

Language Matters



DAL MED

STUDENT DIVERSITY &
INCLUSION COMMITTEE

Preface

As you read through this language primer, we urge you to remain open and curious. We appreciate that language is constantly evolving and although we will do our best efforts keep this document up-to-date, we do not suggest this as your sole tool for language guidance.

Reflecting on your language is an important way to show your commitment to inclusivity in medicine. Students trust material and oral information provided by professors, preceptors and mentors and will often carry forward language that is heard. Being mindful of language can impact the student experience as well as the experience of future patients who encounter the health care system.

Why use person first language?

Person-first language acknowledges someone as a person before describing their personal attributes or health conditions, and does not identify individuals by secondary or incidental qualities or conditions. The use of person-first language is important when working to decrease stigma. Although stigmatizing language is often used unintentionally, it may shame or belittle people and can lead to isolation and marginalization of people who belong to certain groups.

A note on substance use

It is important to acknowledge that a substance use disorder is a medical diagnosis, and therefore when discussing substance use it should be limited to settings in which it is clinically appropriate.

When considering the table below, it is important to note that people who use substances may refer to themselves using stigmatizing language. This does not mean it is okay for you to refer to them or others using this same language (ex: "my friend calls themselves an alcoholic so I can too" is not appropriate). This concept can be explained by the sociological terms "in-group" (a social group to which a person identifies as being a member) and "out-group" (a social group with which an individual does not identify) - the language used by an in-group is not language that is appropriate for an out-group to be using. If you are unsure of what language to use, person-first language will typically be safe. It is also appropriate to ask an individual how they would like to be described if you are ever unsure.

Recommended language	Stigmatizing language	Note
Substance use disorder	Drug/substance abuse Drug habit Drug dependence Addiction Substance misuse	
Person with a substance use disorder	Abuser Addict Druggie Junkie	
[X] use disorder Ex - alcohol use disorder	Addict, addicted to [X] Ex - alcoholic	Terms such as alcoholism and alcoholics anonymous may appear in literature and may be used socially by in-groups, but should be avoided in clinical settings. Rather, use substance use disorder when the diagnosis is relevant in a clinical setting.
	Clean Dirty	It is usually inappropriate to comment on day to day use of an individual. Language should depend on context and what substances people are using at that time, relevant to the context.
Withdrawal management	Detox	
Person in recovery	Ex-addict Former addict Clean	

A note on inclusivity

Do not refer to someone's range of abilities unless it is crucial and relevant. Also, in the context of different abilities, it is not appropriate to refer to someone as a patient unless you are describing a clinical encounter.

Use neutral terminology rather than extremes. Specifically, avoid extremes such as negative words (ex: suffers from, afflicted, by, troubled with) or portraying basic accomplishments as exceptional. Person-first language is typically safe, although it is recommended to ask each individual how they would prefer to be described.

Recommended language	Stigmatizing language	Note
Different abilities Range of ability	Disabilities Disability	
Neurodiverse	Abnormal Crazy	Neurodiversity refers to the fact that no two brains are exactly alike and that there exists natural differences in communication skills, problem-solving and creative insights. Autism, dyslexia, dyspraxia and ADHD are all included in the range of neurodivergence.
Person who can see/ walk/talk/hear etc	Normal Able-bodied	Do not call those without disabilities "normal", as this implies that others are "abnormal".
Person living with a mental health disorder	Mentally ill Mental Psycho Nuts	Avoid unnecessary medicalization of mental health. For example, someone may have a mental health <i>concern</i> without having a mental health <i>disorder</i> .
Died by suicide	Committed suicide Completed suicide Failed/successful suicide	Stigmatizing terms frame suicide as a crime or achievement which may imply judgment.
Living with Has Is	Suffers from	Use neutral verbs such as "has", "is" or "living with" and avoid descriptions that are judgmental or connote pity.
Person who uses a wheelchair	Confined to a wheelchair Wheelchair bound	
Person with intellectual disability Person with developmental disability	Challenged Intellectually disabled Developmentally disabled	Do not use the phrases "mentally challenged", "physically challenged", "intellectually challenged" as they are offensive.

