



## Utilization of Euphemism in Conveying Negative Information: A Mixed-Methods Case Study

Nunun Tri Widarwati<sup>1\*</sup>, Budi Purnomo<sup>2</sup>, Purwani Indri Astuti<sup>3</sup>, Betty Gama<sup>4</sup>, Veronica Unun Pratiwi<sup>5</sup>, Arin Arianti<sup>6</sup>

<sup>1</sup>Universitas Veteran Bangun Nusantara, Sukoharjo, Indonesia. Email: [nunun6323@gmail.com](mailto:nunun6323@gmail.com)

<sup>2</sup>Universitas Surakarta, Surakarta, Indonesia. Email: [budipurnomo@unsu.ac.id](mailto:budipurnomo@unsu.ac.id)

<sup>3</sup>Universitas Veteran Bangun Nusantara, Sukoharjo, Indonesia. Email: [purwaniindri@gmail.com](mailto:purwaniindri@gmail.com)

<sup>4</sup>Universitas Veteran Bangun Nusantara, Sukoharjo, Indonesia. Email: [bettygama\\_62@ymail.com](mailto:bettygama_62@ymail.com)

<sup>5</sup>Universitas Veteran Bangun Nusantara, Sukoharjo, Indonesia. Email: [veronicaunun@gmail.com](mailto:veronicaunun@gmail.com)

<sup>6</sup>Universitas Veteran Bangun Nusantara, Sukoharjo, Indonesia. Email: [arinarianti@univetbantara.ac.id](mailto:arinarianti@univetbantara.ac.id)

\*Corresponding Author

### ARTICLE INFO

#### Cite this article in APA style as:

Widarwati, N.T., Purnomo, B., Astuti, P.I., Gama, B., Pratiwi, V.U., Arianti, A. (2024). Utilization of euphemism in conveying negative information: A mixed-methods case study. *Langkawi Journal of The Association for Arabic and English*, 10(1), 115-127

#### DOI:

<http://dx.doi.org/10.31332/lkw.v0i0.7383>

#### History:

Submitted: 2023-10-18

Revised: 2024-05-28

Accepted: 2024-06-29

Published online: 2024-06-30

#### Copyright Holder:

The Authors.

#### Published by:

UPT Pengembangan Bahasa  
IAIN Kendari.

### ABSTRACT

While euphemism has been extensively studied, there remains a gap in the literature regarding its use by physicians with critically ill patients during consultations, as well as medical students' perceptions of this practice. This present mixed-methods case study addresses this gap by examining the forms of euphemistic language employed by doctors with critically ill patients and exploring medical student's perspectives on this use. Findings reveal that physicians utilize euphemisms to emphasize positive aspects, employ softer terminology, and omit frightening details when communicating with critically ill patients. Medical students perceive this practice as valuable for minimizing patient stress and facilitating comprehension of information. These findings have significant implications for medical practice and education. For practitioners, a nuanced understanding of euphemisms language can enhance patient-doctor communication, particularly in sensitive contexts, by mitigating anxiety and fostering a more supportive atmosphere. For medical educators, incorporating training on the effective use of euphemisms into curricula can better equip future physicians to navigate difficult conversations with empathy and clarity. This study also highlights the need for continued research into communication strategies within healthcare to ensure their alignment with both ethical principles and the emotional well-being of patients.

**Keywords:** Euphemism; Medical Doctors and Patients; Negative information; Students' perception

### 1. Introduction

The utilization of euphemisms by physicians when communicating with critically ill patients has garnered substantial scholarly attention. Back et al. (2015) contend that euphemisms are frequently employed to convey sensitive or distressing information to patients, such as announcing a death or discussing delicate topics like sexual health. Empirical data indicate that a significant proportion (approximately 60%) of patients report feeling calmer and having a better understanding of their medical situation when doctors employed gentler and less direct language. This finding aligns with research suggest that softened communication can enhance patient comprehension and comfort, thereby mitigating the stress associated with complex

medical diagnoses or treatments. Furthermore, language experts further posit that euphemisms play a crucial role in fostering more empathetic and effective communication between doctors and patients, ultimately improving patient health outcomes. However, the application of euphemisms in the medical field remains a subject of contention. Some previous studies have suggested that this healthcare strategy is unimportant and ineffectual due to its potential to mislead and confuse patients. Collins et al., (2018), in a case study examining euphemism as a barrier to communication, reported that doctors' use of euphemisms to describe a patient's serious health condition led to confusion and miscommunication. Slade (2019) further assert that euphemisms are unnecessary in the medical field and can mislead patients, creating additional challenges when patients do not fully understand the intended meaning. Consequently, Heuer and Bilinski (2017) suggest that physicians remain cognizant of the potential for confusion or miscommunication arising from the use of euphemisms and prioritize clarity and accuracy in their communication with patients.

