

Opinion

A Quixotic Quest for Directness: Downplaying Upspeak and Spin?

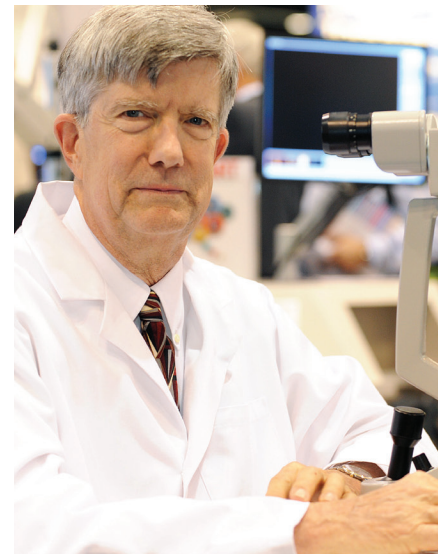
Like you, I get depressed by all the useless busywork accompanying patient care that seems to multiply logarithmically with each passing year. All in the name of “accountability,” the electronic medical record not only reminds me to do what I was supposed to do (“alerts”), but also checks that I ordered what I intended to order and spelled it right (drop-down drug menus), did what I billed for (documentation requirements), and signed for it all in person. Delegation, the fulcrum of leveraged efficiency, is specifically prohibited. No more secretaries as proxies, nurses as enablers, or trainees as substitutes. Yes, this is depressing.

But, just think—we could have entered the corporate world where we would have had to subordinate our wishes to those of our boss, endure petty recrimination and backstabbing, and learn the new language of business upspeak and spinning. In ophthalmology, most of us are insulated from this, except when attending meetings populated by hospital administrators. The first technique, upspeak, is intended to elicit positive feedback from the listener—especially when the content is something negative—by allowing the voice to rise slightly in pitch at the end of each statement, making it sound like a question. The natural tendency for the listener is to nod “yes,” meaning “yes, continue please.” The second technique, spinning, uses euphemisms

that sound positive. In business speak, moving “up” and “forward” are the only allowable directions. A few translations:

- “Operationalizing our restructuring will involve challenges going forward” means that the unit will be firing everyone and starting from scratch, and if one is lucky enough to be offered a position at half the pay, it will involve twice as much work.
- “When our 2.0 deliverables go live, our bandwidth will require burning some midnight oil” means that the bug-infested version 1.0 is being replaced, and this will generate new customer complaints, so everyone on the team will have to put in unpaid overtime to answer them.
- “Let’s dialogue about this offline” means that your “outside the box” idea is out of order and you need to be reprimanded about it in the woodshed.
- “Just touching base” means that you can’t be trusted to complete the task without micromanagement.
- “Let’s see what corporate’s take is on this” is the beginning of the good cop-bad cop game.
- “We’re going to be taking a look at that” means that idea has a snowball’s chance.
- Then, some synonyms. “Monetize” means making a profit on stuff that should be free. “Team player” equals yes-man. “Resources” are people. “Win-win” means the scorekeeper lost track.

Luckily, we in ophthalmology don’t have to speak this way. We can be straightforward and truthful, not needing to put a positive spin on things or to use euphemisms. Or maybe not. These days, when we need to reoperate for an undercorrection, we are doing “enhancements.” When we intentionally implant a lens with optical compromises and reduced contrast sensitivity to achieve spectacle-free vision, that’s a “premium” IOL. And when a patient complains of diplopia, we need to allow time for “neuroadaptation” to develop. Mind you, I’m not being critical of surgical advancements as we move forward, but at the end of the day, I’m just sayin’. ...



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