### Words matter: Communicating with patients who have diversabilities

Choose your words carefully when caring for patients with diversabilities. Follow these do’s and don’ts.

<table>
<thead>
<tr>
<th>WHAT NOT TO SAY</th>
<th>WHAT TO SAY INSTEAD (AND WHY)</th>
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| “Why can’t you talk [or walk, see, hear]?” | “I’m curious about your health history. Can you tell me a bit about yourself?”  
*This lets patients describe themselves within the boundaries of their comfort level.* |
| “That looks difficult for you. Let me help.” | “I’d be happy to help, if you’d like to tell me how and allow me to do so.”  
*This preserves the patient’s personal space and allows him or her to be independent.* |
| Disabled | Person with disability or diversability  
*This puts the person first. A disability is what someone has, not what he or she is.* |
| Handicap parking | Accessible parking  
*“Accessible” describes the parking; “handicap” does not.* |
| Impaired vision, impaired hearing, or wheelchair use | Low vision, hard of hearing, or uses a wheelchair  
*“Impaired” may be used in a legal context, but it can be offensive and implies the person is damaged.* |
| Hidden disabilities | Nonvisible or nonapparent disabilities or diversabilities  
*“Hidden” has negative connotations and implies purposeful concealment or shame.* |
| Accommodations | Adjustments or modifications  
*“Accommodations” may be used in a legal context, but “adjustments” or “modifications” captures the concept without suggesting a favor or special treatment.* |
| Suffers from, struggles with, is challenged by | Just describe the specific situation; for instance, “someone who uses a wheelchair”  
*Adjusting life to personal challenges doesn’t make one a victim or a hero. It’s simply what one does.* |