Reply

To the Editors: Your concerns regarding the recently published study, "A randomized trial that compared povidone iodine and chlorhexidine as antiseptics for vaginal hysterectomy," are appreciated. First, by way of clarification, the literature search to which you refer did retrieve studies in which vaginal chlorhexidine had been used. In fact, we found 3 studies (including a total of more than 4500 patients) in which chlorhexidine had been used as a vaginal preparation.[1-3] The decision to use chlorhexidine as a vaginal antiseptic for our study was based on 1) a review of those studies, 2) a policy in our institution that already called for chlorhexidine to be used whenever a patient was allergic to iodine, and 3) an extensive literature review indicating that chlorhexidine has outperformed povidone iodine as an antiseptic many times in studies of other surgical sites.

Chlorhexidine is typically not used on mucosal surfaces. Although "vaginal mucosa" is a commonly used term, the vagina is an epithelial surface. Perhaps this simple misunderstanding has led to the commonly held belief that chlorhexidine should not be used in the vagina. The literature suggests that this belief is unfounded.

As for the scrubbing technique, we did not specifically follow the manufacturer's chlorhexidine instructions listed in your letter. We chose to use identical techniques when using the 2 antiseptics. Patients who were randomized to receive povidone iodine received a vigorous 2-minute scrub in and around the vagina using disposable sponges—followed by application of a povidone iodine "paint" solution in and around the vagina using disposable "stick sponges." This technique represented our standard procedure in the hospitals involved in the study. For patients who were randomized to receive chlorhexidine, no "paint" solution was available. Therefore, the patients received the same vigorous scrub followed by a less vigorous "paint" application with the same solution. Throughout the study, there were no protocol deviations. Therefore, the study offered a fair comparison between two antiseptic solutions applied via a standardized technique.

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Words matter: The importance of nondirective language in first-trimester assessments for Down syndrome

To the Editors: I read with interest the report by Nicolaides et al[1] and applaud the attention given to evidence-based ethics in obstetric care. The authors found that when given an informational brochure, 77.6% of pregnant women will choose to have an amniocentesis or chorionic villus sampling if first-trimester screening qualifies their chance of having a child with Down syndrome at 1 in 300 or greater. With all the attention that the authors give to ethical care, however, I was disappointed by the biased language they used in their informational brochure and call into question the scale of their results.

The authors' pamphlet stated that pregnant mothers could deliver a "baby with a physical and/or mental handicap." The word *handicap* is an obsolete English

word that is labeled in most modern dictionaries as offensive.[2] The etymology traces back to homeless persons who begged on street corners with "caps in their hand." A nondirective statement would have read, "baby with a physical and/or mental disability." The authors further write about the risk of a fetus having Down syndrome or another chromosomal condition. The word *risk*, by definition, predicts the likelihood of an undesired outcome. A nondirective statement would have used the word *chance*. Lastly, the pamphlet stated, "The vast majority of babies are normal." This sentence implies, by contrast, that some infants are abnormal, like the "abnormality such as Down syndrome." A nondirective statement would have read, "The vast majority of babies are born without disabilities."

From this study, we are unable to judge how many of the participants would have chosen invasive diagnostic testing had they not been potentially influenced by a biased brochure. I suspect that the percentage would have been lower than 77.6%. More important than the numbers, however, is the loss of a fundamental principle of genetic counseling: the use of nondirective language. In previous studies, mothers of children with Down syndrome asked their health care providers to use sensitive language during counseling.[3,4] We must all be reminded that our words make a difference.

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Reply

To the Editor: We want to thank Mr Skotko for taking the time to respond to our article and for identifying ethically significant issues with regard to language use in nondirective counseling in prenatal screening and testing. Words do, indeed, matter in the practice of obstetrics and gynecology, as 2 of us (F.A.C. and L.B.M.) have emphasized elsewhere.[1] Skotko's claim that the use of the words *handicap* and *risk* is biased does not, we believe, withstand closer scrutiny. We consider each word use in turn.

Handicap is not an obsolete word in either British or American English. Indeed, in the United States, it is ubiquitous, appearing on signs indicating parking reserved for people with handicaps. This use, now encoded in universal signage, is not only not offensive but also indicates what many regard as enviable social privilege. We also consulted the Oxford English Dictionary, which provides a different history of the word, which is not pejorative. "On the challenge being entertained, an umpire was chosen to decree the difference of value between the two articles, and all three parties deposited forfeit-money in a cap or hat. The umpire then pronounced his award as to the 'boot' or odds to be given with the inferior article, on hearing which the two other parties drew out full or empty hands to denote their acceptance or nonacceptance of the match in terms of the award. If the two were found to agree in holding the match either 'on' or 'off,' the whole of the money deposited was taken by the umpire, but if not, by the party who was willing that the match should stand."[2] This historical origin carries no evident social opprobrium.

Claims that a word is offensive in its use need to be made with very great care in a pluralistic society, not to mention in international contexts. *Handicap* is not universally offensive in the English-speaking world, including England, where the documents Skotko questions are used. Such wide variation in response to word use indicates that judgments that its use is offensive may be highly subjective. *Disability*, Skotko's proposed