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Redefining the Term "Dialysis" in Efforts to Educate the Public and Eliminate Stigma Against Patients with Chronic Kidney Disease

Humairah Nur Sya'bani, Magrifatul Nasyila Tyandra, Rahma Febianti, Kanaya Azzahra, Muhammad Arief Rekozar*
Universitas Riau, Indonesia
Email: ariefrekozar@gmail.com*

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ABSTRACT

Chronic Kidney Disease (CKD) has become a global health crisis with an increasing prevalence in Indonesia. Although hemodialysis is a crucial medical procedure to sustain life, the popular use of the term "dialysis" in society actually triggers negative perceptions and psychological barriers for patients. This conceptual article aims to analyze the impact of the use of the term through the perspective of Erving Goffman's Stigma theory and psycholinguistic principles in medical communication. The results of the study showed that the diction of "dialysis" creates a scary stigma and has the potential to reduce the level of medication adherence. Through a comparison with the successful transformation of other medical terms in Indonesia, such as ODGJ and STI, this article offers a redefinition of the term through three alternatives, namely renal function replacement therapy, blood screening therapy, or consistent use of the term direct hemodialysis. The conclusion of this study confirms that adjusting medical terminology to be more humane and accurate is an important step to reduce social stigma and build mental preparedness of patients. By implication, healthcare workers are advised to integrate psycholinguistic aspects in therapeutic communication to create a more empowering medical narrative.

INTRODUCTION

Chronic Kidney Disease (CKD) has become a global health crisis with alarming prevalence rates (Borg et al., 2023; Cockwell & Fisher, 2020; Francis et al., 2024; Lv & Zhang, 2019; Ng & Li, 2018; Qin et al., 2024). In Indonesia, referring to data from the 2018 Riskesdas National Report, the prevalence of CKD in people over 15 years old reaches 0.38% or around 3-4 people per 1,000 population. Of this prevalence, around 19.33% of them undergo hemodialysis (Ministry of Health of the Republic of Indonesia, 2024). Simply put, when kidney disease reaches its final stages, the body can no longer dispose of food waste and excess fluids naturally. As a result, patients are highly dependent on hemodialysis or kidney function replacement therapy so that toxins do not accumulate and endanger the patient's life (Indonesian Ministry of Health, 2008).

However, hemodialysis is more often called dialysis in the community (Garg et al., 2017; Griva et al., 2014; Htay et al., 2021; Zhou et al., 2017). The term dialysis is often misinterpreted. This term is a form of simplification of language that often makes patients feel afraid or despair. Many patients consider dialysis to be a terrible procedure or a sign that their life is coming to an end. In fact, medically, the majority of patients who have undergone hemodialysis have a good quality of life (Azura., 2023). This lack of understanding of the proper functioning of hemodialysis makes patients disobedient to treatment and withdraw from social interactions due to feelings of shame or inferiority.

Although many studies have discussed the psychological impact of hemodialysis, no one has proposed a term to reduce the psychological burden of the term dialysis. Therefore,

this article aims to propose the use of alternative terms of washing than those that healthcare workers can consider when interacting with patients.

The novelty of this study lies in several aspects. First, it applies Erving Goffman's stigma theory specifically to analyze the term "dialysis" in the Indonesian context, an application not previously documented in the literature. Second, it integrates psycholinguistic principles into medical communication for CKD patients, bridging a gap between linguistics and nephrology. Third, it draws lessons from successful term transformations in Indonesia (ODGJ and STI) to propose three concrete alternative terms: renal function replacement therapy, blood screening therapy, and consistent use of hemodialysis. Fourth, it provides actionable recommendations for healthcare workers, government agencies, and health education institutions. The purpose of this study is to analyze the impact of the term "dialysis" on patient stigma using Goffman's theory and psycholinguistic principles, and to propose alternative terminology that is more humane and accurate. The contribution of this research is to provide a conceptual framework for terminological change that can reduce stigma and improve patient mental preparedness. The benefits include: first, guiding healthcare workers in selecting more appropriate terms in therapeutic communication; second, informing government public education campaigns about hemodialysis; third, improving patient understanding and treatment adherence; and fourth, contributing to the interdisciplinary literature on medical communication, stigma reduction, and psycholinguistics.

