Erlend Hem (born 1970) is an MD, PhD, and Deputy Editor of the Journal of the Norwegian Medical Association. He has taught medical students since 1998.

Photo: Einar Nilsen

We care less about conventions of courtesy than we used to. This also affects the doctor-patient relationship.

Private or professional

«I never use my surname,» she said. «Not in any situations. Never.» It was a fifth-semester group session. The students were to learn to identify the patients' health problems in a somatic department. I had just explained that doctors should invariably use their first name and surname when introducing themselves to their patients. The student disagreed, and others in the group rallied in support. «It feels rigid and formal to use the surname. I like the doctor to use my first name,» said another. One student who was trained as a nurse said that nurses use only their first names. In nursing college they had learned that this was the safest option.

The start of the consultation is important. Here, the foundation for a relationship based on mutual trust between the doctor and the patient may be laid. In our culture, this means shaking the patient's hand and introducing yourself. Looking the patient in the eyes and having a handshake which is neither too flaccid, nor to firm, are among the unwritten rules that I communicate to my students. In the medical profession, the importance of manners and politeness cannot be overestimated (1).

«It doesn't matter if you don't use your surname in other situations. I want you to use it in the doctor-patient relationship. It's part of being a doctor,» I said. The students would not be persuaded. «It's probably fine to do so if the patient is a retiree, but not with younger people,» they maintained. I thought that I could use myself as an example. «I'm not yet retired. If I as a patient went to see a doctor whom I had not met before, and he or she called me by my first name, then I would react negatively to it,» I said. The students looked at each other in astonishment. What sort of antediluvian was this?

The initial moments of the consultation have not been subject to much research (2–9). Unsurprisingly, one might say, as it is not among the most crucial of medical issues. It is nevertheless important, and is easily forgotten. Findings diverge: there are cultural differences, hospital medicine is different from general practice, patients whom you know are different from first-time consultations, tastes differ and changes occur over time. For example, the traditional, polite third-person form of address has disappeared completely, and we are all on a second-person basis (10) – but what else? The most important matter is that the doctor appears a professional. The doctor-patient relationship is a professional relationship.

«There are of course times when the use of first names is correct, for example when talking to children and young people,» I said. As a doctor, everybody must find his or her own way of doing this, and my advice is only rules of thumb: «If you get into the habit of using both names, nothing will go wrong, and nobody will react negatively to it. However, if you use only your first name, someone might feel offended, which is completely unnecessary. Imagine if I came into your surgery,» I said.

We agreed to conduct an experiment. The student who was selected to talk to the patient should introduce herself according to my instructions, and then we would see how the patient responded. Who would be proven correct: the students or the teacher – first name, surname or both? I had prearranged for a patient in his eighties to come to the session. We entered the consulting room, I introduced the group and the student who would talk to him. The student introduced herself in an exemplary manner with her first name and surname, and I nodded approvingly. The moment of truth had arrived. The patient responded: «I'm George.»

References

1. Hem E. Etikettebasert medisin. Tidsskr Nor Legeforen 2009; 129: 1087.
2. Comstock LM, Hooper EM, Goodwin JM et al. Physician behaviors that correlate with patient satisfaction. J Med Educ 1982; 57: 105–12.
3. Lavin M. What doctors should call their patients. J Med Ethics 1988; 14: 129–31.
4. McKinstry B. Should general practitioners call patients by their first names? BMJ 1990; 301: 795–6. www.ncbi.nlm.nih.gov/pmc/articles/PMC1663948/pdf/bmj00200–0029.pdf (18.9.2012).
5. Makoul G, Zick A, Green M. An evidence-based perspective on greetings in medical encounters. Arch Intern Med 2007; 167: 1172–6.
6. Amer A, Fischer H. «Don't call me 'mom'»: how parents want to be greeted by their pediatrician. Clin Pediatr (Phila) 2009; 48: 720–2.
7. Wallace LS, Cassada DC, Ergen WF et al. Setting the stage: Surgery patients' expectations for greetings during routine office visits. J Surg Res 2009; 157: 91–5.
8. Moore R, Yelland M, Ng SK. Moving with the times – familiarity versus formality in Australian general practice. Aust Fam Physician 2011; 40: 1004–7.
9. Valinoti AM. Exam-room rules: what's in a name? New York Times 14.12.2009. www.nytimes.com/2009/12/15/health/15case.html?_r=1 (18.9.2012).
10. Vinje F-E. «Hvordan har vi det så med søvnen?» – noen notiser om språklig kommunikasjon. Tidsskr Nor Lægeforen 2006; 126: 69–70.