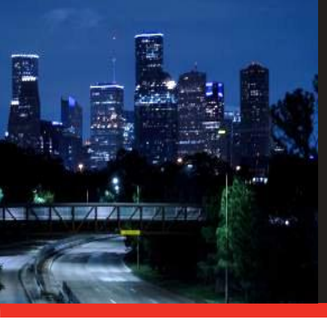

Let's Talk About Death

Use of Euphemistic Language in the Medical Context

Amanda Quinn, Nico Nortjé Ph.D., M.A., MPhil, HEC-C, & Amitabha Palmer PhD, HEC-C

University of Texas MD Anderson Cancer Center – Center of Integrated Ethics in Cancer Care

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

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Background

Research on communicative practices during end-of-life (EOL) care has revealed a strong provider preference for using euphemistic language. In place of the word 'death,' 'die,' and other forms of direct language, most patient conversations feature euphemisms that can reduce patient understanding, impede informed decision-making, and contribute to unsatisfactory care[1,2,6]. Given this, further research is necessary to understand why healthcare providers continue using euphemistic language. The available literature has suggested the preference may be due to a desire to maintain patient hope, personal discomfort/ fear of death, standards of politeness or professionalism, a lack of EOL training, and/ or fear of harming the patient.

Methods

The literature was identified using a Population, Exposure, Outcome (PEO) search with the five keywords listed below. An initial 46 articles were identified, and 26 references were included in the final review.

Results

The available literature on euphemistic language choice is limited. This restricts our ability to infer best practices in an Oncology setting. The research revealed seven thematic categories: Use of euphemisms, kinds of euphemisms, popularity of "pass away," communication practices, notions of a good death, and end-of-life (EOL). The prevalence of each theme can be seen in Figure One, and the suspected reasons for medical provider euphemistic preference are listed in Figure Two.

Figure Two

Do You Use Euphemisms for "Death" and If So, Is It Due To . . .

- The desire to maintain patient hope/ navigate suicide risk
- Adherence to social norms
- The desire to be polite/ be perceived well by the patient
- Personal perceptions of what the patient 'can handle'
- Professionalism standards/ institutional expectations
- Feelings of failure/ having failed the patient and their family
- Personal fears of death/ dying
- The lack of standardized end-of-life training (knowing what to say)
- Personal discomfort while talking about death/ dying
- Oncology specific perceptions of cancer being a battle and not wanting to reference "defeat" (death)

