

GLOSSARY OF HEALTH CARE TERMINOLOGY

by  
James Hogarth

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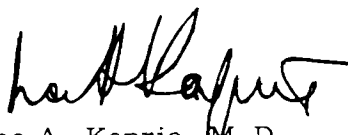


## FOREWORD

The WHO Regional Office for Europe produces a large amount of documentation and continually has to face the problem of terminology. Governments face the same problem in their contacts with the Organization and when analysing information on health services from international sources.

In order to assist in the standardization of public health terminology, the WHO Regional Office for Europe commissioned Mr James Hogarth, formerly Under-Secretary, Scottish Home and Health Department, to prepare a Glossary of such terminology and we are greatly indebted to him for the effort he has devoted to the task and the skill with which he has carried it out.

The Glossary is being first issued in the Public Health in Europe series and, exceptionally, in English only, but it will later be published by WHO with versions in French and perhaps other languages. To make the Glossary as comprehensive as possible, the comments and criticisms of users are invited. They will be taken into account when the Glossary is published.



Leo A. Kaprio, M.D.  
Regional Director  
Copenhagen, June 1975



## INTRODUCTION

This Glossary, commissioned by the European Regional Office of WHO, seeks to bring together in convenient form definitions of terms commonly used in discussions on health care. The possibility of misunderstanding, of talking at cross purposes, is present in all human communication; and the possibility is all the greater in international discussions when the participants come from different backgrounds of experience and speak different languages. Realizing the difficulties of terminology, WHO committees and working groups have increasingly tended in recent years to include in their reports some consideration of the definitions adopted for the terms used in their discussions; and indeed this Glossary is essentially an anthology of terms which have been defined in the numerous reports produced by WHO and EURO bodies since 1948.

The Glossary is therefore, deliberately and in principle, confined to terms which have been defined, expressly or by implication, in documents used or issued by WHO, with the addition of a limited number of "outside" definitions - particularly those used by other international organizations - where these usefully supplement the terms defined in WHO documents.

None of the definitions - apart from the definition of "health", which appears in the Constitution of WHO, and perhaps one or two other terms which have been specifically considered by the World Health Assembly - carry any mandatory authority. They reflect merely the considered views of a particular author or a group of people (an expert committee, scientific group, seminar, symposium or working group) brought together by WHO for a particular purpose. Evidently, however, the definitions formulated by these various experts and expert groups must carry considerable weight with others working in the particular fields concerned; and even though further consideration, or the development of the field under review, may suggest a need for modification the existing definitions still provide a useful starting point. The Glossary therefore relies heavily on the reports of WHO committees published in the Technical Report Series and on the numerous reports produced under the EURO imprint, as well as on studies published as Public Health Papers or WHO Monographs.

The compilation of the Glossary has revealed some variation and occasional inconsistency in the definitions which have been used in WHO discussions over the past quarter of a century and more. This is of course entirely understandable in a field which has been developing very rapidly during that period. Inevitably, too, there are many gaps in the Glossary, either because the meaning of certain terms used by a committee or working group gave rise to no difficulty and was taken for granted, or because committees and working groups did not always frame a conveniently quotable definition - or of course because the compiler, in the mass of documentation at his disposal, failed to track down the definition he needed.

I have not seen it as my function to resolve any differences of view between different expert committees and working groups about the meaning of particular terms. In some cases I have set down two or more different definitions so that some future committee or working group may have the opportunity of considering the matter further and perhaps resolving any apparent inconsistency; in others I have ventured on a brief discussion and occasionally suggested a preference. But essentially the Glossary depends on the work of the many expert groups which have formulated the definitions, and it must be for future groups of this kind to examine any difficulties of terminology and to fill any gaps which the preparation of this Glossary has brought to light. The present Glossary must be regarded as a first edition, imperfect in its present form, which can be improved and completed as the years go on.

The Glossary has been prepared in English and on the basis of the English texts of WHO documents. It is therefore inevitably conditioned by English language habits and terminology. Some of the difficulties of terminology noted in the Glossary may not arise in the other official WHO languages; and these other languages may have difficulties peculiar to themselves. The process of translation into other languages may also reveal particular dangers of misconception as between one language and another. I have occasionally referred to this kind of difficulty in the present Glossary: it may be hoped, however, that some future edition will have more to say on this subject in the light of comparison with the editions in other WHO languages.

The Glossary - which consists of some 350 main entries, with references to many more terms, all of which are listed in the Index - has been arranged in alphabetical order, without any attempt at systematic arrangement. It is tempting to imagine a fully articulated presentation of the subject matter in logical grouping. This may be possible some day; but at the present stage the material is not available to fill out a complete scheme covering the whole of the wide-ranging field of health care. For a working tool which is confessedly incomplete, but can be completed with the help of those who use it, an alphabetical layout seemed the most convenient arrangement.

