American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

Stigma in the Emergency Department

An Information Paper

Stigma is a mark of disgrace that sets a person apart from others. Unfortunately, patients with substance use disorders, mental health disorders, certain chronic medical conditions, and those who are homeless, LGBTQ, and others often experience or have experienced stigmatization when seeking healthcare, even in the emergency department (ED). This stigmatization has led to patients not seeking healthcare, even in an emergency, not disclosing important information to the healthcare team, and not receiving appropriate treatment for their condition/problem.

The American College of Emergency Physicians (ACEP) hopes to promote the end of stigmatization in the emergency department. Some practical advice is provided here:

1. The ED should provide compassionate, patient-centered, trauma-informed care to all patients.

2. All patients should receive the same standard of care.
   - A patient with a fracture or undergoing a procedure should receive pain medication regardless of current or past drug use.

3. Those providing healthcare should be trained to not make assumptions of pain assessment based on physical appearance or vital signs alone. Often patients with chronic medical conditions have found ways to mitigate their outward appearance when suffering from pain.
   - Assumptions may be made that the patient is trying to receive narcotics and are not really in pain, and these are based on ideas of how someone in pain is supposed to act, behave, what their vital signs should be, etc.
     - Prescription medication databases can be used as part of a treatment strategy, not a punitive device.
     - The term "drug-seeker" should never be used. We do not refer to patients with asthma exacerbation as an "albuterol seeker" or a patient in DKA as an "insulin seeker."

4. Hospitals should remove all bias and stigma from their institutions.
   - All staff should know the institution's/department's policies on patients' rights and expectations of care.
   - All staff should know how to talk to patients and treat them with respect.

5. All patients should be treated and referred to as a person, not as their disease.
   - Patients are not just their disease; they are unique individuals with experiences that shape who they are. By referring to them as a "COPD'er", "Sickler", "Schizophrenic", they are reduced to only one aspect of their life and, often times, that term is used in a derogatory fashion.

6. If substance use disorder, mental health disorder, or chronic medical condition is not the reason for the visit, then do not focus on it.
   - It does not help to dwell on these problems if they do not directly impact the care you provide to the patient. Asking them just for the sake of asking them, or as a way to embarrass or to make the

patient say something, is wrong and does nothing for the patient or the physician-patient relationship.

7. Be comfortable eliciting gender preferences and sexual histories from patients and asking important, helpful questions about their sexual practices, gender, and pronoun preferences.
   - Questions can include:
     - Do you engage in sex with men, women, or both?
     - Do you engage in condomless sex?
     - How do you identify your gender, and what pronouns do you prefer?

8. Be comfortable eliciting substance use histories from patients and asking important, helpful questions about their substance use.
   - Valuable information can be obtained by asking the patient additional questions, especially around how they manage their condition or what they do with regards to their substance use disorder. For example: you may learn your patient injects opioids. If you do not question further, you may lose the opportunity to give the patient helpful information, resources, or even discover the cause of their visit.
   - Questions can include:
     - How do you clean your skin to inject?
     - What sites do you use to inject?
     - Do you draw back to confirm you are in a vessel?
     - Do you have access to sterile needles and syringes? Do you use them?
     - If not, how do you clean your supplies?
     - With what liquid do you mix your drug?

9. Emergency departments should provide information to patients about safe opioid use and referral to specific community-based resources. For example:
   - Patients given opioid prescriptions should be provided information about safe use of opioids and referral to community resources, as needed. with specific opioid addiction language and resources should it develop
   - Patients given opioid prescriptions or those with an opioid use disorder should be provided opioid overdose reversal medications
   - Patients who inject drugs should be referred to community needle exchange programs, rehabilitation services, treatment programs, etc.

10. Hospitals and emergency departments should partner with local community agencies that focus on substance use disorders, specific medical conditions, etc., to help provide resources and information for patients and staff.

11. **Language matters**. ALL staff should be trained to use language that de-stigmatizes patients. Using the right language and words has a direct impact on lessening stigma experienced by patients. Employers should have education and policies that forbid stigmatized language usage, and employees should sign a pledge to not use stigmatized language. Here are some helpful suggestions:

Non-Stigmatizing Language	Stigmatizing Language
Person with a substance use disorder	• Substance abuser • Drug abuser • Alcoholic • Addict • User • Abuser • Drunk • Junkie
Babies with an opioid dependency	• Addicted babies • Born addicted • Neonatal abstinence syndrome
Substance use disorder or addiction	• Drug habit • Abuse • Problem
Person in recovery Abstinent Not taking drugs or drinking	• Clean • Sober
Treatment or medication for addiction Medication for opioid use disorder/alcohol use disorder/mental health disorder Positive/negative (toxicology results)	• Substitution or replacement therapy • Medication-assisted treatment • Clean, dirty

He/she/patient has (specific mental health disorder)	• He/she/patient is…
	  ○ Crazy
	  ○ Insane
	  ○ Schizophrenic
	  ○ Anorexic
	  ○ OCD
	  ○ Manic
	  ○ Bipolar

Has a mental health disorder or diagnosis	• Mentally ill • Disturbed • Emotionally disturbed/unstable
Completed suicide Attempted suicide	• Successful suicide • Unsuccessful suicide
Has intellectual or developmental disability	• Mentally retarded • Retarded

Individuals with complex support and service needs	• Super utilizer • Frequent flier • High-needs adult
Living with (or experiencing) mental illness	• Suffering from mental illness
Patient has (specific medical condition)	• Sickler • Hemophiliac • Drug-seeker
Avoid using pronouns until you know which someone uses Hello friends, everyone, all, folks	• Gendered greetings • Guys/gals • Boys/girls • Men/women • Sir/ma'am
A Transgender/ trans person Transgender/trans people	• A transgender, a trans • Transgenders
Transitioning	• Transgendering • Transing
Trans man/men Trans woman/women	• Men "who want to be" women • Women "who want to be" men
The transgender/trans community	• Transvestite • Tranny • He-She • It
Gay, lesbian, or bisexual	• Homosexual
Orientation, identity, or preference	• Lifestyle

RESOURCES

Substance Abuse and Mental Health Services Administration (SAMSHA): www.Samsha.gov
Reducing Stigma: Grayken Center: https://www.bmc.org/addiction/reducing-stigma
Harm Reduction Coalition: www.harmreduction.org
American Society for Addiction Medicine: www.asam.org
Addiction Technology Transfer Center (ATTC) Network: www.attcnetwork.org
National Council for Behavioral Health: www.thenationalcouncil.org
Shatterproof: www.shatterproof.org
American Academy of Addiction Psychiatry: www.aaap.org

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