

Putting people first in communication about HIV

As a journal publishing content on HIV, we use language to disseminate ideas, information, and innovations. Throughout our different sections we cover a broad range of content in diverse styles: from discursive pieces in the Culture section, to the rigorous presentation of academic research in our Articles. As editors, we are acutely aware of the power of language, not only as the primary tool in our endeavour, but also in its potential to do harm. Particularly in content about key populations, sexual behaviour, and people affected by HIV, if the language is wrong we can contribute to the stigmatisation of the populations we seek to help. It has long been a core tenet of Lancet style—a rigorous grounding in which all our copyeditors receive—that we put people first: we do not define people by diseases or conditions; we try to reflect the ways the communities speak about themselves; and we never describe a participant of research as a “subject”. We are therefore delighted to endorse The People First Charter, which seeks to promote person-first language throughout the HIV field and beyond.

Launched in July, 2021, at the International AIDS Society Conference in Berlin, and led by Laura Waters, the charter has been developed in consultation with HIV and sexual health-care providers and communities. The charter asks policy makers, researchers, conferences, journals, and care providers to follow the principles of person-first language. At the end of August, *The Lancet* journals joined a raft of care, advocacy, and professional organisations, journals, and pharmaceutical companies that have endorsed the charter.

Contributions from the communities of people with HIV and those at risk of acquiring HIV have driven much of the policy, research, and clinical practice in the field. Hence, most HIV clinicians and researchers are aware of the need for thoughtful, responsible language as a result of their engagement with these communities. However, despite existing guidance on the use of person-first inclusive language, including the UNAIDS guidance on terminology, recent research suggests there is still huge room for improvement. A cross-sectional study that aimed to quantify the use of person-first language in journals publishing high volumes of HIV research found that stigmatising language was used in the majority of the included studies. The analysis, which included studies reported on PubMed between 2017 and 2021, found that

although 22% (51 of 237 studies) did use person-first language, 57% (136 of 237) used stigmatising language such as “HIV-infected” or “AIDS-infected”.

Person-first language puts people before their condition. Perhaps the simplest example of this is the move away from the phrase “HIV-infected people” to terms such as “people living with HIV”. Other examples for which person-first language is more appropriate include doing away with “poorly adherent” in favour of “people with poor adherence”, rather than “viraemic patients” say “people with viraemia”. Person-first language is also more accurate: people do not fail treatment, but sometimes treatment fails people. When writing or talking about behaviour that confers a risk of HIV, care must be taken not to stigmatise: rather than “risk group” or “transmission risk” use “mode of HIV acquisition” or “acquisition risk”. Some terms might prove hard to eliminate. The phrase “mother-to-child transmission” is entrenched in the field, but it places emphasis on the role of mothers in transmission to children; “vertical transmission” explains the mode of transmission and is inclusive of people who do not identify with the term mother. Many of these examples already form part of *The Lancet*’s longstanding recommendations on the use of person-first language and not just within the sphere of HIV and sexual health.

Views on language are not constant in space or time, and the charter acknowledges that “there are no fixed rules and what is considered ‘correct’ will vary by condition, over time, and between individuals. What is critical is to ask the communities with a given condition or characteristic how they prefer to be described and to revisit this regularly. We will never get it right all of the time but open discussion about preferred terminology will drive understanding and change.” As an endorsing organisation, The Lancet Group will input to the development of the charter through yearly consultation.

As the journal endorses The People First Charter, we invite all contributors to embrace person-first inclusive language. We would also be interested in the thoughts of our contributors and readers on how the journal might do better regarding person-first language. For researchers in sexual health and HIV who may be unsure when language might be discriminatory, we hope they use The People First Charter for helpful guidance on suitable non-stigmatising language. ■ *The Lancet HIV*



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For more on **The People First Charter** see <https://peoplefirstcharter.org/>

For the **UNAIDS guidelines on terminology** see https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

For more on the **cross-sectional study on person-centred language** see *Sexually Transmitted Infections* 2023; **99**: 110-15