

The Language of Respect

Health care professionals working in the field of oncology have respect for patients, families, and colleagues as a core tenet of practice and research. Unfortunately, the language of oncology does not always convey or represent that level of respect. In language about patients, this is likely not a result of intent, but an issue of shorthand communication, phraseology that made its way into modern parlance many years ago, and a lack of awareness.

Recent evidence¹ has shown that there is inconsistency in demonstrating appropriate respect in the forms of address used to introduce faculty at the ASCO Annual Meeting. It is essential that all faculty are introduced and addressed in a professional manner; the form of address should not be different based on gender, race, ethnicity, or seniority.

The American Society of Clinical Oncology and its 2019-2020 President and Annual Meeting leadership are committed to developing new norms that reflect appropriate respect for patients, families, advocates, and health care providers. To that end, we are providing this summary guidance to our faculty with some critical points to keep in mind and put into practice – at our Meeting and in all communications. There is certainly more language that may be considered disrespectful and/or offensive. Our goal is to begin the journey and to continue to evolve.

Directive: Demonstrate Respect for Patients and Families

Do not Blame Patients

- Patients do not fail therapies; therapies fail patients.
 - *Wrong:* “Six patients failed to respond to [study drug].” **or** “Six patients failed treatment.”
 - *Instead:* “[Study drug] did not yield a response in six patients” **or** “Six patients had tumors that did not respond to [study drug].”
 - *Wrong:* “## number of patients were screen failures.”; *Instead:* “## number of patients were not eligible for the study.”

Respect the Role of the Patient

- Doctors do not manage patients; doctors manage disease/therapies.
 - Use the word “treat” when referring to patients, as in “the experimental drug was used to treat six patients.”
 - Only use the word “manage” when referring to the disease, as in “steroids were used to manage brain metastases.”

Do not Dehumanize Patients

- Do not use a disease or condition on its own to refer to a patient.
 - Do not use the adjective form of diseases or conditions alone to refer to a person, as in “12 diabetics were included”; *Instead:* “12 patients with diabetes were included.”
- Do not use language that implies that the patient is the disease.
 - *Wrong:* “The study included 250 EGFR mutants...”
 - *Instead:* “The study included 250 patients whose tumors had EGFR mutations” **or** “The study included 250 patients with EGFR-mutated tumors.”
 - *Wrong:* “The patient progressed...”; *Instead:* “The cancer/tumor progressed...” **or** “The patient experienced disease progression...”

Use Accurate Language Throughout the Session

- “Risk reduction” is the appropriate term for strategies that lessen the risk of developing cancer but do not necessarily prevent it.

Directive: Demonstrate Respect for Colleagues

- All chairs, faculty, presenters, and panelists, including patients and advocates, who have a doctoral degree (e.g., MD, PhD, ScD, PharmD) should be introduced and addressed as Dr. Full Name or Dr. Last Name.
- All other chairs, faculty, presenters, and panelists (including patients and advocates) should be introduced and addressed as Mr./Ms. Full Name or Mr./Ms. Last Name.
- These forms of address should continue during Q&A and panel discussions, regardless of whether the faculty know one another. The key element is *consistency of address among all panelists*.
- We will ask all faculty to commit to use of a professional form of address when accepting their session invitations. Chairs will be asked to briefly reiterate this policy with all faculty in their session immediately prior to the start of the session.

¹ [Evaluating unconscious bias: Speaker introductions at an international oncology conference.](#)

Narjust Duma et al., Journal of Clinical Oncology 2019 37:15_suppl, 10503-10503