

Should medical eponyms continue to be used in everyday practice?

An eponymous term is an entity named after the person who first described, produced or performed it. In the medical world, eponyms have traditionally been a means of commemorating an individual's contribution towards their field of practice. Several arguments which support the preservation of eponyms exist, including that exceptional people deserve to have their achievements acknowledged, that these terms are well recognised in the medical community, and that eponyms possess educational value as a memory device for the learning and retention of complex medical concepts. For many, changing medical eponymous terms could represent an enormous feat potentially met with unwarranted confusion and, possibly, even indignance among traditionalists.

One key issue encompassing medical eponyms is their potential to falsely promote medical discoveries as the product of a single individual's efforts while neglecting the broader team that contributed. An example is Crohn disease, first described in an article that was actually co-authored by two additional medical practitioners, Oppenheimer and Ginzburg.¹ Medical progress is seldom a solo feat, and the use of eponyms may threaten important values of collaboration and collegiality in this realm.

Further, eponyms may reinforce the enduring issue of representation of women in medicine, or lack thereof. Numerous women have historically had their scientific achievements forgotten or inaccurately credited to men, a notion of systemic bias so widespread that it has ironically acquired an evocative eponymous title itself, named after suffragist Matilda Gage.² Indeed, women account for less than 4% of identified medical eponyms,³ of which several are compound names shared with men, a stark reminder of the historical lack of opportunity there was for women to carve their name in the medical sphere. This is of particular relevance to current society with the recent striking release on the significant gender pay gap in Australia, including in medicine.⁴

The unrestrained use of medical eponyms has also progressively come under scrutiny due to potentially glorifying the memory of individuals complicit in unethical methods of research historically veiled under the guise of scientific progress. Several articles quote the medical misconducts of the Nazi era as a reason to advocate for the removal of eponyms that honour physicians involved in crimes against humanity.⁵ There has been a resultant change witnessed in the use of eponymous terms enshrouded by their dark past. An example is the replacement of Wegener granulomatosis with granulomatosis with polyangiitis, due to Friedrich Wegener's associations with the Nazi Party.⁶

The liberal use of medical eponymous terms also places users at risk of inadvertently contributing

to the persistence of colonialism and intersectional discrimination in medicine. About 97% of the 3484 medical eponyms identified in a cross-sectional analysis celebrate European or North American physicians,⁷ highlighting the Eurocentric skewing of medical terminology. A recent World Health Organization article highlights that about 40% of pharmacological agents used in current practice hail from the traditional knowledge of non-Western cultures,⁸ one example being artemisinin, first described in traditional Chinese medical literature for the treatment of intermittent fevers. The failure to acknowledge accomplishments of cultural medical practices that often predated and potentially inspired those of conventional medicine is not uncommon, and some eponyms may reflect this.

Beyond ethical considerations, there are logistical issues relevant to the continued use of eponyms in clinical practice. A myriad of eponymous severity scoring systems exist, such as Child–Pugh–Turcotte score, which lack descriptive power and could be renamed based on what criteria they entail for ease of understanding and hence application. Further, multiple entities named after a single individual can be the source of significant confusion. An example is Jean-Martin Charcot, after whom all of Charcot joint, Charcot disease (amyotrophic lateral sclerosis, also known as Lou Gehrig disease), and Charcot triad of acute cholangitis are named, to mention a few. Importantly, the use of eponyms particularly in highly specialised fields comes at the risk of interdisciplinary disconnect and misleading jargon when communicating with patients.

While not with the purpose to discredit the diligence of nor imply that unethical intentions always drove those after whom eponyms are coined, we believe their ongoing use in medicine without reflective deliberation may be detrimental. Echoing this sentiment, *Pediatric Research* declared in a recent editorial⁹ that they will no longer use eponymous names for any condition. We too contend that medical nomenclature should ideally describe the pathophysiological processes or clinical criteria relevant to the entity being defined. This could not only help dissociate medical terminology from the contentious milieu in which several eponyms came to existence, but potentially also facilitate more precise communication between clinicians and with patients.

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Leya
Nedumanni 

Diana Lewis

Northern Hospital
Epping, Melbourne, VIC.

leya.nedumanni@
nh.org.au

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