While the scholarly literature on euphemism in language is extensive, it tends to focus on three primary trends: 1) the impact of euphemisms on doctor-patient relationship (Barsukova & Родионова, 2022; Cao et al., 2016; Eng et al., 2020); 2) the importance of effective communication in healthcare settings (Chailes & Alferraly, 2022; Puplampu, 2020); and 3) to the role of empathy and external influences on euphemistic language use (Brune, 2023; Bu, 2023; Han et al., 2021). This study seeks to address a gap in the literature by providing a more comprehensive understanding of the use of euphemisms in delivering bad news, specifically through an in-depth analysis of medical students' perceptions of doctors' practices towards patients.

This research seeks to address two key questions: 1) What forms do doctors' euphemisms take when communicating with patients? and 2) What are the perceptions of medical students regarding doctors' use of euphemisms with patients? The first question aims to explore the qualitative analysis of YouTube videos representing popular health consultation channels. The second question aims to address the quantitative survey of medical students, followed by in-depth interviews with prospective doctors. By answering these questions, this study is expected to provide a comprehensive understanding of the role of euphemisms in health communication, thereby contributing to the efficacy of medical treatment. Ultimately, this research highlights the potential for linguistic studies to make significant contributions to the fields of health and medicine.

### **Literature review**

Euphemism is defined as the use of milder or less direct words or phrases to substitute for terms that may be perceived as harsh, painful, or unpleasant (Allan & Burridge, 2006). Within the medical context, doctors frequently employ euphemisms to mitigate the negative emotional impact of diagnoses on patients or alleviate discomfort that might arise from more direct and potentially harsh terminology (Aytan et al., 2021). The study seeks to understand how the use of softer language can influence patients' perceptions of their illness, drawing upon the theoretical framework of Politeness Theory as developed by Brown and Levinson (1987). This theory provides a comprehensive lens for examining how linguistic strategies are utilized in sensitive social interactions, such as those between doctors and patients.

Brown and Levinson's (1987) Politeness Theory categorize politeness strategies into four main types: bald on record, positive politeness, negative politeness, and off record. Positive politeness strategies aim to foster solidarity and rapport by emphasizing common ground, positive attributes, and mutual agreement. This is particularly relevant to the use of euphemisms in medical context. Conversely, negative politeness strategies prioritize the mitigation of actions or utterances that could potentially threaten an individual's 'face' or self-esteem. This aligns with the use of euphemisms to avoid alarming or distressing details, opting instead for softer and less direct language. Furthermore, the theory underscores the importance of delivering sensitive information incrementally, allowing individuals time to process and adjust to potentially upsetting news, a practice often observed in medical communication.

Additionally, the employment of metaphors and analogies in medical communication can be considered a component of politeness strategies, as these linguistic devices facilitate the conveyance of information in a softer and less direct manner, thereby mitigating potential threats to a patient's self-esteem. Consequently, the application of Brown and Levinson's (1987) Politeness Theory provides a robust and relevant theoretical framework for analyzing the motivations and mechanisms underlying the use of various strategies in medical communication, including softer word choice, emphasis on positive aspects, avoidance of frightening details, gradual disclosure of information, and the use of metaphors or analogies. Through the integration of Allan & Burridge's (2006) euphemism theory with Brown and Levinson's Politeness Theory, this study aims to offer novel insights into how doctors use euphemistic language in everyday interactions with patients, as well as into medical students' perceptions of such language use.

Research on euphemisms has demonstrated that their use is a crucial strategy in maintaining politeness and positive social relationships in communication. Brown and Levinson (1987), in their seminal politeness theory, argue that euphemisms are utilized to mitigate threats to the "face" or self-image of the interlocutor, thereby facilitating smoother communication and preserving amicable relationships. Lakoff (1973) proposed that euphemisms are an integral component of pragmatic strategies that contribute to achieving politeness and social harmony, emphasizing that function of language as a tool for maintaining social bonds. Allan and Burridge (2006) examined how euphemisms and dysphemism are utilized to manage social and emotional dynamics, revealing that the use of euphemisms is highly contextual and contingent upon cultural and social norms.

