The interpretation of language

Well, this is my third editorial and I am hugely enjoying the opportunity to put my long-held thoughts into words. I hope you are enjoying the reading as much as I am enjoying the writing!

Over the years I have worked with people with diabetes, I have many times heard the words "I have never been told that before". As a new-in-post Diabetes Nurse Specialist, I took this as a sign that I was offering people something new, and I wondered why other members of the healthcare team had not imparted the information I was now giving. Years later I realised I was not a unique individual but, in fact, all members of the healthcare team heard this from the same patients.

Over the years, I have come across many instances of misinterpretation of our healthcare professional "language". This has made me realise that, in those early days, being told that my information was new was in fact down to many other factors. In some cases it was that the person was now in a position where they were able to or wanted to hear the message, or that I was giving the information in such a way that they could relate to it.

One of the classic examples of this misinterpretation of our language is regarding discussions around hypoglycaemia. Prevention of hypoglycaemia is an area of care about which I am very passionate. Quite often, when asking patients if they have had any hypos since their last visit, I am told "no", and yet when looking through their blood glucose results I see many readings below 4 mmol/L. On further questioning, the person is unaware that this is classed as hypoglycaemia. So now, when having this discussion, I make sure to find out at the start of the conversation what the person classes as a hypo. This usually turns out to be an occasion when they have needed a third party, friend, relative or the emergency services to help them recover. If there are no symptoms or they manage to treat it easily and quickly, a blood glucose reading below 4 mmol/L is not deemed to be an issue and so is not a "true hypo" to them.

Another example concerns the rotation of injection sites. The standard question "do you rotate your sites?" is often asked and receives the set reply "yes". Again, the person is often giving a true reply; however, on examination of injection sites, the "rotation" that is used lands often in the same small areas, albeit rotated from site to site. If we do not take the time to fully understand how the person has heard or interpreted what we have said, any subsequent conversation can be misconstrued.

I am so pleased to see that NHS England has acknowledged that the language we use, and equally importantly how we use it, is a matter of great importance. The newly released document *Language Matters: Language and diabetes* (available at: https://bit.ly/2l3OZPi) is a really useful document supported by many of the diabetes organisations. It explores the whole issue of the power of the way we use language and the words that we use. It offers practical advice on how to adapt our language to ensure that all clinical encounters are positive and allow the person with diabetes to be truly engaged in the process of their care.

I was fortunate to have been part of the IntroDia® study. This work explored across the globe how our use of language affects people with diabetes. Via survey, the study asked people how they interpreted what was said to them, firstly at the point of diagnosis and again when diabetes medication was being added or increased (Polonsky et al, 2017). The findings and conclusion of the study are echoed in the *Language Matters* document, in that both show that the more healthcare professionals use collaborative and empowering language, the more people with diabetes will be self-managing, engaged and able to deal with their condition. ■

Polonsky WH, Capehorn M, Belton A et al (2017) Physician–patient communication at diagnosis of type 2 diabetes and its links to patient outcomes: new results from the global IntroDia® study. *Diabetes Res Clin Pract* **127**: 265–74

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Citation: Down S (2018) The interpretation of language. *Journal of Diabetes Nursing* **22**: JDN017