

Expectant mothers or pregnant 'people'? In defence of political correctness

Written by Tristan Bronca on January 30, 2017 for CanadianHealthcareNetwork.ca

Several news outlets have picked up on two inflammatory lines of last year's BMA guide to effective communication. But they're overlooking the point of the document...

Last year the British Medical Association put out a 15-page document titled "A guide to effective communication: inclusive language in the workplace" intended to promote greater sensitivity and respect in hospitals and clinics around the U.K.

Not surprisingly, most people aren't reading it that way.

This week, two lines of the document related to pregnant "people" started making headlines: "A large majority of people that have been pregnant or have given birth identify as women." A little on-the-nose, but true. "We can include intersex men and trans men who may get pregnant by saying 'pregnant people' instead of 'expectant mothers.'"

It's a fine example of another hysteric Has-PC-Culture-Gone-Too-Far? story, and a few publications were all too happy to capitalize on the outrage they knew it would provoke. One reported that the BMA is "[demanding](#)" doctors drop the word "mother" when speaking to pregnant women. Many others reported that the single case that apparently prompted the proposal—a 20-year-old trans man who put off a gender reassignment surgery in order to have a baby—was just one of 775,000 people who gave birth in the U.K. last year. The rest, it's safe to assume, are women.

I understand that some of you might be rubbed the wrong way by this news. You might find it irritating that your British colleagues would be "urged" to blunt their language with more euphemisms out of fear of offending a near non-existent minority. In a [recent column](#) for the Medical Post, Dr. Ferrukh Faruqui wrote that "warriors of political correctness" have entered "the hallowed halls of hospital wards"—that this "stealthy speciousness" threatens not only individual and public health, but the "truth" itself.

That, in my opinion, is way overblown.

Language matters, particularly when you're speaking to people whose health—and in some cases, life—relies on your advice. You, as a doctor, know this better than I do. To frame suggestions that we try not to offend people—which is what political correctness is—as a war against some "truth" is nonsense. You're not not telling the truth if you tell a grieving widow you're sorry her husband "passed away" rather than "died." If we were at dinner and I excused myself announcing I was "going to urinate" rather than saying I'm "going to the men's room," you'd think I was a robot disguised as a human. These euphemisms are not only harmless, they're appropriate.

Language evolves to reflect and capture the sensitivities of our time. We can argue about when it's appropriate to use gender-neutral labels but there's no denying that they are becoming a part of that evolution. I still think the BMA's advice is [basically inapplicable](#) and out-of-touch (many estimates put the trans population at less than 1% of the greater population and many transitions cause infertility), but I just don't see why anyone should feel threatened by it.

Now, before you start chewing me out, I get that there are certain euphemisms and "politically correct" behaviours that are not harmless. Dr. Faruqui gives a good example of one in her column, about a paper that suggested counselling obese women on pregnancy risks was the same as "shaming" them. I also agree that we spend a disproportionate amount of time policing our language and apologizing for minor missteps. Today, there are good reasons to be worried about making an honest mistake and having your name dragged through the mud.

But those are not reasons to shrug off calls for us to be sensitive, as they are often used. That's particularly important when we're talking about a group that has historically been denied access to health care or faced

violence and harassment [while trying to access it](#).

Mistakes still happen, of course. At the Family Medicine Forum in 2015, [Dr. Ted Jablonski](#), a Calgary-based family doctor whose patient roster includes hundreds of transgendered patients, said he sometimes makes mistakes when addressing them. "I'm supposed to be the expert and I don't always know what the right term is," he said.

But those patients tend to understand, he added. What's important is the spirit of it. They know when your heart is in the right place, and it's equally obvious when you decide to dismiss it all as some PC axe-grinding.

Tristan Bronca is a staff writer at the Medical Post. Opinions expressed in this article are those of the writer, and do not necessarily reflect those of CanadianHealthcareNetwork.ca or its parent company.