Kizi (2021) emphasized that euphemisms reflect cultural values and norms, particularly in the medical context, where they help convey sensitive information in a way that is more acceptable to patients. Yip (2020) investigated the use of euphemisms in medical discourse, demonstrating how doctors employ softer language to explain medical conditions or procedures, thereby reducing patient anxiety and increasing adherence to medical advice. However, the research by Aytan et al. (2021) revealed that while the use of euphemisms in medical consultations can lessen the negative emotional impact on patients, it can also pose a risk of misunderstanding regarding the actual medical condition.

Harding et al. (2020) argue that while euphemisms can offer comfort to patients and their families, they can also obscure the severity of a situation and impede patients from making informed decisions about their care. Additionally, an over-reliance on

euphemisms may contribute to a lack of public understanding and awareness of mental health issues (Cohen et al., 2021). This literature review highlights a notable gap in research specifically addressing medical students' perceptions and doctors' use of euphemisms with patients on YouTube platform.

## **2. Method**

This research employs a mixed-method case study design. A mixed-method case study is a methodological approach that integrates both qualitative and quantitative data collection and analysis within a study focused on one or more cases within their real-world context. The primary objective of this approach is to transcend the limitations of each individual methodology by combining them, thus yielding more comprehensive and nuanced insights into the phenomenon under investigation (Creswell & Creswell, 2017; Yin, 2009). The case study method is particularly well-suited to this research, as it involves the in-depth examination of doctor-patient consultations wherein bad news is conveyed to critically ill patients. The mixed-method approach is employed to capitalize on the strengths of both qualitative data, such as in-depth interviews and observational field notes, and quantitative data, such as surveys and coded interactional analysis.

Data collection involved the observation of videos depicting the delivery and reception of bad news within the context of doctor-patient consultations. A total of nine doctor-patient consultation videos sourced from YouTube were selected for analysis. These videos were accessible on the following channels: Channel 4 Entertainment, Geeky Medics, IHI Open School, The New York Times, the MSAG, and San Antonio Video Production. These six channels were purposively selected due to their consistently presentation of health consultation programs between doctors and patients, compared to other available channels on the platform.

Following the video observations, a quantitative survey was administered to 20 medical students from a public university in Central Java to ascertain their perceptions of doctors' use of euphemistic language with patients. To further elucidate these perceptions, in-depth interviews were conducted with 4 prospective doctors who had consented to participate and completed the informed consent forms. Data analysis was subsequently performed using the euphemism theory by Allan & Burridge (2006) and the politeness theory by Brown and Levinson (1987) to identify the forms of euphemistic language employed in the videos. To gauge the medical students' perceptions of the use of euphemistic language on YouTube channels, a Likert Scale was employed. The Likert Scale is a psychometric tool used to measure respondents' attitudes, opinions, or perceptions towards a statement or set of statements. Respondents indicate their level of agreement or disagreement with each statement on an ordinal scale, typically with five levels. However, in this study, a modified 4-point Likert Scale was utilized to assess medical students' perceptions, comprising the following options: strongly disagree, disagree, agree, and strongly agree. This adaptation aimed to streamline the response process while maintaining the ability to capture nuanced perceptions.

## **3. Findings**

### **3.1. Forms of Euphemism for Doctors to Patients**

The results indicate that the forms of euphemisms used by doctors when delivering bad news to their patients include (1) the avoidance of frightening details,



(2) the selection of softer or less direct vocabulary, and (3) the emphasis on positive aspects or potential outcomes.

### *3.1.1. Avoidance of frightening details*

Avoidance of frightening details is a communication strategy employed by doctors to convey medical information to patients in a manner that mitigate potential fear and anxiety. This strategy involves the deliberate omission or simplification of medical terminology or details that could elicit intense emotional reactions, such as fear, panic, or depression. Instead, information is conveyed in a more generalised, neutral manner prioritizing the emotional well-being of the patient (Brown and Levinson, 1987). This can be observed in the Data (1)-(6).

#### *Data (1)*

The mammogram shows that there is something in your breast (Times, 2009).

