Plain-Language Expression of Medical Terminology in Health Communication

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https://doi.org/10.53104/res.media.commun.2026.09005

Citation: Zheng, Yunian. "Plain-Language Expression of Medical Terminology in Health Communication." *Research in Media and Communication*, vol. 2, no. 3, 2026, pp. 42–47.

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Abstract: Medical terminology conveys health knowledge precisely, but unfamiliar concepts, limited background knowledge, and compressed media formats can make it difficult for general audiences to understand. Focusing on the relationship between content and audience understanding, this paper examines terminology overload, confusion between everyday and specialist meanings, the substitution of metaphors for explanation, and the omission of conditions of applicability. It proposes an approach that retains essential terms, provides everyday explanations, and clarifies the limits of their application. Plain-language communication should address specific audience questions through layered explanations, familiar scenarios, and coordinated verbal and visual presentation. Professional review and feedback on understanding should also be integrated into content production. The value of making medical terminology accessible lies in helping audiences understand relationships between concepts and use that understanding to make informed health judgments.

Keywords: health education; medical terminology; plain language; audience understanding; health communication

1. Introduction

Health education connects medical knowledge with everyday life. WeChat official accounts, short videos, and hospital social media accounts have expanded communication channels, bringing terminology previously used mainly among professionals into public view. Language standards and the presentation of specialist knowledge have become important concerns in producing health education content (Kuang and Jiang). However, accurate terminology does not automatically ensure understanding. An explanation that seems complete to a communicator may still leave audiences unsure about its relevance to their lives.

Making medical terminology accessible requires more than replacing unfamiliar words with familiar ones. Its practical value depends on whether a revised expression preserves the original meaning, helps audiences distinguish related concepts, and explains the circumstances in which a conclusion applies. This paper argues that plain-language

communication should treat a complete explanation of meaning as its basic unit. Connecting a term with its everyday meaning and conditions of application can help health education support understanding as well as present knowledge.

2. The Meaning and Communication Value of Plain-Language Medical Terminology

Medical terminology provides standardized names for diseases, anatomical structures, examinations, and health conditions. It condenses information and facilitates professional communication, while also embedding substantial background knowledge within brief expressions. Professionals can usually connect a term with related knowledge. Audiences without medical training need additional explanations to understand its meaning in context. This difference in background knowledge is an important source of communication difficulties.

Plain-language communication involves reorganizing specialist information around the intended audience. Everyday words can replace expressions where doing so preserves conceptual clarity. Terms that audiences need to recognize in test reports, medicine instructions, or medical consultations should be retained and explained. Public health guidance likewise recommends choosing alternatives according to context and defining terms on first use when no suitable everyday equivalent exists. A clear explanation may sometimes need to be longer than the original sentence (Centers for Disease Control and Prevention). Accessibility therefore cannot be measured simply by sentence length or the number of technical terms.

The communication value of this approach lies in helping audiences connect ideas. People often encounter health information with questions such as "What is this?", "How does it relate to me?", and "What should happen next?" Discussions of the usefulness of mental health education videos also address problem-solving and cognitive value (Wang and Han). Accordingly, this paper defines the purpose of terminology explanation as helping audiences both recognize a term and understand the uses and limits of the concept, allowing the information to inform everyday judgments.

Recognizing a name and understanding its meaning are distinguishable achievements. Repeating a term demonstrates recall, whereas explaining it in one's own words and distinguishing situations that are easily confused provides a stronger indication of conceptual understanding. Content should therefore offer clues that help audiences identify relationships. When introducing an examination, explaining what it assesses and which questions its results can answer is more useful than presenting its name alone.

3. Main Barriers to Communicating Medical Terminology

3.1 Terminology Overload and Interrupted Explanations

Terminology overload involves more than the presence of many unfamiliar words. It also occurs when an explanation introduces several further concepts without clarifying them. Audiences must process new terms before understanding earlier ones, making it difficult to assemble a coherent meaning. A passage can be accurate word by word while remaining accessible only to readers with relevant background knowledge. Discussions of communication strategies for health education videos already include accessible language, systematic organization, and concrete presentation (Liu). In practice, communicators need to decide which concepts require explanation and which details can be introduced later. Breadth of coverage should not replace depth of explanation.

