Assume the vocabulary

BY LILY CHAN

Day one:
This is what we have set out to do,
To assume the vocabulary.
Bolded and underlined, asterisked on occasion:
  It is no longer “the bottom,” but rather, “the inferior aspect.”
  It is no longer “coughing up blood,” but rather, “hemoptysis.”
Multi-colored pen ink, highlighter, remember!
We shed, we strive.

Week five:
I practice, tenuously:
  “Do you have a family history of hypertension?”
  “What?”
Retreat, retreat.
  “What I mean is high blood pressure.”

Week nine:
Auto-correct has picked up on this.
My phone started accepting words like “dehydrogenase”
somewhere in my sophomore year of college;
That has since leveled up to “kwashiorkor” and “granulomatosis.”

Day one hundred fifty-four:
The service, armed with acronyms,
the Morse code of cancer, volleying back and forth
between the CT scans and dictations not yet transcribed
layers of insulation, a fluffed-up brush border, opiated—
Maybe Mrs. K. doesn’t have to know.
I try my wobbly hand once more.
Mrs. K is a fifty eight-year-old, very pleasant female from—But wait. A female?
  Yes, a female.
A woman? A loving daughter?
  A female. XX.

Year three:
These words have trickled in, ossified
between the crevices—gyrae—of my brain
The highway between my eyes, Broca’s, Wernicke’s, my tongue:
its new-blacktop-scent searing my upper respiratory tract.
These words that help me into my white uniform,
have they also calloused my skin? Chilled my hands?

What I hope: that
Our words for suffering
Do not get erased, assimilated into
Likert scales, p-valued symptomatology,
plucked and polished clean, because
Pain has no shorthand.

ABOUT THIS PIECE:
Chan says coming from a non-medical family made her more aware of the challenges the language of medicine can pose. “As I became closer to becoming an MD and further from being a layperson, I felt that medical jargon increasingly muddied communication with my patients. This is a reflection on that.”