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# KNOWLEDGE AND ATTITUDE OF MEDICAL STUDENTS TOWARD MEDICAL EPONYMS IN CROATIA

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*Background: Medical eponyms entail naming various medical phenomena after individuals who played a part in their discovery. They are a core part of the medical field but the nature of their creation and increasing levels of criticism leave the question open whether they have a long-term future within educational and clinical settings.*

*Methods: Knowledge and attitudes of medical students toward medical eponyms were assessed via questionnaire. It included 8 questions pertaining to student knowledge on selected medical eponyms and their respective medical terms, along with a section focusing on student attitudes regarding the perceived importance and longevity of medical eponyms.*

*Results: A total of 126 students took part (71% female). Majority were first year students (61.1%), while the remaining sample comprised of senior years students (5th and 6th year). When presented with the medical term students were routinely able to name the corresponding medical eponym. Students displayed more difficulties in naming the corresponding medical terms when first presented with the eponyms. Senior years students were found to be significantly more knowledgeable regarding medical eponyms and their respective medical terms in 7 of the 8 medical phenomena included (Down Syndrome was universally known). Students indicated that they were exposed to medical eponyms during their studies (significantly more in the case of higher year students), and were, generally, neutral in preference between medical eponym or term usage, with 73.8% stating that they considered medical eponyms still needed in medicine.*

*Conclusions: Medical eponyms are still a core part of students' medical education, particularly in later years of study. The students express a continued need for them and are just as likely to use eponyms as they are to use their respective medical terms. As such, it would seem prudent to keep medical eponyms in the classroom for the foreseeable future.*

Keywords: MEDICAL EPONYMS, MEDICAL TERMINOLOGY, STUDENTS, HIGHER EDUCATION, EDUCATION POLICY

## Introduction and theoretical background

As described in the Oxford English Dictionary ("Oxford English Dictionary - Eponym," 2024), an eponym entails someone giving their name to a place, institution, or people. Within the medical context, a multitude of diseases, syndromes and conditions have been named after scientists and/or physicians who played a pivotal part in their discovery. Medical eponyms are seen as a long-standing tradition which will likely endure for the foreseeable future, despite its archaic form potentially leading to scientific confusion (Ferguson & Thomas, 2014). Regarding the process by which the medical eponym is created, it has been stated that such a process usually starts when popular attention is afforded to a phenomenon, which may not necessarily mean that this was a first encounter with said phenomenon (in line with many claiming that oftentimes luck or politics plays a part). Factors such as personal reputation and standing are also important, and the result can be eponyms containing a single name, or eponyms with strings of names representing multiple individuals. As such, it is readily apparent that there are no exact rules in eponym creation and development, which in turn can result in even more confusion and difficulties (for instance when searching through literature databases) as same or extremely similar names are attributed to multiple disorders (Ferguson & Thomas, 2014; Gittinger, 2021).

Medical eponyms are depicted as sometimes being problematic for both students and practitioners, despite providing both modicums of practicality and humanity into a profession which sometimes tends to become mechanistic (Cooper, 1983). Still, they are described as entrenched within medical terminology, with many eponyms (usually those which are classical, ethical and well-recognised) unlikely to ever truly be discarded, meaning that the extinction of medical eponyms from medical curriculums, clinical settings, textbooks and

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medical journals is somewhat impossible (Castillo Aleman, 2021; Fargen & Hoh, 2014; Yale et al., 2020). Yet, there are some indicators of possible decline in prevalence. A study focused on analysis of indexed articles on PubMed and the annual usage of medical eponyms concluded that medical eponyms are somewhat in decline, "losing market share to more scientific descriptions" (Thomas, 2016).

