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We Are People First

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“We Are People First”

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One of the jobs an editor performs is to review the proofs of articles that have been accepted for publication after peer review. Mostly we check to make sure the layout is correct, that Table 1 does not appear three pages after it is mentioned in the text, that the conflict of interest statement is included, and that the article type (Research Report, Commentary, etc.) is correct. Recently, I caught a title of an article that was not using person-first language, and I made the editorial correction. Coincidentally, the next day one of the associate editors emailed me asking why not all of our articles use person-first language. And, I received an email from the author whose manuscript I edited who pointedly (and politely) asked me why the change was made since none of the language in the paper matched. This led me to give this topic some thought and to make suggestions to the editorial team for a policy change at *Rehabilitation Oncology*.

Person-first language began out of the People First movement. This movement sought to change attitudes toward individuals with developmental disabilities, who many believed were not capable of participating in the community the way individuals without developmental disabilities could. Advocates for recognizing those with developmental disabilities as people with rights met at the 1974 People First Conference, and Valerie Schaaf, an individual with a developmental disability, memorably commented “...label jars, label streets, but don’t label persons.”^{1,2} In the

context of developmental disabilities, the movement was critical in the promotion of changing how decisions were made for this group of individuals and recognizing their rights.

The change to people-first language for all health conditions was more gradual but important. The American Psychological Association began to promote the use of person-first language to avoid bias, the devaluation of the person, and any negative expression.³ Person-first language promotes or emphasizes the person rather than their disease or disability. People are not defined by their illness, and person-first language respects the dignity of the individual. In a 2001 report from the Institute of Medicine, person-centered care was described as care that is “respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”⁴ In 2010, Rosa’s Law was passed, requiring that language referring to those with intellectual disabilities in demeaning terms such as “mental retardation” or “mentally retarded” be removed from all federal documents.⁵

To be sure, there are detractors. Person-first language is cumbersome (even writing “person-first language” is cumbersome). Instead of stating “prostate cancer survivors,” we now refer to this group as “men diagnosed with prostate cancer.” Once or twice in a paper is tolerable, but writing that many times over in a manuscript surely interrupts the flow of prose.⁶ Yet is that argument enough to cease and desist? When we value the person above their presentation, that argument seems rather insubstantial. Referring to someone as a cancer survivor, whatever the type of cancer, is not person-first because these individuals are defined by their diagnosis rather than their humanity. Some argue that language alone cannot change behavior or how we think about people.⁷ But I disagree. By treating people with respect, by identifying them as a human being who has been diagnosed with an illness or disease, we innately begin to understand the journey they are traversing. It is a person who has cancer, who

must navigate the multitude of appointments, treatments, and side effects. It is a person who is frightened and overwhelmed by this diagnosis fraught with fear. And it is people we treat in our rehabilitation facilities to offer the hope of an improved quality of life.

Rehabilitation Oncology will now require that all manuscripts use person-first language, honoring the individuals who have cancer or chronic disease as people with rights who deserve respect. This will take some time to implement, as the manuscripts in this issue and subsequent issues have already been published online first (published ahead of print). As we move forward, our Instructions for Authors will be updated to reflect this change, and any manuscript accepted after peer-review but not yet published will be edited to reflect person-first language. Look for these changes to roll-out over the next year.

Our important policy change aligns with the nearly half a century of progress made toward recognizing people first. The individuals who have been diagnosed with cancer are people, just like you and me, who continue to live with and beyond their medical condition.

1. Turner, A. Changing the Debate: A Twentieth-Century History of People with Disabilities, Their Families, and Genetic Counseling. *Oregon Historical Quarterly*. 2016; 117(2), 134–165. *JSTOR*, www.jstor.org/stable/10.5403/oregonhistq.117.2.0134. Accessed 28 Jan. 2021.
2. The Self-Advocacy Movement. The ADA Legacy Project. <https://mn.gov/mnddc/parallels/seven/7b/valerieSchaaf.html>. Published May 1, 2014. Accessed 28 Jan 2021.
3. Granello DH, Gibbs TA. The power of language and labels: “The Mentally Ill” versus “People with Mental Illnesses” *J Couns Dev*. 2016;94(1):31–40.
4. Institute of Medicine (US) Committee on Quality of Health Care in America . Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC, USA: National Academies Press (US); 2001.
5. 111th Congress Public law 111-256. [Accessed December 18, 2018]. Available from: <https://www.congress.gov/111/plaws/publ256/PLAW-111publ256.pdf>. Updated 2010.

6. Collier R. Person-first language: laudable cause, horrible prose. *CMAJ*. 2012 Dec 11;184(18):E939-40. doi: 10.1503/cmaj.109-4338. Epub 2012 Nov 12. PMID: 23148057; PMCID: PMC3519176.
7. Collier R. Person-first language: Noble intent but to what effect?. *CMAJ*. 2012;184(18):1977-1978. doi:10.1503/cmaj.109-4319

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