EDITOR'S MESSAGE

Speaking the Same Language

Article about 'lateral violence' sparks interesting debate

EERIC TRUUMEES, MD, FAAOS

EDITOR'S NOTE: With this issue, I'd like to introduce the new *AAOS Now* deputy editor, Julie Balch Samora, MD, PhD, MPH, FAAOS. We are excited to have her join our Editorial Board and offer a fresh, new perspective to our editorial processes. She contributed to and supports the message of this editorial. Dr. Samora's professional details are listed at the end of the editorial; to learn more about her new role, see sidebar.

Recently, *AAOS Now* received several letters taking issue with a series written by Alan M. Reznik, MD, MBA, FAAOS, which used the term "lateral violence" to describe poor behavior and bullying in orthopaedic training programs ("Long Hours, Insulated Specialties Result in Lateral Violence in Residency," September 2019; "A Top-down Approach Is Needed to Address Lateral Violence Among Residents," October 2019).

Although many letters were supportive, some writers took issue with whether bullying and other adverse behaviors really rise to the level of "violence." Dr. Reznik did not invent the term. I found references dating back more than 15 years that used it. Initially, "lateral violence" was used to describe displaced, in-group violence directed against one's peer group rather than an oppressive, but unreachable, outside group. The early context was in aboriginal groups in Canada and Australia.

Over the past five years, the term has been used with increasing frequency in the nursing literature. Still, the term was unfamiliar to many of our readers and introduces a longstanding, but rapidly increasing, semantic issue that extends far beyond lateral violence.

Eeric Truumees, MD, FAAOS

Language and meaning have always differed, even in nearby communities, and have always evolved over time. Although some of our patients may debate whether a fracture is worse than a broken bone, language historian Anne Curzan tells us that "nice" used to mean "silly, foolish, simple," whereas "awful" once meant "worthy of awe." Even today, "wicked" means something different in Boston than in Lynchburg, Va.

However, when certain words or phrases convey unintended but important meanings, we cannot claim "it's only semantics." Recently, these phrases have taken on increasingly political overtones. How different audiences react to the same material, even when a speaker or author's intent was not political (or covers an area like science denial, which has only recently become political), is critical to understanding how we can most effectively communicate among ourselves, to our patients, and with the medical and larger communities around us.

When someone joins the faculty of the University of Texas at Austin Dell Medical School, he or she must watch a video that instructs viewers, upon meeting a new colleague, learner, or patient, to ask which pronoun the person prefers. Some of us thought, "That's great for the University, but it wouldn't work in the real world." Then, more recently, our electronic medical record system incorporated similar questions into the patient intake form. In Austin, Texas, some patients really appreciate that sensitivity. Others, perhaps less aware of the gender spectrum, questioned our abilities as physicians if we could not tell women from men.

Initially, given my experience in Texas, I thought this was an issue restricted to college campuses, but I was clearly wrong. An example of language's impact in the larger world is Merriam-Webster's selection of "they" as the word of the year—its use as a singular noun to refer to a nonbinary-gendered person was added to its definition. This selection is made more remarkable by its interpretation, in many circles, as a politicized mandate from the "liberal nanny-state" to police our language.

This reaction to language as a source of offense (or microaggression) can leave even the most well-meaning individuals feeling like they are navigating a minefield. All too often, the risk-averse simply leave the conversation, which does nothing to help spread the message.

Coincidentally, another recent letter to the editor ("The Physician's Role in Limiting Fake News," February) from Clay Spitler, MD, FAAOS; Scott Mabry, MD; and Brent Ponce, MD, FAAOS, addressed "fake news" disseminated after a prominent athlete is injured. Like lateral violence, "fake news" is another term that has different implications to different audiences.

In a February *AAOS Now* article on Movement Is Life ("Movement Is Life Conference Marks 10 Years of Advocacy for Women and People of Color"), Mary I. O'Connor, MD, FAAOS, used

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> **—Eeric Truumees, MD, FAAOS**

the term "people of color." Although that phrase is the currently acceptable shorthand for minority groups, some consider it reductive. Dr. O'Connor's article highlights factors necessary to reduce health disparities, some of which are obscure to those not familiar with the particular conditions affecting the communities in question. With that said, are those conditions similar for all people of color? However (and the article specifically mentions this), care must be personalized because the challenges affecting African Americans are likely to be very different than those affecting Native Americans, Asians, or others. But that begs the question: Did the term help frame the discussion?

Similarly, the politicized lexicon is not just the province of liberals. The right might describe someone as a "snowflake" or decry "grievance culture." In the world of applied linguistics, the idea that language is neutral was abandoned decades ago. Now, language is seen as "political from top to bottom, in its structure as well as its use."

Despite their similarities, Ukrainian and Russian are considered two separate languages due to the political differences inherent in nationhood. More radically different languages, such as Mandarin and Cantonese, are often called dialects because they represent a similar group of (united) people.

At their best, new words and usages introduce new ideas or perspectives to longstanding problems. At their worst, such usages invite us to prejudge an idea or disbar debate. After all, if something is termed "violent," it is, by definition, beyond the pale. Yet, life is full of awkward moments, unplanned offenses, and other jagged edges.