As touched upon above, some authors claim that medical eponyms are slowly going out of fashion despite their potential for allowing physicians a convenient shorthand, helping in the description of various clinical situations or phenomena (Schutta, 2005). The uncertainty regarding medical eponym usage has been explored by various authors. One study focused on the confusion stemming from a lack of uniformity, as evident by their example of arbitrary alternations between possessive and non-possessive forms of an identical eponym- for instance Down syndrome vs Down's syndrome and how there is a clear divide between American publications favouring the non-possessive form, contrary to Europe where the possessive form was more commonly utilized (Jana et al., 2009). It is also argued that medical disease nomenclature should reflect the pathophysiologic processes underlying them, with medical eponyms described as outdated notions which harm and confuse students which have the potential of becoming insurmountable barriers to understanding complex pathologies (Barr & Mangold, 2024). Other authors strongly suggest that medical eponyms should be abandoned completely, arguing that more descriptive nomenclature should be used, as eponyms are more of a reflection of influence, politics, language, habit and luck than any genuine scientific discovery or effort. Furthermore, they also see eponyms as an impedance to a globalised, modern world and society due to their lack of accuracy, the confusion they cause (along with the additional cognitive load) and negative influence on scientific discussion (McNulty et al., 2021; Woywodt & Matteson, 2007).

Despite the objections, inherent flaws and arbitrariness of medical eponyms, studies focusing on participants in direct contact with medical eponyms do show that they are entrenched within the medical field. For instance, in neuropsychological residents the knowledge of medical eponyms grows between the beginning of their training and a year after, with most of those residents not knowing the alternative name to various well-known eponyms, or simply preferring them. In the same study the conclusion is that medical eponyms are here to stay, as evidenced by the attitudes of the residents (Zheng & Gold, 2020).

Eponyms are widespread despite somewhat polarised views toward them, with the discussion regarding their continued use still underway. This discourse surrounding them ultimately boils down to two opposing views- either to maintain the current educational status quo and continue incorporating them in curriculums/training programs, or to consign them to history and eliminate eponyms both from the educational and wider medical context. Since the continued existence and propagation of medical eponyms to a great extent relies on educational institutions, it would seem crucial, as well as prudent, to attempt to ascertain their status with the students who will, in the future, become a part of the same discussion - both as a way of predicting whether a decline is taking place, and to potentially serve as an indicator for the direction educational policies and guidelines regarding eponyms should take. To achieve this, the aims of this paper were to simultaneously examine both the knowledge and attitudes of medical students toward medical eponyms. Regarding student knowledge and considering the results of research conducted previously on the general topic of medical eponyms, the first hypothesis in this paper is that senior students will be more likely to use/recognize medical eponyms, which would be in line with previous findings. However, regarding student attitudes toward medical eponyms, there currently appears to be a lack of research focused on this particular aspect, despite the benefits such data could present (e.g. for tailoring educational policies, future usage in clinical settings…). Taking into consideration the polarising results of literature and studies outlined previously (for instance decline in usage across databases vs stated knowledge increase as medical students progress their studies) the second hypothesis, regarding student attitudes toward medical eponyms, is that the students will at the least consider medical eponyms and their corresponding medical terms interchangeable, with no strong preference toward either. Seeing as how medical eponyms are, at least at the present, an important aspect in educational/clinical communication, the findings in this study could help illuminate certain aspects of medical eponyms and their place in education, and ultimately direct more research into those topics, thus potentially enabling the steering of future educational policies based on observed student needs and preferences.

## Methods

To fulfil the aims outlined above we devised a questionnaire purposely designed to both test the knowledge students possessed about medical eponyms, and to ascertain their attitudes toward them. Additionally, a small subsection of the questionnaire was also designed to reflect the students' experiences pertaining to their acquisition of knowledge of medical eponyms within and outside the context of educational institutions. In order to obtain further insight, the students filled in data pertaining to their sex and current year of study.

The primary part of the questionnaire contained 8 questions (with 8 sub questions accompanying each) designed to check their knowledge of some of the more common medical eponyms. To observe both sides of the spectrum, half the questions required the students to state whether they knew the disease in question and name their respective eponyms via the provided medical term of the disease (Regional enteritis, Autoimmune thyroiditis, Trisomy 21, Hepatolenticular degeneration) while the other half did the reverse, with the eponyms in question being Addison's disease, Guillain-Barré syndrome, Othello syndrome and Lou Gehrig's disease.