The statement *"The mammogram shows that there is something in your breast"* is indeed a prime example of avoidance of frightening details. The deliberate use of the word "something" instead of more specific and potentially alarming terms such as "tumor" or "cancer" serve to mitigate the immediate emotional impact on the patient. This creates an intentional ambiguity, allowing for the conveyance of essential information without triggering undue fear or anxiety. By refraining from disclosing details about the nature, size or potential severity of the finding, this sentence effectively avoids overwhelming the patient with excessive information. For example, not specifying whether the mass is malignant or benign prevents unnecessary worry at this early stage of communication. This strategic approach enables the physician to present the initial information in a neutral and calming manner, prioritizing the patient's emotional well-being. Furthermore, this approach provides an opportunity for a staged disclosure of information, tailored to the patient's emotional readiness. The physician can assess the patient's initial reaction and adjust subsequent communication, accordingly, ensuring a more empathetic and patient-centered approach. This prevents information overload and allows for a gradual assimilation of potentially distressing news, fostering a greater sense of control and understanding for the patient.

#### *Data (2)*

All your symptoms that you have (Antonio, 2013).

The phrase *"All your symptoms that you have"* exemplifies the strategy of avoid of frightening details. By refraining from specifying the precise nature or type of symptoms, the physician strategically avoids employing terminology that could potentially induce undue fear or anxiety in the patient.. The generalized phrase "all your symptoms" acknowledge the presence of a medical issue while simultaneously avoiding specific details that might be alarming or confusing at this juncture.. This approach serves to maintain a neutral and non-threatening communicative tone, prioritizing the patient's emotional well-being. It allows the doctor to acknowledge the existence symptoms requiring attention without prematurely escalating the patient's anxiety.

#### *Data (3)*

Quite significant injury (The MSAG, 2020).

The phrase “*Quite significant injury*” exemplifies the strategy of avoiding frightening details in medical communication. By intentionally withholding specific details regarding the nature or severity of the injury, the physician maintains a degree of ambiguity, thus circumventing terminology that could potentially trigger an immediate and heightened emotional response in the patient. The use of the phrase “quite significant” subtly acknowledges the seriousness of the situation without resorting to technical medical jargon or graphic descriptions that could undue anxiety or panic. By selecting general terms, the doctor can convey the necessary initial information without causing the patient undue worry or panic. This approach enables the patient to absorb the information more calmly, thereby preparing them for more detailed explanations that can be provided gradually as their emotional readiness increases.

Data (4)

Lumps in the breast (Medics, 2022).

The phrase “lumps in the breast” in data (4) falls under the category of avoiding frightening details. By not specifying the nature or size of the “lumps”, the information remains general, thereby avoiding details that might immediately alarm or shock the patient. The term “lumps” is deliberately neutral, contrasting with terms such as “tumor” or “cancer” which carry more severe and frightening connotations. By using the term “lumps”, the necessary information is conveyed without inducing undue anxiety. This approach enables patients to receive critical information regarding their condition in a manner that minimizes distress, allowing the doctor to provide more detailed explanations gradually as the patient’s emotional readiness permits.

Data (6)

Who like you said sits fatty tissue that kind of thing (Medics, 2022).

The sentence “Who like you said sits fatty tissue that kind of thing” in data (6) exemplifies the category of avoiding frightening details. It employs general and non-technical terms such as “fatty tissue” and “that kind of thing”, thereby circumventing the mention of more specific and potentially alarming medical details. By selecting neutral and generalized language, the information conveyed remains light-hearted and does not immediately induce excessive worry in the patient. Furthermore, the phrase “that kind of thing” implies that the condition being described is not something to be feared, maintaining a calm and non-threatening communication atmosphere.

### 3.1.2. Selection of softer words

Softer word choice involves utilizing words or phrases that possess more subtle and indirect connotations to convey information with the potential to elicit negative emotional reactions. This strategy aims to alleviate tension, discomfort, or threats to an individual’s self-esteem (face). In a medical context, this approach entails communicating sensitive or potentially alarming information in a more gentle and nuanced manner, thereby reducing patient anxiety.

Data (7)

Small mass in the right breast (Times, 2009).

The phrase “small mass in the right breast” serves as an example of softer word choice in medical communication. The use of the adjective “small” minimizes the perceived severity of the finding, thereby mitigating potential anxiety in the patient.

