

The Guide to Politically Correct Cardiology

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The proposed reform of the national health care system in the United States will have broad implications for the diagnosis and treatment of diseases. It has been widely acknowledged that the nomenclature of the specific diagnoses that are applied to a particular patient's ailment may profoundly affect the patient's well-being, self-image, and time to full recovery. Diagnoses should be empowering rather than belittling and should reflect the patient's ability to transcend his or her illness rather than being dominated by the judgmental, impersonal and paternalistic semiotics of the medical profession. The nomenclature of

heart disease is particularly troubling in this context.

Table 1 summarizes a variety of commonly applied cardiac diagnoses and supplies a translation into politically correct terminology. Heart failure is probably the most common cardiac diagnosis, but the very term is belittling. It says to the patient, "your heart has *failed*." It is far more empowering to term the patient "inotropically challenged" to reflect the fact that the contractile (inotropic) state of the heart shows room for improvement. Likewise, for diastolic failure the fact that the heart doesn't relax (lusotropy) as well as it might should not be branded as "failure."

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Table 1 The Guide to Politically Correct Cardiology

<i>Inappropriate Terminology</i>	<i>Appropriate</i>
Instead of saying a patient has....	Say instead a patient is....
Heart failure	Inotropically challenged
Diastolic failure	Lusotropically challenged
Sick sinus syndrome	Chronotropically challenged; systolically impaired
Aberrant conduction	Alternative conduction
Left axis deviation	Left axis-enabled
Inferior myocardial infarction	Diaphragmatic MI
Hypercoagulable state	Rheologically impaired
Aortic (mitral) incompetence or insufficiency	Aortic (mitral) retrograde flow-enabled
Ventricular (atrial) septal defect	Interventricular (interatrial) flow-enabled
Poor surgical candidate	Cardiac medical therapy enabled
Senile aortic stenosis	Elder aortic flow impaired
Multisystem organ failure	Metabolically challenged
Dead	Metabolically different; entropically enabled

Patients have long been termed as having "sick sinus syndrome" if the principal pacemaker (sinus node) cells of the heart beat too slowly. This illness sounds rather more like an upper respiratory infection and applies the value judgment of *sickness* to a noble, organic cardiac structure. Better to say that a patient is "chronotropically challenged" or "systolically impaired."

Cardiac diversity is to be celebrated, not denigrated. The term "aberrant" used to be applied to drug-abusing pedophiles, whom we now simply identify to be following an "alternative" lifestyle. Similarly, to brand a patient with "aberrant conduction" simply because electrical impulses travel a novel pathway from atrium to ventricle is an unfortunate stigma. Similarly, the connotations of the word "deviant" are to be avoided when describing the electrocardiographic axis of the

heart ("left axis deviation").

The term "inferior myocardial infarction," which connotes a judgmental criticism of the patient, has got to go. One can imagine the scenario: a patient returns home from the hospital and curious friends ask "What kind of heart attack did you have?". To reply, "My cardiologist says I had an inferior myocardial infarction" could lead to a cynical rejoinder. Better to use the anatomically and historically correct term "diaphragmatic MI."

Valvular heart disease has not been spared the application of demeaning and judgmental terminology. It is terribly insensitive to say that a cardiac valve is "incompetent" or "insufficient." If the mitral valve leaks, thus allowing the retrograde flow of blood, would it not be better to say that the patient's heart is "retrograde mitral flow-enabled"?

Similar terminology can be applied to any other leaky cardiac valve, as well as to the occasional "defects" found between cardiac chambers. If there is a hole between the left and right atria, the patient is "interatrial flow-enabled," a far better term than the current "atrial septal defect." The term "senile calcific aortic stenosis" is applied to older patients who have developed narrowed aortic valves impairing the outflow of blood from the heart. The term "senile" has connotations far beyond the cardiac system, and such patients would less stigmatized by applying the term "elder aortic flow-impaired."

Often, despite our best efforts, inotropic challenges and systolic impairments, combined with multiple retrograde flow enablement syndromes, will lead to the decline in function of many of the body's organ systems. To apply the term "multisystem organ failure" smacks of the judgmental and paternalistic: better to apply the term "metabolically challenged." This state all too often proceeds to the state of the patient's being "metabolically different," or "entropically enabled." In other words, "dead." Patients must be encouraged to proceed to this state of entropic enablement with the full benefit of modern, politically correct, humanizing, empowering, enabling, sensitive cardiac terminology.