It has seemed useful, however, to prefix a Conspectus or general survey of the ground covered by the Glossary, arranged in a rough logical sequence. In order to keep this within reasonable bounds it is confined for the most part to the main entries in the Glossary, with a few of the other terms referred to where it seemed helpful to include them. The Conspectus does not pretend to any great systematic rigour, but it may serve to indicate the general scope of the Glossary and point to some of the gaps in the available stock of definitions. It may thus help to secure one of the objects of the Glossary - to provide a stimulus towards the creation of a fuller terminology of health care, which it may be possible one day to present in more systematic form.

The field covered by a glossary of health care terminology is a wide one, as the definition of the term "health care" itself suggests. But the Glossary must go even wider than that definition implies, since the discussion of modern health care inevitably leads into a variety of marginal fields: not only into the consideration of clinical matters, but also into the specialized vocabulary of management and planning. The Glossary does not concern itself with clinical terminology, and it does not seek to compete with the various specialized glossaries and terminology lists which already exist in the various peripheral fields. It does, however, include a selection of commonly used terms in these fields which have featured or are likely to feature in the discussions of WHO committees and working groups.

I am grateful to all those members of the WHO staff in Copenhagen and Geneva who have helped me with advice, references and the stimulation of discussion. I owe a very great deal to the generosity with which they have put their knowledge and experience - and their time - at my disposal. I hope that they may find something of value in the result.

James Hogarth  
December 1974

## CONSPECTUS

This Conspectus is arranged under the following headings:

Health care

Health services

Resources: finance, manpower, buildings

Drugs

Management, planning, statistics.

Terms defined in the Glossary are underlined.

### Health care

1. Health care aims at the health protection of the population of a given area and at maintaining and improving the health status of that population. It is concerned with the promotion of health - not only physical health (including dental health and physical fitness) but mental health. It is also, in consequence, concerned with sickness or morbidity (both acute and chronic disease); and, inevitably, with mortality. It extends from the cradle to the grave, from maternity care to geriatrics and the problems of old age; indeed it begins earlier than the cradle, with family planning and with the consideration of fertility and infertility.
2. Health care goes wider than medical care to embrace nursing care, dental care and many associated forms of care not separately defined in the Glossary.
3. Health care is necessarily orientated towards patient care, provided for a particular patient (who may be an insured person or a beneficiary of a social security scheme) or a particular patient care group. The care may be given to the family as a whole, and much health care is directed towards the whole of a given community.
4. The great bulk of health care (medical care) is primary care (primary medical care). Primary medical care is the province of primary medicine. Other forms of care are sometimes called secondary care and tertiary care.
5. Health care may be given to in-patients, out-patients or day patients; it includes ambulatory care, home care or domiciliary care, community care and day care. The term progressive patient care covers a range

extending from intensive care (or intensive therapy), through intermediate care and self-care (minimal care) to long-term care.

6. Mental health care (mental hygiene) is concerned with mental disorder, covering both mental illness and mental retardation (a term for which there are a variety of alternative designations). Delinquency may be considered as falling within this general field.

7. Forms of mental health care which are defined in the Glossary are social psychiatry, psychogeriatrics and child guidance.

8. Maternity care is concerned with the health of the child as well as the mother; with birth (live birth, stillbirth), but also with fetal death, abortion and miscarriage; with the problems of prematurity and the pre-term (or post-term) infant; with infant mortality and allied concepts like perinatal mortality and neonatal, early neonatal and post-neonatal mortality; and with the mother's health in the post-partum period.

9. Rehabilitation and rehabilitative services (covering medical, social and vocational rehabilitation, including vocational counselling and selective placement) are a necessary part of health care. They are concerned with the sequence of impairment (resulting from accident, disease or congenital causes), disability, handicap and invalidity, and with the care of disabled persons and disabling illness.

10. Health care is concerned also with food, nutrition and diet. This entails consideration of food standards generally (including food additives), and of food hygiene or food sanitation (including food handling). Particular health problems that may arise in this field are nutritional disorders, deficiency diseases and food poisoning or food-borne diseases. The effect of these various factors will determine the nutritional status of a person or population. The "reference man" and "reference woman" provide a basis of comparison for measuring food requirements.

11. The unit of health care provided to individual patients can be described as a consultation, a term which may cover a visit by a physician or other health worker to a patient or an attendance by a patient at premises where health care is provided. The term medical advice is applied to a consultation by a physician.

