

# Quick Language Guide

**Important:** Language by nature is continuously evolving and these terms will be reviewed on an annual basis. The best practice, whenever possible, is to allow people to determine the words they use for themselves. For more information and resources on any of these topics and more, please refer to the attached appendix.

## Sex and Gender

*Guiding Principles: Use language that identifies risk factors or anatomy without assigning gender when referring to groups of people (see examples below). Sex describes genetic, anatomic, physiologic or phenotypic characteristics; gender is a social construct that includes an individual's feelings, perceptions, and expression. Neither sex nor gender are binary (for example, nonbinary gender and intersex).*

Words and Phrases to Avoid:	Words and Phrases to Use Instead:
Mankind, manmade	Humankind, human-made
Birth sex	Assigned sex or sex assigned at birth
Born a man, born a male, born a woman, born a female	Assigned male at birth (AMAB), assigned female at birth (AFAB)
Female to Male (FtM), Male to Female (MtF) [also: transvestite, transsexual]	Transgender man/woman/patient/person
Disorders of sexual development [also: hermaphrodite]	Intersex person/patient, differences of sexual development
"He/she," "him/her," "his/hers" when referring to a group of people that are not all of the same gender	"They," "them," "theirs"
"Women" and "men" when referring to groups with certain organs	If you are referring to people with a vagina, uterus, ovaries, etc. you can either describe the specific organs you are referring to or you can say "people assigned female/male at birth"
Pregnant women	Pregnant patients/people

## Sexual Orientation

*Guiding Principles: Use the language that the person self identifies with.*

Words and Phrases to Avoid:	Words and Phrases to Use Instead:
Gays, lesbians	Gay men, gay people; lesbian women, lesbian people
Gay sex, lesbian sex	Men who have sex with Men (MSM), women who have sex with women (WSW)
Homosexuality, homosexual	Persons experience of their sexual orientation; gay, lesbian, bisexual
Sex	Define exactly what type of sexual activity is occurring. Ex: penile-vaginal Intercourse
Married and single	Married and living together, married and living apart, partnered and living together, partnered and living apart, single

## Age

*Guiding Principles: Use age groups (example: 40-60-year-old patients) when relevant. Use language that describes aging as a normal process and is separate from disease and disorder.*

Words and Phrases to Avoid:	Words and Phrases to Use Instead:
The elderly, elderly people/patients, aging dependents	Older adults, geriatric patients
Seniors, senior citizens	Specify an age range when possible
Old people's home, old age home, old folks home	Retirement housing (independent living), assisted living, skilled nursing facility
Senile person/patient	Person/patient with dementia (or whichever characteristic or disease is being described)
Child bearing age, reproductive age	Use a specific age range or "people who menstruate" or "people who can become pregnant," depending on the group being described

## Race and Ethnicity

*Guiding Principles: When speaking of a group of people of a particular cultural descent, use person centered language rather than culture or trait centered language.*

Words and Phrases to Avoid:	Words and Phrases to Use Instead:
"The Asians" [also: orientals]	Asian Americans, Asian Canadians, Asian students, Asian patients (Asian is acceptable when referring to individuals who live on continental Asia, but not when referring to people of Asian descent living in America or elsewhere)
"The Blacks" or "Blacks" [also: negro, colored, Afro-American]	African American, African Canadian, African, Black students, Black faculty, Black individual (African American should not be used to refer to all people of African descent because it obscures other origins)
"Indian" for Native Americans	Native American (Some prefer American Indian, be sure to ask the individual what they prefer to be referred to as)
"The Mexicans" [also: beaners]	Person of Hispanic origin (refers to someone from Spanish speaking countries), person from Mexico, person from Cuba, etc.. Latina, Latino, Latinx (refers to someone from Latin American countries)
"Whites"	White individuals, White Americans
"Minority" [also: colored people]	People of color (The word "Minority" implies less than, which people of color are not)
"Japanese-American, African-American, Mexican-American"	Japanese American, African American, Mexican American (It is best to use the unhyphenated terms)
"Illegal-immigrant" [also: illegal-alien]	Undocumented student, undocumented person (Including the term "illegal" strips down their identity to their legal status)

## Socioeconomic Status

*Guiding Principles: Use person first language when talking about people relative to their socioeconomic class and income. Be aware of implied racial bias when discussing socioeconomic status.*

Words and Phrases to Avoid:	Words and Phrases to Use Instead:
The poor, poor people, poverty stricken	People from lower socioeconomic status (SES)
The homeless, homeless people	People experiencing homelessness, people with unstable housing
Inner-city, ghetto	Urban
The projects	Affordable housing
Welfare reliant	People receiving public assistance

## Health Identities

*Guiding Principles: Overall, it's important to ask for preferences and be aware of how ableism can manifest in language. Most individuals within the Deaf and Deaf-Blind community prefer identity-first language, with capitalization, rather than person-first language. Also, people with autism might prefer identity-first language.*

