Words matter. As an author and editor, I spend an inordinate amount of time thinking about words. Even certain everyday words can make a big difference, such as hearing “please” and “thank you,” or delivering the same words to another person. Hurtful words can put me into an emotional tailspin, and often it is hard to emerge back.

That is why I am focused on some new words in our vocabulary. Perhaps they are not truly new, but they are taking on a new meaning as the rhetoric surrounding our healthcare delivery system gets angrier and more pointed. Perhaps I am more reflective given that it is my thirtieth year as a doctor in primary care practice.

I was impressed by a recent viewpoint by S. Jay Olshansky, PhD, a professor at the University of Illinois at Chicago School of Public Health. In his recent article, “From ‘Lifespan’ to ‘Healthspan,’” Dr Olshansky observed, “Because the point of diminishing returns on life expectancy…and the longevity limit…for the species has been approached in many parts of the world, there is good reason to conclude that the goal of life extension has largely been achieved.” Wow! I found this to be surprising and sobering.

Nearly simultaneously, I recently had the pleasure of listening to Joseph F. Coughlin, PhD, a professor at the University of Illinois at Chicago School of Public Health. In his recent article, “From ‘Lifespan’ to ‘Healthspan,’” Dr Olshansky observed, “Because the point of diminishing returns on life expectancy…and the longevity limit…for the species has been approached in many parts of the world, there is good reason to conclude that the goal of life extension has largely been achieved.” Wow! I found this to be surprising and sobering.

Whoever of these 2 is right remains to be seen, but let’s change the vocabulary on this discussion, as Dr Olshansky suggests in his article cited above. The more important question is—Can we prolong a life worth living? Can we reallocate resources and embrace the notion of a “good death”? I am sure that many of our readers are currently caring for ailing parents, or have been through the process of loss, grief, and reconciliation when one becomes an adult orphan. I certainly have gone through this journey, and one parent had what I would describe as a “good death,” and the other much less so. I am a vocal proponent, then, of changing this aspect of our lexicon from “lifespan” to “healthspan.”

How about those ubiquitous blue and white signs for the hospital that one sees along every major urban road? This has become a well-recognized international symbol that help is on the way, and in an emergency, you can always count on the hospital to be standing by. If we went “upstream,” relative to this aspect of our vocabulary, the “H” of the future may represent a source for healing or a community center where delivering information and resources to improve health is the core goal.

I have previously written in this column that some experts believe the hospital of the future will look very different from our current model. Perhaps most hospitals may even disappear, but whatever the outcome here, what if we could change the lexicon so that the venerable “H” represents a conversation that is focused on “Health,” “Happiness,” “Healing,” and “Hope” for a different kind of future?

And what about the word “normal”? I was struck by yet another article published recently in JAMA, a story in the section “A Piece of My Mind” (one of my favorite sections), by Shawn L. Ralston, MD, MS. Dr Ralston is a pediatric hospitalist and routinely sees some “very bad things happen to children and that can be expected to provoke sadness.” Dr Ralston suggests that “tragedy requires specificity. A little while ago, I was working over the winter holidays and it fell to me to discharge a baby

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to a homeless shelter. Now, I routinely discharge children to homeless shelters.”

What has become a “normal” activity for Dr Ralston made her think about the word “normal.” She now recognizes that “addiction, poverty, hunger, the absence of a social safety net, and lack of access to adequate health care are all routine parts of my work week. No single detail of that baby’s parents’ lives was outside my norm.” Regrettably, I agree with Dr Ralston that the “new normal” in a system still obsessed with downstream problems is all about the critical social determinants of health.

Finally, what about the word “discharge”? Well, from a lifetime of primary care practice, we have all become accustomed, indeed inured, to the word “discharge.” It has, in my view, a negative connotation. We are discharging you to home, and, therefore, we are also discharging our responsibilities as they relate to your recovery. Unless we make a special effort to continue to connect with a patient, the word “discharge” in the modern era implies a lack of connectivity across the spectrum of where care gets delivered. Maybe we should ban the term altogether and think of different ways to describe the transition from inpatient care to various outpatient settings.

From lifespan to healthspan, to the new normal, to omitting discharge from our daily medical lexicon, sometimes I feel we are in “lexicon limbo.” Words matter. Let’s change the conversation, and maybe that will make

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a small contribution toward changing the way we view certain aspects of the day-to-day work in which many of us are so deeply engaged.

As always, I am interested in your view, and you can reach me via e-mail at david.nash@jefferson.edu.

References