Chronic Kidney Failure

The kidneys are a pair of bean-shaped organs located in the posterior part of the abdominal cavity, on the right and left sides of the spine, just below the ribs, with a size about the size of an adult's fist. Anatomically, the kidneys consist of the cortex as the outer layer, the medulla as the inside, and the renal pelvis which functions as a place to collect urine before it is drained to the bladder through the ureter. The kidneys are made up of about one million functional units called nephrons that play a role in filtering the blood by removing metabolic waste, toxins, and excess fluid in the form of urine. In addition, the kidneys also function to maintain a balance of fluids and electrolytes, such as sodium and potassium, regulate blood pressure, and produce hormones that stimulate the formation of red blood cells (Hill, 2016).

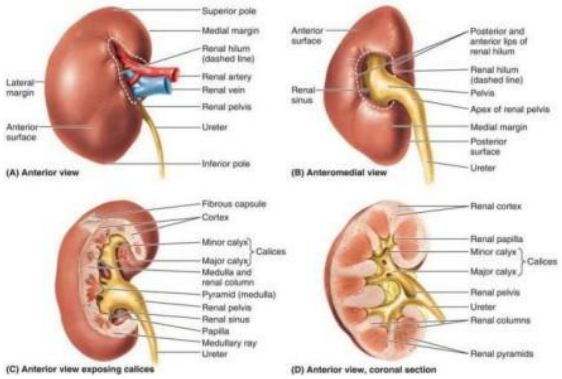


Figure 1. Anatomy of the kidneys (Source: https://share.google/6cAVTo09hYoVMfwCg)

Chronic kidney disease (CKD) is a condition that decreases kidney function for at least three months. CKD is a global health problem whose prevalence continues to increase. It is estimated that around 10% of the world's population experiences CKD with variations in incidence rates in various regions. The disease is often not detected in the early stages because the symptoms are not specific so the patient is diagnosed when kidney function deteriorates. CKD is also closely associated with an increased risk of cardiovascular disease and premature death (Kovesdy, 2022).

Hemodialisis

Hemodialysis is a therapy used in patients with kidney failure. In this condition, the kidneys cannot remove metabolic waste, toxins, and excess body fluids so that these substances accumulate in the blood. Hemodialysis works by filtering blood using a special machine to replace part of kidney function. Through this process, metabolic waste substances are removed from the body so that the chemical balance and blood fluids are maintained (Vaidya, et al., 2024).

In a hemodialysis procedure, blood is flowed through vascular access to a dialysis machine equipped with a filter called a dialysis (dialyzer). Inside the device there is a semipermeable membrane that allows the exchange of substances between blood and dialysis fluid. The process of purifying blood occurs through diffusion and ultrafiltration mechanisms. Diffusion moves metabolic residues from the blood to the dialysis fluid due to the difference in concentration, whereas ultrafiltration removes excess fluid from the blood through pressure differences. After cleaning, the blood is flowed back to the patient's body (Vaidya et al., 2024).

Hemodialysis therapy is generally performed in patients with end-stage renal disease (ESRD). The procedure is performed two to three times a week, with a duration of three to five hours each session, depending on the patient's condition. Although hemodialysis cannot cure kidney disease, it can help maintain body functions, reduce uremia symptoms, and improve patients' quality of life (World Health Organization, 2024).

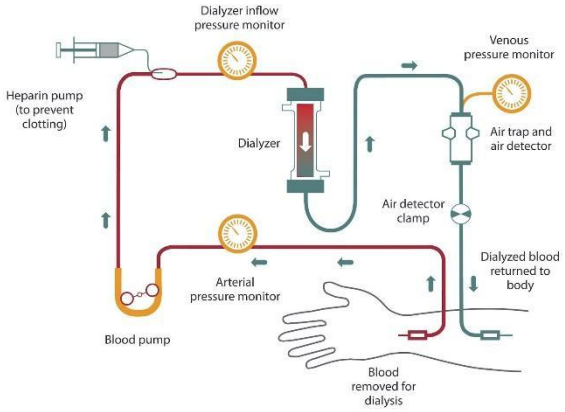


Figure 2. Hemodialysis process
(Source: https://www.niddk.nih.gov/health-information/kidney-disease/kidney-failure/hemodialysis)

Theory Stigma Erving Goffman

Stigma is a negative assessment of certain individuals or groups that cause them to be seen differently and experience a decrease in social acceptance. Erving Goffman defines this concept as a degrading attribute so that a person is no longer seen as a whole person, but rather as a spoiled identity. Goffman explained that stigma is formed through social processes, not solely because of individual conditions. This process occurs when there is a difference between people's expectations of a person's identity and the real conditions they have. These differences then give rise to labeling, stereotypes, and social distancing. In the long run, stigma not only affects the treatment of others, but also impacts self-confidence and social relationships through the internalization of negative values into the individual.

