Just Admit It: We Should Stop Using the Word *Admit*

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To the Editor:

Over the last few weeks in our emergency department, where I work as an attending psychiatrist, I have read the following language, written by different trainees and attending colleagues, in patients' charts:

"He admitted using cocaine last week."

"The patient admits to feeling more depressed for the last month."

"Admits to suicidal ideation."

"She admitted to emergency department staff that she doesn't have a place to go."

Admit. It is a word that increasingly irks me when I read it in clinical documentation or hear it used in oral presentations.

Google Dictionary defines *admit* as "to confess to be true," as in "to confess to a crime" or "to acknowledge a failure or fault" [1]. (*Admit* has another important meaning in medicine—to receive into a hospital or clinic—but that use is not the subject of my worry.) In the clinical setting, I most often hear *admit* used when describing the revelation of psychiatric symptoms or substance use as opposed to physical symptoms. I rarely hear a colleague say, "She admits to abdominal pain." Like medical concerns, psychiatric symptoms are not crimes nor do they represent moral or personal failings. Using *admit* perpetuates the stigma of mental illness and substance use disorders.

Most clinicians who use this word likely do so reflexively, often because we have been socialized to say the term. However, *admit* is suffused, intentionally or not, with negative judgment. We should therefore consciously avoid its use and have explicit conversations with our trainees about why we are not using it.

There are many other words that can convey the intended meaning more accurately and less pejoratively. A patient could *say* he has a depressed mood. He may *report* hearing

a derogatory voice. She may *describe* a pattern of cocaine use. If the clinician's intent is to convey that a patient was reluctant to reveal suicidal ideation, then she can simply say so: "The patient reluctantly revealed thoughts of suicide."

Attention to the words we use in clinical medicine is nothing new. We preferentially use the term "a person with schizophrenia" instead of "schizophrenic" to emphasize the humanity of the patient and differentiate the person from his disease [2]. *Compliance* with medical treatment has been increasingly viewed as paternalistic; in its place, *adherence* to a mutually agreed-upon treatment plan is more consistent with patient-centered care [3]. Mental health advocates have for years lobbied to stop using the phrase "committed suicide" in favor of "died by suicide" [4]. Use of the word *commit* suggests culpability, as in someone who has committed a murder or an assault. People who die by suicide are often the victims of mental illness, not criminals.

Words matter. In our continued efforts to combat stigma associated with mental illness and substance use disorder, we should retire *admit*.

Compliance with Ethical Standards

Ethical Approval No IRB approval is required for this work.

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