



## e-equilibrium

- "electronic briefs on behavior and health"

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### In A Word

The positive/negative connotation of many words is very obvious, and the words themselves essentially have opposite meanings. Examples of such words are "good/bad" and "kind/rude." There are also words which have a positive or negative nuance, although the words actually have similar meanings. For example, an inexpensive item might be described as "economical" (positive) or "cheap" (negative).

The positive/negative polarity of other words can be quite subtle. Standing alone, the words "any" and "some" wouldn't necessarily seem to carry a positive or negative implication. However, the word "any" is typically used in negatively framed sentences (e.g., "I don't have any money"), whereas the word "some" is used in positively framed sentences (e.g., "I have some money"). To use these words in the opposite way just doesn't work linguistically (e.g., "I don't have some money" or "I have any money").

In 2007, an interesting study was published in the Journal of General Internal Medicine. The context of the study is that in the primary care setting, a sizeable proportion of patients have more than one concern when they visit their physicians. While visit length is an important issue in primary care, knowing about and being able to prioritize multiple patient concerns early in the visit is advantageous for providing quality health care. This study compared the effectiveness of two different questions, used early in the appointment, regarding their success at eliciting additional patient concerns. The questions were: 1) Is there *anything* else you want to address in the visit today? 2) Is there *something* else you want to address in the visit today? (italics added)

Among patients known to have more than one pre-visit concern, the "any" version of the question elicited such concerns 53% of the time, whereas the "some" version of the question elicited these concerns 90% of the time. The interpretation of this result was that the "any" question subtly calls for a "no" response (as if to say, "You don't have any other concerns today, do you?"),

whereas the “some” question subtly communicates the expectation of a “yes” response. By the way, visit length was not increased when additional concerns were elicited with either question.

That behavior is affected by words that have an obvious positive or negative implication is not surprising to us. That seemingly benign words such as “any” and “some” can evoke different behavioral responses by patients speaks to the potentially strong impact of routine language.

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