Never-Words and Their Possible Alternatives

Never-words	Alternative language	Rationale
'There is nothing else we can do'	'Therapy X has been ineffective in controlling the cancer, but we still have the chance to focus on treatments that will improve your symptoms and, hopefully, your quality of life'	Even with no prospect for cure, the clinician can still convey an ability to treat the patient as best they can
'She will not get better'	'I'm worried she won't get better'	Replace a firm negative prognostication with an expression of concern about the poor prognosis
'Withdrawing care'	'We can shift our focus to his comfort rather than persisting with the current treatment, which isn't working'	Clinicians never 'withdraw' care, which may imply 'giving up' or denial of services to patients and their families. Describe the advantage in refocusing the goal of care
'Circling the drain'	'I'm worried she's dying'	Avoid slang terms that objectify and diminish patients
'Do you want us to do everything?'	'Let's discuss the available options if the situation gets worse'	Instead of using a leading question that may not align with the patient's values or goals, invite dialogue
'Everything will be fine'	'I'm here to support you throughout this process'	Offer support that is realistic and humane
'Fight' or 'battle'	'We will face this difficult disease together'	Avoid implying that sheer will can overcome illness. Patients may feel as if they're letting their family down if they don't recover ('if only she'd fought harder, she could have won')

'What would he want?'	'If he could hear all of this, what might he think?'	'Want' is often an ill-defined word in a hospital setting, and what families surmise the patient would want may be impossible
'I don't know why you waited so long to come in'	'I'm glad you came in when you did'	Blaming a patient and potentially causing more worry are unproductive. Focus on what can be done realistically in the given circumstances
'What were your other doctors doing/thinking?'	'I'm glad you came to see me for a second opinion. Let's look at your records and see where we can go next'	Focus on what's still possible. Take positive next steps, rather than casting aspersions on professionals whose cooperation you may still need in moving the patient forward