Top Five Rules for Communicating with Patients with Disabilities

1. Talk directly to the patient, not to anyone else with them—even if the patient has cognitive disabilities or difficult speech.
   
   Why does this matter? It shows respect to the patient to talk directly to them.
   
   What if they don’t understand me? In most cases, the person accompanying the patient will step in and assist you if the patient is unable to understand or respond to what you’re saying.

2. Avoid assumptions based on a patient’s condition or disability. For example, if a patient has severe anxiety, and presents with stomach pain, many health care professionals will assume that their stomach pain is due to their anxiety. But this is not necessarily the case.
   
   Why does this matter? Avoiding assumptions leads to faster, more accurate diagnosis and higher patient satisfaction.

3. Use person-first language. For example, instead of saying “the MS patient,” say “the patient with MS.” Instead of saying “the wheelchair patient,” say “the patient who uses a wheelchair.”
   
   Why does this matter? Getting into the habit of putting the person first shows that you see them as an individual.

4. Repeat back to patients what you understood them to say. And have them repeat your directions or explanations back to you, in their own words.
   
   Why does this matter? This helps ensure that you and the patient are in sync and understand what each other is saying.

5. Don’t finish patients’ sentences. If a patient has speech that’s difficult to understand, ask them to repeat themselves until you get their meaning.
   
   Why does this matter? It shows the patient that you care about what they’re saying, and helps prevent errors.
   
   What if I really can’t understand them? Ask the patient if there’s another way of communicating that might work better—for example, writing things down, using a personal care attendant to interpret, or using a synthetic speech device.