

BILINGUAL

Even Japanese don't understand doctor-speak

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Have you ever had problems understanding your doctor? Ask this question and some people are likely to retort: "Haven't *you* ever had problems understanding your doctor?" If you feel this way and happen to be a foreigner in Japan, your frustrations would seem to arise from the simple fact that you and your doctor speak different languages. But native Japanese face very similar problems.

Proof of this is a recent report by the National Institute for Japanese Language (NIJL) titled "Byōin no Kotoba wo Wakariyasuku suru Teian" (「病院の言葉」を分かりやすくする提案, "Suggestions for How to Make Medical Language More Easily Understandable"). In a 2004 survey by the same institute, more than 80 percent of participants reported that they had difficulty understanding terms their doctors used.

Troublesome phrases included not only the usual katakana and *rōmaji* suspects, such as *kurinikaru pasu* (クリニカルパス, clinical path) and DIC (disseminated intravascular coagulation), but also homemade expressions, such as, for instance, *shinsen* (震顫, tremor) and *kankai* (寛解, remission).

To deal with these problems, the NIJL set up the Byōin no Kotoba Iinkai (「病院の言葉」委員会, Medical Language Committee) in fall 2007 to bring together medical, media and linguistic professionals to find ways to improve doctor-patient communication.

The committee identified three major problems.

First of all, there are expressions that, despite their frequent usage in the medical arena, are largely unknown to the general public. These include the four terms highlighted above.

The second problem arises from what might best be called "false friend" expressions. These are terms most people have heard but do not properly understand. Miscommunication between doctors and patients is frequently the result of the gap between the common understanding of these terms and their specific meanings. To many people, for instance, the term *hinketsu* (貧血, anemia) simply describes a state of dizziness that occurs when a person stands up after a longer period of sitting or lying. Far fewer people know that the medical term denotes a blood disorder that can lead to serious health problems. As a result, those diagnosed with the condition may underrate its long-term consequences.

The same concern exists with the term *shokku* (ショック, shock), which in a medical context is not merely a state of disturbed surprise but a critical condition associated with a fall in blood pressure.

Similarly, many people apparently do not know that Kawasaki-*byō* (川崎病, Kawasaki disease) is an arterial inflammation named after the doctor who first described it and not, as some people believe, a pollution-related illness that occurs around the city of Kawasaki, in Kanagawa Prefecture.

The third problem identified is words that when mentioned by a doctor are likely to produce such a state of shock in a patient as to prevent them from understanding the real state of affairs. Examples mentioned in the report include the terms *shuyō* (腫瘍, tumor) and *kōganzai* (抗癌剤, anticancer drug), which immediately evoke to many people associations with long suffering and early death.

Based on these findings, the report proposes three strategies that medical professionals can employ to better communicate with patients:

- Rephrase widely unknown terminology into more common, everyday language
- Properly explain terms prone to being misunderstood
- Help educate the public about the meaning of new, essential terminology

The report identifies 57 problem expressions. Included is everything from *akusei shuyō* (悪性腫瘍, malignant tumor) to *zensoku* (喘息, asthma). Each entry provides a brief explanation in plain language, a slightly more detailed description and a few simple sentences for further clarification. In some cases, there are also remarks about likely misunderstandings that may occur, what can be done to introduce the term to the general public, and how to best deal with frightening, negatively phrased expressions.

It remains to be seen how much the committee's suggestions will help improve communication between health professionals and patients. If there is one conclusion that can be drawn at this point, though, it is that the barriers to better understanding in Japan's health-care system plague more than just the nation's foreign residents.

Suggestions for How to Make Medical Language More Easily Understandable can be downloaded (in Japanese) at http://www.kokken.go.jp/byoin/teian/byoin_tyukan_hokoku.pdf