

# Steering Clear of Providers

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Person-first language is a hallmark of conscientious, professional writing. Most writers and editors of scientific content (especially in medicine and related fields) are familiar with terms that empower patients or do not trivialize or label them. Instead of “asthmatics” we write “patients with asthma”; instead of “the aged” we write “elderly patients” or “older people.” The recent update to inclusive language in the *AMA Manual of Style* also notes this approach for racial and ethnic terms: instead of “Blacks and Whites” we write “Black and White individuals” (after clarifying the categories used in the study and if people were able to self-identify their race and ethnicity).<sup>1</sup>

Yet this approach to using terms of respect is not limited to patients or study participants: terms applied to health care workers should also be chosen with the same care. For example, the terms “orthopod” (orthopedic surgeon) and “osteopath” (osteopathic physician) are considered jargon.<sup>2</sup> One term in particular has engendered a vigorous response: “provider.”

## What’s Wrong With “Provider”?

At first blush, one might think there’s nothing inherently bad about the word “provider.” According to Merriam-Webster, a provider is someone who provides; in other words, supplies something or makes it available.<sup>3</sup> Seems accurate enough, no? We’ve all seen documents that discuss our “primary care provider (PCP)” and “preferred provider organization (PPO).” In the cases of insurance documentation, billing codes, and the like, “provider” is a standard term with a very specific, sometimes even legal, definition. In the Health Insurance Portability and Accountability Act (HIPAA), for example, a provider is a “person or organization that furnishes, bills, or is paid for health care.”<sup>3</sup>

In clinical or research content, however, it is not specific enough. “Provider” can mean a health care professional, a medical institution or organization, or a third-party payer. It can be confusing especially in content that discusses a number of “providers,” including both individual clinicians and entities such as hospitals.

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Another argument for avoiding “provider” is its distance from the inherently professional nature of health care. Because provider is derived from the business side of things, such as insurance and billing, it is often viewed more as a commercial term, not one to describe someone who cares for patients. As noted in an editorial by West and colleagues, “provider has never been an occupation or job title in medicine” so it is not proper to use it to describe health care professionals. Additionally, these authors note that the term provider applied to clinicians “communicates lack of respect for the individual, their training, and their expertise.”<sup>4</sup> And if health care professionals are considered providers of medicine, that must mean patients are receivers, or consumers. Those labels do not speak to the trust inherent in a healthy patient–clinician relationship, especially as patients have taken greater roles in shared decision-making.

“Provider” as a generic term is troubling to some clinicians, even demoralizing. As noted in a Viewpoint by Beasley and colleagues, the use of “provider” is “especially problematic in the increasing number of specialties that make use of team-based care, in which each member serves a special role and makes a much-valued and often unique contribution to care.”<sup>5</sup> It can lead to confusion and distrust, especially when it is unclear what each individual’s responsibilities and competencies are.

## Policies and Recommendations in Practice

A number of organizations support the avoidance of “provider” applied to health care professionals. The American Medical Association (AMA) adopted an official policy that considers the “generic terms ‘health care providers’ or ‘providers’ as inadequate to describe the extensive education and qualifications of physicians licensed to practice medicine in all its branches”<sup>6</sup> and prohibits the use of the term in official AMA publications. Other groups that align with this position include the American Academy of Family Physicians<sup>7</sup> and the American College of Physicians.<sup>8</sup>

This may seem like much effort to avoid a small, even handy, word. But as writers and editors, we know the value of even a single word, how much it can clarify and elucidate, or how much it can damage. What names people are called matters a great deal to them, especially where their professional identities are concerned (e.g., no writer wants to be a “hack”).

So if “provider” is out, what terms are acceptable? As noted in the *AMA Manual*, it is better to specify the type

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of professional (e.g., physician, nurse, pharmacist, dentist).<sup>2</sup> If there are many types of individuals included, “health care professionals” or “clinicians” are acceptable terms. Just as patients deserve person-first language, health care professionals should receive the same respect in the words used to describe them.

References and Links

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