

ESSAY

Uncloaking the black art

When Dr. Brian Goldman decided to decode the slang that medical professionals use to talk about patients and colleagues, he wanted to spark debate.

Goldman hopes readers of *The Secret Language of Doctors: Cracking the Code of Hospital Slang* won't focus solely on the derogatory slang but that they will also learn from his explanation of the origins of this unique lingo: the pressures that give birth to the words. Only then, he believes, will we be able to address the problems that provoke the language.

"I had hoped that people would hear in the slang that we [health professionals] are complex individuals and that we have, like everybody else, things that frustrate us about trying to deliver health care with an increasing population of chronically ill patients, who, despite our best efforts, continue to return again and again to hospital with their problems not solved," says Goldman.

In an interview from Toronto, where he works as an emergency department physician at Mount Sinai Hospital and hosts the CBC radio show "White Coat, Black Art," Goldman explained that it is critically important that health care leaders listen for and learn from the slang that is so prevalent in hospitals, not just in Canada but also in the United States, he says.

But if the readers of *The Secret Language of Doctors* are patients, they may well be sidetracked from Goldman's underlying purpose by the breathtaking lack of compassion on the part of some doctors, nurses and other health care professionals.

Some doctors, nurses and residents refer to an obese patient as a "beached whale," a "seal" or a "beemer," a reference to the patient's body mass index. Some anesthesiologists call inserting an epidural catheter into the spinal canal of an obese woman in labour "harpoon-



Laura Assie

Brian Goldman defends *The Secret Language of Doctors: Cracking the Code of Hospital Slang*.

ing the whale." Some may refer to an overweight patient with cirrhosis of the liver as a "yellow submarine." An older patient who is awaiting placement in a long-term care facility as a "bed blocker" suffering from "failure to die." Someone who shows up in the emergency department with a mental health issue as a "crazy." A homeless person with no measurable physical problem may be called a "CLL — chronic low-life." And someone who visits the hospital over and over again with a chronic condition they are not taking steps to improve may be called a "cockroach."

Although Goldman acknowledges that weight bias is "the last refuge for acceptable prejudice in medicine, to blame patients for being overweight," he also argues that the increased level of complications among these patients leads to the often vicious nicknames health care providers may use.

Many doctors, he says, are not, "either by interest, inclination, training or experience," well-prepared to treat the increasing number of senior, Aboriginal, mentally ill, indigent or chronically ill patients with no access to good primary or preventive health care who show up in hospital emergency departments.

"To me, the slang reveals the frustration, and so it points the way to what we're frustrated with and the issues that we need to address," Goldman says.

Really? As a patient, it's difficult to believe that better training or even improvements to the health care system are all that's required to prompt health care professionals to refer to patients, people who trust and rely on them for care, with basic levels of respect and understanding.

Goldman's colleagues may be less appalled by the slang he documents, given its apparent widespread use. They may apply slang to themselves as well, to indicate the hierarchy, competition and rivalry among physicians, residents, interns and nurses. Emergency physicians are dubbed "triage nurses" or "referologists," surgeons are "cow-boys," internists are "fleas."

Many of these nicknames, acronyms and slang (like "code brown" for a bowel movement) are simply illustrations of the black humour health care professionals use to lighten their load, Goldman says.

But other examples point to a serious lack of empathy among health care professionals, for their patients and for each other, Goldman says. He hopes rather than sanitize the language some doctors use, the book will get people talking openly about necessary reforms to the health care system. These reforms include lifts and bigger stretchers for overweight patients, bariatric surgeons who specialize not only in weight-loss surgery but also in general surgery for those who are clinically

obese, and clinics that operate in the neighbourhoods — or the buildings — of patients identified as the most frequent users of hospital emergency care.

Goldman's mission, as a doctor, broadcaster and writer, is to pull back the curtain on the often shrouded world of medicine.

"I have long tried to give the insider's perspective. I don't just want to make [patients] skeptical, I want to make you more informed, I want you to ask questions."

Deciphering the secret code may not, understandably, make him beloved by his colleagues — but that's too bad, Goldman says, the shrug almost visible in his voice.

His mother's long descent into dementia and his elderly father's heart attack and death have given him an entirely new appreciation of what it's like to be a consumer of hospital care, and that is part of what drove him to write this exposé.

The actual writing was fuelled by Goldman's lifelong insomnia, which he has turned into a gift rather than a trial. By rising at 4:30 or 5:00 am every day and writing until 8:00 am, he is able to juggle his journalistic career with his emergency department shifts. When "White Coat, Black Art" is airing (weekly from September until December), he works five or six shifts a month at Mount Sinai. When the show is on

hiatus, he covers two or three shifts a week, as well as working as a CBC columnist whose syndicated interviews run Monday afternoons.

Goldman says the best lesson he has ever learned is to learn from mistakes or "hard conversations" with patients or their families who have told him the unvarnished truth about an encounter where he did not exhibit the empathy they deserved. He hopes *The Secret Language of Doctors* will begin those same difficult conversations — with positive results.

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