on behalf of their organizations, five authors from our author group, representing the European Pain Federation EFIC, the International Association for Hospice and Palliative Care, International Doctors for Healthier Drug Policies, the Swiss Romandy College for Addiction Medicine, the Swiss Society of Addiction Medicine, and the World Federation for the Treatment of Opioid Dependence called on medical journals world-wide (editors-in-chief, editors, and reviewers) to ensure that authors use neutral, precise, and respectful wording.¹

The call, an opinion piece, was perforce brief, and we could not in detail describe the language that we consider appropriate. With this article, we provide additional inappropriate terms, explanation, and alternatives. We do so on a personal title.

Similar calls in the past

This call was not the first for neutral, precise, and respectful wording regarding the use of psychoactive substances. In 2014, the Editorial Team of the journal *Substance Abuse* called on its authors, reviewers, and readers to use language that makes an appeal for respecting people ('people-first language'), focusing on the medical nature of substance use disorders and treatment, to promote the recovery process and to avoid perpetuating negative stereotypes and biases.² Ironically, they found that the denomination of their journal did not meet their own criteria, a problem that many journals and medical societies in this area will encounter. In 2015, the International Society of Addiction Journal Editors (ISAJE) published the ISAJE Terminology Statement, against the use of language that can stigmatize.³ The *Journal of Addiction Medicine* adopted guidance for authors with respect to linguistic do's and don'ts.⁴

Over time, various authors have discussed the importance of 'person-first' language and other aspects of respectful terminology.^{5–10} Yet, much of the language that continues to be used in relation to the use of psychoactive substances can propagate stigma intentionally and unintentionally: a mark of dishonor, disgrace, and difference that depersonalizes people and deprives them of their individual or personal qualities and personal identity.² Phillips and Shaw showed that individuals who use substances receive more stigma than individuals with obesity and smoking.¹¹ A meta-analysis showed that stigma has a small to moderate negative effect on help-seeking among people with mental illnesses.¹²

The rationale for banning inappropriate terms, such as pejorative or disrespectful words and descriptions is clearly established by Kelly, Dow, and Westerhoff and by Kelly and Westerhoff.^{13,14} Their experimental and quasi-experimental survey studies showed that the use of certain terms (e.g. describing someone as a 'substance abuser') can induce implicit cognitive biases that perpetuate stigmatizing attitudes that may influence the effectiveness of our social and public-health policies for addressing them. In the case of substance use disorders,

this is of particular importance because these disorders are a major public-health concern.¹⁵

More change is needed than you think

The sources we cited here focus almost entirely on people who use psychoactive substances and treatment of substance use disorders. However, we would argue that more treatments and more people are affected:

1. Terminology related to psychoactive substances affects treatment of all disorders and diseases that require availability and accessibility of controlled medicines, including opioids (for treatment of moderate and severe pain, dyspnea, and for opioid agonist treatment of opioid dependence), stimulants (in narcolepsy, Attention Deficit Disorder, and Attention Deficit Hyperactivity Disorder), and to a lesser extent, hypnotics and anxiolytics, antiepileptics, and emergency obstetrics.¹⁶ Research by the World Health Organization (WHO) showed that 5.5 billion people (79.3% of the world population) live in countries where opioid analgesics are not readily available for those who need them.^{17,18} There is only a limited number of countries where opioids are available for the treatment of substance use disorder.¹⁹ Recently, China attempted to bring the anesthetic ketamine under international control in the United Nations (UN), which would have brought around two billion people in developing countries out of reach of anesthesia and thus, of surgery.²⁰
2. When it comes to what type of terminology is inappropriate, most of the focus has been so far on the terms 'abuse' and 'misuse' and on terminology which is not 'patient-first' (as is shown by the sources referenced in the preceding section). However, we argue that there are many other terms which are not neutral and which do not describe substance use disorder as a disorder. This limits and impedes patient access to treatment.^{13,14} It is also disrespectful toward people who use psychoactive substances, being stigmatizing, pejorative, or a combination of both.
3. When it comes to the question of who should change terminology, most of the focus so far has been on medical journals and healthcare professionals. We argue that the administration is equally important, including national governments, legislators, judiciary systems, and international organizations like the UN. Moreover, the terminology used by the press determines the terminology used and the views held by the general population, politicians, and civil servants.

The other authors agree with Kelly, when he argued that some of these terms may have 'potentially important implications for patients (e.g. stigma), treatment programs (e.g. access), and policy (e.g. appropriation of healthcare funding).¹⁰ However, we would include more examples here, e.g. the refusal of pharmacological treatment to patients with pain, and people with substance use disorders being refused

Download English Version:

<https://daneshyari.com/en/article/7525880>

Download Persian Version:

<https://daneshyari.com/article/7525880>

[Daneshyari.com](https://daneshyari.com)