

# LANGUAGE CONSIDERATIONS IN HEALTH CONTENT

in relation to race, gender, decolonizing text, and removal of bias:

## SEX, GENDER, and SEXUALITY

**01** Consider the use of terminology, especially related to gender. Use **gender neutral language** throughout the text, use 'the clinician' or 'the patient'. Do not use 'he/she'.

USE:

'the clinician'  
'the patient'

DO NOT USE:

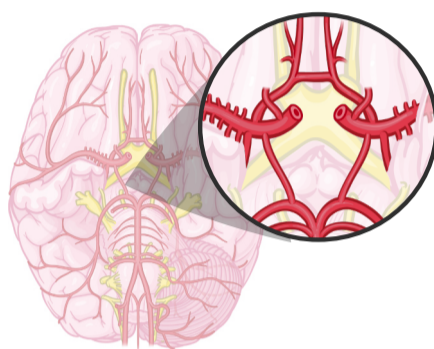
'he'  
'she'

**02** Explore where **gender neutrality** can be used when there is no need to specify a gender. In cases where gender identify is necessary terms and descriptions should honour and explain person first and identify first perspectives. E.g., use of gender affirmation terminology rather than gender reassignment.

**03** Ensure there is a **balance in the text** when referring to **gender specific** medical/ anatomical components e.g., breast cancer, erection. If a topic is discussed in the male, it is also discussed with regard to the female.

## RACE, ETHNICITY, RELIGION and BELIEF

**04** Consider the use of eponyms and **provide the latest description using Terminologica Anatomica** e.g., do not use 'Circle of Willis' but use 'Cerebral Arterial Circle'; do not use 'Bartholin Glands' but use 'greater vestibular glands'. Eponyms continue to exist in medicine e.g., Mc Burney's Point, and new versions should be used where possible as terminology is updated. **This is an important step in decolonising texts.**



USE:

'Cerebral Arterial Circle'

DO NOT USE:

'Circle of Willis'

**05** Make reference to **specific ethnicity** when possible, as this is preferred over general collective terms. E.g. "race and ethnicity" is preferred, with the understanding that there are numerous subcategories within race and ethnicity. Avoid using race/ethnicity.

USE:

'race AND ethnicity'

AVOID:

'race/ethnicity'

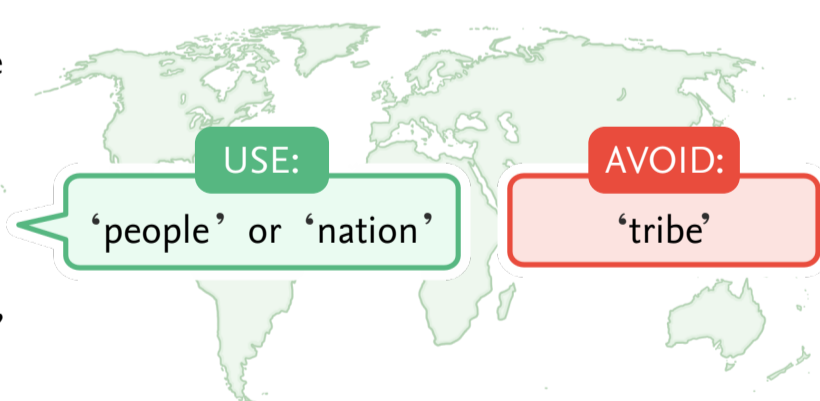
**06** Ensure that the text is using **diverse references**, ensuring the latest and most accurate references are used. Sources should **highlight evidence from different populations** and **reflect global opinions and culture**.

**07** When appropriate, you may use the terms **underserved, underrepresented, or marginalized** to describe populations; however, **use the specific group title whenever possible**.

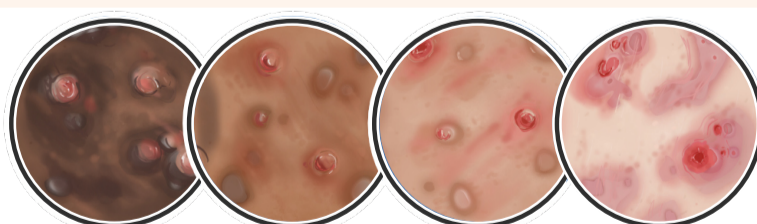
**08** Ensure there is no bias related to a protected characteristic. **Consider the use of language to ensure it does not suggest/infer a hierarchy based on a protected characteristic.**

**09** Reference to race specific medical/ anatomical components. E.g., Osteological differences in different populations. **Ensure there is a balance of race specific content** e.g., if a component affects individuals of Afro-Caribbean heritage and it also affects individuals of Asian heritage then both are stated.

**10** **Avoid using references to race where possible** as it may not accurately reflect the identity of the individual. It is preferable to **be more specific about regional** (e.g., Southern European, Scandinavian) or **national** (e.g., Italian, Irish, Swedish, French, Polish) origin when possible. When writing about **Indigenous Peoples, use the names that they call themselves**. In general, refer to an Indigenous group as a 'people' or 'nation' rather than as a 'tribe'.



**11** For all images and art used in texts consider what is it showing. Ensure that there is a **wide representation in images, to include skin tone, gender, and body habitus**.



- We should be guided by established ethical guidelines for research.
- Language used to describe people should be respectful and inclusive, as well as clear and accurate.
- Content should make no assumptions about belief or protected characteristics. including: Age, disability, gender reaffirmation, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

## RESOURCES:

- APA Guidelines and example tables
- AMA Guidelines for Health Equity
- SAGER Guidelines