3.2 Familiar Words Concealing Specialist Distinctions

Some words are familiar but acquire specific meanings in medical contexts. Audiences may interpret them through everyday experience and assume that they understand, while overlooking distinctions between concepts. In cancer screening, for example, an abnormal result does not establish a cancer diagnosis; further examinations are generally

needed (National Cancer Institute). Describing screening simply as "finding out whether someone has cancer" can conflate the initial detection of an abnormality with diagnosis. Explaining the contextual meaning of familiar words can address this less visible barrier to understanding.

The tone of an explanation can also influence whether audiences remain willing to learn. Repeated judgments such as "You do not even know this?" can turn a difference in knowledge into a judgment about ability. Health questions may involve anxiety, uncertainty, or experiences that are difficult to discuss. Explanations should address these questions directly and avoid ridicule or reprimand. A respectful tone leaves room for further questions and allows audiences to reveal what they have not yet understood.

3.3 Metaphors and Emotional Appeals Obscuring Concepts

Everyday metaphors can attract attention, but when they carry the entire explanation, audiences may remember the image while missing the relationship they need to understand. Describing complex bodily changes as "a broken machine," for instance, creates an image without explaining where a change occurs or what it means. Excessive entertainment and insufficiently developed content can also weaken the public service value of health education (Chen). When a headline emphasizes danger and images provoke alarm while the explanation remains brief, audiences may retain an emotional impression without gaining a clear understanding of the concept.

3.4 Compression Removing Conditions of Applicability

The relevant population, the purpose of an examination, and the conditions under which observations are made often form essential parts of medical information. To shorten content, communicators may retain a striking conclusion while removing explanations of when it holds. Headline design and the relationship between content and everyday concerns have received attention in discussions of health education articles (Tang and Yang). However, an appealing headline does not justify omitting necessary conditions from the main text. A brief conclusion detached from its conditions can be applied too broadly: audiences remember the judgment without knowing when it is appropriate.

4. Practical Approaches to Plain-Language Expression

4.1 Retaining Essential Terms and Layering Explanations

Whether a term should be retained depends on whether audiences will need to recognize and use it later. Names of tests and diseases that are directly relevant to medical consultations can be presented alongside plain-language explanations. The explanation should answer the most basic question before introducing functions, related concepts, and relevant qualifications. This reduces the difficulty of an initial encounter while helping audiences recognize the same term in other settings.

Layered explanation also requires reconsidering the order of information. Professional materials often begin with definitions, whereas the public may be more concerned with an immediate question. Health education can present a specific question, offer a concise answer, and then introduce the relevant terminology. Content on cancer screening, for example, can begin by asking whether an abnormal result means a confirmed diagnosis before explaining the distinction between screening and diagnosis. Each explanatory layer should resolve a clear question, rather than accumulate specialist details before establishing the basic meaning.

"Glycated hemoglobin" illustrates this approach. Merely abbreviating the term or calling it "a blood sugar indicator" leaves audiences uncertain about what the test measures. An explanation can retain the name and state that the test helps assess blood sugar control over approximately the previous three months (Agency for Healthcare Research and Quality). This connects an unfamiliar term with a meaningful time frame. It also demonstrates why

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plain-language communication needs to supply essential information rather than pursue brevity alone.

4.2 Using Everyday Scenarios to Explain Conceptual Relationships

Everyday scenarios place abstract concepts within recognizable situations. Reading a health examination report, attending a medical consultation, and discussing health with family members can all provide starting points for terminology explanation. A scenario should establish where the information comes from, what question it raises, and how the explanation changes the person's interpretation. Keeping the narrative focused on one difficulty in understanding reduces distraction from irrelevant details.

For example, a scenario might feature someone who feels worried after noticing an abnormal result on a screening report. The content can present the person's question and then explain that further examinations stand between the reported finding and a diagnosis. The central message concerns the relationship between two kinds of information. Compared with listing definitions, the scenario makes the source of misunderstanding more visible. The communicator should also avoid ending the story with an unsupported diagnosis, which would divert the scenario from its explanatory purpose.