Words and Phrases to Avoid:	Words and Phrases to Use Instead:
AIDS victim	Person with AIDS
Alcoholic	Person with alcohol use disorder
Autistic person	Person with autism
Diabetic, diabetic person	Person with diabetes
Handicap parking, disabled restroom	Accessible parking/restroom
Mentally ill	Person with a mental illness
Meth addict, heroin addict, drug user	Person with substance use disorder
Obese person	Person with obesity
Deaf person	Person with deafness
Special needs person	Person with a disability

# Appendix

## **Introduction:**

This appendix was created to supplement the Person-First Language Guide with the intent to help guide further exploration and elucidation of topics on social determinants of health and increasing inclusivity in medical environments. Each entry below links to a resource that provides more in-depth knowledge on specific topics of Race, Sexual Orientation, Gender, Socioeconomic status, and Age. This is not an all-inclusive list of resources but rather a jumping off point.

The “Language Guide” section provides links to more information on what language is best practice when referring to or interacting with specific groups of people.

The “Incorporating Equity and Inclusivity into Medical Practice” section provides links about specific changes that can be made in a healthcare facility and during a patient interaction to be more inclusive.

The “Strategies for Teaching” provides information on how to best introduce complex biological and sociological topics in inclusive, science-based discussions.

The “Research” section provides links to articles on scientific topics related to proper language use and the effects of language on care.

The “Anecdotes” section provides stories about personal or group experiences interacting with the medical system.

## **Language guides:**

### [American Psychological Association Equity, Diversity, and Inclusion Inclusive Language Guidelines](#)

The APA’s 2021 guide on inclusive language includes definitions of general terms related to equity and power, person-first language, identity-related terms, and guidance on avoiding microaggressions in language. It includes topically organized and expanded versions of “terms to avoid” and “suggested alternative” tables with commentary and definitions of relevant concepts and terms. *This resource focuses on inclusive language in writing and is suggested for lecturers assembling presentations that include personal or racial identifiers.*

The following provide more in depth guides from the APA to reduce bias

[Age](#)

[Socioeconomic status](#)

[Historical context](#)

[Gender](#)

[Participation in research](#)

[Sexual orientation](#)

[Disability](#)

[Racial and ethnic identity](#)

[Intersectionality](#)

[General principles for reducing bias](#)

### [JAMA: Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals](#)

This JAMA article provides guidance on reporting race and ethnicity in Medical and Science journals with recognition of the importance of this information in identifying health inequities. Their discussion includes the shortcomings of using race identifiers in clinical algorithms, guidance on adjectival usage for specific categories, and geographic origin and regionalization considerations. *This is an excellent resource for individuals reporting on or pursuing research that incorporates racial identities.*

### **Incorporating Equity & Inclusivity in Medical Practice:**

#### [NEJM: Race & Genetic Ancestry in Medicine—A time for Reckoning with Racism](#)

The above NEJM article provides a data-driven discussion on the use of race, ethnicity, and genetic ancestry in medical research and decision making. Reporting of race and ethnicity is important in

epidemiology, however presentation of varying levels of risk or disease incidence in certain groups without explanation perpetuates structural and individual racism through assumptions of intrinsic biologic difference. The article explores the intersection between genetic ancestry and individual clinical predictors, and the resultant gap in access to precision medicine for non-White populations. The authors additionally provide a discussion on the informed use of race, ethnicity, and ancestry in medical practice. *This article is recommended for those interested in exploring the use of race and ancestry data in medical practice.*

### [Culturally Competent Gender, Sex, and Sexual Orientation Information Practices and Electronic Health Records: Rapid Review](#)

The JMIR article above is a literature review synthesizing updated and emerging practices in medical care of “sexual and gender minorities (SGM)”, with an emphasis on increasing equity, safety, and quality of care of this population of patients. The article provides guidance on developing welcoming healthcare environments and affirming practices through the major steps of the patient experience, including patient registration, clinical encounter and physical exam, EHR documentation. The review additionally provides screening considerations and SGM-competent (Canadian) health care policies. *This article provides a review and synthesis of a spectrum of topics related to providing healthcare to identities of sex, gender, and sexual orientation. It is an excellent resource for individuals interested in incorporating inclusive and affirming care into their clinical practice.*

### **Strategies for Teaching:**

### [Signaling Inclusivity in Undergraduate Biology Courses through Deliberate Framing of Genetics Topics Relevant to Gender Identity, Disability, and Race](#)

The above article was published by the American Society for Cell Biology and outlines an undergraduate lecturer’s strategy to frame topics related to gender identity, disability, and race to be more inclusive. The

author also provides their approach to explaining the illegitimacy of pseudoscientific racism, which includes discussion of the popular misinterpretations and sociocultural nuances of population genetics. *This article is recommended for individuals seeking to prepare basic science lectures that center on inclusive language or those interested in exploring the impact of the use of science to support or perpetuate racist ideologies.*

