Speaker's Corner

Let the buyer beware

Language, a friend once told me, is sacred. Words, he explained, are not simply tools, conventions for describing experience. Words are part of experience. They help define and create it. Use words carelessly, and witness the trivialization of tradition. Use them indifferently and watch centuries of culture dissolve like mist in the morning sun.

My friend is Native American. Because his remarks occurred in the context of program planning for Indian teens, I initially understood them as sad commentary on the contemporary crisis of Native American communities. Young Indian people are turning away from their culture, I thought. How tragic.

How provincial. It is easy to recognize apathy growing in someone else's heritage, but much more difficult to acknowledge it sprouting in one's own cultural yard. Indifference surrounds us all, regardless of our histories and customs. It challenges our most cherished traditions, changes our most fundamental commitments.

Listen to the modern language of medicine. Patients have become "customers." Physicians, nurses, and health professionals are now "providers." Our health system increasingly qualifies "care" with "quality," "managed," "consumer-oriented," and "cost-effective." Hospital mission statements highlight customer satisfaction, performance improvement, and consumer rights. Principles of total quality management and continuous quality improvement are standard parts of clinical strategic planning. Doctors discuss "encounters" and "superbills," while administrators review fee structures and reimbursement schedules. Insurance companies outline benefit packages to health plan enrollees as hospitals compete for improved market shares of carefully identified service popula-

tions. The language of commerce, of supply and demand, has infiltrated health care.

Some of my colleagues are not especially alarmed about the incursion of economic terms into medical practice. They laugh at my concern over the gradual merger of business with medicine. "Medicine already is a business," they chide me. "What planet have you been practicing on?"

Others bridle at the suggestion that new language signals a departure from old values. "They're just words," one physician recently quipped. "They don't say anything about who I am or how I take care of my clients."

Perhaps they do. Perhaps the flux in words says as much about who physicians and patients are and how they see themselves as it does about the rise of profit and finance in our world. As our words have changed, as the language of the so-called health care industry has evolved, so perhaps have our thoughts about sickness and health. Might the drift in jargon reveal a more fundamental reevaluation of role and responsibility in healing?

Medicine's linguistic heritage is steeped in interpersonal support and reliance. Etymologically, a patient is "someone who suffers" (from the Latin *pati*), a doctor someone who "teaches" (Latin *docere*), and a nurse someone who "nourishes" (Latin *nutrire*). To practice is "to advise" (from Old French *practise*); to care is "to show attention" (Old English *caru*); to be compassionate is "to suffer with" (Latin *compati*). Such language does not depict the professional-patient relationship as a quantifiable exchange or transaction. It instead portrays interactions between health professionals and patients as shared experiences and paints the process of caring for someone who suffers as a reaching, not meting, out of attention and compassion.

Modern practitioners profess allegiance to this legacy. Many promote participation, urging the empowerment of both the sick and the healthy so that all people might take better care of themselves. The aim, we claim, is partnership. Unfortunately, our language betrays our noble intentions. When we call medical professionals "providers," we suggest that health is something dispensed; doctors no more provide people with good health than educational diplomas provide doctors with empathy. When we call patients "consumers," we imply that those who fall sick—and, even worse, those who do not recover—somehow are responsible. Sick and dying patients are not simply failed consumers, people unable to barter effectively for the right

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lifestyles and services. Our words risk burdening instead of relieving. They subtly stress fault and accountability in illness and recovery, rather than caring and support. Doctors who become providers give services instead of serve. Patients who become consumers receive responsibility rather than compassion.

In an era of expanded science, wealth, and technology, disease is increasingly an affront—to individual expectation, to institutional certainty, to the shared sense of control. But healing is not a tradition rooted in control. To heal means "to make whole" (Old English *haelen*), and to be whole means more than dominating disease and remaining physically intact. Can doctors who redefine health as commodity truly expect to be called "healer"? Can patients who negotiate for medical services really hope to be healed?

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