4.3 Defining the Scope of Metaphors and Coordinating Words and Images

Metaphors should address a specific difficulty in understanding. Before using one, communicators need to identify what it should explain; afterward, they should return to the medical term and clarify its meaning. A useful metaphor should not introduce further misconceptions. Screening, for example, can be described as "an initial search for clues," provided that the explanation also states that these clues do not themselves establish a final diagnosis. Audiences can then understand which stage of the process the metaphor represents.

Images, captions, and spoken explanations should also perform complementary functions around the same central message. Health education videos can combine linguistic, visual, and auditory resources to convey meaning (Su). When presenting an examination process, simple images can identify its stages, narration can explain their relationships, and captions can retain essential terms. Decorative images or captions that continually introduce unexplained words may instead divide attention. Audiovisual choices should follow the needs of the explanation rather than the desire to include more elements.

4.4 Incorporating Conditions of Applicability into the Main Message

Conditions should appear alongside the conclusions they qualify. Communicators can organize explanations around three questions: whom the information concerns, which issue it addresses, and what it can establish. In explaining screening, "The result is abnormal, and further examinations are needed to clarify the cause" is more complete than emphasizing an "abnormal result" alone. It communicates both the meaning of the finding and the next stage of assessment. Although slightly longer, it preserves a relationship essential to judgment.

Qualifications should also be specific. Saying "It varies from person to person" does little to explain the source of variation. Identifying relevant considerations, such as the purpose of an examination and individual circumstances, makes the scope of an explanation clearer. This paper treats such qualifications as part of the knowledge being communicated. They should appear before audiences form a judgment. A general disclaimer at the end is unlikely to correct an overly definite impression established earlier.

5. Content Production and Feedback on Understanding

Plain-language terminology needs to be addressed during topic selection, rewriting, and review. Repeated public questions can reveal which concepts need clarification and help narrow a broad

topic to a specific relationship. During rewriting, communicators should check where a term first appears, whether its explanation introduces further unfamiliar words, and whether the main conclusion lacks necessary conditions. Professional review should examine whether the revision preserves meaning and whether metaphors, headlines, or images have altered the concept.

Medical professionals and media practitioners can collaborate on the same passage. Medical professionals check concepts and conditions of application, while media practitioners refine the order of information, sentence structure, and presentation. Both need to discuss which details affect interpretation. Simply handing professional material to an editor for shortening and then seeking formal approval is insufficient. Everyday explanations added during rewriting also require review, because misunderstanding can arise from supplementary wording as well as from the original terminology.

The pace of explanation also needs to change across media. Written content can use paragraphs and subheadings to organize layers of information, while videos need to allow time for audiences to recognize key terms and relationships. Important qualifications that flash briefly at the end may not be understood alongside the main conclusion. Topics involving many terms can be developed through a series of related questions, with clear links showing where each explanation fits within the broader subject.

Feedback should focus on whether audiences can explain the central meaning. Clear communication guidance includes emphasizing key points, using concrete language, and checking understanding through teach-back (Agency for Healthcare Research and Quality). In public communication, this principle can inform short questions that ask audiences to distinguish two concepts or decide whether an example fits the explanation. Such feedback helps identify communication barriers. Comments stating "I understand" should not be treated as sufficient evidence of comprehension.

Repeated questions in comment sections can also guide revision. If several users interpret a metaphor as a medical fact, the metaphor needs adjustment or further explanation. If audiences repeatedly ask about the same term, its initial explanation should be reconsidered. Reach indicates exposure to content, while feedback on understanding helps identify where meaning has shifted. Addressing recurring misconceptions in later content can gradually create consistent and connected support for learning medical terminology.

6. Conclusion

Plain-language expression of medical terminology requires attention to the connections between recognizing names, understanding meanings, and making practical judgments. Retaining necessary terms, layering explanations, using everyday scenarios, coordinating verbal and visual presentation, and specifying conditions of application can provide clearer access to health knowledge. This paper proposes an approach based on core meaning, everyday explanation, and limits of applicability, supported by professional review and feedback on understanding. The communication value of health education ultimately depends on whether audiences understand concepts and their relationships and can use that understanding to make better-informed health judgments.

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