This wording suggests that the size of the mass is relatively insignificant, implicitly conveying that the condition can may be more easily managed. In addition, the term “mass” is a neutral alternative to more specific medical terms such as “tumor” or “cancer”, which carry significantly more alarming connotations and can provoke immediate concern in patients. By selecting the term “mass”, doctors avoid using terminology that might trigger an emotional overreaction. This term preserves a degree of ambiguity in the initial communication, allowing for a gradual disclosure of further information in accordance with the patient’s emotional readiness. Consequently, the word choice in this sentence is deliberately designed to cultivate a calm and empathetic communication environment, ensuring that the patient receives essential information in a manner that does not provoke excessive fear. This example illustrates how the employing softer language in medical communication can effectively manage the patient's emotional response and uphold a positive doctor-patient relationship.

Data (8)

He is quite unwell (Channel 4 Entertainment, 2017).

The sentence “He is quite unwell” illustrates the use of softer word choice in medical communication. The term “unwell” serves as a milder and more familiar alternative to more severe terms such as “sick” or “ill,” thereby conveying the patient’s health condition without inducing excessive alarm. Additionally, the adverb “quite” subtly enhances the seriousness of the statement, suggesting that the condition is significant but not immediately threatening. By opting for “quite” instead of more intense terms like “very” or “extremely” the sentence avoids inducing heightened anxiety. This careful selection of language ensures that the gravity of the situation is communicated in a manner that minimizes patient distress.

### *3.1.3. Emphasis on positive aspects*

The emphasis on positive aspects refers to a communication strategy where attention is directed towards better, uplifting, or advantageous elements of a situation or condition, even when delivering potentially negative news or information. This strategy aims to reduce anxiety, provide hope, and maintain patient optimism by highlighting aspects that offer a more positive outlook on their situation. This can be observed in example Data (9).

Data (9)

Slow growing benign tumors (IHI Open School, 2015)

The phrase “slow growing benign tumors” exemplifies the emphasis on positive aspects in medical communication. The inclusion of the term “benign” distinctly highlights that the tumors are non-malignant and pose no immediate threat, thereby imparting reassuring information and alleviating potential anxiety associated with the word “tumor”. In addition, the descriptor "slow growing" suggests a gradual rate of growth, reinforcing the positive aspect that the condition does not necessitate urgent intervention and affords sufficient time for deliberating treatment options.

## **3.2. Medical Students' Perception of Euphemism Use**

In this study, medical students' perceptions of euphemisms encompass several critical dimensions: the perceived importance of euphemistic language in doctor-patient communication, the effectiveness of euphemisms in facilitating patient

acceptance of distressing medical news, and concerns about the potential for euphemisms to obscure truth and provide misleading reassurances. According to survey results, a significant majority of respondents emphasized the necessity of employing euphemisms during doctor-patient consultations, particularly when conveying challenging diagnoses. Specifically, 45% of the 20 respondents strongly agreed and 30% agreed that euphemisms are crucial in these contexts, while 15% disagreed and 10% strongly disagreed with this viewpoint. Regarding the effectiveness of euphemisms respondents indicated that such linguistic strategies play a constructive role in helping patients come to terms with difficult medical information. Forty-five percent agreed and 15% strongly agreed that euphemisms are effective in this regard, while 35% disagreed and 5% strongly disagreed. In addressing concerns about euphemisms potentially misleading patients, a majority of 55% disagreed with this perspective. Conversely, 25% agreed, and 20% strongly agreed that euphemisms could lead to misunderstandings or false hopes. The survey's findings underscore the perceived significance of euphemistic language in medical communication among medical students. Analysis of videos example from the study revealed instances where doctors used euphemism, such as referring to "lumps" instead of explicitly mentioning "cancer" to enhance patient comprehension and emotional preparation for challenging medical diagnosis.

While euphemisms inherently involve the strategic use of language to soften potentially distressing information, their application in the medical context does not aim to impart false hope to patients. One participant [A-B] reported that "using euphemism or softening language was necessary as it prevented patients from feeling shocked and frustrated". Similarly, another participant [C-D] indicated that "this strategy was used to make patients receive medical information more easily." The integration of euphemistic strategies into medical education begins during students' orientation, emphasizing the importance of linguistic precision and the cultivation of effective communication skills that resonate with patients. Furthermore, physicians are tasked not only with delivering challenging diagnoses but also with interpreting and educating patients comprehensively. This responsibility includes ensuring that medical findings, treatment recommendations, and educational content are communicated clearly and comprehensibly to patients.

