

The medical dictionary ‘tongue-in-cheek’ edition

To the Editor: Medical communication is often so formal, and one can't help thinking that sometimes a more light-hearted approach would be nice. We recently attended an advanced paediatric life support course in Pretoria (may we suggest that all doctors treating children should think of doing this course?), and on one of the days our group was in a silly mood. Attempting to describe perfusion in a child who isn't shocked but also doesn't have perfect perfusion, we came up with the term 'good-ish'. It felt so right, and everybody could identify with what we meant – '-ish': something that falls outside a medical tick-box; 'normal-ish': something's not quite right but one won't put one's medical head on the block; 'ok-ish': better, but who knows what will happen?

We know that '-ish' has absolutely no place in the correct medical definitions of illness, but if everybody 'gets it', what could possibly be wrong with our description? After all, our aim in medicine is to save lives, and how could these terms not help in saving lives? So that got us thinking about the many other South African words that could make their way into medical parlance and help us to describe our sick children better. How about the term 'eisch'? 'Eisch, I'm so concerned about this child' – who would not identify with our concern? Who would not immediately buy into the need to help? And how about 'lekker'? 'It's so lekker that our child is now better' is much nicer than the formal descriptions of 'stable' or 'improved'. Wouldn't medicine, and especially paediatric care, be better described in a language we (and especially our patients) intrinsically relate to? Maybe the humanness of our language would even contribute to a better outcome for our patients. There is a lot of literature to suggest that this is true. How we think influences our behaviour and feelings, and is certainly picked up by our patients. Ultimately, it boils down to the love we feel for our patients. When they know we care, they

have a much better chance of doing well. So imagine an interaction with a colleague that goes like this: 'Hey Doc ... Thank you for asking me to see ..., I like what you have done. Nice touch, buddy. Eisch, I was scared that she would be ill but I like your style. You saved her life. I feel lekker that we are on the right track. She was sick-ish but I couldn't pinpoint the problem.'

Here are some other terms and concepts we might add, and of course their definitions:

'Sharp/fist bump'. Qualitative method to determine clinical progress. If the patient sharp/fist bumps you, they are getting better and nearing discharge.

'Flimsies'. When you are operating along a tissue plane and find light, faint 'bits' of tissue that dissolve under your fingers. Not substantial enough to be considered real tissue.

'Yoh!' When a medical test result, or a finding during surgery, is unexpected and definitely complicates things.

'WTF!' ('What the ...!') You know that you will write this one up – once you figure out what is going on!

Yes, we are clearly joking, but wouldn't life be great if we could let our hair down every now and then?

Robin J Green

Kelly Hoffmann

Adèle Pentz

*University of Pretoria and Steve Biko Academic Hospital, Pretoria, South Africa
robin.green@up.ac.za*

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