

# Commonly Misused Terms in Medical Writing

## Quiz Answers

If it's needless to say, why say it? (§11.2.2, Expendable Words and Circumlocution, pp 406-407 in print).

*Surgery* is what a surgeon practices or a particular medical specialty. An *operation* is what a surgeon performs. In this context, there is no such word as *surgeries* (§11.1, Correct and Preferred Usage of Common Words and Phrases, pp 381-405 in print).

Because the term *elderly* connotes a stereotype, avoid using it as a noun (11.10.3, Age, p 416 in print).

Both patients and cases are *described*; only cases are *reported* (§11.1, Correct and Preferred Usage of Common Words and Phrases, pp 381-405 in print).

### Incidence and Persistence of Postoperative Delirium

~~Needless to say~~, the incidence of postoperative delirium varies significantly, depending on the patient's age and preoperative status, whether the surgery is elective or ~~emergent~~ **emergency**, the type of surgery, and the development of postoperative complications. In general, ~~those elderly~~ **patients** who undergo emergency or long, complicated ~~surgeries~~ **operations** have a higher frequency of delirium. At least 2 of 3 cases of delirium develop in the first 2 postoperative days, with the peak incidence on postoperative day 1 and the peak prevalence on postoperative day 2.7. Later-onset delirium is often associated with either a major postoperative complication or ~~side~~ **adverse effects** of alcohol or sedative withdrawal. In this article, we ~~report~~ **describe** a patient who experienced delirium after surgery, a ~~somewhat~~ **unique** occurrence.

It's either unique or it's not; expendable circumlocution (§11.2.3, Incomparable Words, p 407 in print).

We ~~managed~~ **treated** a ~~female~~ **woman** older than ~~70 years of age~~ who experienced confusion on postoperative day 3 shortly before she developed sepsis due to her anastomotic leak. After the operation, the patient was transferred to the intensive care unit, where her confusion occurred. She was then referred to ~~the psychiatry department~~ for evaluation. After psychiatric evaluation the patient was ~~diagnosed with~~ **as having** delirium, which cleared slowly as her medical condition stabilized. She went to a skilled nursing facility and then home, where no further delirium was noted.

Avoid trivializing or dehumanizing disciplines or specialties (§11.4, Jargon, pp 408-410 in print).

Once discharged, patients who have experienced postoperative delirium need both ~~acute~~ **short- and chronic** long-term follow-up. Mental status should be monitored closely for recurrence, and intensive rehabilitation efforts should be initiated to reverse the cognitive and functional declines typical in these patients. ~~Cases~~ **Patients** whose conditions are not improving should receive a comprehensive evaluation from their primary care ~~provider~~ **physician** or from a geriatrician or rehabilitation specialist.

Patients themselves are not diagnosed but their conditions may be diagnosed. A simple solution is to change *with* to *as having* (11.1, Correct and Preferred Usage of Common Words and Phrases, pp 381-405 in print).

Adults are persons aged 18 years and older and should be referred to as *men* or *women* (§11.5, Age and Sex Referents, p 410 in print).

With the phrases *older than* and *younger than*, the phrase *of age* is redundant (§11.2.1, Redundant Words, pp 405-406 in print).

A *case* is a particular instance of a disease. A *patient* is a particular person under medical care (11.1, Correct and Preferred Usage of Common Words and Phrases, pp 381-405 in print).

The term *provider* can mean a health care professional, a medical institution or organization, or a third-party payer. If the usage refers to 1 specific provider (eg, physician, hospital), use the specific name or alternative name for that provider (eg, pediatrician, tertiary care hospital, managed care organization), rather than the general term *provider* (11.1, Correct and Preferred Usage of Common Words and Phrases, pp 381-405 in print).

The terms *acute* and *chronic* are most often preferred for descriptions of symptoms, conditions, or diseases; they refer to duration, not severity. Avoid the use of *acute* and *chronic* to describe patients, parts of the body, treatment, or medication (11.1, Correct and Preferred Usage of Common Words and Phrases, pp 381-405 in print).

Because a side effect can be either beneficial or harmful, the specific term (eg, *adverse effect*) should be used (§11.1, Correct and Preferred Usage of Common Words and Phrases, pp 381-405 in print).

To avoid dehumanizing usage, it is generally preferable to say that cases are *managed* and that patients are *cared for* or *treated* (§11.1, Correct and Preferred Usage of Common Words and Phrases, pp 381-405 in print).