
What Not to Say to Patients - The Never-Words



Seriously ill patients and their families endure intense emotional suffering, which must be addressed through compassionate communication from clinicians as part of the treatment process.

In a recent study published in Mayo Clinic Proceedings, researchers highlight specific “never words”—phrases that should never be used—and offer guidance to help clinicians recognise and replace these terms with more supportive language. They highlight that despite advancements in treating serious illnesses like cancer, advanced heart failure, and end-stage pulmonary disease, certain “timeless” aspects of the patient experience, such as fear, remain.

The researchers emphasise that effectively communicating complex treatments and setting realistic expectations still confronts universal patient experiences: fear, intense emotions, limited medical knowledge, and sometimes unrealistic hope for a cure. The intensity of these conversations can lead clinicians to fall back on learned habits or authoritative statements, which may unintentionally disempower patients and families, diminishing shared decision-making.

Patients in these situations are deeply affected by each word a doctor says. Serious illness brings emotional as well as physical suffering, and the doctor’s verbal and nonverbal cues can either amplify or reduce this suffering, the researchers note. Unfortunately, clinicians often use insensitive language without realising the distress it causes.

For patients and families to feel psychologically safe with healthcare providers, they need the freedom to share their concerns openly. The researchers caution that certain phrases can undermine this openness. “Never words,” as they call them, can halt conversations and seize control from patients whose voices are essential to their care.

Based on clinician surveys, some never words include:

- “There is nothing else we can do.”
- “She will not get better.”
- “Withdrawing care.”
- “Circling the drain.”
- “Do you want us to do everything?”
- “Fight” or “battle.”
- “I don’t know why you waited so long to come in.”
- “What were your other doctors doing/thinking?”

In one cancer care study, phrases clinicians would never use with a patient included:

- “Let’s not worry about that now.”
- “You are lucky it’s only stage 2.”
- “You failed chemo.”

These phrases can come across as dismissive, presumptive, or blaming, adding to the patient’s anxiety and emotional distress.

To foster open dialogue, healthcare providers are encouraged to invite thoughtful questions and express empathy. For example, instead of asking, “Do you have any questions?” they might say, “What questions do you have for me?” This subtle shift encourages patients to speak more

freely.

The researchers also recommend alternatives to each “never word.” For example, instead of saying, “She will not get better,” a clinician might say, “I’m worried she won’t get better,” which expresses concern rather than certainty. Replacing words like “fight” and “battle” with phrases like “We will face this difficult disease together” reminds patients they are supported by a team rather than implying their own willpower alone determines the outcome.

The researchers stress that medical schools should integrate compassionate communication into their curricula alongside medical science. Communication training is essential, and students benefit greatly from role models who demonstrate patient-centred communication skills. Experienced clinicians can mentor new doctors by sharing effective communication practices, including phrases to avoid.

Source: [Texas A&M University](#)

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