

bad periods

clumsy

just a heavy flow

staining

ruined sheets

Naming Bleeding

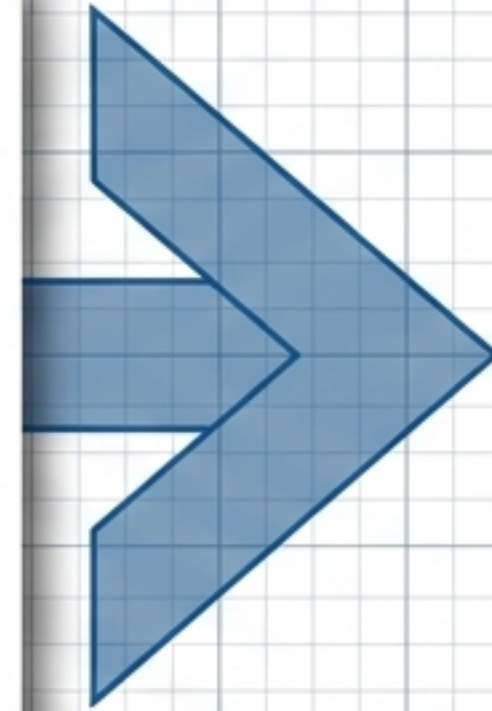
How patient language becomes
the first diagnostic assay in
von Willebrand Disease (VWD)