In a medical context, the inappropriate use of terms can reinforce stigma against patients, especially in chronic kidney disease. The term "dialysis" that is commonly used by the public as a substitute for "hemodialysis" can cause misperceptions. Linguistically, the term can be interpreted as if the blood in the body is dirty and must be cleaned. This meaning then develops into the assumption that the patient's condition is very severe, dependent on medical equipment, and has a low quality of life. Within the framework of Goffman's theory, the use of the term is a form of labeling that can reinforce negative views of patients. This labeling has the potential to cause stereotypes, increase social distance, and trigger discrimination in daily life, both in the family, community, and workplace (Sugisawa, et al., 2023).

Therefore, efforts are needed to replace the term "dialysis" with a more appropriate medical designation such as "hemodialysis" or "kidney replacement therapy" in public education. This change is not only about changing the word, but also about improving the way people view the condition. The term "hemodialysis" is more appropriate because it describes a medical process in the form of blood filtration to replace kidney function, rather than cleaning body fluids that are considered dirty. In Goffman's perspective, the use of more precise terms can help reduce negative labeling and improve the way society understands patient identity. Through good and sustainable education, the community is expected to understand that patients can still be productive, so that stigma is reduced and social acceptance becomes better (Sugisawa, et al., 2023).

Psycholinguistics in medical communication

Psycholinguistics is a science that studies the relationship between language and mental processes. In modern therapeutic communication, psycholinguistics is recognized as an important pillar because language actively shapes the mental representation, risk perception, and emotional response of patients. The study of Rahayu, et al. (2020) shows that differences in vocabulary understanding often make patients misinterpret technical terms, so that improper diction selection is strongly correlated with high levels of miscommunication and clinical anxiety, especially in patients who have just been diagnosed with chronic diseases. In an effort to bridge the health literacy gap, health workers often use simplification or metaphor. However, Lartutul, et al. (2025) warn that it can be a double-edged sword. Instead of educating, the use of it creates misperceptions, reinforces stigma, and obscures the true medical context. This phenomenon is particularly relevant to the diction of "dialysis", a simplification phrase that psycholinguistically carries negative connotations and ultimately triggers a frightening cognitive visualization for the patient.

Furthermore, the literature highlights that the impact of this diction selection error often leads to patients' rejection of treatment. As an intervention, many health experts recommend the application of euphemisms (refinement of terms) and an individual-centered approach to language. A study by Smith (2019) confirms that modifying medical terms that have negative connotations into more empowering inclusive language is very effective in reducing public stigma and self-stigma.

METHOD

This study uses a qualitative approach with a literature study design and conceptual analysis to explore the impact of the use of the term "dialysis" on the stigma of chronic kidney failure patients. The study was conducted through the perspective of Erving Goffman's Stigma theory and psycholinguistic principles in medical communication. The data used are secondary data obtained from national and international scientific journals, textbooks on therapeutic communication and health sociology, as well as official reports from the Indonesian Ministry of Health, WHO, and NIDDK. Literature searches were conducted through Google Scholar, PubMed, and ScienceDirect using the keywords hemodialysis, chronic kidney disease, stigma, psycholinguistics, medical communication, and dialysis, with a publication range of 2016–2026.

Data collection techniques are carried out through documentation and literature review by selecting relevant literature and discussing the medical, psychological, or linguistic aspects of hemodialysis. Furthermore, data was analyzed using qualitative content analysis which included three stages: data reduction to sort the literature related to the stigma of medical terms, presentation of data by organizing findings based on Goffman's theoretical and psycholinguistic frameworks, and drawing conclusions to formulate more humanist alternative terms. To maintain the credibility of the study, sources were triangulated by comparing findings from the medical, sociology, and linguistic literature, and referring to case studies on the success of changing the terms ODGJ and STI in Indonesia.

RESULT AND DISCUSSION

The use of the term "dialysis" in Indonesian society basically started from an effort to simplify the medical terminology of hemodialysis so that it is easier to communicate. However, this simplification actually has complex psychological consequences. The negative stigma against this procedure not only arises from the time-consuming and costly medical reality, but is also exacerbated by the literal interpretation of the layman. The phrase "dialysis" often sparks a false visual imagination; Patients with low levels of health literacy tend to imagine their blood being drained and cleaned like dirty objects before being put back into the body. The combination of the burden of medical procedures and the distortion of the imagination due to improper diction is the main psychological obstacle for patients. According to Machmud (2023), patients often experience excessive panic about the risk of death due to the stigma of the term before they understand the actual medical mechanism.

