ART OF MEDICINE
A Matter of Words
Jessica S. Yang

Abstract
Word Choices is a mixed-media digital illustration that explores the importance of clinicians’ word choices during their encounters with patients. Clinicians often face ethical questions about sharing information with vulnerable patients, dimensions of which are represented by the illustration’s content and colors.

Figure. Word Choices

HP: Patient is a 25 year old man with a past medical history of asthma, and is currently presenting with new onset with cough and shortness of breath. The patient states he had been feeling very dizzy this morning. He is in a daze when the patient is being examined in the emergency department. The patient is a bit more confused than before, and his speech is slurred. The patient is wearing a white lab coat and is wearing a medical history shirt. The patient is holding a thermometer, and he is incontinent of urine. He has a past medical history of asthma and no history of diabetes. He is receiving fluids intravenously. He is not receiving any medications. His family history is significant for asthma.

Vitals: Admission: 98.6°F, 110/70, 1042 breaths/min, 98%
Physical Exam: HEENT: PERRLA, EOMS, RNM
Neuro: No sensory deficits. Unable to complete Mini Mental Status Exam.
Studies: CBC WBC 11,000, 40% lymphocytes, 30% neutrophils
BUN 17, creatinine 1.2
AST 160, ALT 15
TSH 13.4

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**Media**

Acrylic on canvas and digital illustration.

*Word Choices* is a mixed-media digital illustration that explores the importance of clinicians’ word choices during encounters with patients. Clinicians often face ethical questions about sharing information with vulnerable patients, dimensions of which are represented by the illustration’s content and colors. In the illustration, the subjective, objective, assessment, and plan (SOAP) note in the background represents a physician’s framework for understanding a patient’s clinical picture. Should deception be used if the intention is benevolent? Framing a diagnosis or other relevant information in a way that a patient or surrogate can understand and that is beneficial for a patient’s well-being is important when considering this question. How this framing is done varies and thus is represented by a blank speech bubble.

Although a patient–clinician encounter can be based on lab numbers and information exchange, it’s also important to remember the encounter’s humanistic features. How a patient feels and responds can depend on how a clinician frames information and sets the tone of a conversation, so the speech bubble is highlighted in the foreground. This encounter’s potential for complexity and intensity is suggested by bright colors.

How should clinicians explain a patient’s diagnosis and condition? Like the empty speech bubble, this question can be seen as a start of a conversation.

**Jessica S. Yang** is a medical student at Rowan University School of Osteopathic Medicine in Stratford, New Jersey. In addition to her scientific interests, she has interests in literature and art.

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**Conflict of Interest Disclosure**

The author(s) had no conflicts of interest to disclose.

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