Language matters in diabetes

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We spend the majority of our time in conversation with our patients. As in any situation, the language used is of prime importance, especially in a consultation. How we engage with the person living with diabetes makes a huge difference to whether that person believes he or she is the main focus of the consultation. It is not about numbers and targets, but about the person in front of us.

Why does language matter?

Language is powerful and can impact a person's perceptions and behaviour. The language we use can therefore have an impact on health outcomes. Positive communication (verbal, written and body language) with people with diabetes can inspire, build confidence, improve wellbeing and self-care; whereas poor communication can leave patients feeling demotivated, stigmatised and hurt, as well as undermining their self-care efforts (Holt and Speight, 2017; NHS England, 2018).

Language is central to personal identity, attitude, social perception, stereotyping and bias (such as gender, religion, health and race; (Dickinson et al, 2017a). We can reinforce negative stereotypes or promote positive stereotypes through our choice of words and phrases (NHS England, 2018). Our use of language therefore has nothing to do with political correctness but affects the core of healthcare professionals' interactions with and about people with diabetes (Holt and Speight, 2017).

In the past, information has been produced on how to effectively interact with people with diabetes. Until recently, however, there has been little discussion on the language used, despite language being the principal vehicle for sharing knowledge and understanding (Dickinson et al, 2017a). There is a recognised need for a language movement in diabetes care and education (Dickinson et al, 2017a), and momentum for this is building.

A US task force consisting of American Association of Diabetes Educators and American Diabetes Association members met to discuss the issue of language in diabetes in 2017. The task force came up with a number of recommendations for improving communication with patients, see *Box 1* (Dickinson et al, 2017b).

In the UK, a Language Matters Working Group has been set up by NHS England to improve awareness of the impact words may have on the care of people living with diabetes. The Working Group is supported by the Primary Care Diabetes Society (PCDS), Diabetes UK, JDRF, TREND-UK, DTN UK, the Association of British Clinical Diabetologists and the Young Diabetologists and Endocrinologists. The result, *Language Matters: Language in Diabetes* (NHS England, 2018), sets out why language is important and how best to tailor our consultation and use appropriate language.

A valuable guide

As members of the PCDS, we have a responsibility to ensure we and our colleagues who care for people living with diabetes use the appropriate language to engender a sense of collaboration and person-centred approach, rather than one based on guilt and failure extrapolated from numbers and figures on a sheet. *Language Matters* is a valuable guide that all PCDS members should read, and we should encourage our colleagues to do likewise.

Language Matters dissuades you from using terminology that causes the person to feel judged or guilty. The feelings such terminology evokes mean people with diabetes are less likely to feel

Box 1. US task force recommendations (Dickinson et al, 2017b)

Use language that:

- is neutral, non-judgemental and based on facts, actions or physiology/biology
- is free from stigma
- is strengths-based, respectful, inclusive and imparts hope
- fosters collaboration between patients and providers
- is person-centred

"One of the best ways to persuade others is with your ears – by listening to them."
Dean Rusk

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> *"It's a strange world of language in which skating on thin ice can get you into hot water."*
> **Franklin P Jones**

part of the consultation, may disengage at a professional and personal level, and thus develop inappropriate health-seeking behaviour. This will adversely affect outcomes for them and their families.

Examples of poor communication abound in *Language Matters*, as do more suitable alternatives (see *Table 1*). Do not define someone by their condition by calling them "diabetic" or a "diabetes patient". Instead, use "person living with diabetes". Avoid calling someone "non-compliant" or saying they have "failed", as these terms make the person living with diabetes feel ashamed and a failure. Instead, use the term "was unable to". Beware of using words such as "control", as diabetes does not occur in isolation and numerous factors play a part. We, as healthcare professionals, need to realise the burden this word places on the person with diabetes. Use terminology and language that show empathy and understanding.

Non-verbal communication can also lead to disengagement. Examples include not focusing on the person in front of you or not showing active listening skills but focusing on data or the computer screen rather than the person.

A final word

Diabetes care is rapidly changing. We need to build relationships with and demonstrate respect for people with diabetes by placing them at the centre of change and acting as trusted guides throughout their diabetes journey. ■

Dickinson JK, Guzman SJ, Maryniu MD et al (2017a) The use of language in diabetes care and education. *Diabetes Educ* **24**: 551–64

Dickinson JK, Guzman SJ, Maryniuk et al (2017b) The use of language in diabetes care and education. *Diabetes Care* **40**: 1790–9

Holt RIG, Speight J (2017) The language of diabetes: the good, the bad and the ugly. *Diabet Med* **34**: 1495–7

NHS England (2018) *Language Matters: Language and Diabetes*. NHS England. Available at: www.england.nhs.uk/publication/language-matters-language-and-diabetes/ (accessed 27.07.18)

Table 1. Recommendations for improving communication with people with diabetes (NHS England, 2018)

Seek to be more	Seek to be less
Empathetic (e.g. "It sounds as though your diabetes is really hard to manage at the moment.")	Stigmatising (e.g. "You're in denial.")
Empowering and inclusive (e.g. "What changes do you feel are needed right now?")	Shaming or blaming (e.g. "It's being so overweight that's causing you to have all these problems.")
Respectful (e.g. "I appreciate you coming to our appointment today.")	Authoritarian (e.g. "You must take your medications properly in future.")
Trust-building (e.g. "I will definitely discuss your situation with XX and let you know what they say.")	Demanding (e.g. "Before you come to see me, I want you to take four blood tests a day for 3 days so I can check what's going wrong.")
Person-centred (e.g. "What thoughts have you had yourself about your recent glucose levels?")	Disapproving (e.g. "You aren't meant to take your insulin like that.")
Encouraging (e.g. "I can see the effort you're putting in. Keep up the great work!")	Discriminating (e.g. about someone: "I don't think they'd get much from a diabetes education class.")
Clear (e.g. "Yes, your HbA_{1c} this time is higher than recommended.")	Stereotyping (e.g. "People from XX background often dislike the idea of injections.")
Reassuring (e.g. "Diabetes brings lots of ups and downs, but it is manageable and there are lots of ways you can deal with it.")	Assumptive (e.g. "I think you'd cope best with once-a-day insulin, as it's simpler.")
Understanding (e.g. "Now doesn't sound the best time to be concentrating on your diabetes.")	Prejudging (e.g. about someone: "No-one in that family has ever taken much notice of their diabetes. They will be the same.")
Exploring (e.g. "What makes you say 'I feel like a failure'?")	Judgemental (e.g. "I think you're making the wrong decision.")
Collaborative (e.g. "Let me talk you through the different medications and then see what you think would suit you best.")	Threatening (e.g. "If you don't improve your control you will end up on insulin.")
Congruent in words and behaviours (e.g. looking at the person when welcoming them or answering questions)	
Culturally competent (e.g. exploring individuals' cultural, religious/faith and spiritual beliefs about diabetes)	