

Language Matters

Language and diabetes



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Language and Diabetes

The language used by healthcare professionals can have a profound impact on how people living with diabetes experience their condition and feel about living with it day-to-day.

Good use of language can lower anxiety, build confidence, educate and help to improve self-care.

Poor communication can be stigmatising, hurtful and undermining of self-care and have a detrimental effect on clinical outcomes

Today we want to emphasise the importance of positive, supportive language during clinical encounters

Scenario

You are going to see a clinical consultation from the antenatal clinic twice, using the same basic details

Be ready to give Professor Owen some feedback !

Discussion

Scenario 1 vs Scenario 2

Jumps straight to pump download

Starts with check in, patient centred

Glucose “not well-controlled”

Acknowledgement that it’s hard to get into pregnancy range

“Have you been using pump properly?”

Positive suggestions with examples

Asks about event 2 weeks ago

Negative stereotypes “massive baby”,
risk of still birth

Positive and true comment on data.
Acknowledgment of risk but reassurance of
how to mitigate

Use of jargon without checking
understanding

Negative sign off “Could you try harder?”
Leaves patient distressed

Positive sign off “Anything else we can help
with” Optimism about possibility of
achieving more time in range

Language Matters Diabetes

Language is powerful!

- Spoken
- Non-verbal
- Written

All of these elements can have a positive or negative effect on the motivation, behaviours and outcomes of people with diabetes

Review Article

Language matters: a UK perspective

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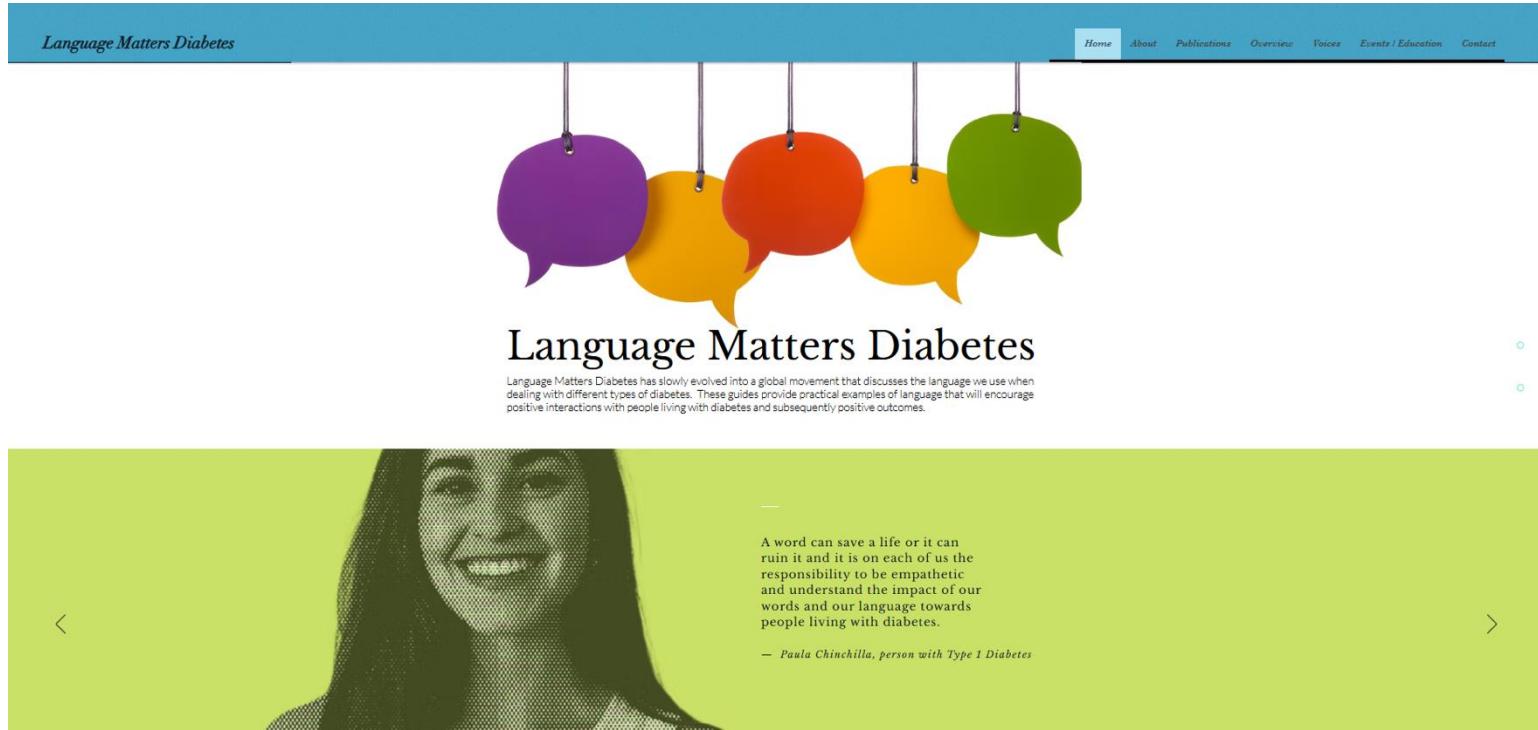
Abstract