Hemoglobin

Ferritin

VWF Activity

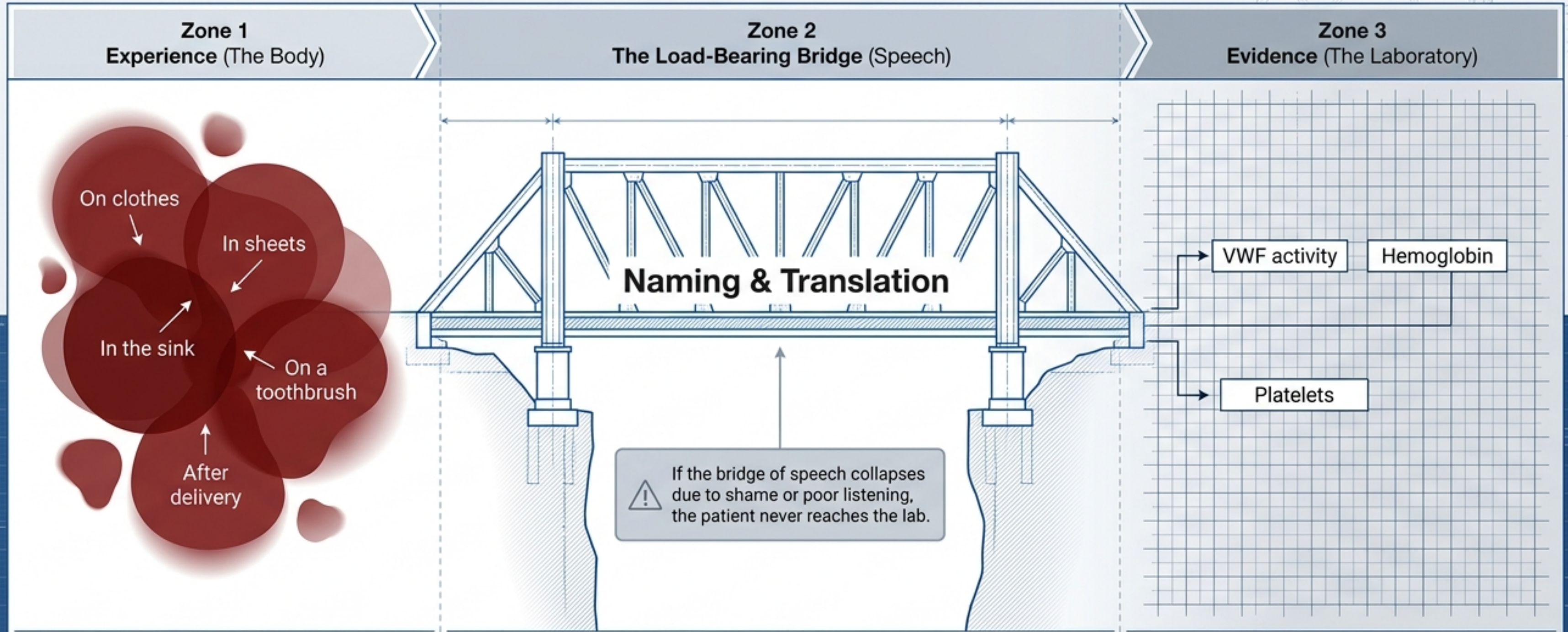
FVIII



Blood is experience before it is evidence

The history is the first diagnostic assay. Blood only becomes clinically useful after experience is translated into language.

The Evidence Bridge



The body speaks before the patient can

Patients often live for years inside symptoms they cannot yet name.

The Body's Timeline

Toddler
bruises

Child has 10-minute
nosebleeds

Girl reaches
menarche and floods

Teenager becomes
iron deficient

Retrospective Naming
("That was abnormal")

The Language Timeline

Normalizing
("Just clumsy")

Euphemism
("Bad periods")

Diagnosis supplies language retrospectively. It lets the patient finally say: that was connected, that was not just me.

The silence of excess

Clinicians must not assume silence means an absence of bleeding.
Silence has distinct, often protective, functions.

The Spectrum of Silence

The Shame of Excess



Feeling messy, fragile,
or dramatic.

Humiliation of bleeding
through clothing outlasts the
memory of blood volume.

Protective Silence



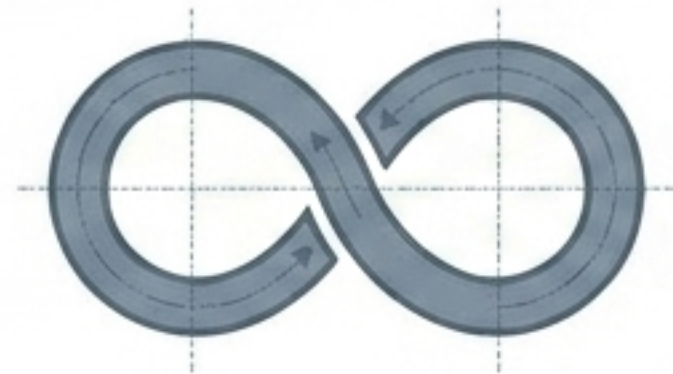
Guarding dignity.

Not wanting a parent in the room.

Avoiding painful birth stories.

Refusing to be identified by
illness.

Family Normalization



Families transmit genes AND
interpretive frameworks.

