

Safe Words for Clinical Procedures

A practical guide to mitigating or avoiding nocebo effects in everyday clinical communication

Communication is integral to patient care. Words can influence attention, expectation, anxiety, pain and perception. The aim is not to replace every negative word with a positive one, but to communicate what patients need to know in a way that mitigates or avoids nocebo effects.

Think before you speak

Before speaking during a procedure, consider:

- What expectation is it likely to generate?
- Does the intended communication have potential nocebo effects?
- Can the intended phrase be reframed to provide meaningful information? For example: "This drip will rehydrate you and allow us to administer medication comfortably."
- Is there a safer and more meaningful way to honestly communicate from the patient's perspective?

Common inadvertent suggestions - and possible alternatives

These are examples, not a dictionary. Rapport, context, previous experience and the meaning the patient gives to the words all matter.

Routine wording	A possible safer approach
"Sharp scratch coming."	"Is it OK to finish up?"
"This is going to hurt."	Avoid predicting the sensation. If appropriate: "Tell me if anything bothers you."
"Don't worry." / "There's nothing to worry about."	Acknowledge first: "You've had some difficult experiences before."
"Be brave."	Suggests something bad is about to happen. Offer control or choice: "Let me know when you are ready for the arm to stay still."
"You may feel sick."	If nausea is relevant, frame the possibility or simply state: "If required, we can give you medication to settle the stomach and help you feel like eating and drinking."
Repeated use of pain, burning, stinging, nausea, dizziness or itch	Ask whether naming the symptom is necessary at that moment, and whether it can be reframed or attention directed elsewhere.

Direct attention towards a therapeutic possibility

Rather than repeatedly naming unwanted sensations, attention can be directed towards **breathing, comfort, control, choice, curiosity, imagination** - or whatever is meaningful to the patient.

"And while you focus on your breathing, we can just finish up."

"Each time you breathe out, you can notice yourself starting to relax and become more comfortable."

"As you focus on that spot on the ceiling, you can allow that arm to stay still like a statue."

Listen first, second, third - and continually

The patient's own words may help direct communication strategies that enhance a therapeutic outcome.

Listening helps identify expectations, previous experiences, metaphors and potential solutions in the patient's current reality.

Use GREAT + LAURS as a practical structure

GREAT - establish the conditions	LAURS - work with the patient's experience
Greeting	Listening
Rapport	Acceptance
Expectations	Utilisation
Addressing concerns	Reframing
Tacit agreement	Suggestion

GREAT helps deconstruct a doctor-patient interaction and establish the conditions in which effective therapeutic communication can occur. LAURS provides a structure for listening, accepting the patient's current reality, utilising what is already present, reframing where helpful, and offering therapeutic suggestion.

A suggestion is a verbal or non-verbal cue that can lead to a non-volitional change in perception, mood or behaviour.

Risk information: timing matters

Material risks required for informed decision-making should not be concealed. However, discussing material risk is different from repeatedly predicting transient minor adverse symptoms during the procedure itself. Where appropriate, negative risk information can be discussed in advance, when the patient is better able to consider it, rather than immediately before the anticipated experience.

Ethical boundary: Nocebo-aware communication does not mean withholding material risks, misleading patients, minimising genuine complications or manipulating consent. The objective is truthful, ethical and therapeutically meaningful information from the patient's perspective.

A four-question check when communicating risk

1. Am I communicating a negative expectation of an outcome?
2. Is my language meaningful from the patient's perspective?
3. What does this patient want to know?
4. Can I also communicate prevention, treatment or how the patient's experience can be improved or risks mitigated?

Evidence + further listening

Lang EV et al. Can words hurt? Patient-provider interactions during invasive procedures. *Pain*. 2005;114:303-309. doi:10.1016/j.pain.2004.12.028.

Cyna AM. The LAURS of hypnotic communication and the "Lived in Imagination" technique in medical practice. *Int J Clin Exp Hypn*. 2019;67:247-261. doi:10.1080/00207144.2019.1612669.

Hansen E, Zech N. Nocebo effects and negative suggestions in daily clinical practice - forms, impact and approaches to avoid them. *Front Pharmacol*. 2019;10:77.

Fleet J, Cyna AM. Midwifery communication for childbirth: a practical approach. *J Midwifery Womens Health*. 2026. doi:10.1111/jmwh.70069.

Podcast: [Australian Anaesthesia Ep123 - "No More S Words! What Hypnosis Teaches Us About Talking with Patients"](#)



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Dr Allan M Cyna | Anaesthetist | Clinical Associate Professor | Clinical Hypnosis Educator

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