Moving forwards, we must reflect on what aspects of normalised practice may be stereotyping or exclusionary. A critical area of development is of course medical education. Rather than creating stereotyped cases as proxies to aid learning, only to unlearn them for safe practice, it would be beneficial to move towards a model where our learning materials provide diverse representation and visibility, to minimise learnt bias. Moreover, learning resources such as Osmosis.org have consulted experts to review and adapt existing materials to reflect neutral language[9]. This approach translated to medical curricula could be transformative for standardising language in a conscious and informed way. Finally, encouraging students to consult resources such as the NIH style guide at an early stage when learning how to document has the potential to encourage standardisation of language that reflects best practice, whilst also combatting the development of implicit bias through promoting conscious linguistic choices to describe patients.

Fundamentally, through recognising the compound risks brought about by seemingly unconscious automations in linguistic choice, and how stereotyped language can perpetuate outdated narratives and biases, we begin to appreciate the importance of conscious action to achieve neutrality of language. Further, through appreciating the power that language holds to shape the world around us, we can acknowledge the role of updating and standardising language, as a seed with the potential to decondition healthcare systems from implicit biases.

890 words excl title

1. Searle, J.R. , (Cambridge University Press, 2002).
2. Cox, C. & Fritz, Z. Presenting complaint: use of language that di