A note on sex, gender identity and sexual orientation

It is important to understand that gender identity and sexual orientation are not the same thing. For example, a trans woman may be lesbian, bisexual, or straight in their emotional, romantic, and sexual orientation.

Gender identity and gender expression should be avoided when describing an individual. For example, describing that a trans man may not dress or behave in a stereotypical “masculine” way is inappropriate.

In general, stereotypes that relate sexual orientation and gender expression (masculine lesbians and feminine gay men) should be avoided.

Avoid assuming that there is a true binary biological reality to sex. If someone is non-binary or trans, the “true biological sex” should not be part of any discussion (relevant information can be found through their assigned sex at birth).

Recommended language	Stigmatizing language	Note
They	He and/or she Man and/or woman	When referring to an individual or group of people, do not assume everyone identifies as either a man or woman.
People	Ladies and gentleman	
Assigned female at birth	Born a girl Born female	
Assigned male at birth	Born a boy Born male	
LGBTQIA2S+ Transgender people Trans and gender nonbinary people Genderqueer	Hermaphrodite Transvestite Transsexual	
Sexual orientation	Sexual preference	
Lesbian, gay, bisexual, asexual, pansexual, queer	Homosexual	Although straight and heterosexual continue to be used, neither term is perfect (straight suggests correctness and heterosexual is the complement of homosexual which is not preferred)

A note on ethnicity and racialized identity

It is important to distinguish the reason you want to talk about race and use the language appropriate to that. For example, a person may identify as or is racialized (socially) Black and is exposed to racism as a social determinant of health, OR the person is of a specific geographic ancestry (i.e. NOT Africa; more specific than that) that is of genetic significance for medicine. Avoid assuming that correlations or risk factors in current medical literature reflect genetics. Instead, it is important to review recent literature and to update views of race as a risk factor in your field. Race is social construct and categorization is an iterative process - language must reflect this.

Recommended language	Stigmatizing language	Note
Racialized person/identity	Race Racial minority	Do not use “race” uncritically
African Canadian Black	Afro-Canadian Coloured Negro black (without capitalization)	African Canadian should not be used as an umbrella term for people of African ancestry worldwide as it may conceal other ethnicities/ national origins, using Black may be appropriate in these settings
Indigenous Métis First Nation Inuit Indigenous people Indigenous People	indigenous (without capitalization) Aboriginal Indian Native	<p>The term “Indigenous People(s)” (capitalized) refers to individual or collective Indigenous tribes, nations, or communities. “Indigenous people” (not capitalized) refers to individuals who, in Canada, can be classified as First Nations (status or non-status), Inuit, and/or Métis.</p> <p>Tribal, national, and/or community memberships were always used as identifiers prior to colonization. However, umbrella terminology was adopted by the settler colonial state in order to impose governance on a wide number of self-determining Indigenous Peoples.</p> <p>Indigenous is safe for general use, but, whenever known, it is most appropriate to identify Indigenous people based on their specific tribe, nation, or community (e.g. Mi'kmaw, Wolastoqiyik, Peskotomuhkati, Haudenosaunee, Cree, Anishinaabe, Ojibway, Black Foot, etc.)</p> <p>Aboriginal is no longer widely accepted, but it is often used when referring to Aboriginal title or rights, which has specific meaning within the context of the Canadian constitution.</p> <p>The term Indian is not safe for everyday use. It persists because it has a specific legal definition under the Indian Act. This definition has been heavily scrutinized for its restrictive and arbitrary nature. It serves to limit the number of people who hold Aboriginal rights.</p>
Asian Asian Canadian	Oriental	Asian refers to people of Asian ancestry who are living in Asia, not in Canada. The usage of Asian and Asian Canadian synonymously may reinforce the idea that Asian Canadians are foreigners.
white people	Caucasian White people (with capitalization)	

We didn't make this up!

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