SKIN

# SHORT COMMUNICATIONS

## A Thousand Words for a Picture of Health

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On April 5, 2021, the ground shifted as the Cures Act made clinical documentation immediately available to those about whom it was written. The medical record originally facilitated note-taking and teaching, and evolved over time into an instrument of billing and a means of multidisciplinary communication. This shift now positions the medical record to serve as a real-time method of patient communication—whether or not it is well-suited for that task. Regardless of our estimation of this shift, it presents an opportunity to consider how our communication skills measure up.

We know that effective communication bolsters physician-patient relationships and generates better patient outcomes,[1] while words brandished unthinkingly can serve as a vehicle for bias and can negatively affect clinical decision-making.[2] Physicians use jargon more often than we realize, and we overestimate patients' understanding of what we say.[3] Written language poses additional challenges, as it does not permit real-time clarifications or the contextualization of body language.[1] Furthermore, our scientific writing conventions are not designed for ease of comprehension and likely are inaccessible to the significant proportion of the US population with low literacy and to those for whom English is not a first language.[4]

Dermatologists' emphasis on precise terminology and dialectical mastery may deepen this challenge. Our specialty is inextricably intertwined with language, as dermatology's gradual emergence as a distinct specialty corresponded with the creation of a Greek- and Latin-based lexicon for organizing and classifying cutaneous disease.[5] These linguistic roots remain woven through our modern language, as we command a vocabulary of esoteric synonyms—shall we choose *pityriasis rubra pilaris*, *lichen ruber pilaris*, or *Devergie disease?* Even a thousand words cannot capture a picture in some cases, it seems.

The language we spend years learning to wield—and on which we rely for documentation—undoubtedly is incomprehensible to most. The foreign-appearing words may be an insurmountable wall to a patient receiving an unfamiliar diagnosis, and they may turn to less-reliable sources to piece together an understanding of their suffering. Our intended meaning may be lost within the words themselves, and with it, the highest potential of our therapeutic relationships.

Though an initial time investment will be needed, simple adjustments to our documentation could pay dividends. We can code the most specific diagnosis (*pruritus sine materia*) while documenting an

assessment and plan in direct, concrete language that limits abbreviations and technical terminology ("itching without rash"). As teachers and mentors, we can incentivize writing that achieves clarity of meaning rather than regurgitation of vocabulary in a scientific construct. And we can self-reflect, regularly examining our own linguistic conventions and habits to ensure these words convey the respect and inclusivity our patients deserve.[2]

As we navigate this new dimension of physician-patient communication, dermatologists must remain cognizant of the unique challenges posed by our specialized lexicon, as well as the broader one of effectively employing the medical written word. We have a special appreciation and a heavy responsibility for the language we command—let's seize this opportunity to use it for the greatest good.

**Conflict of Interest Disclosures:** None

**Funding:** None

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