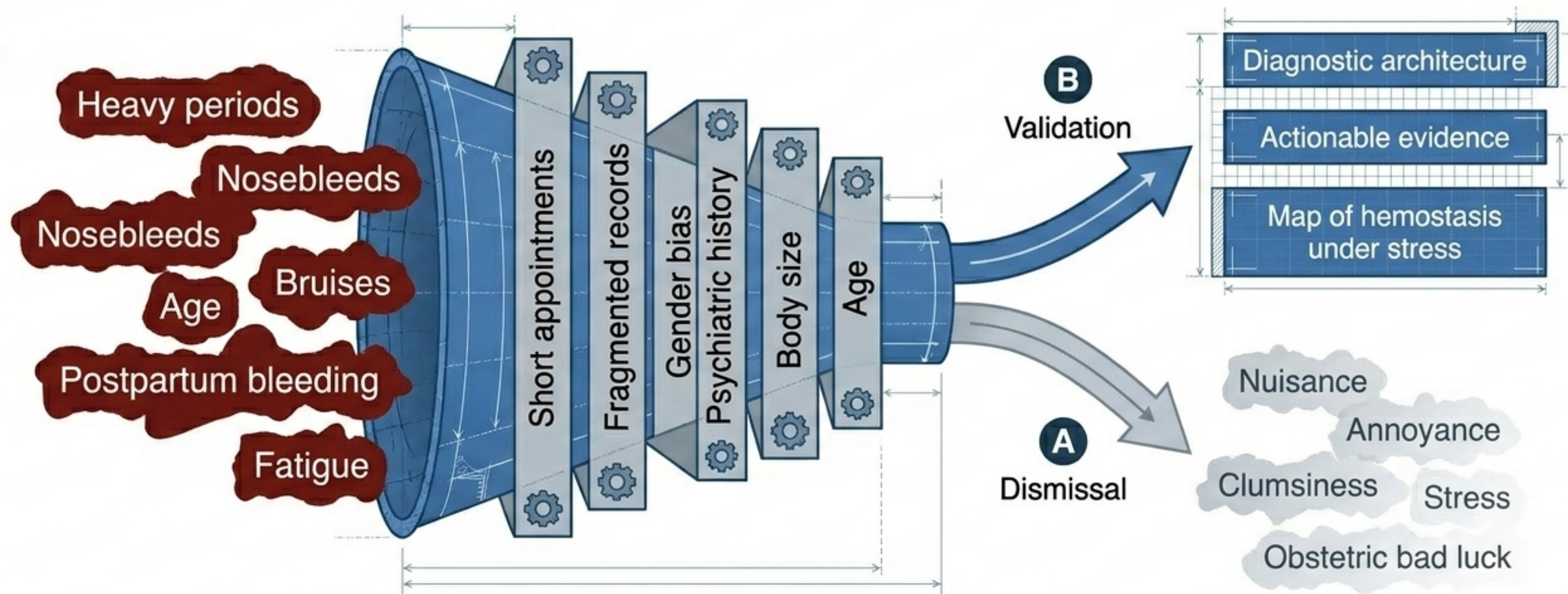
“We all have bad periods.”

“Nosebleeds are normal for us.”

The difference between complaint and evidence

Not all patients are believed equally. Systemic filters often downgrade bleeding testimony into nuisance.

The Clinical Filter



The Lexicon of Bleeding

Medical terminology organizes experience, but lived language carries the true diagnostic force. Preserve it.

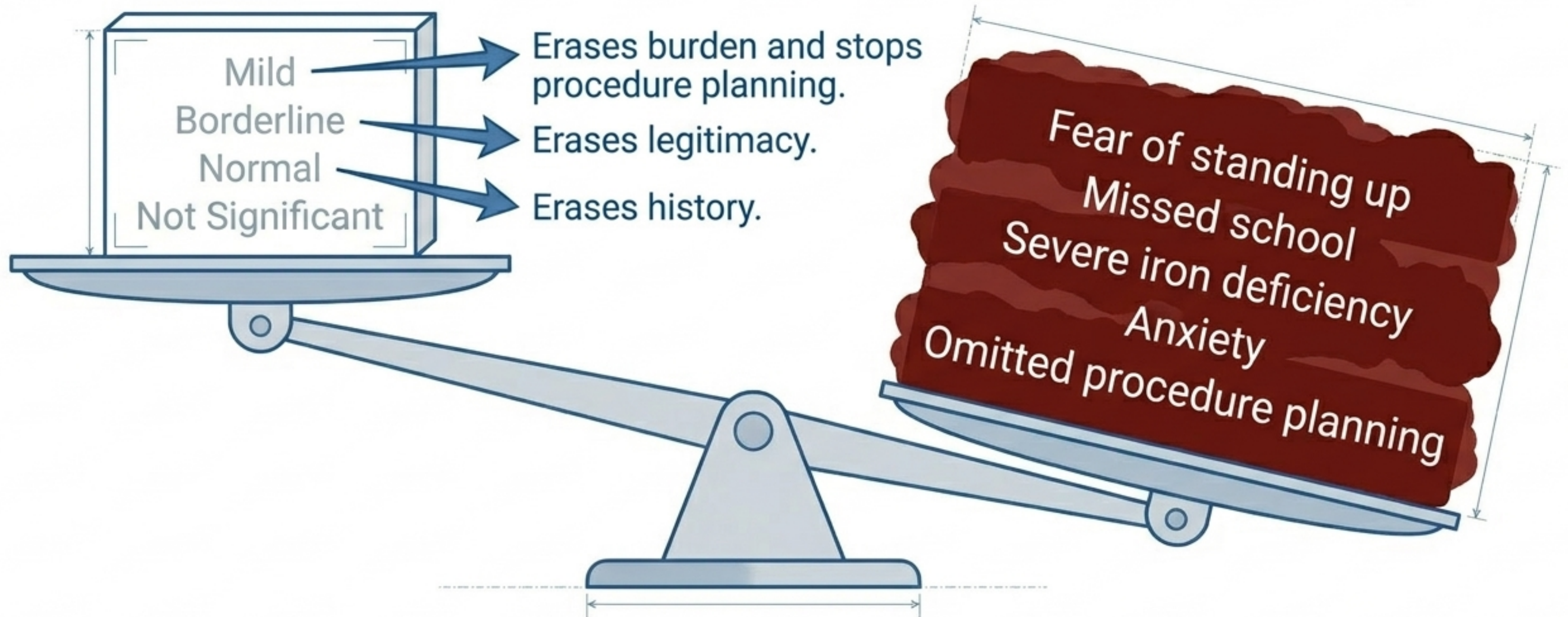
Patient Euphemisms	Standard Translation	The Preserved Output
Sleeping on towels	Menorrhagia	Menses 9 days, sleeping on towels, flooding.
Bad periods	Heavy Menstrual Bleeding	Bleeding through jeans at school.
I bruise easily	Contusion tendency	Bruises without clear injury, pattern and provocation noted.

