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Platinum Opinion

Is “Benign” Urology Benign?

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To a urologist, “benign” disease represents the sum total of all diseases that are not cancerous. Words, however, convey connotations along with their true meanings. “Benign” is synonymous with “innocent” or “innocuous”, and even “harmless” [1]. This is not a befitting descriptor for life-threatening conditions such as xanthogranulomatous pyelonephritis and Fournier’s gangrene, and classifying such diseases “benign” is an insult to the patient and the physicians treating them.

Nomenclature colors a patient’s understanding of their own condition and frames the relationship between patient and provider [2]. Strong patient-provider relationships rely on accurate and thoughtful nomenclature, especially in the field of urology, in which sensitive topics and body parts are often the subject of discussion. Patient-centered communication—which optimizes empathy, validates the patient experience, and accurately informs the patient—can improve health outcomes by increasing patient adherence to recommended treatment and motivation to follow up with care [2–5]. For this reason, we have adopted new terminology in the field of urology to compassionately and accurately describe complex medical conditions. Pediatric urologists have abandoned the terms “hermaphrodite”, “pseudohermaphrodite”, and “intersex” in the labeling of patients with disorders of sexual development. “Gender affirming surgery” has replaced the offensive and inaccurate terms “gender reassignment” and “sex change” surgery.

Language can also convey prognosis. For example, it has been shown that clear-cell papillary renal cell carcinoma never metastasizes or invades lymph nodes. The condition consistently has good outcomes [6]. Should we not rename this tumor “clear-cell papillary renal cell adenoma” to appropriately reflect the natural history of the condition? Or, take the case of an adrenal myelolipoma. Imagine, from the patient’s perspective, the difference between hearing “adrenal neoplasm” versus a “benign mass” that can be routinely followed without surgical intervention.

Accurate, specific nomenclature is also critical for characterizing, tracking, and ultimately funding efforts to improve health care for complex conditions. For instance, many medical centers now solicit patients’ preferred gender pronouns in an effort to recognize gender diversity and provide sensitive care. These data are critical to promote the visibility of gender-queer individuals in the medical system in the interest of improving quality of care [7]. For this reason, federally funded medical centers in the USA report gender identity and sexual orientation data annually to the Department of Health and Human Services, and these data are used to allocate federal funds for quality improvement in health care [8]. Accurate nomenclature here is critical both for patient-centered care and for systems-based record-keeping and funding [7,9].

Ultimately, the nomenclature surrounding medical specialties and medical conditions affects the perception of patients, physicians, and even governmental funding agencies concerned with that field. “Oncologic” urology and “pediatric” urology accurately describe two subspecialized fields and legitimize the expertise of the practitioners of those disciplines. Conversely, classifying erectile dysfunction, voiding dysfunction, severe urologic infections, and stone disease to the purview of the “benign” urologist disregards the morbidity, impairment, and psychological distress resulting from these conditions.

In this light, invitations are extended to readers to propose alternative language that accurately describes the field of nononcologic adult urology and recognizes the expertise of its practitioners, while remaining sensitive to and validating the experience of the patients we treat. In the meantime, perhaps we can abandon the label “benign urology” and refer to it as simply “urology”.

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Group; is founder and board member of and holds intellectual property rights in Applaud Medical; has received a speaker honorarium from Bard Medical; and has received grant/research support from and is a consultant for Auris. Adrian Fernandez has nothing to disclose.

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