### Health services

12. Health care is provided by health services (the health infrastructure) organized in a health service system. Health services include not only medical services but nursing and dental health services as well as a wide range of other services. One particular service defined in the Glossary is a health laboratory service.

13. Health care may be provided under a system of social security, a national health service, a (less comprehensive) scheme of social insurance or (less commonly nowadays) social assistance.
14. The health profile of any area describes its health status and its health services.
15. Services may be organized on various levels. The organization of services may be based on the principle of centralization or of decentralization. A local health area may be served by a local health unit, an intermediate area by an intermediate health administration. The intermediate area may be a region, with regionalization of services. The integration of services, on a local, regional or national basis, may be regarded as a desirable objective.
16. In the organization of health services the importance of public relations and the need for consumer research must not be forgotten.
17. Traditionally a distinction has been made between public health services (including particularly environmental health services) and personal health services. In recent years the scope of public health has been widely extended, and new concepts like social medicine, community health and community medicine have emerged. The term comprehensive medicine has also been used.
18. A special aspect of public health, is veterinary public health, concerned in particular with food hygiene and the zoonoses. Two particular fields defined in the Glossary are public health nursing and public health ophthalmology.
19. Environmental health includes environmental sanitation and sanitary inspection. It is concerned with air pollution and water pollution. One activity which also falls into place here is disinsection.
20. Preventive medicine and the preventive services cover a wide field, extended by the concepts of primary, secondary and tertiary prevention. Health education (including dental health education) has an important part to play in this field, as have health surveys (morbidity surveys) and the various forms of early disease detection - a term which covers all forms of epidemiological surveillance or epidemiological survey (including a "population laboratory"), screening and case-finding, as well as mass campaigns.
21. Epidemiology has much extended its scope in modern medical care.
22. An important and developing service is occupational health.
23. The health services must also have links with social work and such special services as the youth advisory service.

## Resources: finance, manpower, buildings

24. Among the main resources required for the provision of health care - and the main constraints on its provision - are finance, manpower and buildings. One type of resource, drugs, raises particular problems of its own.

### Finance

25. Health services are limited by their budget (for both capital expenditure and revenue expenditure), and proper budgetary control is therefore required, involving careful costing and watching over costs. Some of the management techniques referred to below are techniques of financial control. Cost-efficiency (the economic use of resources) is an important objective, and techniques of cost-effectiveness analysis and cost-benefit analysis are employed to achieve it. Health care, like other activities, has to compete for its share of the gross national product.

### Manpower

26. The largest single resource deployed in health care is manpower, specifically health manpower. Its most effective deployment depends on health manpower planning.

27. The distinction between professional, paramedical and auxiliary personnel is sometimes a difficult one. The object must, however, be to ensure that all types of health care personnel work together as a team.

28. Each member of the team has his or her own job. This involves the concepts of job analysis, job description, job specification and job evaluation. Ergonomics may have an application here. Job performance can be assessed by activity studies.

29. Relationships between staff may be line relationships, lateral relations, functional relations or staff relations.

30. Medical care is provided by a physician (doctor, medical practitioner). He may be a specialist or a generalist (general practitioner, family doctor, family physician). The only type of specialist separately defined in the Glossary is a radiologist. Definitions are, however, given for certain fields of medical practice (general practice and the specialist fields of bacteriology, geriatrics and psychogeriatrics, medical physics, paediatrics, pathology, physical medicine, physiology and radiation medicine) and associated professional fields (audiology, occupational therapy, physiotherapy and speech therapy).

31. Primary medical care is provided by a primary physician, who may or may not be a general practitioner, and may or may not be the physician of first contact.
32. General practice, one of the possible patterns for the provision of primary medical care, may take the form of group practice or individual practice; partnership is one form of group practice. Assistance may be obtained from an emergency call service.
33. Physicians with special fields of activity are public health physicians, district physicians and child health doctors.
34. A type of auxiliary medical personnel found in some countries is the medical assistant.
35. The remuneration of physicians may be by fee-for-service or, in an organized system of medical care, by capitation or salary.
36. Nursing care is provided by nursing personnel, a term which includes nurses (whether employed in hospital, as public health nurses or in other fields of nursing) and auxiliary nursing personnel, and may also in some contexts include midwives. Working together, they form the nursing care team. The organization within which nursing care is provided is a nursing service, and the nursing personnel are deployed under a nursing personnel system. The range of work of nursing personnel is defined as nursing practice.
37. The personnel engaged in the provision of dental health services (or in dental practice) include the dentist (or stomatologist) and a variety of dental auxiliaries (chairside assistants, dental hygienists, dental nurses, dental laboratory technicians), as well as dental administrators. Working together, they form the dental health team.
38. Other types of health care personnel defined in the Glossary are public health officers, sanitary inspectors and sanitary engineers, health educators and management technologists.
39. Consideration must be given to the training of staff. Under this heading two broad fields are defined: medical education and nursing education, in each of which a number of different stages are distinguished. Two items in the medical curriculum which are defined are the basic medical sciences and the behavioural sciences. A special field of training is public health training.