The patient's language should be preserved, not merely converted.
"Flooding" conveys severity better than "menorrhagia."

The weight of clinical precision

Precision without context becomes harm. Medical labels carry both clinical and emotional weight.

The Weight of the Word

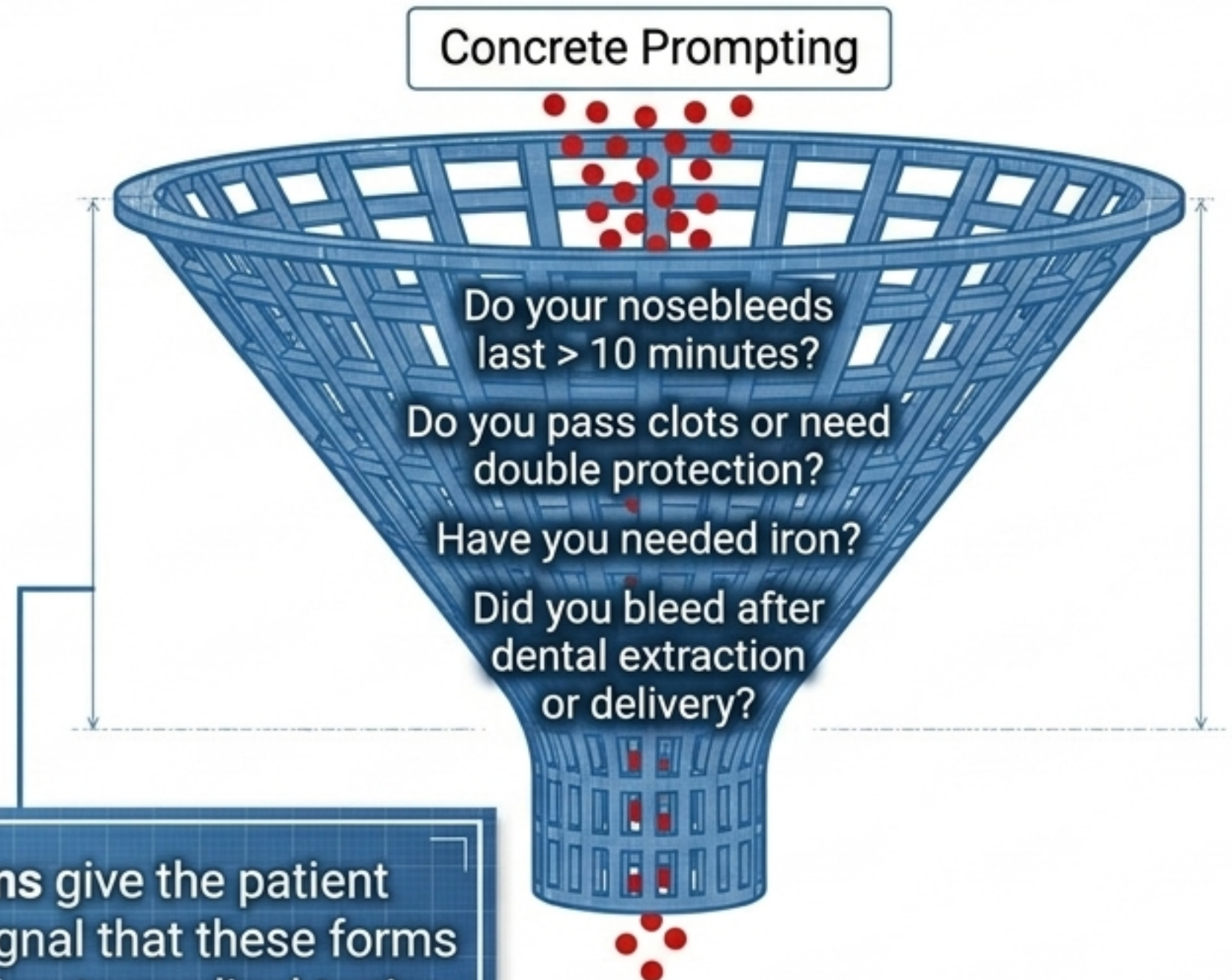
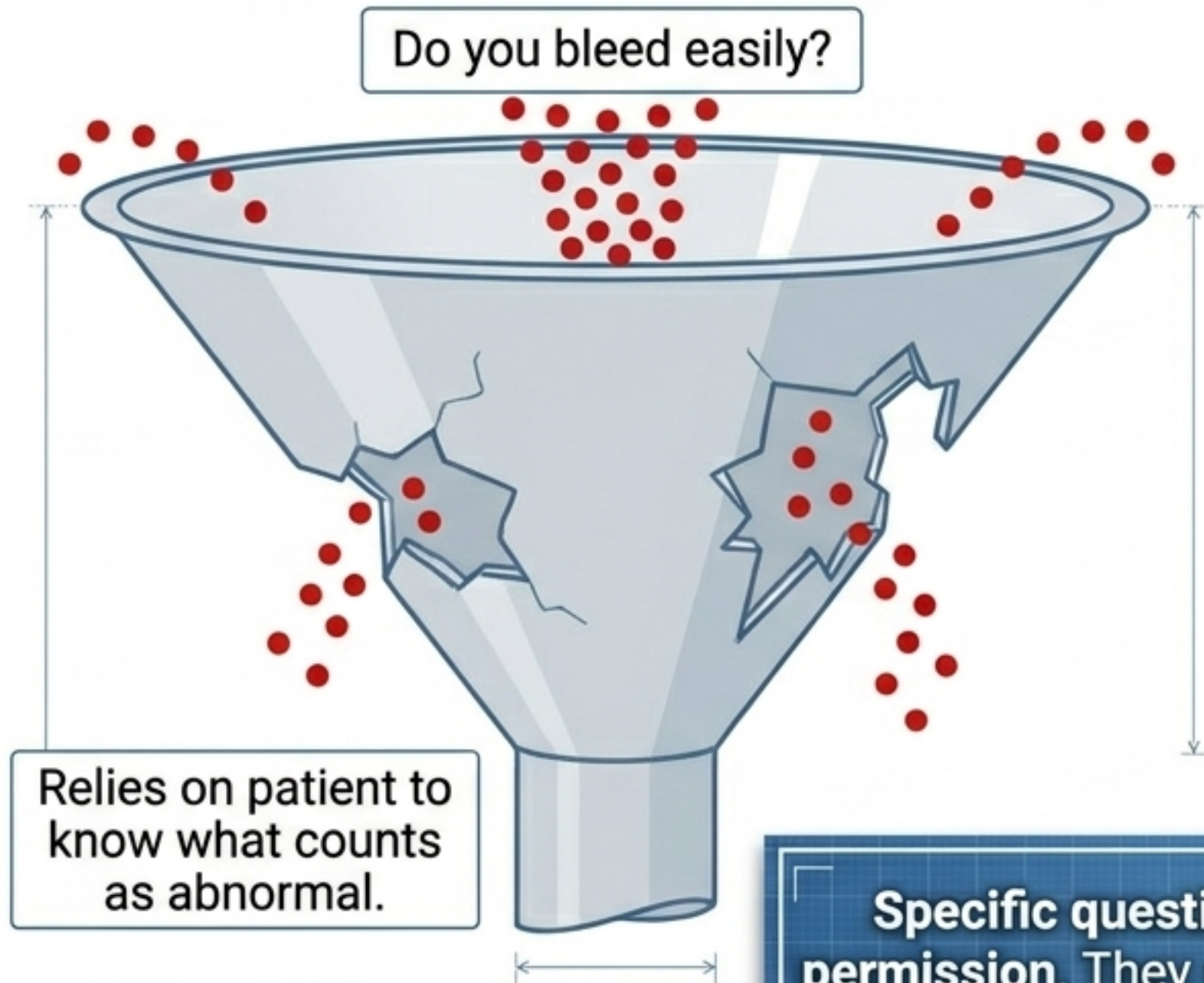