In their professional practice, doctors must carefully consider their choice of words, particularly when using euphemisms, to avoid diluting the true meaning of distressing news. For example, when a patient is experiencing severe asphyxia and requires a ventilator, it is preferable to communicate "Currently, your family member is experiencing difficulty breathing and needs further treatment with a ventilator to recover" rather than stating, "Your family member is having severe difficulty breathing and may not survive". Additionally, doctors should be attentive to the social, economic, and cultural background of their patients, as well as the geographical context of their practice. This awareness is crucial to prevent misunderstandings in doctor-patient communication. For instance, a specific term (A) might not be comprehensible to patients from a particular region, whereas another term (B) may be more easily understood by patients from that area (region X). This underscores the necessity of effectively conveying the actual situation to patients while considering linguistic, cultural, and contextual factors to ensure clear and accurate communication.



#### **4. Discussion**

The findings of this study reveal that doctors employ euphemistic language when consulting critically ill patients, focusing on emphasizing positive aspects, using softer words, and avoiding alarming details. This approach is perceived as reasonable and beneficial from multiple perspectives. In terms of the patient emotional well-being, doctors aim to prevent exacerbation of emotional distressing by using gentle and positive language, thereby alleviating anxiety and stress in critical patients. Moreover, delivering unfavorable news is inherently challenging for healthcare professionals, and euphemisms provide a means to convey such information sensitively, minimizing psychological trauma. In critical situations, time constraints often necessitate concise yet considerate communication, making euphemisms a practical tool for efficiently imparting essential information. The implications of euphemisms language in doctor-patient interactions are substantial, as it can foster stronger doctor-patient relationships characterized by increased trust and cooperation in healthcare decisions. However, there is a potential drawback: euphemisms may obscure crucial information, impacting patients' ability to make informed decisions. This ethical dilemma highlights the delicate balance between providing accurate medical information and safeguarding patients' emotional well-being. The study draws upon theories such as Brown and Levinson's Politeness Theory (1987) and Lakoff's Politeness Theory (1973) to elucidate this phenomenon. According to these theories, politeness in communication involves preserving the positive "face" of individuals, by avoiding information that could threaten their self-image or induce excessive fear. In the context of doctor-patient communication, euphemisms serve to uphold patients' positive face by mitigating potentially distressing information.

Previous research supports the relevance of these findings regarding the use of euphemisms in medical communication. For example, Halimi et al. (2021) discovered that doctors in developing countries frequently utilize euphemisms to mitigate fear and increase patient compliance with treatment regimens. Similarly, Epton et al. (2020) reported that patients who received information using euphemisms tend to perceive their healthcare experiences more positively. Conversely, Rawlings et al. (2017) cautioned that while euphemisms can alleviate patient anxiety, they may also contribute to miscommunication if not accompanied by sufficient clarification. Chen & Chen (2024) highlighted that in cultures emphasizing politeness, euphemisms play a crucial role in maintaining harmonious healthcare provider-patient relationships. Further studies by Harris et al., (2016) and Gernsbacher et al., (2016) focused on end-of-life communication and found that while euphemisms can reduce stress, they might hinder candid discussions about patient prognosis, potentially affecting treatment decisions.

From the findings of this study, several significant implications arise. Firstly, it underscores the critical importance of communication training for doctors, particularly in integrating the use of euphemisms with clear and precise clarification to ensure patients receive accurate information. This approach can mitigate the potential drawbacks of euphemisms, such as miscommunication or incomplete understanding. Secondly, hospitals and healthcare institutions are encouraged to develop comprehensive communication guidelines that incorporate the judicious use of euphemisms. These guidelines should prioritize supporting patients' emotional well-being while maintaining transparency in medical information. By establishing clear protocols, healthcare providers can foster effective doctor-patient

communication that enhances patient trust and satisfaction. Lastly, further research is warranted to delve deeper into how euphemisms impact patient decision-making processes and overall satisfaction with healthcare services. Exploring these aspects will provide valuable insights into the nuanced effects of euphemistic communication strategies in medical settings.

In addition, the findings also showed that medical students recognize the significance of doctors employing euphemisms to mitigate patient stress levels and facilitate information delivery. This understanding can be viewed through several broader lenses, supported by additional factors. Firstly, euphemisms play a crucial role in managing patient and family expectations, particularly in challenging medical scenarios. By using softer and more optimistic language, doctors can convey realistic information while minimizing panic or undue fear among patients and their families. Secondly, empathic communication is essential for fostering effective doctor-patient relationship. The use of euphemisms reflects a heightened sensitivity to the patient's emotional state, demonstrating empathy and ensuring patients feel valued and understood. This empathetic approach not only enhances patient comfort but also strengthens trust and nurtures a therapeutic alliance between doctors and their patients.