Students were also explicitly asked if they knew what medical eponyms are. Additionally, three questions with the answers following the Likert scale (1 to 5) focused on the students' experiences regarding medical eponyms. The first question focused on how often they generally encountered medical eponyms during their studies, the second question focused on how often they perceived their teachers using medical terms as opposed to eponyms, and the third question focused on their own preferences in using medical terms as opposed to eponyms. Finally, the last question (yes/no) involved the students stating whether they still consider medical eponyms to be needed in place of their respective medical terms for the disease/condition in question.

Statistical analyses of the collected data were performed in MedCalc (MedCalc Software Ltd., 8400 Ostend, Belgium), with charts used to graphically present the results. Chi-squared test was used to ascertain whether sex distribution differed from the general population. Man-Whitney tests were used to identify whether results differed according to the students' current year of study.

## Results

A total of 126 participants took part and filled the questionnaire. The majority were first year students (77, 61.1%), while the remaining sample of 49 students (38.9%) comprised of senior year students (5th and 6th year). Additionally, 124 participants provided data regarding their sex, with women being prevalent (88, 71%), to the point of being significantly different from normal sex distribution (Chi-squared test, $p < 0.0001$). Figure 1 shows the students' knowledge of medical eponyms when first asked in the form of the corresponding medical term - the students were first asked whether they knew of a certain disease/condition, and then subsequently tasked to provide the other name of the disease, if able.

As can be seen in Figure 1, the overall knowledge of different medical conditions varies according to the condition in question, ranging from less than a quarter (23.8%) in the case of Crohn's disease, to nearly all students knowing of Down syndrome (98.4%). As mentioned earlier, this half of the examination section of the questionnaire entailed first mentioning the medical term designating the condition in question, and then subsequently asking the students to write the corresponding medical eponym. Knowledge of the corresponding eponyms themselves closely mirrors that of the medical terms, with the largest difference observed for Hashimoto's disease, where still the vast majority, 86.7% of the students, knew of the medical term Autoimmune thyroiditis and attributed that term to Hashimoto's disease. On the other hand, the difference is exceedingly small in the case of Crohn's disease (a difference of 3.4%).

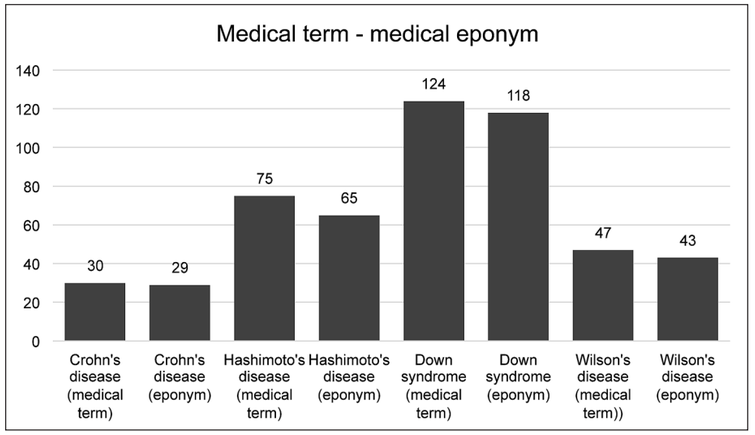


Figure 1.
*Knowledge of medical eponyms - terms presented first*

Focusing on potential differences arising from the students' respective year of study reveals that there are statistically significant differences when comparing junior (1st year) and senior students (5th and 6th year). This can be observed in the cases of Crohn's disease, Hashimoto's disease and Wilson's disease. Senior students tend to know the medical eponyms denoted by the medical terms presented first (the median falling within the right answer), while, on the other hand, junior students do not display the same level of knowledge, resulting with the median falling within wrong answers (Man-Whitney test, $p < 0.0001$). The only disease where no such difference is observed is one that is most known, Down syndrome, where there is no statistically significant difference between junior and senior students (Man-Whitney test, $p = 0.4069$). This was to be expected as the results indicate that Down's disease is universally known. Figure 2 shows the second knowledge-based part of the questionnaire, the inverse of the first- here, the students are first presented with 4 medical eponyms, state whether they are familiar with them, and are then asked to write the medical term which reflects the eponyms in question.

