"It-that-must-not-be-named"

Addressing patient discomfort with the term *multimorbidity*

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As an experienced family physician, I always strive for good physician-patient communication. I pay attention to choosing the best words to interact with my patients. I try to avoid words that are uncommon or too specialized. If I have to use some of those words, I make sure that I explain them carefully and that the patient understands their meaning. I do my best to get my message across in the most respectful manner. I truly want my patient and I to speak the same language. It is part of best-practice patient-centred communication to adapt our language and to make sure the concepts are well understood.[1] This is not a new idea; physician-patient communication is a subject that has been discussed in the medical literature for a long time.[2-5]

However, as part of a sound understanding between physicians and patients, some of the words we currently and normally use might carry some particular connotation for patients and might be interpreted differently than what we intended. For example, the term *obesity*, which for physicians means a body mass index of 30 kg/m^2 or higher, is very frequently used in our conversations but it makes many patients uncomfortable.[6] It seems that many patients prefer terms like *unhealthy weight* when discussing excess weight with their doctors.[6]

As a researcher in primary care, the main topic of my research is multimorbidity—the co-occurrence of multiple chronic conditions within the same person. I am particularly interested in how to optimize care for patients with multimorbidity.[7] The purpose of this article is to share my personal experience with the word *multimorbidity* in my communications with patients.

Engaging patients in multimorbidity research

Multimorbidity has attracted much interest from the medical research community and has become a priority not only in research but also in care organization.[8] The word *multimorbidity* is now part of the language we use with our colleagues and policy makers.[9]

In order to better inform a research program we are conducting, our team invited patients with multimorbidity to engage in a group that would meet on a monthly basis. We wanted to engage in a discussion about their experiences with the health care system and hear their opinions about some solutions that need to be considered in our research. We recruited the patients from a study conducted previously to make sure that their conditions corresponded to our definition of *multimorbidity*.[10] Given their role and contribution to the research, we consider them co-investigators. The themes we intend to discuss over time are numerous, including patient-centred care and partnership, health literacy, accessibility to health care services, organization of primary care, continuity of care, interprofessional collaboration, self-management, and other topics of interest that might be raised by the patients.

Language barrier

The first meeting we held with the group of patients was quite enlightening. After a brief introduction about the purpose of the activities planned, a discussion about their role in the team, and an explanation of the reasons why they were selected, we engaged in a very interesting discussion on multimorbidity and about calling them *multimorbid patients*. Below is a reconstruction of some excerpts of conversations that were particularly interesting (names are fictive).

> ***Helen (age 53):*** Don't call me *multimorbid!* I'm in good health. Of course, I have to take medication and be on a strict diet but I'm a normal person living a normal life. I'm not multimorbid!
>
> ***Paul (age 66):*** When you call me *multimorbid*, what I hear is that I'm going to die soon. That my body is failing me. That there is nothing that can be done for me. This is not the way I feel!
>
> ***Linda (age 58):*** It's the *morbidity* part that is doing harm. Morbidity is associated with all sorts of negative images. It resonates like death or decay. When I'm called *multimorbid*, I imagine parts of my body letting me down, or in a serious state of decay. And even more important, there are multiple parts affected. No, this is not what I am.
>
> ***Denis (age 70):*** *Morbid* like in *morbid obesity?* The term really hurts. It opens to judgment by others. It is dirty and bad!
>
> ***Lucy (age 64):*** If we are to work together, this is clearly a term that we should not use. We are here because we have something to say and to share. We don't want to have the impression that we are judged or considered negatively. And that's really what this term does.

After hearing all those comments, we could feel the discomfort that was associated with the term *multimorbidity*. We found ourselves in a situation of unintentionally

hurting those whom we really wanted to help by attributing a term to them with which they had trouble. From that moment we realized that the word *multimorbidity* had to be banished from our conversations.

Solution

My team and I worked together with a group of patients to determine how multimorbidity should be communicated. We agreed on the following 3 important solutions.

***Avoid using the term* multimorbidity.** The term *multimorbidity* and its variants must be avoided in all discussions in our monthly meetings and in all internal communications by the research team that involve patients. The term was coined "it-that-must-not-be-named." We chose the term *multiple chronic conditions* to be used instead.

Reserve its use for scientific and medical audiences. Using the term *multimorbidity* and its variants should be reserved for scientific communications or publications; if patients might be part of the audience for those materials, *multimorbidity* should be defined carefully.

***Raise awareness about using* multimorbidity.** To help raise awareness among researcher and practitioner communities about the emotional effects that the use of the term *multimorbidity* might have in the presence of patients, we agreed to write a short paper expressing the opinion of this group.

Conclusion

Engaging patients in multimorbidity research requires adaptations in the language that is used by the research teams to develop a common understanding and good communication. For our group of patients, *multimorbidity* was a term that was problematic. Other sensitive diagnoses and terms might also generate negative perceptions and should therefore be discussed early in the process of working collaboratively with patients.

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Competing interests
None declared

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