Aim To review the existing evidence regarding the use of language in clinical encounters.

Background Awareness of the importance of language in clinical encounters is mostly lacking or located within broader

2011: position statement from Diabetes Australia
2018: Language Matters UK writing group

Resources: www.languagemattersdiabetes.com



Open University Webinar:
<https://stadium.open.ac.uk/stadia/preview.php?whichevent=3545&s=31>

Principles

Be person-centred

Be free from judgement or negative connotations

Be collaborative and engaging

Seek the person's point of view rather than assume it

Avoid blame and threats

Avoid stereotypes and generalisations

Consultations

Simple tips

- Listen more, talk less
- Ask the patient what their goals are – it's their appointment
- If it's complicated, sort out the most important thing today
- Be a guide/facilitator, not a gatekeeper or a judge. You are not there to provide “tough love”
- Imagine how you or a family member would feel in the consultation
- Be... nice, smile, show interest

Never underestimate the power of a kind gesture or word;
an empathic minimal response; the acknowledgement of a
feeling; a few seconds of silence

Never underestimate the power of being heard, even when
you are saying nothing
(Rose Walker, Successful Diabetes)

Avoiding negative terms

e.g. “uncontrolled”, “non-compliant”, “non-adherent”, “failed”

Comments from people living with diabetes

- A simplistic label for a complex set of decisions and behaviours I make
- If I choose not to follow “orders,” I have my reasons.
- I know my A1C is high but that does not make me noncompliant.
- The very word “control” makes me feel powerless.
- Diabetes can’t be truly controlled so then I just feel judged
- I may not always get it right but I do not think that means I failed.....we learn from mistakes.
- Very negative language and when it is all I hear it turns me off and makes me feel ashamed that I cannot do better.

Stigma

“ a diagnosis that links individuals to negative social stereotypes”

Apportioning blame, judgemental remarks and stereotyping all lead to diabetes stigma

Feelings of shame or of being judged may lead to:

- Lack of engagement
- Increase risk of diabetes distress

Judging weight and food choices is a common cause of stigma

Do YOU follow healthy eating/exercise guidelines every day?

Threats

“If you don’t do this

.....you’ll go blind, lose a leg, go on dialysis etc”

People with diabetes do know they are at risk of health problems!

Repeating this message does not improve outcomes

“I’ve been a bad diabetic.....”

Fear of being “told off” can lead to not attending clinic

We imply that following instructions will result in perfect glucose levels, even though the tools to manage diabetes are far from perfect

Seek to be more	Seek to be less
<p>Empathic (for example, 'it sounds as though your diabetes is really hard to manage at the moment')</p>	<p>Stigmatising (for example, 'you're in denial')</p>
<p>Empowering (for example, 'what changes do you feel are needed right now?')</p>	<p>Shaming or blaming (for example, 'it's being so overweight that is causing you to have all these problems')</p>
<p>Respectful (for example; 'I appreciate you coming to our appointment today')</p>	<p>Authoritarian (for example, 'you must take your medications properly in future')</p>
<p>Trust building (for example, 'I will definitely discuss your situation with xx and let you know what they say')</p>	<p>Demanding (for example, 'before you come to see me, I want you to take 4 blood tests a day for 3 days, so I can check what's going wrong')</p>

<p>Person centred (for example, 'what thoughts have you had yourself about your recent glucose levels?')</p>	<p>Disapproving (for example, 'you aren't meant to take your insulin like that')</p>
<p>Culturally competent (for example, exploring individuals' cultural beliefs about diabetes)</p>	<p>Assuming about a person's cultural background (for example, you look like you are from a xx background so your religion must be xx and might well impact on your diabetes at certain times of the year)</p>
<p>Encouraging (for example, 'I can see the effort you're putting in, keep up the great work!')</p>	<p>Discriminating (for example, making assumptions about someone, 'I don't think they'd get much from a diabetes education class')</p>
<p>Clear (for example, 'yes, your HbA1c this time is higher than the recommended range')</p>	<p>Stereotyping (for example, 'people from xx background often dislike the idea of injections')</p>