Similarly, euphemisms serve to maintain a balanced flow of information in medical communication. The use of overly technical or direct medical terms can overwhelm or distress patients. By employing softer language, doctors can convey sufficient information without burdening patients with details that they may be too complex or premature in their treatment journey. Cultural context further underscores the importance of euphemistic language in medical settings. In many cultures, there is a preference for polite and indirect communication, especially in sensitive medical discussions. Euphemisms enable doctors to align their communication style with cultural norms, thereby enhancing patients' comfort and acceptance of the information presented. Finally, euphemisms can play a pivotal role in mitigating treatment avoidance behaviors. Patients may be inclined to refuse or delay treatment due to apprehension about their diagnosis or prognosis. By framing information in a less alarming manner, euphemisms can help alleviate fear and encourages patients to actively engage in their treatment plans. Taken together, the use of euphemisms in medical communication extends beyond stress reduction; it encompasses delivering information in a manner that is empathetic, effective, and culturally appropriate. The findings of this study underscore the necessity for comprehensive communication training for medical students. Such training equips future healthcare professionals with the skills to employ euphemisms judiciously, thereby fostering a supportive care environment that respects patients' emotional and cultural sensitivities.

## 5. Conclusion

This study aims to explore the types of euphemisms employed by doctors during health consultations with critically ill patients and to examine medical students' perceptions regarding the use of euphemistic language. The findings indicate that doctors commonly utilize euphemisms characterized by emphasizing positive aspects, choosing gentler language, and avoiding alarming details when communicating with critically ill patients. Additionally, medical students recognize the importance of euphemisms in alleviating patients' stress and facilitating understanding of medical information. However, this study is subject to certain

limitations. The primary constraint is its reliance on video materials and students' perceptions derived from them, rather than direct observations of doctors' practices in hospital settings where real-world learning occurs. As a result, the study recommends further research to address these limitations and to provide a more comprehensive understanding of euphemistic communication in medical contexts.

## References

- Allan, K., & Burridge, K. (2006). *Forbidden words: Taboo and the censoring of language*. Cambridge University Press.
- Antonio, U. T. H. S. (2013). *Delivering Bad News - An excellent encounter*. Video Production. [https://youtu.be/qHGvjv\\_7PLU](https://youtu.be/qHGvjv_7PLU)
- Aytan, A., Aynur, B., Hilal, P., Aytac, E., & Malahat, A. (2021). Euphemisms and dysphemisms as language means implementing rhetorical strategies in political discourse. *Journal of Language and Linguistic Studies*, 17(2), 741–754.
- Back, A. L., Anderson, W. G., Bunch, L., Marr, L. A., & Wallace, J. A. (2015). Communication about cancer near the end of life. *Cancer*, 121(6), 825–834.
- Barsukova, M. O., & Родионова, Т. В. (2022). The Means of Expressing the Category of Politeness in Medical Discourse (On the Material of the Doctor and Patient Speech Communication). *Izvestiya of Saratov University Philology Journalism*, 22(4), 377–384. <https://doi.org/10.18500/1817-7115-2022-22-4-377-384>
- Brown, P., & Levinson, S. C. (1987). *Politeness: Some universals in language usage* (Vol. 4). Cambridge university press.
- Brune, C. (2023). Medical Doctors' Perceptions of the Media Coverage During the Covid-19 Pandemic: A Case Study in Stockholm. *Health Services Insights*, 16. <https://doi.org/10.1177/11786329231222168>
- Bu, L. (2023). Concrete Analysis and Research Investigation of Doctor-Patient Relationship Under Evolutionary Game Model. *Lecture Notes in Education Psychology and Public Media*, 6(1), 1054–1059. <https://doi.org/10.54254/2753-7048/6/20220997>
- Cao, W., Qi, X., Ting, Y., Han, X., & Feng, X. (2016). How Doctors Communicate the Initial Diagnosis of Cancer Matters: Cancer Disclosure and Its Relationship With Patients' Hope and Trust. *Psycho-Oncology*, 26(5), 640–648. <https://doi.org/10.1002/pon.4063>
- Chailles, A., & Alferraly, T. I. (2022). Knowledge Level of Doctors in USU Medical School Regarding Doctor-Patient Communication. *Scripta Score Scientific Medical Journal*, 4(1), 19–28. <https://doi.org/10.32734/scripta.v4i1.8867>
- Channel 4 Entertainment. (2017). Giving Bad News To A Stroke Victim's Wife | Confessions Of A Junior Doctor. In *Channel 4 Entertainment*. <https://youtu.be/2DGcvMoiGbc>.
- Chen, X., & Chen, T. (2024). A Morpho-pragmatic Study of Translanguaging Euphemismson Chinese Social Media. *Studies in Pragmatics*, 25, 19–38.