### **Research:**

#### [Marginalization: Conceptualizing patient vulnerabilities in the framework of social determinants of health – An integrative review](#)

This article is an introduction to the concept of marginalization and why we as healthcare providers should care. The term marginalization is broken down into themes to better understand how it relates to social determinants of health. In addition the paper explores how marginalization appears in research. *This article is recommended for people wanting to better understand what marginalization is and the importance it holds in medical research.*

#### [The State of Health Disparities in the United States - Communities in Action - NCBI Bookshelf](#)

This article presents information regarding health disparities in marginalized populations. It provides a broad overview of many different population groups.

#### [“Girls Are as Good as Boys at Math” Implies That Boys Are Probably Better: A Study of Expressions of Gender Equality](#)

This article shows that differences in language use can have drastic effects on how certain populations are assessed and meet metrics.

#### [Chosen Name Use is Linked to Reduced Depressive Symptoms, Suicidal Ideation and Behavior among Transgender Youth - PMC](#)

This article discusses the importance of using gender affirming language.

[When It Comes to Older Adults, Language Matters: <i>Journal of the American Geriatrics Society</i> Adopts Modified A](#)

This article identifies language that can alienate geriatric patients.

[Physician Use of Stigmatizing Language in Patient Medical Records | Electronic Health Records | JAMA Network Open](#)

This article explores how word choice when documenting healthcare visits can affect patient treatment.

[Negative Patient Descriptors: Documenting Racial Bias In The Electronic Health Record](#)

This article explores how racial bias can be seen in electronic health records and how it can affect care.

[Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record - PMC](#)

This article identifies how language choice can affect healthcare providers throughout a patient's health journey.

[Medical School Factors Associated with Changes in Implicit and Explicit Bias Against Gay and Lesbian People among 3492 Graduating Medical Students - PMC](#)

This article talks about how students can be prepared to provide care to Sexual and Gender Diverse individuals with a major point being on observing appropriate patient care from mentors.

[Race in Medicine Collection](#)

This compendium by NEJM is composed of articles curated with the intent to advance medical equity. *This resource is for people looking to explore a variety of perspectives, research, and health disparities related to race.*

[Inclusive Language Guide](#)



This guide was developed by OHSU as a more comprehensive language guide. It covers many of the same topics that this language guide covers but more in depth. *This resource is for people looking to better understand inclusive language as a whole.*

### **Anecdotes:**

#### *On Racism:*

[How One Woman's Story Of Medical Neglect Highlights The Pervasive Issue Of Racism In Healthcare](#)

Dr. Angela Anderson shares her story of medical neglect in this 2021 Forbes interview.

[Racism in Healthcare: A Black woman's childbirth story](#)

Sughnen Yongo-Okochi shares her birth experience as a Black woman of immigrant African descent within the broader context of the disproportionately poor outcomes of deliveries of people of color.

['There Is Nothing Minor About Us': Why Forbes Won't Use The Term Minority To Classify Black And Brown People](#)

This article articulates the reasoning behind the change in language used at Forbes when referring to people of color.

#### *On Sexual Orientation:*

[Discrimination Prevents LGBTQ People From Accessing Health Care - Center for American Progress](#)

This article reports the adversity many members of the LGBTQ+ community face when trying to access medical care.



## [Ensuring Health Equity for LGBTQ Patients Across Generations](#)

A quick review of the medical LGBTQ+ history and ways to become a better ally.

## [LGBTQ+ Health Care Struggles: One Man's Story](#)

A story about a gay mans experience with the medical system after being raped.

## [Stories of discrimination | Australian Human Rights Commission](#)

Multiple stories about how members of the LGBTQ+ community interact with the medical system and face discrimination.

### *On Gender:*

## [Can Doctors Refuse Tubal Ligation? Here's Why It's Hard To Get One To Tie Your Tubes](#)

A woman's story about her interactions with the medical system after trying to get a tubal ligation as a young woman.

## [Women's health is more than female anatomy and our reproductive system—it's about unraveling centuries of inequities due to living in a patriarchal healthcare system.](#)

Article on the many ways women have faced difficulties at the hands of the medical community.

## [The doctor doesn't listen to her. But the media is starting to.](#)

Stories about how women are often dismissed or downplayed by medical professionals.

### On Socioeconomic Status:

#### Poor Health: When Poverty Becomes Disease

This article provides an overview of the impact of socioeconomic status on health, with a review of the logistical, biological, and systematic factors that contribute to poor health and poor health outcomes.

### On Ageism:

#### 'They Treat Me Like I'm Old and Stupid': Seniors Decry Health Providers' Age Bias

This article shares a series of stories from patients who experienced age discrimination during the delivery of healthcare.

### **Citations:**

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