The Diagnostic Funnel

Broad questions let diagnoses slip through. Specific questions catch the evidence and reduce shame.

The Leaky Funnel (Broad Approach)

The Catchment Funnel (Specific Approach)



Specific questions give the patient **permission**. They signal that these forms of bleeding are legitimate medical topics.

Adjusting the emotional temperature

How clinicians receive bleeding testimony determines whether a patient will continue to speak.

The Emotional Temperature Matrix

Instead of (Dismissive)	Try saying (Contextual)
Your disease is mild.	Your bleeding risk is manageable, but it matters with certain challenges.
Your labs are borderline.	Your levels are near the boundary, so your bleeding history becomes especially important.
Lots of people have heavy periods.	Heavy periods are common, but flooding, clots, and iron deficiency deserve evaluation.
Your hemoglobin is fine.	Your hemoglobin is reassuring, but ferritin and your history still matter.

The invisible burden in the chart

If medicine records only the biomedical event, it misses the human burden. Written language must protect patients.

The Redacted Chart

Menorrhagia. Iron deficiency.
History of mild VWD.

The Expanded Chart

Menorrhagia. Type 1 VWD with prior delayed dental bleeding. Menses 9 days, flooding through clothes, missed school. **Iron deficiency.** Ferritin 8 ng/mL. DDAVP responsive.

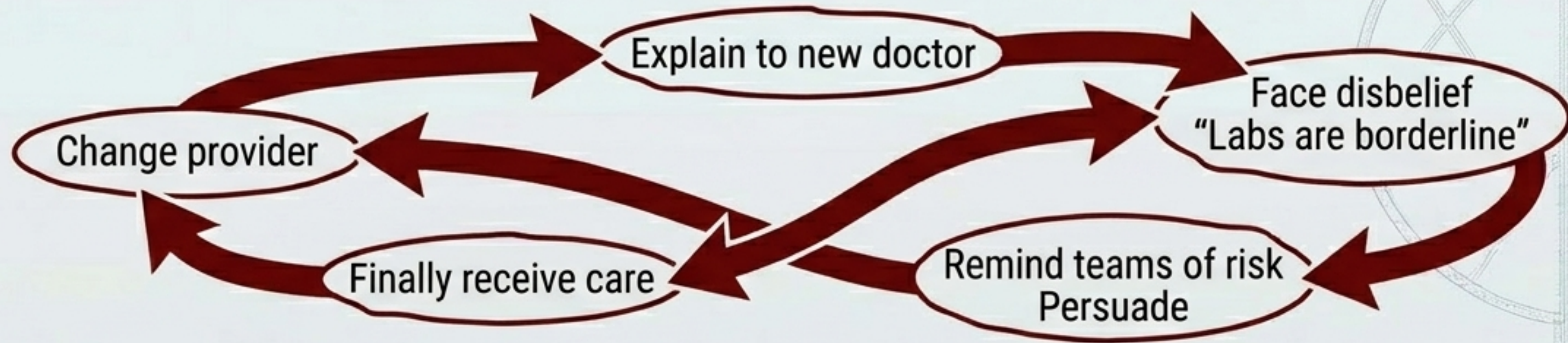
History of mild VWD. Use tranexamic acid for minor procedures; contact hematology before surgery.

