Life & Times

What's in a name?

A brief foray into the world of medical linguistics

THE CONCEPT OF COMMON GROUND

What is the difference between possible and probable? In the *Oxford English Dictionary* it comes down to the likelihood of something happening; in the NHS, it could be a difference of thousands of pounds. This piece seeks to introduce the reader to the consequences and implications of the medical terminology they use day to day.

At its most basic level, the purpose of language is to communicate an idea from one person's mind to another by the medium of spoken or written word. In medical practice the ability to communicate clearly to a wide variety of audiences is crucial. Whether it is communicating a diagnosis to the coding department so that the hospital is appropriately paid, explaining a complicated diagnosis to a patient, or seeking the advice of a regional specialist, the language used must be clear and succinct to ensure that the situation understood by the clinician is effectively communicated to other parties. The concept of 'common ground' in language is the assumed *'mutual knowledge, mutual beliefs and mutual assumptions'* between communicators.[1] The range of individuals reading and interpreting medical notes means that this 'common ground' cannot always be relied upon or anticipated at the time of writing.

To give an example of the application of common ground, the professor teaching in medical school is calling upon years of experience and memories of the first time they observed the pathology. The student lacks the aforementioned experience and therefore cannot access the professor's full intended meaning. Considering this, is it reasonable to expect people of entirely different backgrounds such as patients or medical secretaries to make sense of our specific and specialist terminology?

WHOSE LINE IS IT ANYWAY?

In clarity of communication, eponymous names are a double-edged sword. To those who understand them, they may provide a quicker and clearer way to communicate a complex constellation of symptoms, but, to others, eponymous names may attach an unwanted context to the terminology or simply run the risk of complete misunderstanding. Wikipedia lists over 600 eponymously named conditions;[2] when eponymously named signs, symptoms, tests, techniques, and anatomical locations are also included, the list rises to over 3500.[3]

Eponymous names provide an interesting conundrum when communicating complex medical concepts. In a syndrome with many key pathological features, the single word of an eponymous name may be much more succinct than a descriptive term. Before the advent of genetic testing, Down's syndrome was undoubtedly a more practical way to describe the condition than attempting a descriptive term based on clinical features. However, advances in radiographic and laboratory testing make nomenclature based on pathological process increasingly possible (that is: trisomy 21). Another possible flaw in the use of eponyms stems from multiple terms derived from the same individual. Cushing's syndrome and Cushing's disease are far too similar and almost invite inaccuracy. The descriptive terms on the other hand (primary hypercortisolism and secondary hypercortisolism, respectively) can be easily deconstructed and understood.

Eponymous names can add an additional dimension of meaning to the context in which they were named and the reputation of the individual naming them. This can impact on how a patient or carer perceives the condition. Concerns regarding Dr Friedrich Wegener's involvement in the Nazi Party led to a shift in terminology from 'Wegener's granulomatosis' to 'granulomatosis with polyangiitis'.[4] In the case of Gillick vs West Norfolk and Wisbech,[5] a girl's mother objected to her daughter being offered contraceptives without needing to involve her. This case became the origin of Gillick competence, a legal precedent allowing children under 16 to consent to treatment provided they could demonstrate an appropriate level of understanding. The commonly held belief that Victoria Gillick campaigned for the name to be changed was dispelled in a *BMJ* article in 2006.[6]

It is worth noting that Gillick competence and Fraser competence are not synonymous. 'Fraser competence' should not exist as a medical term; it is a reference to the Fraser guidelines devised by one of the Law Lords responsible for the ruling. 'Fraser guidelines' refer specifically to the issues of consent for contraception and in particular girls who intend to have sexual intercourse whether provided with contraception or not.[6]

For the most part it seems as though eponymous names are being phased out in favour of more descriptive terminology. Although this may be bad news for the medical student looking to lend their name to a bizarre constellation of symptoms, overall it likely represents a move towards clearer, more intelligible nomenclature.

"In clarity of communication, eponymous names are a double-edged sword."

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DOI: https://doi.org/10.3399/bjgp18X695129

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