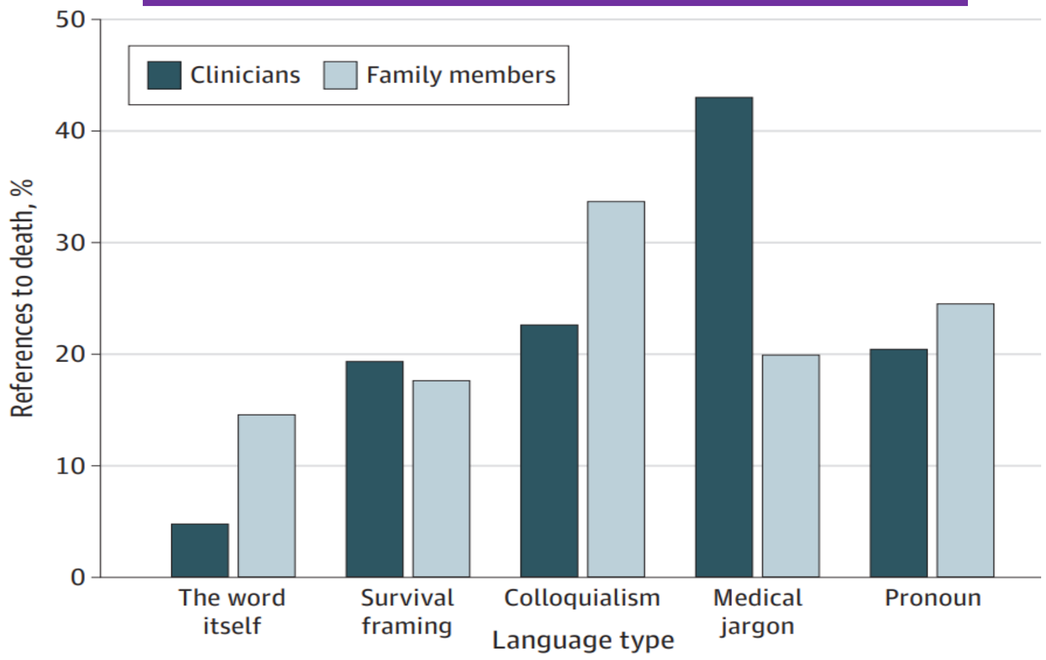


Figure Three

This graph represents a recent study by Barlet et al.[1] which revealed that physicians used euphemistic language in 95% of 406 physician-patient recorded conversations about death.

Discussion & Future Research

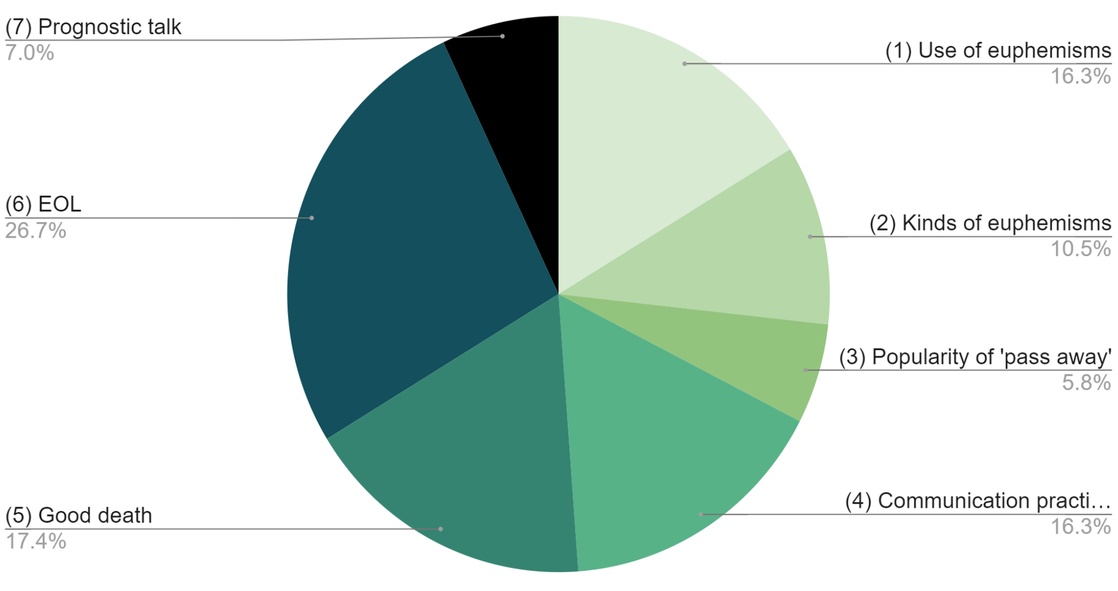
Since the literature on euphemisms, death, and the keywords is limited, extending this knowledge is necessary to improve quality patient care and informed decision-making. Thus, our aim is to develop this review into a larger project, including a survey questionnaire using mixed methods data collection. The questionnaire will seek to corroborate former research and assess medical providers' reasoning behind indirect language preferences (as seen in Figure Two). The findings from this next research phase could be used to inform training programs for best practices in oncology end-of-life conversations.

Keywords

"End-of-life," "Euphemisms," "Death," "Communication," "Oncology"

Figure One

Themes from the Literature Review



More on the Themes

Themes 1-4 depend on clear conceptions of the last three themes. For example:

- The notion of a good death, as indicated by category five, is not universally agreed upon and thus requires individual assessment of certain meaningful criteria[3,5,7].
- Euphemisms can obstruct patients' ability to realize their goals of care and decrease their quality of life during the dying process. This makes conceptions of a good death essential to end-of-life (EOL) conversations[2].
- Some studies have found that physicians avoid the word "terminal" while giving prognostic information[6]. Despite higher patient satisfaction correlating with receiving clear prognostic information, research shows that direct estimates are often avoided[4].

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