Dynamic Chiropractic

YOUR PRACTICE / BUSINESS

Doctor Talk

Semantics is commonly known as the study of the meaning of words. This statement, however, is a paradox; i.e., words do not mean anything. Meaning is in people, not words. Something called a semantic triangle illustrates this by advancing three elements: the word (which is a symbol or sign), the thing to which the word refers (the referent), and the thought or idea generated by the word (your reference).

Consider the word "disease." By itself, it means nothing. Only when it is correlated with some cellular, tissue, or systemic change does it take on meaning. Then, only by coupling the symbol or sign with its referent, does one arrive at a reference; i.e., a thought or idea.

Expanding the term semantics to general semantics carries meaning beyond the word. It includes the relationship between symbols and behavior. Alfred Korzybski, originator of general semantics, intended that it take into consideration how a person evaluates and uses language, and how language affects attitudes, feelings, and behavior.

Words can be classified as either concrete or abstract, with a wide range of intermediate connotations. A concrete term is one whose meaning is crystal clear. For instance, the number four means the same in every language. Its meaning is invariant, concrete -- unchanging.

It thus follows, the more concrete the word, the clearer its meaning.

Jargon is no stranger to every health care system -- be it medicine, psychiatry, chiropractic, podiatry or ophthalmology. Patients are routinely exposed to terms such as diverticulitis, alienation, subluxation, hallux valgus, and retinitis. While each refers to something specific in the body, which is perfectly clear to the doctor, patients often come away somewhat confused.

In an older day, witch doctors, sorcerers, and exorcists used mystical and magical words while delivering their incantations. Certain contemporary societies still employ secret passwords and ceremonial terminology so that outsiders will not understand. Understanding appears to be at the heart of this deliberate obfuscation; i.e., the intent being to keep the masses from knowing what they mean.

Most of us have come a long way from those dark and magical times. For example, in the early 60s, certain television shows began permitting the viewing public to see what goes on behind the scenes in medicine -- to see physicians as ordinary people, leading ordinary lives. Slowly, much of the mystery associated with the practice of medicine began to fade. Medical jargon began to permeate everyday speech; understanding grew.

Chiropractic has brought additional jargon to health care; e.g., subluxation, adjustment, fixation, biomechanical distortion, etc. Again, patients were exposed to unclear and unfamiliar language. Recognizing this, insurance companies have been compelled to incorporate chiropractic nomenclature in their ICD indices.

The question being begged here is whether a patient should understand the language used in chiropractic. How important is such knowledge to the patient? Does a clearer understanding of

what a chiropractic physician says or explains speed up the healing process? An interesting anecdote will help illustrate the relevance of this question. A study was done to determine whether a difference existed between how Jewish and Italian men handled being hospitalized. The results indicated that the Italian men had little or no interest in what the doctor (or surgeon) was going to do. Their main concern was getting well and going home. The Jewish men, on the other hand, waned to know everything. They asked doctors to draw pictures of their problem, to explain in detail the exact nature of their pathology, and also requested another medical opinion.

It would seem from this anecdote that not everyone needs or wants to know the exact nature of the problem, what form of treatment will be received, or how it will be implemented. Others want to know and understand everything. It is, therefore, the individual doctor's responsibility to determine which patient should be told what. In either case, the doctor should be prepared to explain his findings and procedures if asked.

The central theme of this column is communication -- clear and meaningful communication between doctor and patient. The words we speak do not, in themselves, have meaning, but they do have behavioral analogues. The solitary word, as well as collective ideas, have the capacity to trigger the emotions. Mediated by the immune system, emotions can accelerate or retard the healing process.

An increasingly large body of literature is accumulating which establishes a biological linkage between mind and body. The cliche, "It's all in your mind" seems to be taking on a verifiable physical dimension, i.e., what you say and think can alter your bodily function. Perhaps positive thinking, at last, has entered the realm of therapeutic respectability.

The notion being posited here is that despite the fact that words, in themselves, lack meaning, they do trigger meaning in your patients. In conjunction with your treatment, words do have consequences. Discretion, therefore, must be exercised in one's choice of words. Connotations vary: expressions such as "a little better," "once in a while," "take it easy," or "some discomfort" mean different things to different people. Wherever and whenever possible, quantifiable terms should be used. Instead of saying "take it easy," say, "I want you to remain in bed until noon every day for an entire week." Using specific units of measure is the best insurance against being misunderstood.

Patients describe their symptoms differently. One of my patients continuously referred to his painful leg as an "it," i.e., "The leg is giving me trouble. It doesn't let me sleep." When the patient recovered, however, he quickly repossessed his leg and spoke of it as his own, i.e., "My leg is fine now, doc." How patients talk about their bodies can be revealing to the doctor who is language-sensitive. A knowledge of semantics is but one step toward the acquisition of such sensitivity.

To repeat, meaning is in people, not words. A concerted effort should always be exerted to determine exactly what people mean by their words. This admonition, occasionally, can be observed in the courtroom. A patient will come to a doctor and complain of a "stabbing pain in his butt." In the doctor's case history, the complaint reads: "Patient complains of hyperesthesia in the coccygeal region." When asked by an attorney whether he went to Dr. Jones for hyperesthesia in his coccygeal region, he might reply, "No, I went to Dr. Jones because I had a pain in my butt." In this context, it was essential to use the patient's own words in describing his complaint.

A final example will illustrate the influence of words. Many years ago, I had the opportunity to sit in on a trial involving a young chiropractor. In preparation for cross examination, he was admonished by a colleague to use simple language so that the jury could understand. Although I was not involved in the coaching session, I felt that such advice was inappropriate. My advice would have

gone something like this: When you are on the witness stand and identified to the court as a "doctor," it is essential that you sound like a doctor; that is, speak as a doctor and use appropriate technical language. Then, should your response be unclear to the jurors, it will be incumbent upon the attorney to say, "So that the jury may better understand you, doctor, would you explain what you just said in more simple language?" Guess what happened? Following instructions, the young doctor answered using simple lay terms and, behold, the attorney said, "Funny, you don't sound like a doctor."

I offer a similar admonition with regard to filling out insurance forms. It is not your responsibility to use language that the person processing the form will understand. Use field-specific terminology; i.e., therapeutic lingua franca. Medical secretaries and those who process insurance claim forms have dictionaries. Let them look up what you wrote. Don't write "nerve pressure" when you mean "neurothlipsis," or "curvature" when you mean "scoliosis."

Even in your office, use scientific nomenclature first, then explain in simple terms what the words mean. It will demonstrate to your patients that you know your craft and, above all, sound like a doctor. Bear in mind that if push ever comes to shove, you may have to eat your words -- either in the form of something you wrote or something you said. Be discrete!

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Editor's Note:

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