Abbreviations: Please stop

I wrote an editorial in 2012 [*BCMJ*;54:61] discussing the use of abbreviations in medical writing, essentially pleading with scientific writers to cease and desist. In the 9 long years since my editorial's publication, the use of abbreviations has not improved and actually seems to be worsening, which is why I am revisiting this topic. My last editorial was quite cheeky, as I used more and more abbreviations as I went along, which perhaps diminished the message. I will attempt to be much clearer this time.

An abbreviation is a short form of a word or phrase used to represent the whole for convenience or to improve comprehension. The key takeaway is the part about improving comprehension. Our brains readily accept commonly used abbreviations and move seamlessly along without hesitation while reading. When faced with the abbreviation *MI*, for example, most health care providers automatically register that the individual has suffered a myocardial infarction and are able to carry on reading without having to wonder what it stands for and rescan the article above for a definition. Medicine is full of commonly used and accepted abbreviations such as *BMI*, *bp*, *DM*, *TSH*, and *PE*. These are not the problem, as readers' eyes pass over them easily, with good comprehension.

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Not to pick on any particular author, but on perusal of some recently submitted manuscripts, here are some abbreviations I found: *NROP*, *TUG*, *CHR*, *RTPCR*, *LUS*, *OUD*, and *PWUD*. Perhaps these abbreviations are commonly used by individuals within their respective fields of medicine, but they don't translate well to a general readership. I'm pretty sure that most of you don't know what they stand for.

So, what about the whole convenience reason for using abbreviations? This is what pronouns and other nouns are for. Using a pronoun is just as easy as using an abbreviation and is equally succinct. If you are abbreviating *picky narrow-minded editor* by using *PNME*, it is much more effective to use the pronoun *he*.

Please limit the use of abbreviations in your writing. Frequent use of abbreviations turns a

good article into a manuscript that reads like fingernails across a chalkboard. Now don't get me wrong: I appreciate you taking the time to create and submit papers, studies, letters, and so on. I know this process is difficult and requires time, effort, and fortitude. Taking a risk by submitting your written word for others to comment on in a peer review process is a brave venture, and I admire everyone who does it.

I am just asking for the process to proceed more smoothly by not forcing us to continually scan the manuscript looking for the definition of yet another obscure abbreviation. This will improve your article's chance of being accepted for publication and of reaching its real audience: your colleagues. ■

—David R. Richardson, MD (PNME)

It's all about who controls the narrative

We inhabit a world where immediately accessible mass communication is almost an expected part of life. The medium is certainly confirmed to be the message, and it's clear that whoever controls the medium also controls the message.

This might be okay if all sources of information were obliged to release only content that is as true, complete, and unbiased as information can be. If *all* news articles, history books, and campaign speeches could be published *only* after rigorous, diverse, nonpolitical peer review and were presented to everyone equally, imagine how people would act, and how compassion and community and fearlessness could inform and direct those in power.

As I write this, we are in a month where a national statutory "day" has been created to honor the promises of truth and reconciliation for the colonial indignities and abuses of past and present Indigenous Canadians. Of all the statutory holidays in Canada, it is the first to openly recognize Canada's shameful past, and with the very arguable exception of Canada Day, the first to not celebrate what are primarily European and Christian traditions. It could be a step toward starting to shed light on the truthful narratives of Indigenous citizens, where almost all the content our media has served to this point has been steeped in at least passively dishonest portrayal, bias, omission, and judgment.

I am guessing that most physicians, as educated and generally upright citizens, feel that we are open-minded, intelligent, kind, and definitely not racist. But we are measuring with our own scales, from our own media, in ways that our own cultures and religions measure us—so that we and our beliefs will be safe. We see and prioritize only the stories that best fit our own narratives. We believe what we have been taught to believe. Many times we don't even know what our biases are, nor do we know why we should even care. We don't recognize when we "otherize," even within our own collectives or when it should be our duty to take a stand and not just stand by. And the public media is now not shy about showing how members of our profession have been and are acting in racist ways.

A few years ago, one of my sons presented to our family a very deliberate and clear talk about residential schools in Canada. An Elder from a local First Nation had come to talk to his high school as part of the truth and reconciliation curriculum. He told the students stories of the horrors that current history books had brushed under the carpet. The talk's content had us all in tears by the end, but the most impactful takeaway for me was how my son concluded. He told us that the Elder had formally tasked all the students with retelling the story truthfully to their parents and older generations, because *we had not yet been exposed to these facts*. I recognize now that creating a medium of oral storytelling by our own children was an incredibly apt and impactful choice. I have never forgotten how I felt.

I am a privileged, educated, middle-aged white woman with all the distortions, misunderstandings, and propaganda chemtrails that come attached to me. I am now committed to learning about my own biases, filling gaps in my knowledge and experiences with diversity, and taking responsibility to apologize and make right the hurts that I have caused in ignorance. We have committed to these concepts at work as well, including through scheduled office-wide diversity rounds, inclusive and objective hiring processes, and clearly outlined diverse interpersonal conduct guidelines. And today, I am using this medium to encourage us each to take a step in moving toward a world where all the stories are truthful, and all are given voice. ■

—Cynthia Verchere, MD