Specificity protects. It transforms speech into a permanent, portable record.

The burden of continuous advocacy

A diagnosis gives patients words, but often asks them to use those words repeatedly to prove their illness.

The Advocacy Exhaustion Loop



The Portable History



Advocacy fatigue is real. Written plans distribute the burden of making bleeding legible.

Case Study: From embarrassment to evidence

A 16-year-old girl is referred for "anemia."

The Failed Question

Clinician: "Do you have a bleeding disorder?"

Patient: "No."

The Pivot to Concrete Prompting

Clinician utilizes the Diagnostic Funnel, asking specifically about days, clots, double protection, and dental visits.

The Lived Language Revealed

Patient reports: "Periods lasting 9 days, flooding through clothes at school, sleeping on towels, recurrent nosebleeds, gum bleeding."

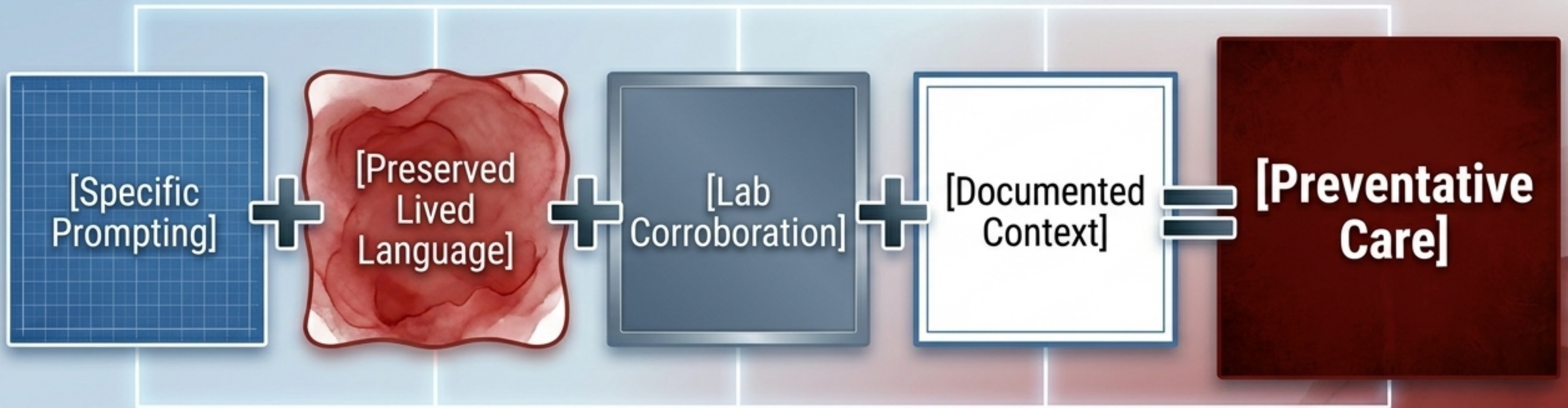
The Translation & Revelation

Patient quotes: "I thought this was just gross, not medical."

"Anemia" was an incomplete description. Specific questioning gave her permission to name the blood, turning shame into actionable clinical data.

The Diagnostic Architecture of VWD

VWD is diagnosed partly through laboratory testing. It is recognized first through language.



“The body bleeds.” “The patient speaks.” “Medicine must hear.”