### Buildings

40. The buildings in which and from which health care may be provided include premises for both in-patient and ambulatory care.

41. The main in-patient establishment is the hospital. Variants of this are the day hospital and the night hospital.
42. A hospital may contain an intensive care unit (intensive therapy unit).
43. The unit of hospital accommodation is the hospital bed. The use of beds is measured by statistics of admissions, bed occupancy and discharges.
44. Other forms of residential care may be provided in a nursing home, geriatric home, half-way house, night hostel or protected residence.
45. Ambulatory care may be provided in an out-patient clinic (department) or in some form of primary care centre (health centre, polyclinic, dispensary), in a day care centre or in day patient facilities. A child guidance centre provides a special form of out-patient care.
46. Premises indirectly concerned with health care are medical schools and schools of public health.

### Drugs

47. The definition of a drug raises the difficulty of distinguishing between the general meaning of the term (pharmaceutical preparation) and its specific modern use, referring to a substance (e. g. a psychotropic drug) capable of being misused and of producing undesirable medical or social effects.
48. The safety of drugs in general is watched over by drug monitoring (of adverse reactions). The efficacy of a drug may be tested by a double-blind or single-blind trial.
49. Continuing use of a drug may lead to tolerance.
50. The non-medical use of drugs raises the problem of drug abuse and the possibility of drug dependence (the term now recommended to cover drug addiction and drug habituation). This creates the need for drug control. Certain drugs may be dependence-producing (addiction-producing, habit-forming).
51. Alcoholism may be considered a form of drug dependence.

### Management, planning, statistics

52. Since modern health care implies a substantial organization for its provision, the Glossary inevitably extends into the field of management and administration.

53. Management may make use of various management techniques, including budgetary control, cost-benefit analysis, cost-effectiveness analysis, critical path analysis, cybernetics, linear programming, management accounting, network analysis, operational research (a term which comprehends many of the techniques here listed), organization and methods, output budgeting, PERT, PPBS, project systems analysis, applications of queueing theory, simulation (including the use of models), systems analysis and work study. Consideration must be given to the scope for automation or mechanization.
54. Management also depends on the existence of a management information system.
55. Management implies planning, and health services must therefore be concerned with plans and planning of various kinds, including national development planning and regional planning, and, more specifically, with health planning or national health planning. One important field of health planning is health manpower planning.
56. Planning is concerned with assessing the need and demand for health services, considering the resources likely to be available, and setting goals, objectives and targets (which are to be distinguished from projections or forecasts), norms and standards.
57. A plan may comprise a number of programmes, and programming can be considered as a subdivision of planning. A programme will provide for the appropriate allocation of resources and responsibilities. It may comprehend different functions, and may be broken down into a series of projects or activities, which may in turn consist of a set of tasks. A pilot programme or a field trial may be mounted for a particular purpose.
58. Planning is concerned with the operation of a system, and must therefore pay attention to systems design. Systems analysis has already been noted as one of the techniques of management.
59. Planning should be accompanied by evaluation of the services provided. This involves monitoring their operation (in relation to appropriate baseline data) and assessing their effectiveness, efficiency, adequacy and appropriateness; determining the validity of these results; measuring the coverage and consumption of services; and weighing the inputs against the outputs (effects, outcomes). The concept of satisficing, as distinguished from optimizing, may be found useful here. There ought always to be some feedback from the process of evaluation.
60. Situation analysis is a form of assessment which falls short of evaluation.
61. Medical audit and nursing audit are methods of evaluating professional services.

62. Planning depends on information, and thus on the existence of a health information system. This in turn depends on the availability of statistics based on appropriate parameters, including vital statistics (vital records) and information (health indices, indicators) on the incidence and prevalence of disease and disability.
63. Statistics of disease depend on appropriate notification and registration arrangements.
64. In this connexion the use of such terms as rate or ratio (birth rate, death rate, fertility rate, morbidity rate, etc.) and average, mean, mode or median requires care. And perhaps a caution about the use of the term billion may be appropriate here.
65. Concepts which fall into this general field are record linkage; data processing and data bank; sample, sampling and sampling unit; universe and population; cohort and cohort analysis; and such special terms as the Delphi method.
66. Provision must also be made for research. Apart from clinical research, this includes health practice research and, in the management field, operational research and systems research. Particular forms of research are action research and public health field studies. The concept of research and development is also of importance.