- Cohen, R., Lees, C., & Stefanovitch, G. (2021). Euphemism use in mental health communication: A scoping review. *Journal of Mental Health*, 1–9. <https://doi.org/10.1080/09638237.2021.1881663>
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
- Eng, V., Hewitt, V., & Kekalih, A. (2020). *Preference for Initiation of End-of-Life Care Discussion: A Quantitative Study*. <https://doi.org/10.21203/rs.3.rs-109672/v1>
- Epton, T., Chittem, M., Tanikella, R., Rajappa, S., Sinha, S., & Harris, P. R. (2020). Indian patient use of cancer euphemisms: Association with psychological outcomes and health behaviours. *Psycho-Oncology*, 29(7), 1193–1200.
- Gernsbacher, M. A., Raimond, A. R., Balinghasay, M. T., & Boston, J. S. (2016). Special needs” is an ineffective euphemism. *Cognitive Research: Principles and Implications*, 1, 1–13.
- Halimi, S. A., Azari, R., Bouillon, P., & Spechbach, H. (2021). A corpus-based analysis of medical communication: Euphemism as a communication strategy for context-specific responses. In *Corpus Exploration of Lexis and Discourse in Translation* (pp. 1–25).
- Han, C., Wu, Q., Liu, C., & Wang, P. (2021). *Patient's Perceived Empathy Can Predict Doctor-Patient Relationship in Medical Interaction*. <https://doi.org/10.21203/rs.3.rs-232845/v1>
- Harding, S., Morphet, J., Ingham, J., & Edwards, H. (2020). Euphemism use in palliative care communication: A scoping review. *Palliative Medicine*, 34(10), 1326–1337. <https://doi.org/10.1177/0269216320954976>
- Harris, A., Kalb, M., & Klebanoff, S. (2016). *Ghosts in the consulting room*. Taylor & Francis.
- Heuer, A. J., & Bielinski, J. (2017). The use of euphemisms in medical encounters. *Health Communication*, 32(8), 1038–1047.
- Kizi, D. N. O. M. (2021). Poetic use of euphemistic meaning and their sociolinguistics analysis. *Academicia: An International Multidisciplinary Research Journal*, 11(2), 1124–1131.
- Lakoff, R. (1973). The logic of politeness: Or, minding your p's and q's. *Proceedings from the Annual Meeting of the Chicago Linguistic Society*, 9(1), 292–305.
- Medics, G. (2022). Breaking Bad News Demonstration - OSCE Guid. In *Breast Cancer Diagnosis*. <https://youtu.be/MKnWkrPLGOs>
- Puplampu, A. (2020). Unhealthy Communication: Health Care Communication Between Majority and Minority Cultural Groups. *Macewan University Student Ejournal*, 4(1). <https://doi.org/10.31542/muse.v4i1.1893>
- Rawlings, D., Tieman, J. J., Sanderson, C., Parker, D., & Miller-Lewis, L. (2017). Never say die: death euphemisms, misunderstandings and their implications for practice. *International journal of palliative nursing*, 23(7), 324–330.



- Slade, D. (2019). The Role of Euphemisms and Doublespeak in Health Care Professionals' Interactions with Patients: A Call for Critical Language Awareness. *Health Communication*, 34(12), 1392–1399.
- TheMSAG. (2020). *Medical School Interview MMI-Breaking Bad News*. <https://youtu.be/WYLBx0CK0YQ>.
- Times, T. N. Y. (2009). Health: Delivering Bad News. In *The New York Times*. <https://youtu.be/3khgo6BYleA>
- Yin, R. K. (2009). *Case study research: Design and methods* (Vol. 5). Sage.
- Yip, J. W. (2020). Directness of advice giving in traditional Chinese medicine consultations. *Journal of Pragmatics*, 166, 28–38.