The impact of words, like touch, is affected by their source. A dog taking certain liberties in sniffing a guest may not be welcome, but the response is different if it were the host. Criticism is taken very differently from a boss than a colleague or friend. When are words worse than physical violence? How many of us would rather be punched than be humiliated in front of our coworkers?

Is this oversensitivity, or just reasonable sensitivity to the experience of others?

Some feel certain words are meant to end a discussion by invalidating the opinion of the speaker. In her December 2019 essay for *Harper's Magazine*, Lionel Shriver described the distinction between a privilege and just "privilege." She quoted academic Robert Boyers' "The Tyranny of Virtue," wherein he writes that the word can be used to "make it acceptable to target groups or persons not because of what they have done but because of what they are." His examples include posturing humility ("I acknowledge my privilege") and "check your privilege," which he translates to "shut up."

As orthopaedic surgery tries to attract new voices and perspectives to the profession, it's important that we not limit ourselves to parallel conversations where only like-minded people are willing to speak to each other.

On one hand, the increase in interconnectedness arising from mass communications and social media speeds the evolution of language. On the other hand, the variety of outlets allows one to hear only those perspectives that support our own views. These parallel conversations will both limit our understanding of alternative perspectives and, as the politicized lingo continues to evolve in different directions, result in us speaking different languages soon enough.

References for the studies cited can be found in the online version of this article, available at www.aaosnow.org.

Julie Balch Samora, MD, PhD, MPH, FAAOS, contributed to this editorial. She is a pediatric hand surgeon at Nationwide Children's Hospital in Columbus, Ohio, and the lead of the *AAOS Now* workgroup on diversity and inclusion. She is also the newly appointed deputy editor of *AAOS Now*. She can be reached at julie.samora@nationwidechildrens.org.

Eeric Truumees, MD, FAAOS, is the chair of the *AAOS Now* Editorial Board; editor-in-chief of *AAOS Now*; and an orthopaedic spine surgeon in Austin, Texas, where he is also professor of orthopaedics at the Dell Medical School, University of Texas.

Facing the problem, not the terminology: 'lateral violence'

ALAN M. REZNIK, MD, MBA, FAAOS

Alan M. Reznik, MD, MBA, FAAOS

In a two-part series published in the September 2019 ("Long Hours, Insulated Specialties Result in Lateral Violence in Residency") and October 2019 ("A Top-down Approach Is Needed to Address Lateral Violence Among Residents") issues of *AAOS Now*, brave residents and their mentors explained how they have experienced poor behavior and bullying in orthopaedic training programs. In the nursing arena, such behavior has been known as "lateral violence" for the past 10 to 15 years. It is a term that has been well used to convey the serious nature of the actions and the full extent of the problem, especially the harm it can cause. In the series published in *AAOS Now*, we explored examples of the problem within our specialty. For their honesty, I thank all of the participants—without their stories, it would be difficult to demonstrate the extent of the problem and the various ways it can present itself. We also discussed ways of handling it, as well as bullying in general.

Since I wrote the articles, many have expressed thanks for bringing the topic to light, and others have echoed the examples. Some have known about or witnessed the problem for their entire careers without seeing any positive action. Most have had no tools to use when faced with the unpleasant actions of coworkers. To them, the public acknowledgement and the approaches given were seen as a crack in a closed door that needs to be wide open. Many expressed true appreciation that the articles can be a springboard for discussion at the very least, if not a path toward addressing the problem in some small way.

Others have taken sharp exception to the term "lateral violence." I understand their point of view and appreciate the concept that people tied many difficult connotations to the word "violence," even though the word itself has historically had many uses. The term may have been specifically chosen by those who coined it because of the nature of the mental abuse it describes, its real destructive force, and its negative effects on people. The term was not an accidental or arbitrary usage by the first to write on the topic.

I understand both points of view. The fact that the term was in use and has been accepted as a way of describing a certain type of interaction should not be lost on those who have exception to it. Their exceptions are the responses we should have when unkind, abusive behavior is used to control others at their expense for personal gain.

Nonetheless, we all need to be mindful that, no matter the term we choose, the problem is real, we have witnessed it in training and professional life for decades, and it's time to face it head on.

Alan M. Reznik, MD, MBA, FAAOS, specializes in sports medicine and arthroscopic surgery and serves on the *AAOS Now* Editorial Board. He was a prior member of the AAOS Communications Cabinet and the Committee on Research and Quality. Dr. Reznik is chief medical officer of Connecticut Orthopaedics, assistant professor of orthopaedics at Yale University School of Medicine, and a consultant.

Introducing *AAOS Now*'s deputy editor

Julie Balch Samora, MD, PhD, MPH, FAAOS, now serves as deputy editor for *AAOS Now*. The newly established position will support the magazine's editor-in-chief, Eeric Truumees, MD, FAAOS. In this role, Dr. Samora will be responsible for generating article ideas; seeking potential authors and subjects; and identifying potential event coverage from the AAOS Annual Meeting and other meetings. She began her tenure in the role on Jan. 1.

Julie Balch Samora, MD, PhD, MPH, FAAOS

Reach out to Dr. Samora with ideas for *AAOS Now* at Julie.Samora@nationwidechildrens.org.