

Talking About: “The Kidney in Room 4”—The Language of Hospitals

Those who work in hospitals work in a unique environment of vulnerable patients and the biomedical caregivers who treat them. Doctors and nurses have dual roles—they interact with patients in ways that allow patients to trust their expertise, and they interact with one another within their own subcultures in the work environment. The subcultures within the hospital share a larger culture, in that members understand the hospital operations, codes, and procedures. However, because the roles of doctors and nurses are essentially different, they operate within their own sets of norms and values.

One aspect of hospital subcultures that is similar, however, is the use of metaphor, euphemism, and humor. The language used by doctors and nurses helps to separate them from having emotional connections to patients—who are often frightened and ill—and their distraught loved ones. While from the outside, the language appears callous, detached, and sometimes in poor taste, the use of euphemisms in this environment helps sustain the practitioners’ psychological health while facing these kinds of challenges day in and day out.

In her ethnography of the culture of surgeons, *The Scalpel’s Edge* (1999), Pearl Katz was initially shocked by the language used by the surgeons as they spoke to each other outside of the patients’ or families’ range of hearing. They routinely referred to patients by their operative sites—“the kidney in Room 4” or “the breast”—or their diseases—the “lipoma” (88). They made joking remarks about the patient’s body parts and appearance while on the operating

table, especially those parts of the body whose functions were sexual or part of the excretory system. Often, they would address the anesthetized patient directly, for example, joking about the patient’s organs, as in this comment: “Dave, where is your rectum? There is a rumor about you that you have a rectum. Yeah, Dave, we’ve finally found it” (89).

Like the surgeons who are often directly responsible for a patient’s life, neonatal nurses in the NICU (Neonatal Intensive Care Unit) are working with the most delicate (often premature) infants who, without round-the-clock intensive care, would not survive. These skilled and caring individuals, out of the earshot of parents, will refer to an infant who doesn’t look quite right as “FLK” (a “Funny Looking Kid”). If the infant has constant problems that cause the monitors to beep incessantly, a nurse might joke they are going to “throw that one in the trash can.” A baby who is in real trouble might be “trying to die” or “circling the drain.” Like other euphemisms, these phrases serve to detach the speaker from the emotional depth of the issue.

Although it may seem heartless to outsiders, this language actually supports the long-term success of people in jobs that deal with sadness and death on a daily basis. Caring for sick patients and supporting their fearful loved ones is a demanding job that requires quick decision-making and objectivity in practice. Using detached and euphemistic vocabulary allows them to perform these tasks in a high-stress environment.