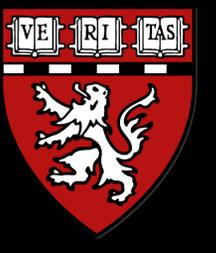




What's In a Word? The Potential Implications of Disease Nomenclature in the SARS-CoV-2 Pandemic



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Background and Introduction

The novel coronavirus pandemic has arrived at VA Boston, and with it, many changes have occurred. Many units at the West Roxbury VA have transformed exclusively for treatment of patients presently infected with the novel coronavirus, and at the Brockton VA, an inpatient psychiatric unit has been allocated for treatment of veterans currently experiencing comorbid COVID-19 and acute behavioral health needs. With the advent of this new infection, efforts to rapidly classify and identify patients affected by this disease exist for a multitude of purposes. First, identification is critical for provision of appropriate care. Staff must don the appropriate level of personal protective equipment (PPE) to see patients suspected or known to be infected with the novel coronavirus to prevent transmission to themselves, to other patients, and to other individuals. Additionally, this has implications for the appropriate level and location of care.

Identification and classification, while useful, does carry a risk of falling into stigmatizing language during a pandemic crisis. We look to previous infectious disease pandemics to extract lessons on managing stigma. In particular we look to the HIV epidemic, which is widely recognized as having been strongly affected by stigmas attached to the disease.

With any new pandemic, the public response will affect both the course of the pandemic across the population, and the course of the disease for individuals. The history of the HIV epidemic provides multiple examples of misinformation, stigma, discrimination with long lasting effects, far after the disease itself has been controlled. With the new COVID 19 pandemic, there is serious implication for negative effects to have labeling in the medical record charts that could hinder the recovery and disposition of patients.

Purpose

To discuss the potential implications and historical correlates of word choice in describing disease states, and to examine the relevance for patients infected with the novel coronavirus

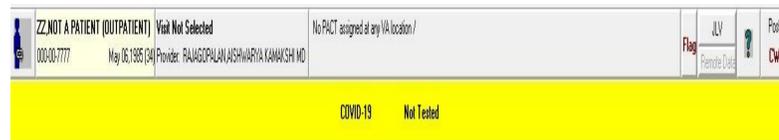
Historical Context: HIV Epidemic

The HIV pandemic was first brought to light by a 1981 New York Times article "Rare Cancer Seen in 41 homosexuals". It was at that time derogatory terms such as "gay cancer" entered the lexicon. It was the same year, some researchers referred the disease as GRID (Gay-Related Immune Deficiency). AIDS was not coined by the CDC until the following year and terms such as GRID and "gay cancer" remained in the public lexicon during the 1980s. Response and resistance to stigmatizing language swelled in 1983 when activists, healthcare providers, and people living with AIDS advanced the terminology "people with AIDS" over "AIDS victims" in medical literature and news reporting. At the same time, people with HIV/AIDS were facing discrimination in housing, employment, and schooling, and even physicians caring for patients with HIV/AIDS were threatened with evictions due to perceived contamination. The legislative response is also notable, banning immigration of anyone with HIV/AIDS from 1987 to 2010, and multiple states criminalizing behaviors carrying little to no risk of transmitting HIV (such as kissing).

Glossary of Terminology

- Coronavirus- A group of viruses causing a variety of diseases and presentations, including the COVID-19 disease
- SARS -CoV -2- This is the novel coronavirus
- COVID-19 - This is the disease caused by the SARS-CoV-2 virus
- COVID-19+ - A test result indicating the presence of the novel coronavirus on, most commonly, nasopharyngeal or oropharyngeal swab
- COVID-19- -A test result indicating the lack of novel coronavirus on, most commonly, a nasopharyngeal or oropharyngeal swab

The Banner



Current Procedure in VA Boston

All veterans with a chart in CPRS have a yellow flag as displayed above indicating the status of testing completed for the novel coronavirus:

- Veterans who have not been tested for the novel coronavirus have a flag that states "COVID-19 Not Tested"
- Veterans who have been tested, but were not found to be presently infected with the novel coronavirus have a flag that states "COVID-19 Negative Test"
- Veterans who have been tested, but were found to be infected with the novel coronavirus have a flag that states "COVID-19 POSITIVE" if:
 - They have only had the aforementioned test indicating presence of disease
 - They have not had 2 consecutive swabs without evidence of present disease, which would indicate resolution of infection
- Veterans who are under investigation for infection with the novel coronavirus or are clinically suspected to be presently infected with the novel coronavirus have a flag that states "COVID-19 Clinically POSITIVE"
- Veterans who have a pending test for infection with the novel coronavirus will have a flag that states "COVID-19 Pending"
- Veterans who have had two consecutive swabs without presence of the novel coronavirus, at least 24 hours apart, and within 7 days of each other, will have a flag that states "COVID-19 Recovered"

Discussion

- A banner like the one employed by VA Boston may be clinically useful to rapidly identify patients to staff, for the appropriate provision of care, and utilization of personal protective equipment
- The banner does not disappear when changing windows (e.g. to review old notes, write new notes)
- Calling individuals COVID+ or COVID- can harken triggering feelings associated with previous pandemics, such as the HIV pandemic
- It may result in voluntary and involuntary discrimination of healthcare workers towards patients, as evidenced during the HIV pandemic
- It is notable that only results that demonstrate presence of the novel coronavirus are in all caps writing in the chart
- Infection with the novel coronavirus is having pronounced impact on transitions of care for patients into the community, including vulnerable patients who were residing in skilled nursing facilities, group homes, or in shelters

Conclusions

- While the HIV epidemic and the present SARS-CoV-2 pandemic represent different disease states, there are common concerning threads in the verbiage used to describe the disease and those affected by it
- Flagrant and excessive labeling of COVID status may result in poor care, inadvertent discrimination of patients that could echo the follies during the HIV pandemic
- In efforts to provide patient centered care, psychiatrists can promote more inclusive language that reflects what we believe to be a more transient state of infection
 - "Presently infected with the novel coronavirus" or "currently experiencing COVID-19"
- Be prompt with removal of the COVID status of patients once the patient is recovered and no longer a source of transmission
- Consider educational content to provide accurate information, to destigmatize patients who is/had experienced COVID-19, normalizing the disease like the way influenza has been normalized
- While there are not determinations as to how long the indicator will remain in patient charts on CPRS, it may be beneficial to remove the indicator upon resolution of infection, and simply place it as a flag (like MRSA, or other infectious disease states)

References

United States, Government. "A TIMELINE OF HIV/AIDS." *Hiv.gov*, 2016. www.hiv.gov/sites/default/files/aidsgov-timeline.pdf.

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