As seen in figure 2 it is apparent that there are larger differences in this section of the questionnaire (where the students were given the name of the eponym first and then asked to write the corresponding medical term). The largest difference was observed in the Guillain-Barre syndrome, where only 22.6% of the students, claiming to know what the medical eponym in question entailed, were able to successfully name its corresponding medical term. Questions regarding Addison's disease had students with similar, although less pronounced, differences (41% able to recall medical term). The Othello syndrome and Lou Gehrig's disease shared the same low number of students which knew of them (19 in total). As with the first part, the data was also checked for potential differences between junior (1st year) and senior students (5th and 6th year). Though

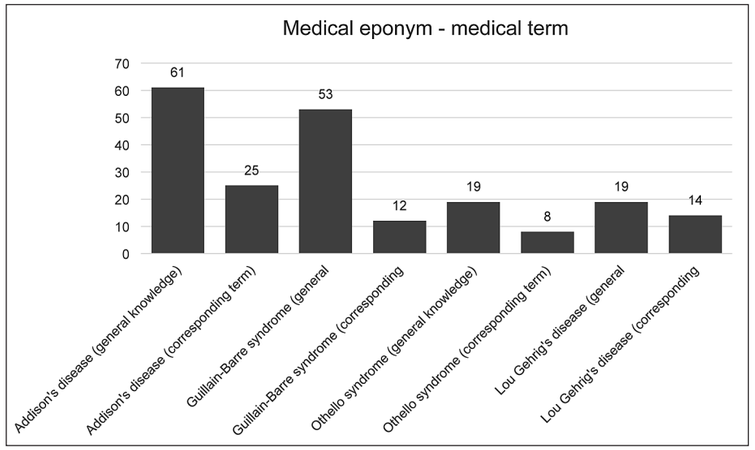


Figure 2.
*Knowledge of medical eponyms - eponyms presented first*

much less pronounced in absolute numbers due to less correct answers, significant difference was found for Addison's disease (Man-Whitney test, p <0.0001), Guillain-Barre syndrome (Man-Whitney test, p < 0.0009), Othello syndrome (Man-Whitney test, p <0.0037) and Lou Gehrig's disease (Man-Whitney test, p <0.0001).

Following the 8 questions focused on above, the students were only then asked to answer whether they knew what medical eponyms were (yes/no). Up until that point in the questionnaire the term "medical eponym" was not used- either medical terms or medical eponyms were used, and the students were asked to write alternative names they knew for the medical conditions outlined by either eponym/term. A total of 99 students (78.6%) answered positively, although, seemingly counterintuitively, virtually all students (98.4%) knew both Down Syndrome and Trisomy 21. Afterwards, there were 3 questions based on the Likert scale. On a scale of 1 to 5 (never to almost always), the mean of self-reported prevalence of students encountering medical eponyms during their studies was 3.59 (SD 1.22), with a noted difference between junior and senior students- the median of the answers of the former was 3 (IQR 2-4) , while for the latter it was 5 (IQR 4-5), a statistically significant difference (Man-Whitney test, p <0.0001). The second question, also on a scale of 1 to 5 (never to almost always) tasked the students with estimating how often their teachers used medical terminology as opposed to available medical eponyms during classes. Here, the mean was 2.85 (SD 0.86), with the split between junior (median 3, IQR 2-3) and senior students (median 3, IQR 2-3.3) ultimately showing no significant difference (Man-Whitney test, p <0.3259). The third question based on the Likert scale dealt directly with the preferences of the students, with the scale of 1 to 5 (not at all to completely) denoting whether they preferred domestic medical terminology over medical eponyms. The mean was 2.91 (SD 0.99), and again, no significant difference between junior (median 3, IQR 2-3) and senior (median 3, IQR 2-4) students in attitude (Man-Whitney test, p <0.9537). Finally, via a simple yes/no question the students were asked whether they thought medical eponyms were still needed at the present, as opposed to domestic medical terms, with 93 (73.8%) answering positively, and no observed differences between junior and senior students (Man-Whitney test, p <0.3697).

