Dehumanizing language deprives people of their human qualities, personality, or dignity. Such language can be perceived as impersonal or even derogatory or offensive and should be avoided in medical writing.

One way to avoid using dehumanizing language is to use “people-first language”, which is the practice of placing the person before their diagnosis or disability (e.g., patients with cancer rather than cancer patients, or people with disabilities rather than disabled people or the disabled).

It is also important to use the pronoun who, not that, when referring to people.

Incorrect: We expect to observe elevated expression of T cell activation in patients that experience adverse events.
Correct: We expect to observe elevated expression of T cell activation in patients who experience adverse events.

Another way to avoid using dehumanizing language is to not use potentially negative or judgmental terms. Patients should not be described as “failing” treatment; treatments fail patients rather than vice-versa. Stating that a patient “failed” a treatment suggests that the patient is somehow responsible for the treatment’s ineffectiveness. Instead, either state that the patient did not respond or that the treatment failed or was ineffective.

Incorrect: Patients with localized disease failed radiation therapy.
Correct: Patients with localized disease did not respond to radiation therapy.
Better: Radiation therapy failed to result in significant tumor reduction in patients with localized disease.

Similarly, use *decline* rather than *refuse* when writing about patients’ decisions not to pursue treatment. While these words have similar meanings, *refuse* suggests firmness or even rudeness. *Decline* is more formal and polite.

Original: Patients with higher levels of cancer-specific psychological distress are more likely to refuse treatment.
Better: Patients with higher levels of cancer-specific psychological distress are more likely to decline treatment.

**References**


—Ann Sutton

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