

PES SPEAKER CONSIDERATIONS FOR USING INCLUSIVE LANGUAGE

On Behalf of the PES EDI Action Team: Our mission is to affirm the ideology of the PES as a scientific community that fosters inclusion, acceptance, and support for every person independent of race, ethnicity, gender, sexual orientation, or religion.

To that end we support the following: “Inclusive language supports diversity and conveys respect. Language that imparts bias toward or against persons or groups based on characteristics or demographics must be avoided.”(1)

General Consideration for Presentations

- Consider use of **person-first language** that puts the person at the center of the conversation rather than their condition. An alternative, when known, is to use language consistent with the way the group prefers to be identified.
- We suggest **avoiding using race and ethnicity as a variable** to infer biological differences or make clinical decisions, as these are social constructs.
 - Since race is a broad generalization/social construct that may not be truly representative of the underlying (such as genetic) risk factors and may contribute to misdiagnosis, try to avoid using it as a risk factor.
 - Using race/culture as a risk factor for disease pathology or to establish a testing or treatment threshold, may perpetuate negative stereotypes. e.g., using race to determine whether to pursue workup for central precocious puberty or premature adrenarche.
- Using **race or ethnicity as modifiers** (e.g., Asian patient, Black individual, White populations) or as a predicate adjective (e.g., Patients who are Asian, Black, or White) is often preferable to using either as a noun.
- **“Mixed race” may carry negative connotations.** If it must be used, as in data collection, it should be defined, if possible.
- The use of the terms **“minority” and “minorities”** as nouns, may be inaccurate or stigmatizing. It may be preferable to use these terms with a modifier such as, “racial and ethnic minority groups” or “racial and ethnic minority individuals.”
- When using clinical images (e.g., of skin lesions), **try to ensure diverse representation in these images.** Consider removing the images if the image could suggest stereotypes or promote bias.
- For additional guidance and examples, please refer to latest guidelines from [AAP](#) and [JAMA](#) and the AMA Manual of Style (2)

Reference List

1. Flanagin A, Frey T, Christiansen SL, Bauchner H. The reporting of race and ethnicity in medical and science journals: comments invited. *JAMA* 2021; 325(11):1049-1052.
2. AMA Manual of Style Committee. *AMA Manual of Style: A Guide for Authors and Editors*. 11th edition ed. Oxford University Press, 2020.