Seek to be more	Seek to be less
<p>Reassuring (for example, 'diabetes brings lots of ups and downs, but it is manageable and there are lots of ways you can deal with it')</p>	<p>Assumptive (for example, 'I think you'd cope best with once a day insulin, as it's simpler')</p>
<p>Understanding (for example, 'now doesn't sound the best time to be concentrating on your diabetes')</p>	<p>Pre-judging (for example, about someone, 'no-one in that family has ever taken much notice of their diabetes, they will be the same')</p>
<p>Exploring (for example, 'what makes you say, 'I feel like a failure?")</p>	<p>Judgmental (for example, 'I think you're making the wrong decision')</p>
<p>Collaborative (for example, 'let me talk you through the different medications and then see what you think would suit you best')</p>	<p>Threatening (for example, 'If you don't improve your control you will end up on insulin')</p>

Clinic letters

Think how you would feel receiving the letter about yourself:

Problem list version 1

Poorly controlled diabetes

Non-compliant with insulin treatment

Problem list version 2

Living with Type 1 diabetes since 2019

DKA admission October 2025 (vomiting and missed Tresiba dose)

Clinic letters

Write your letter to the patient rather than GP - it will change for the better!

Use descriptive rather than judgemental language

Use words like “target” or “in range” rather than high or low

Use “living with diabetes” rather than “diabetic”

Congratulate on what is going well

Document the patient’s concerns and suggestions as well as your own

Remember

Your task is to build/maintain collaborative, empowering relationships with patients. As an SPR it is hard when you may only see them once so be extra careful to listen well and work to their agenda. Ask what you can do to help today. Do not use stigmatising, judgemental language. Try to walk in their shoes.

What's needed is for us to be mutually appreciative. I appreciate that you are busy, time-pressured and trying to do your best; you appreciate that I am doing my best with my diabetes and it doesn't always behave' (Niki Breslin, PWT1D)

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Supporting Organisations: 1st Edition

- Association of British Clinical Diabetologists
- Diabetes UK
- Juvenile Diabetes Research Foundation
- NHS England
- TREND-UK
- Young Diabetes & Endocrinologists Forum

The Language Matters Working Group Members: 1st Edition

- Michael Connellan, Juvenile Diabetes Research Foundation
- Anne Cooper, Person with Type 1 diabetes
- Naresh Kanumilli, Greater Manchester Strategic Clinical Network
- Jill Hill, Co-Chair, TREND-UK
- Richard IG Holt, University of Southampton
- Daniel Howarth, Diabetes UK
- Cathy E Lloyd, The Open University
- Partha Kar, NHS England.
- Dinesh Nagi, Association of British Clinical Diabetologists
- Sarita Naik, University College Hospital
- Jen Nash, Positive Diabetes
- Helena Nelson, Juvenile Diabetes Research Foundation
- Katharine Owen, Oxford Centre for Diabetes
- Bob Swindell, Diabetes UK and parkrun Outreach (Diabetes)
- Rosie Walker, Successful Diabetes
- Clare Whicher, Young Diabetes & Endocrinologists Forum representative
- Emma Wilmot, Derby Teaching Hospitals

for 2nd Edition

- Sam Barnard, Calderdale and Huddersfield NHS Foundation Trust
- Kathy Cox, Children and Family Health, Devon
- Fiona Campbell, Leeds Teaching Hospital NHS Trust
- Chris Gardner, Laura Nicholson and Paula Smith, East Lancashire Hospitals NHS Trust
- Aoibhinn McCarthy, Philip Myns, Hailey Tumilson and the young people living with Type 1 diabetes, Diabetes UK Northern Ireland 'Our Voices, Our Lives' programme
- Fulya Mehta, Alder Hey Children's Hospital
- May Ng, Southport and Ormskirk Hospital NHS Trust
- Tabitha Rendell, Nottingham University Hospitals NHS Trust
- Clare Semple, University Hospitals Bristol and Weston NHS Foundation Trust
- Rose Stewart, Betsi Cadwaladr University Health Board, UK Diabetes Psychology Network
- Reza Zaidi, Royal Liverpool and Broadgreen University Hospitals NHS Trust