## Discussion

The collected data and results enabled further insight into students' knowledge and attitudes toward medical eponyms. However, before elaborating further, it should be noted that the significant prevalence of female students impeded gaining inferences regarding sex distribution and knowledge/attitudes of eponyms and serves as a potential limitation of the study. In this paper, 71% of the overall sample of students were female. Although seemingly disproportionate, multiple sources, studies and censuses show that female students indeed are in the majority within higher education contexts, with trends indicating their continued growth. Furthermore, reports state that female students within the field of medicine account for 66% of all graduates, a percentage nearing the sex distribution within this research (Bonfert & Wadhwa, 2024; eurostat, 2023; UNESCO, 2022). Regarding the section with medical terms and eponyms, it appears that students are more readily able to name the medical eponym belonging to a medical condition when first presented with its precise medical term, than vice versa (having the eponym presented, required to know the corresponding medical term). This could lead to the conclusion that students rely more on medical eponyms, seeing how closely they associate eponyms with presented terms, while having difficulties linking known eponyms to their required corresponding terms. An argument in favour of medical eponyms could thus be made that such a solid link between the eponym and the corresponding medical condition may be a testament to their potential practicality, or at the very least the degree to which they are entrenched in higher education and often preferred, despite all their potential downsides, echoing the conclusions of previous authors (Castillo Aleman, 2021; Cooper, 1983; Fargen & Hoh, 2014; Schutta, 2005; Yale et al., 2020). However, a definitive answer cannot be attained by the data derived in this study - due to practical reasons only 8 medical conditions were included, limiting the ability to confidently ascertain whether this was a good representation of the current state of the medical eponym/medical term divide and knowledge levels. A future study utilizing more medical conditions and/or a larger sample size divided into two groups (same medical conditions presented in both groups, one group exclusively eponym to term, and the other vice versa) could perhaps yield more insight.





Another aspect touched upon earlier was the observed difference in student ability to identify terms/eponyms according to year of study. In 7 of the 8 medical conditions examined in this study higher-year students (5th and 6th year) show a significantly higher chance of being able to derive the correct eponym from the presented medical term (or vice versa) when compared to 1st year students. The only medical term/eponym where no such difference was observed was Trisomy 21/Down syndrome. However, this was due to the fact that this medical condition is apparently equally ubiquitous in both junior and senior students. These results imply that students are exposed to and learn about medical eponyms at growing rates as their studies progress, thus confirming the first hypothesis, stating that that senior students will be more likely to use/recognize medical eponyms, confirming previous findings (Zheng & Gold, 2020). Consistent with these results is the student's self-reported prevalence of encountering eponyms, with an average of 3.59 (SD 1.22) on a Likert scale of 1 to 5. Here, senior students reported encountering medical eponyms significantly more often (with the median being in the response "very often"). However, it is less clear whether acquisition of medical eponyms entails actively being taught during class or if the students mostly learn of eponyms on their own- particularly viewed through the lens of only 78.6% of students stating they even know what medical eponyms are, despite 98.4% knowing both Down syndrome/Trisomy 21, suggesting a less than structured acquisition of knowledge pertaining to medical eponyms. Nonetheless, these results are in line with a previous study where it was established that residents gain more knowledge of medical eponyms and their medical term counterparts as they progress in their training (Zheng & Gold, 2020).

Regarding the discussion on the usefulness of medical eponyms as opposed to specific medical terms, previous studies exhibited both doubts on the long-term survival of medical eponyms (Schutta, 2005; Thomas, 2016) or outright called for their discontinuation (Barr & Mangold, 2024; McNulty et al., 2021; Woywodt & Matteson, 2007). The results of this study imply a generally equal representation of medical eponyms and terms within the classroom. On a scale of 1 to 5, the mean result of 2.85 (SD 0.86) was reported by students regarding the perceived prevalence of teachers using medical terms as opposed to the available respective medical eponym, with no significant difference found between students according to years of study. Furthermore, the same neutral attitude was demonstrated by the students themselves when estimating their own preference of domestic medical terms as opposed to medical eponyms, with the average being 2.91 (SD 0.99), once again there were no underlying differences observed according to years of study. It would seem that students are largely content with using both medical terminology and medical eponyms, with no strong bias towards either, suggesting that there is a place for medical eponyms in the classroom, both at present and in the future, thereby affirming the second hypothesis stating that the students will at the least consider medical eponyms and their corresponding medical terms interchangeable, with no strong preference toward either. This is compounded by the fact that, when asked directly, most of the students themselves (73.8%) responded that they considered medical eponyms still needed at the present.

