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**Title:**   Anti-Bias and Inclusive Language in Scholarly Writing: A Primer for Authors

# Anti-Bias and Inclusive Language in Scholarly Writing: A Primer for Authors

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**Rationale:** The pursuit of equity, diversity, and inclusion should be reflected in the language of scholarly discourse. Recognizing the constant evolution of language, authors should aspire for scholarly writing that is free from bias, inclusive, and accurate in its depiction of identity, health, and risk.

## Represent race as a **sociopolitical construct**[1]

Language should acknowledge observed racial health inequities as reflections of sociopolitical forces rather than intrinsic racial differences. Similarly, studies involving race are subject to methodological limitations that reflect racial bias.
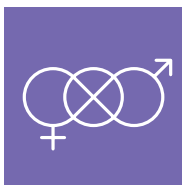
- Race as a social determinant of health ➡ Racism as a social determinant of health

## Name **true drivers of health risks**[1]

Identities are not themselves drivers of inequities. Unjust practices and policies place groups at risk for health disparities and naming them as "high risk" shifts blame to these groups and obscures the true sources of the observed inequities.

- Black patients are at risk ➡ Practices and policies that reflect racism put patients identified as Black at risk
- Transgender indivduals are at high risk ➡ Practices and policies that reflect bias put transgender individuals at risk
- Sexual orientation as a risk factor ➡ Individual sexual practices as a risk factor

## Use **gender diverse** language[2-4]

Some common terms imply a default gender. Gender neutral language is preferred instead. Additionally, the full continuum of gender should be recognized rather than limiting the individual to binary options.

- Male or female ➡ All genders
- Ombudsman ➡ Ombuds or ombudsperson
- S/he or he or she ➡ They (used as a singular pronoun)

## Use **person-first** language[2-4]

Language should center on the person as a whole being rather than conflating disease, functional status, or behavior with individual identities unless the patient or community of association has expressed preference for identity-first nomenclature. Additionally, modifiers should avoid derogatory terms.

- Autistic patients ➡ Patients with autism
- Alcoholic ➡ Person with alcohol use disorder
- Afflicted by ➡ Living with
- Wheelchair bound ➡ Wheelchair user
- Elderly patients ➡ Older patients

## Recognize the **full continuum** of sexual identity, attraction, and behavior[3]

Terminology should be scientifically accurate, inclusive, and affirming when describing interpersonal relationships. Descriptors should be applied universally rather than only for minoritized groups.

- Sexual preference ➡ Sexual orientation
- Hetero- or homosexual ➡ Heterosexual, lesbian, gay, bisexual, queer, etc.
- Wife/husband/girlfriend/boyfriend ➡ Partner
- Asking about sexual activity with men, women or both ➡ Asking about the genders of sexual partners

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