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## Doctors urged to use words that help, not words that hurt

Doctors who use negative language during medical consultations and procedures may increase both pain and anxiety for their patients, according to research being presented at the annual scientific meeting of the Australian and New Zealand College of Anaesthetists (ANZCA) in Sydney.

Dr Allan Cyna, a senior consultant anaesthetist at the Women's and Children's Hospital in Adelaide, is speaking to anaesthetists about the power of language at the ANZCA Annual Scientific Meeting (ASM) which is being held from 5-9 May.

He says "negative suggestions are ubiquitous in clinical practice and their adverse effects on patient anxiety and pain frequently go unrecognised. Poor communication is frequently at the heart of adverse incidents in healthcare and can be the source of many patient complaints and litigation."

Dr Cyna has helped develop a clinical "therapeutic communication" strategy called LAURS (Listening, Acceptance, Utilisation, Reframing and Suggestion). This language structure is aimed at helping anaesthetists build patient rapport and assist their patients' experience in a therapeutic way. Dr Cyna's approach emphasises the importance of reflective listening so that patients feel that they have been listened to and understood.

"Many experienced clinicians recognise that specialist knowledge and technical skills alone are insufficient for the professional practice of anaesthesia. Communications with patients usually go well, yet few anaesthetists consciously appreciate how they achieve this or how to teach what they do," he explains.

Using the example of "***this is going to sting***" Dr Cyna says research over the last two decades has shown that negative suggestions such as this can increase patient anxiety and pain during the procedure.

"Another example of a non-verbal cue leading to an adverse patient response would be handing a patient a sick-bowl "***in case you feel nauseated.***"

Dr Cyna says a better understanding by doctors of the power of language will help their consultations and hospital interactions with children, obstetric patients, patients who are stressed or distressed and patients with needle phobia.

Some examples presented by Dr Cyna at the meeting include:

- ***Let me know when you have pain!*** Could be therapeutically expressed as "***Let me know when you feel more comfortable?***"
- ***This will hurt!*** / ***This won't hurt*** (suggests it WILL hurt.)
- ***Try not to move!*** (the *try* suggests failure and the patient is more likely to move.)

- ***There is nothing to worry about*** (suggests there is something to worry about!)
- ***The local anaesthetic stings as it goes in!*** (suggests the sensation must sting.)  
A therapeutic alternative is ***“This will numb the skin and allow us to finish the procedure more comfortably than otherwise.”***

***Instead of saying “This will hurt!” a doctor can instead say “This may be more comfortable than you thought!”***

Dr Cyna says doctors should avoid using “try”.

“As a failure word it should be used with caution. It implies an attempt, with the probability of failure. For example: ***“Try to relax”*** can be replaced with ***“In a moment or two you will find you can relax.”***”

Dr Cyna says positive examples of language that anaesthetists can use include:

- ***Eating and drinking when you feel like it is usually easy and straightforward!***
- ***You can look forward to feeling more comfortable as the wound heals.***
- ***Many patients look back on their surgery and are surprised how quickly they recover!***

One of Australia and New Zealand’s largest specialist medical colleges, ANZCA is responsible for the training, examination and specialist accreditation of anaesthetists and pain medicine specialists and for the standards of clinical practice in Australia and New Zealand.

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