As mentioned previously, it is important to note that this study had certain limitations. The sex distribution skewed decidedly toward female students, although it could be argued that due to the increasing ratio of female students in higher education (especially in medicine) it is still largely representative. Furthermore, the size of the questionnaire, due to practicality and brevity, did not permit a more sizeable portion dedicated to testing the students' knowledge. A larger version of the questionnaire with an increased sample size could potentially allow for greater insight into both the knowledge and attitudes students have toward medical eponyms.

## Conclusion

The results and data obtained in this study suggest that medical eponyms are a common occurrence for students during their studies, particularly as they progress. Additionally, most students consider them still needed in medicine and are content to use both medical eponyms and medical terms, with no significant inclination toward any of the two in particular. Furthermore, considering both the results from this study and research conducted previously, it would appear that, despite the problems presented by medical eponyms, and even if ultimately their usage may begin to wind down and ultimately cease, it could be prudent and beneficial for them to remain within the classroom in the meantime. Especially seeing as how they are already a core part of the learning process with generally neutral to positive attitudes from the students.

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## *Sažetak*

### ZNANJE I STAVOVI STUDENATA MEDICINE O MEDICINSKIM EPONIMIMA U HRVATSKOJ

*Sonja Koren, Pjero Koren*

*Uvod: Medicinski eponimi podrazumijevaju imenovanje različitih medicinskih fenomena prema osobama koje su sudjelovale u njihovu otkriću. Oni su sastavni dio medicinskog područja, no način njihova nastanka i sve veće razine kritike otvaraju pitanje imaju li dugoročnu budućnost u obrazovnim i kliničkim okruženjima.*

*Metode: Znanje i stavovi studenata medicine o medicinskim eponimima procijenjeni su putem upitnika. Upitnik je sadržavao 8 pitanja vezanih uz znanje studenata o odabranim medicinskim eponimima i pripadajućim medicinskim pojmovima, kao i odjeljak usmjeren na stavove studenata o percipiranoj važnosti i trajnosti medicinskih eponima.*

*Rezultati: Ukupno je sudjelovalo 126 studenata (71% žena). Većinu su sačinjavali studenti prve godine (61,1%), a preostali uzorak su sačinjavali studenti viših godina (5. i 6. godina). Kad im je bio predstavljen medicinski pojam, studenti su rutinski mogli imenovati odgovarajući medicinski eponim. Studenti su pokazali više poteškoća pri imenovanju odgovarajućih medicinskih pojmova kada su im prvo bili predstavljeni eponimi. Utvrđeno je da studenti viših godina imaju značajno više znanja o medicinskim eponimima i pripadajućim medicinskim pojmovima u 7 od 8 uključenih medicinskih fenomena (Downov sindrom bio je univerzalno poznat). Studenti su naveli da su tijekom studija bili izloženi medicinskim eponimima (značajno više studenti viših godina), a općenito su bili neutralni u preferiranju uporabe medicinskih eponima ili pojmova, pri čemu je 73,8% izjavilo da smatra kako su medicinski eponimi još uvijek potrebni u medicini.*

*Zaključci: Medicinski eponimi i dalje su sastavni dio medicinskog obrazovanja studenata, osobito na višim godinama studija. Studenti izražavaju potrebu za njihovom daljnjom upotrebom te su jednako skloni koristiti eponime kao i njihove pripadajuće medicinske pojmove, stoga bi bilo razborito zadržati medicinske eponime u nastavnom programu u doglednoj budućnosti.*

Ključne riječi: MEDICINSKI EPONIMI, MEDICINSKA TERMINOLOGIJA, STUDENTI, VISOKO OBRAZOVANJE, OBRAZOVNA POLITIKA

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