

Medical terms lead to divide between parents and doctors

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Laura Scherer found a significant divide can exist between patients and physicians about the same terminology -- especially when it comes to discussing "pink eye," a particular flashpoint in childcare. Credit: Mizzou News

Few things are more stressful than dealing with a sick child. From discussing treatment with a pediatrician to complying with day care policies, a parent must consider many factors when making a decision about their child's health. Now, a recent study from the University of Missouri and the University of Michigan is shedding light on the significant divide that can exist between patients and physicians about the same terminology—especially when it comes to discussing "pink eye," a particular flashpoint in childcare.

At least 2 million children with conjunctivitis, or "[pink eye](#)," visit a [health care provider](#) each year. Those visits can be quite confusing for [parents](#) as they communicate their child's symptoms with pediatricians, especially since not all visits will require [antibiotics](#) as treatment. The study, by Laura Scherer, assistant professor of psychological sciences in the College of Arts and Science at MU,

finds that the "pink eye" label, when applied to eye symptoms, can mislead parents into wanting antibiotics, even after being informed that the antibiotics are unnecessary.

"When it comes to communication between doctors and patients, words matter," Scherer said. "Likewise, our beliefs matter. Many parents believe that 'pink eye' is a serious infection that requires antibiotics. But for pediatricians, the words 'pink eye' could mean a bacterial infection, viral infection, or even just redness due to allergy. If doctors use a label that leads parents to believe that the symptoms require medication, then parents are likely to demand it. Our study showed that these labels may cause parents to want medication even when the doctor tries to later communicate that medications aren't necessary."

In the study, Scherer and her colleagues at the University of Michigan asked 159 parents to read short vignettes that described a two-year-old child who developed a red eye following mild cold symptoms. The symptoms described were suggestive of viral conjunctivitis: watery discharge and eye redness confined to the eyeball and small part of the eyelid. In this situation, antibiotics would likely have little to no value.

In the vignette narrative, parents were then presented with randomized scenarios. In one version, the physician affirmed the "pink eye" diagnosis, in another, the physician simply called the symptoms an "eye infection." Researchers found that parents who received the "eye infection" label only wanted antibiotics when they believed that antibiotics would be effective. However, parents who were given the "pink eye" label wanted antibiotics regardless of whether they were told that antibiotics were ineffective or not.

"Physicians may not realize that the words they use have different connotations to them than they do to patients," Scherer said. "This kind of

miscommunication can potentially lead to overuse of antibiotics, which is causing increased antibiotic resistance. Past studies of primary care physicians have found that they prescribe antibiotics in 70 to 90 percent of [eye infection](#) cases, far exceeding the proportion of actual bacterial cases. Our study suggests that the words 'pink eye' makes parents believe the infection to be more contagious and to want medication even when it isn't necessary."

Scherer advises that physicians can overcome this communication divide by understanding the effect the term "pink eye" has on parents' expectations for treatment. Likewise, parents should ask clarifying questions if the treatment options presented to them conflict with their expectations, Scherer said.

"As soon as parents hear the words 'pink eye,' their minds fill with fear and they think 'my child needs antibiotics,'" says senior author Beth Tarini, assistant professor of pediatrics at the University of Michigan's C.S. Mott Children's Hospital and a researcher at the Child Health Evaluation and Research Unit. "As pediatricians, we need to recognize the impact that our words have on parents and how it affects their thinking about treatments that may be unnecessary."

More information: The study, "Effect of 'Pink Eye' Label on Parents' Intent to use Antibiotics and Perceived Contagiousness," was recently published in *Clinical Pediatrics*:
cpj.sagepub.com/content/early/.../22815601983.abstract

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