



January 2017

Commentary: The C-Word

Peter G. Holub

Nova Southeastern University, holub@nova.edu

Follow this and additional works at: <https://nsuworks.nova.edu/ijahsp>



Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Holub PG. Commentary: The C-Word. The Internet Journal of Allied Health Sciences and Practice. 2017 Jan 18;15(1), Article 7.

This Commentary is brought to you for free and open access by the College of Health Care Sciences at NSUWorks. It has been accepted for inclusion in Internet Journal of Allied Health Sciences and Practice by an authorized editor of NSUWorks. For more information, please contact nsuworks@nova.edu.

Commentary: The C-Word

Author Bio(s)

Peter G. Holub, DPM, PhD, is an Associate Professor in the College of Health Care Sciences at Nova Southeastern University in Ft. Lauderdale, FL.



The Internet Journal of Allied Health Sciences and Practice
Dedicated to allied health professional practice and education
Vol. 15 No. 1 ISSN 1540-580X

The C-Word

Peter G. Holub, DPM, PhD

Nova Southeastern University

United States

The servers at my all-time favorite restaurant, Poole's Diner in Raleigh, NC, are forbidden to use the word *customer* (the "c" word). Chef Ashley Christensen says, "We proudly use the word *guest*." She explains, "I am a firm believer that to recognize the people who eat with us as simply *customers* cheapens the experience we create together. It implies a transaction, a simple exchange of tender for goods. But dining out should be more than a transaction; it is a relationship."¹

The same philosophy should apply to hospital and medical settings. I cringe when I hear doctors, medical staff, and students refer to patients as *customers*. Instead of empowering the patient, it cheapens the relationship and encourages unreasonable expectations for both the caregiver and the patient. By referring to their patients as customers, caregivers may give the impression that fee-for-service is more important than empathy, compassion, and the other humanistic qualities of a professional relationship that are not associated with billing codes, deductibles, and copays. On the other side of the exam table, patients who see themselves as *customers* may feel justified in making unreasonable demands, insist that they are always right, or sue the doctor when a medical outcome is less than optimal. If the word "guest" is the preferred way to describe relationships in restaurant settings, what is the best word to describe relationships in medical settings?

The word *patient* has the same Latin root as *patience*, which means "enduring" or "bearing," and the *medical patient* is defined as someone who endures and bears pain and suffering (and waiting...lots of waiting). *Patient* is a good word when it is used to foster empathy and compassion, but labelling a person as the *patient* can also encourage paternalistic attitudes of the medical staff and accentuate the healthcare hierarchy, which often puts sick and vulnerable people at the bottom of the pecking order.

Some providers prefer the word *consumer* to describe patients who challenge paternalism by becoming informed and taking responsibility for the choices they make in their own health care. *Consumers* include people who are not enduring pain and suffering, but are merely monitoring their health or practicing preventative medicine. Hundreds of *patients* may visit a clinic a week, but there is no limit to the number healthcare *consumers* that can visit a clinic's website.

Imagine sitting in the waiting room and hearing a medical clerk announce, "Next *consumer*, please," or reading a sign in the exam room that says, "*Customer* bathroom down the hall." Professional liability insurers recognize bad outcomes do not always result in malpractice. Much depends on the relationship, which can go anywhere from complete avoidance to treating patients like friend and family. Patients rarely sue kinfolk because trust and other outward demonstrations of respect form the foundation of their relationship. Nurses get it, guiding their practice by the unwritten rule of "treating patients like family." Of course, I do not encourage operating on your mother or prescribing narcotics for your brother, but I do believe that authentic respect and unconditional compassion are the foundation of quality care.

Shakespeare was not a nurse or a doctor, and he did not work in a medical setting, or he would have known that a rose by any other name does not smell as sweet, and that patients prefer to be treated like friends and family and called by name, and not treated like customers and consumers and called by number. It cheapens the experience we create together. To paraphrase and modify Chef Christensen's philosophy, healthcare should be more than a transaction; it is a relationship.

Reference

1. Ashley Christensen. 2016. Poole's: Recipes and stories from a modern diner. Ten Speed Press. Berkeley.