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Words matter: An update to the AJT Instructions to Authors with inclusive language guidance

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Language is critical to the practice of medicine. It is our primary means of communication with our patients, colleagues, communities, and wider society. Our words convey meaning beyond their literal definition, they represent our beliefs and can set the tone for our behaviors. While we can use our words to assist in building relationships and making connections, our words can equally create or perpetuate barriers and biases. Inclusive language, as defined in the 2021 update to the AMA Manual of Style, is that which avoids "the use of language that imparts bias against persons or groups on the basis of gender or sex, race or ethnicity, age, sexual orientation, socioeconomic status, or disability or disorder."[1] The use of inclusive language is a minimum expectation of *AJT* and it should be viewed as an important tool with which to advocate for our patients and convey respect. The updated "Instructions to Authors" includes guidance on the use of inclusive language. The guide aims to provide authors submitting work for consideration in *AJT* with standardized nomenclature to improve clarity, facilitate the comparison of scientific findings, and foster equitable inclusion in transplant research.

Person-first language is the cornerstone of inclusive language. A person is not their disease, their gender, their race, or the allograft that they received. Every person has many characteristics and may live with several conditions. Person-first language shifts the emphasis to the individual rather than their disease or disability. The use of person-first language is expected by *AJT*, just as it has been adopted by the National Institutes of Health, the Centers for Disease Control, and the AMA Manual of Style.[1-3] Examples of person-first

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language include “a person with diabetes,” versus “a diabetic”; “a person with cancer” versus “a cancer patient”; or “a person with high immunologic sensitivity” not “a highly sensitized recipient.”

Sex and gender are connected but not synonymous constructs that individually and interdependently affect health. Sex is a “multidimensional biological construct” that encompasses the anatomical, physiological, genetic, and hormonal differences between sexes.[4,5] While “male” and “female” are the traditional, dichotomous categories used by health researchers, variations in sex characteristics, known as “intersex conditions,” comprise 1.7% of the population and need to be included where appropriate.[6] Gender, on the other hand, is a self-identified characteristic that encompasses both gender identity and expression including physical characteristics and behavior. Gender may change throughout a person’s life and is not always aligned with the sex assigned at birth.[5] Cisgender is the term used to describe an individual whose gender aligns with their sex assigned at birth. Transgender describes a person who identifies with a gender that differs from their sex assigned at birth. It is a growing expectation in the scientific literature that authors indicate how sex and gender were considered in study design and provide a rationale if no sex or gender-based analyses were undertaken.[7] This requirement is supported by *AJT*. Transgender individuals experience several, multifactorial barriers to health care access,[8] and consideration in study design plus accurate reporting of the impact of transgender status is needed to understand how this extends to organ transplantation.

Race and ethnicity are related social constructs, absent of biological meaning, that describe a group of people with shared physical traits, with or without similar social or cultural identities.[1,9] When race and ethnicity are reported, the authors should specify if identity was self-reported or passively collected. Wherever possible, investigators should use specific, mutually exclusive racial and ethnic categories. Studies that investigate genetic conditions or risk factors should use ancestry or genetic admixture to discuss variation. Like other journals, *AJT* supports the use of the guidance outlined in the AMA Manual of Style.[1]

Ageism refers to prejudice, stereotyping, and discrimination based on age.[10] Language may convey age-based biases and have unintentional connotations that homogenize and misrepresent individuals in an age-based cohort.[10] Age should only be reported when it is directly relevant to the findings being presented. *AJT* discourages the use of common language such as “the elderly” or “youths”; however, the descriptors “older people” and “younger people” are appropriate. Where possible, the use of the specific age range or age-based descriptors as outlined in the AMA Manual of Style is encouraged.[1]

The importance of inclusive language also extends to the reader. Idioms, colloquialisms, and nonconventional acronyms risk miscommunication and can exclude readers who lack specialized knowledge or have a non-English speaking background, especially if the context is inferred rather than explicit. *AJT* supports the use of clear and concise language, to facilitate comprehension by people of all linguistic backgrounds and translation of text to languages other than English.

While words can be used to reflect inclusivity, inclusion must also be embedded within the research process. There is a growing appreciation of the positive impact of community engagement on research and health care policy.[11] *AJT* strongly encourages inclusivity in the consultation and engagement process, appropriate to the research being undertaken. This may include the involvement of a diverse range of researchers and individuals relevant to the study cohort (ie, Native persons, diverse genders, and ages).

Just as in clinical practice, where guidelines are continuously reviewed to ensure that practices is based on the best available evidence, the guidance provided in the updated instructions to authors should be viewed as a living document. Updates will be required to ensure that this guidance continues to align with the best most contemporary evidence related to inclusive language.

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