

A shelf of old fashioned style books

Tell me straight, doctor ... why Plain English matters

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The average adult reading age in the UK is thought to be around 9-11 years old - and with neurodiverse people and people whose first languages aren't English to consider, it's never been more important to communicate clearly.

Figures from the National Literacy Trust suggest that 18% of adults have very poor reading and writing skills and struggle with complex words, especially if they are about subjects they don't really understand.

This matters so much in healthcare, which is why the NHS say that they try to

make their public information and websites understandable for the average 9-year-old. But do they always manage it? And what happens if they don't?

Patient misinformation leaflets

Let's start with patient information leaflets. You'd think that these would be designed so that people would be able understand their conditions - but that's not always the case. For example, **Healthwatch Buckinghamshire** looked at some of the materials put out by their local pharmacies, dentists and doctors, and found:

- Sentences that were long and complicated
- Words that were difficult to understand
- Impersonal language.

One patient leaflet tried to explain that a**lthough nurses would try to make a hospital stay as short as possible, they couldn't always do this because of waiting times and the time it takes for the pharmacy to prepare treatments.** What they actually said was:

> *"Waiting times and length of stay may vary depending on the treatment. Many of the treatments given are prepared in pharmacy on the day that they are due and made individually for each patient.*

> *"Some treatments cannot be made until you have arrived for your treatment. The nurses work hard to minimise the stay but there is*

often a waiting time for patients prior to receiving their treatment."

That would confuse an above average reader, let alone a person who struggles.

They also assumed that the people who were reading their leaflets understood healthcare terms. Healthwatch concluded that many of the people reading their documents would struggle to understand them, and suggested that they should include a short, jargon-free summary in each leaflet to help them.

Healthwatch have done this on their website - the report is there to download but there's also a short summary of what they did and what they found which is easy to understand. It's not hard to do.

Read the instructions...or don't

Most people don't read the information leaflets that come with their medicines. In a time where GPs are busy and mistakes can be made, it's not ideal - these leaflets don't just tell you how many pills to take and when, they tell you about possible side effects and whether it's safe to take other medicines at the same time, things that your doctor or pharmacist might not have told you about.

But - are they easy to read? Not according to the "*Please read the leaflet*" government review back in 2005, which found that many of them were printed in tiny fonts, and in dense blocks of text that were difficult to read. They were also hard to understand, and full of medical jargon and confusing warnings. Some of them didn't explain the risks of taking the medicine properly and hid serious side effects behind words that made them seem less important. Admittedly, that was 20 years ago, but have things changed?

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A little. Back in 2018, the Academy of Medical Royal Colleges created "*Please write to me*" - guidance asking doctors to write letters to their patients and not write a*bout* them to other doctors in a way they don't understand. The guidance has been updated recently and says that doctors have started to use plain-English letters more as a result.

There's also the **Accessible Information Standard,** which says that NHS services have to give people information in accessible formats. This standard has recently been updated and strengthened.

The very fact that there was a need to update the "*Please write to me*" guidance, which starts by saying that bad communication is one of the biggest problems experienced by those using the NHS, probably shows that there is still a way to go. **A BMJ study from 2021** found that patients still didn't understand hospital discharge letters and were often confused by what was happening to them when they left hospital care. And NHS England said that working with charities like Healthwatch, and other patient groups showed them that the accessibility standards weren't always being met, which led them to update the standards in 2025.

It's not hard to make things easier

Medical terms can be confusing, and they can be hard to read. But they don't have to be. Theres always another word that can be used instead. Some of the examples the NHS suggest are easier to understand words like:

- Kidney instead of renal
- Brain instead of cerebral
- Children's instead of paediatric
- Side effect instead of adverse reaction
- Hospital care instead of secondary care.

It's not all bad - healthcare communications have clearly become easier to understand since 2005, when the "*Please read the leaflet*" review was published. We seem to have got at least some of the way past the 'doctor knows best' style medical communication to a more inclusive way of keeping patients informed, but even though there's been a growing focus on accessibility and clear communication, standards still could be better.

The challenge for anyone working in healthcare communications doesn't seem to be persuading organisations that plain language is important - it's making

sure that it's used - so that patients are empowered to be confident about their healthcare decisions.

Have you seen any really good - or bad - examples of patient leaflets or letters?

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Simon Wilson 2mo

I completely agree with pretty much everything you say but I believe we need to go even further in terms of digital literacy and democratisation of access to information.

How many doors are closed to individuals with limited digital capabilities? How much information is literally withheld from people as they simply don't have the tech to read a QR code?

I realise these concepts are broader than the issues you raise - my point is that these issues are part of a wider context in which unconscious bias means information systems are designed without taking into account the reality of the wider population.

This is why DEI and representation are so important.

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Nasreen Hanif 2mo

Given that reading is on the decline for all sectors of the community (a subject which I have read and investigated quite a bit), this post offers a very narrow perspective on the subject. For the "literate" quantity and quality of reading alongside attention span has contributed to (YES) dumbing down. As a society, the poor use of language (grammatically, abbreviations and coarseness) has been encouraged making it popular and broadcast in echelons including leading media. So intelligibility is low. As for the "illiterate" like my mother, they remain excluded, whether it's "medical jargon" or the farcical "easy read" - which makes as much sense as gobbledegook. Further to this, I fed back on two letters I got from my dermatologist. The lack of clarity was not due to language, but presentation. A photocopy resembling something from the 70s with half the content cut off. Yet the walls were full of high quality, expensively produced material in the dozens of languages now "needed" for communities, who are encouraged not to integrate. Again totally useless when illiteracy in the aforesaid is the bigger issue.

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Kate Oake 2mo

Absolutely reinforces the ongoing need for co-creation and user testing as part of a patient literature development process.

Medicines info is a real conundrum: it takes a Herculean effort to make your way through most prescription only PILs (patient info leaflets).

It’s fair to say most patients won’t read them and will just trust their doctor, who may or may not have had the time to think through all the permutations/know the side effect profile inside out.

Plus this doesn’t help patients feel in charge of their own body.

However the patient safety requirements for disclosing ANY possible side effects that occurred during a trial is vital if pharmaceuticals and their regulators are not to be accused of hiding data.

It seems unbelievable that we are still talking about this issue in 2026 when the principles of plain English have been promoted for so many years.

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Mark Lockwood 2mo

Worrying idea - That plain English is a variable and not a constant...

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Shelley Purchon 2mo

Fantastic article, thanks for bringing attention to this. I would add that the 'simple' language recommended by the Plain English campaign doesn't always work for people who speak English as a foreign language. For example 'take part' in a study, 'go through' a leaflet, or 'make up for' the tablets you missed. When doctors and researchers try to write simply, these are often the phrases that they use.
My job includes helping NHS staff and researchers to simplify their patient information sheets. For example my company offers a workshop called 'How to write accessible English for a global audience.'
The techniques that we recommend work for all types of readers, not just those who grew up speaking English.

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