



# Blog of the Month

*AMPJ Blog of the Month: December 2021 Edition*

*Evangeline Buck is a medical student currently studying at the University of Birmingham. For this month's APMJ blog post, we share Evangeline's winning essay for the AMPJ essay competition: Words that Matter. Thank you and congratulations Evangeline!*

*Interested in submitting something yourself, have any comments or questions on this piece? Email [submissions.apmj@gmail.com](mailto:submissions.apmj@gmail.com) or tweet us @APMJuniors*

***Palliative care essay for the conference 'Words That Matter: conversations at the end of life'***

## Words That Matter

We have all heard the childhood idiom 'sticks and stones may break my bones, but words will never hurt me'. It is, of course, a statement that couldn't be further from the truth. Words matter. They can enter your brain and remain there as a scar for a lifetime, that once prodded by memory can hurt just as keenly as when they were first heard. My mum will forever remember a harsh comment made by a nurse about my dad being an alcoholic, which he was, a fact my mother was all too aware of, but it stung never-the-less. The comment was related to the likelihood of him obtaining a transplant. I don't know exactly what was said, I was ten years old, but I know my mum was deeply hurt by it, and that now, fifteen years after he died, she still occasionally thinks about it on her solitary dog walks in the countryside.

To us, he was a loving father, a thoughtful husband, a fantastic cook and an especially funny individual, his laughter booming through the house, always making us smile. To his doctors and nurses, he was a patient, one with an unhealthy habit that would prematurely end his life.

I think at the time the nurse was speaking to my mum it was clear he wouldn't have much time left, perhaps it was her way of managing my mum's expectations. Something that Palliative Care physicians are familiar with and is an important aspect of the job. Yet, whatever the intention, the words did little but upset.

However, we shouldn't be scared of words; sometimes fear of saying the wrong thing prevents the right thing from being said at all. Perhaps it calls for a bit of thought before speaking, a heartbeat to remind ourselves that this isn't just a patient in Bay 2, Bed 3, but a person, an individual who has lived a life-time, is so much more than their illness. This is harder than it sounds when we are busy and tired and have the noise of our own lives bussing around in our minds. Perhaps we can help each other, remind each other to treat all patients with empathy, no matter the reason for

their illness. I can't count the number of times I have heard health professionals talking disparagingly about patients with drug or alcohol problems since I have been a medical student. It upsets me every time. I've heard patients with jaundice referred to as 'Simpson Yellow' and patients with mental health issues, and consequent alcohol problems, as in my father's case, refused treatment in terms and tone that imply they are responsible for their own illnesses and are, therefore, lost causes. So, I know that the attitudes that hurt my mother fifteen years ago still live on in hospitals today. And it is so easy to let our attitudes spill over into our language. So, next time we hear a colleague discuss a patient with lack of empathy, let's put ourselves in the patients' shoes, reminding ourselves of their humanity so that we always communicate with compassion.

But the title of this essay is the words that matter, not the words that hurt. So, what are the words that matter? Despite our extensive OSCE practice and communications teaching, I don't think there is any set script that can be learned for every medical scenario. Ultimately, the words that matter are the words of compassion and clarity. Compassion, I have already covered, but clarity is also vitally important. There is nothing worse than being a patient or relative who doesn't understand what is happening. Sometimes our years of medical education act as a barrier to communication, we forget that our vocabulary isn't commonplace. We need to remind ourselves of this. To remember that above all else, particularly during end-of-life care, we are talking person to person, not just health professional to patient. Confusion leads to fear, dissatisfaction and lack of peace. Studying medicine to understand what happened to my dad has given me better closure and I have been able to answer some questions my mum felt were left unanswered. It shouldn't take over a decade and a medical degree for relatives to understand what happened to their loved one.

So, the words that matter are those used with compassion and clarity. That is the best we can do; we may not always achieve it, but it is the minimum that we should aim for.