A prescription for doctors: Avoid medical jargon

The stories are heartbreaking. Take this one, for example: An elderly man goes to the emergency room because he thinks he has a kidney stone. He is treated and sent home after getting some x-rays. Not long after, he receives a letter stating that he has calcium overlying his kidneys. With the letter is a copy of the x-ray report, verified by a radiologist.

The patient, unfamiliar with medical terminology, assumes that “calcium” is a code word for cancer and that a radiologist is a cancer specialist. Devastated, the man endures five sleepless nights until his next appointment with his primary-care physician, Dr. Nancy Cochran, who explains to him that he does not have cancer.

Stories: Cochran, an associate professor of medicine at DMS, sees patients at the VA Medical Center in White River Junction, Vt., and teaches DMS medical students. She can tell many stories like this because many patients have difficulty understanding basic medical information. According to the National Assessment of Adult Literacy, conducted in 2003, about a third of Americans have low health literacy, meaning they can’t read basic charts or determine what time a prescription medication should be taken based on the drug label.

Low health literacy can lead to medication mistakes, missed appointments, and poor adherence to doctors’ recommendations, to name just a few side effects. The lower people’s health literacy, the poorer their health tends to be, the National Assessment found.

Virtuous: “I used to think I was so virtuous, talking to my patients about body mass indices and showing them charts,” Cochran says. But, she later realized, “a significant number of them had no idea what I was talking about.”

Now Cochran asks screening questions when she suspects a patient has low literacy and suggests that students and her colleagues at the VA do the same. “How comfortable are you with how you read?” she’ll ask. Or “How often do you need help understanding materials that you take home from the hospital?”

“I’ve had fascinating conversations with people since I’ve started asking those questions,” she says. “Occasionally patients will literally burst into tears,” says Cochran.

Fancy: The ultimate test comes in the form of what’s known—in that fancy terminology Cochran counsels against—as an objective structured clinical exam. The way it works is a student interviews a patient-actor, and the interaction is taped. Then the student gets feedback from a faculty observer and can later watch the tape.

At the White River VA, Cochran gives talks on health literacy to fellow physicians, as well as to nurses, clerks, technicians, social workers, and “anyone who will listen,” she says. She also helped revise many of the written materials given to patients at the VA. Cochran has lectured on the topic regionally and nationally, too, in her role as a faculty member of the American Academy of Communication in Health Care.

Still, she’d like to be doing more to improve communication between providers and patients. “We really cause a lot of pain in patients by not communicating clearly,” she says.

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