The transformation of medical terms to reduce social stigma is a step that has proven to be successful in Indonesia. For example, changing the term "Crazy People" to People with Mental Disorders (ODGJ) has proven to be effective in humanizing patients. The old term tends to attach the stigma of disgrace, while the terminology of ODGJ confirms that this

condition is a manageable health disorder (Danukusumah, 2022). Another example is the shift in the diction of "Venereal Diseases" to Sexually Transmitted Infections (STIs). This update significantly reduces discrimination and increases patient motivation to access healthcare facilities without excessive shame (Mustar et al., 2023). Reflecting on the success of this medical euphemism, the urgency to review the use of the term "dialysis" is very relevant in order to improve the quality of life and mentality of patients in Indonesia.

As a solution to the stigma problem, health workers need to redefine the term. The first alternative that is educational and comprehensive is the phrase "renal function replacement therapy". If viewed in a meaningful way, this phrase is much safer and empowering. The diction of "substitute function" is able to shift the focus of the patient's mind from the horror of "dirty blood" to "an aid that supports the work of the organs". With this term, patients are given positive suggestions to view hemodialysis machines as life support facilities, such as people with nearsightedness who wear glasses or people with leg injuries who wear walkers. This term indirectly educates patients that their lives are not over, but are assisted by outside technology to carry out declining organ functions.

A second, shorter and more logical alternative is the term "screening therapy" or "blood screening". In contrast to the word "wash" which connotes the rough removal of stains. The word "screening" or "screening" has the connotation of a much more subtle, meticulous, and selective separation process. In the cognitive context of everyday society, filtering water means separating useful substances from unnecessary deposits. This metaphor is very representative of how the actual hemodialysis machine works. The use of the diction "filtering" will not trigger a horror. This term actually gives patients a logical understanding that medical devices only help to dispose of excess waste substances very carefully without damaging their own blood.

The third alternative that can be used is to adopt the original term, which is "dialysis therapy". The use of the term medical absorption has the main advantage of being neutral, objective, and free from metaphorical content. In developed countries, such as the United States and the United Kingdom, the term dialysis does not cause stigma because it is understood by society as a scientific procedure in the clinical realm. However, in Indonesia, the use of this term still has limitations. The term "dialysis therapy" tends to sound foreign and too technical to the general public. Therefore, if health workers choose to use this term, continuous and intensive education is needed so that patients understand its meaning appropriately. Although it requires a longer explanation, this approach is considered psychologically safer than leaving the patient trapped in a negative meaning bias on the term "dialysis".

Ultimately, public education and healing efforts will not run optimally if the foundation of language still uses terms that threaten the mental state of the patient. Health workers on the front lines need to get used to using more humane and accurate terms when first delivering diagnoses and treatment plans. When patients with chronic kidney failure are introduced to rational diction and are oriented towards the maintenance of organ function, they will have better mental readiness. This simple change in the language level is believed to not only reduce social stigma, but also increase the patient's mental resilience and adherence to survive through long-term therapy.

CONCLUSION

Based on the alternative terms renal function replacement therapy, blood filtration therapy, and hemodialysis, it can be concluded that the change in diction in the mention of hemodialysis procedures has an important role in reducing the stigma and psychological burden of chronic kidney failure patients. The term "kidney replacement therapy" gives a supportive and empowering impression because it emphasizes that therapy aims to help the body's organs work, not just "clean the blood". Meanwhile, the term "filtration therapy" or "blood filtration" is considered more logical and easy to understand by the public because it is in accordance with the actual working mechanism of hemodialysis, which is to carefully filter residual substances without causing a scary impression. The term "dialysis therapy" offers advantages in the form of its neutral and scientific nature, although it still needs further education so that it can be understood by the general public. Thus, the use of more humanistic, educational, and accurate terms is needed so that patients have better mental readiness, avoid negative stigma, and be more compliant in undergoing long-term therapy.

As a real effort to remove negative stigma and increase public health literacy regarding hemodialysis, joint steps are needed from various parties so that the use of more humanistic terms can be applied widely. Therefore, some suggestions that can be made are as follows: Health workers are advised to start abandoning the term "dialysis" and consistently use more accurate, educational, and humanistic terms in therapeutic communication with patients and families. The government through health agencies needs to promote public education campaigns to correct misconceptions about hemodialysis, so that this procedure is understood as a life-sustaining technology. Health education institutions should integrate psycholinguistic and medical communication aspects in the learning curriculum so that prospective health workers are more sensitive to the choice of language used for patients. Further research needs to be conducted to find out how changes in terminology in medical communication can affect the psychological condition, quality of life, and therapeutic adherence of patients at various levels of society.

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