Language Alternatives Guide to help avoid lung cancer stigma

What is the Language Alternatives Guide?

The Language Alternatives Guide is to help you use language in your lung cancer materials that does not contribute to stigma, prejudice, or discrimination. It continues the process begun in the Language Audit Tool but can also be used to inform choices when creating new materials.

This guide offers specific word substitutes to consider using in your messages about lung cancer and tobacco. It is not a complete list of possible alternatives.

How do I use this guide?

If you are changing an existing material you assessed with the Language Audit Tool:

1. See which **labeling**, **blaming**, **oversimplifying**, or **other stigmatizing language** you identified in your material. If you used a digital version, you highlighted them in your document. If you used a hardcopy, you circled or highlighted them.

2. Check the tables below, which offer words and phrases as possible replacements for stigmatizing language you may have found in your material.

If you are creating a new material:

1. Consider using the words and phrases in the right column of the tables below, while avoiding those in the left column.

2. As you finalize your new material, consider double-checking it against the tables below for language that may contribute to stigma.

Language Alternatives

Material I am assessing: _____

Labels: Put people first

Using person-first language in place of labels is a relatively simple word change that can have a major impact on the ongoing problem of stigma.

Across all health conditions and other personal characteristics, changing the language from terms like "smoker" to "person who smokes" can reduce a patient's sense that they are being labeled or their identity is solely defined by their condition.[1]

⊗ Avoid this language	✓ Use this language instead
• Current smoker • Former smoker • Never a smoker	Person who… • currently smokes • previously smoked • did not smoke
Admitter (admit) Denier (deny)	Person has conflicting responses regarding smoking behaviors
Lung cancer patient	Person with lung cancer
Nicotine addict	Person with nicotine dependence
Subject (in research)	Participant

Blaming language: Empowerment, not blame

Many of the words commonly used to describe efforts to stay healthy or combat illness place the burden on the person and ignore the role of outside factors, like targeted advertising or occupational hazards.[2]

The language we use to discuss health must recognize the impact of these outside forces and empower people to engage in healthy behaviors when possible.

⊗ Avoid this language	⊘ Use this language instead
• Recalcitrant • Hardcore	Patient reports/says they are not ready to initiate treatment/cessation
• Willing • Unwilling	Patient is or is not able to participate in treatment/screening/cessation because…
Chief complaint	Primary concern
Patient failed treatment	• Treatment failed patient • Treatment was not successful
WIllpower	Access to tools or resources to stop using tobacco
Teachable moment	• Opportunity for engagement • Chance for reflection, considering, or thinking about…

Oversimplifications: Avoid them by collecting and conveying details

Messages about health and medicine are shaped by a constant pressure to conserve time, space, or an audience's attention span. Many of the descriptive shortcuts we use reduce patients to labels that promote stigma and the negative definitions that come with them.[1]

Describing the finer details of an person's characteristics and concerns can help us more accurately capture the complexity of these health conditions and promote respect for those experiencing them.[3]

⊗ Avoid this language	⊘ Use this language instead
Habit	Dependence on nicotine
Lifestyle	Smoking or tobacco use behavior
Patient's smoking habit persists or continues	Patient is not able to participate in treatment because…
Quitting	Tobacco treatment, stop using tobacco
Prevention	Lower the risk (chance)

Other stigmatizing language: Change it

If you found other stigmatizing language in the Language Audit of your material, think of other ways to find suitable replacement language, such as to:

- Ask questions when talking with patients about their preferred words
- Look at similar materials to see what wording they use
- Consider the overall themes of the Language Alternatives Guide

References

1. Williamson, T.J., Riley, K.E., Carter-Harris, L., and Ostroff, J.S. (2020). Changing the Language of How We Measure and Report Smoking Status: Implications for Reducing Stigma, Restoring Dignity, and Improving the Precision of Scientific Communication. Nicotine & Tobacco Research 22, 2280-2282. 10.1093/ntr/ntaa141.

2. IASLC (2021). Language Guide. International Association for the Study of Lung Cancer.

3. Dickinson, J.K., Guzman, S.J., Maryniuk, M.D., O'Brian, C.A., Kadohiro, J.K., Jackson, R.A., D'Hondt, N., Montgomery, B., Close, K.L., and Funnell, M.M. (2017). The Use of Language in Diabetes Care and Education. Diabetes Care 40, 1790-1799. 10.2337/dci17-0041.