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Please don’t call me mum

Stephanie Nimmo explains how being called mum by her daughter’s healthcare team was disempowering and did not recognise the knowledge she brought to the team

Stephanie Nimmo

A member of my daughter’s healthcare team was chasing me down the corridor, waving Daisy’s notes and calling “Mum, mum.” Daisy and I were into the third month of yet another long hospital stay. I was exhausted and worried about my little girl. I turned around and with a forced smile addressed the health professional who was eager to give me the latest set of test results. “I am not your mother,” I said. “There are four people in the world who are entitled to call me mum and you are not one of them.”

Daisy is my fourth child and was born with a rare genetic condition. She arrived prematurely, just before Christmas 2004, and nothing in my previous life prepared me for the disempowerment I felt as the mother of this vulnerable, life limited child. Overnight I went from being a highly successful professional to feeling lost in a system that was alien to me. I had to adjust to life in the goldfish bowl, learning how to communicate and advocate for my daughter with people who at times seemed to be speaking a foreign language.

Collaborating with health professionals

Nothing can prepare you for this new world of hospitals and medical language when you discover your child has a serious, life limiting illness. That was the case for me. The one firm truth that grounded me was that in the middle of all this was my little girl. I needed to be the best advocate I could for Daisy, to ensure that I worked collaboratively with her medical teams to find solutions to help her. I deserved an equal seat at the table. Not just because I was Daisy’s mother, but because in the large, multidisciplinary team caring for her I was the one with the biggest vested interest. I was with my daughter all day, every day—this was my life, the one constant in the team.

Yet being referred to as mum immediately created a power based relationship that did not recognise my role as an individual in Daisy’s life. The hours I spent administering her drugs, working on treatments, educating myself on the complexities of her rare disease, seeking to understand what she would want me to say if she could speak. I found it beyond frustrating when again and again healthcare professionals overlooked asking me how I would like to be addressed, especially during an extended hospital stay.

Ask first, don’t assume

Asking how you would prefer to be addressed is a simple thing, and one that could have an important impact on improving communications in paediatric care. The recent #hellomynameis campaign encouraged health professionals to introduce themselves by name. Although this has helped break down barriers in one direction, it’s time to take it to the next level. Just to ask a child’s carer how they would like to be addressed immediately personalises the context of the conversation. It might be that calling parents mum and dad is not a problem, but always ask first, don’t assume.

This ask may be small, but it is an important step in respecting the role parents have in healthcare teams. It helps them to feel appreciated for the knowledge and expertise they bring to the table.

What you need to know

- Don’t assume that parents want to be addressed as mum or dad
- Asking parents how they would like to be addressed will help them feel empowered to be part of the team
- Parents can bring a wealth of knowledge and expertise to their child’s care and management

Education in practice

- At what point in your interaction with the parents of a patient could you ask them how they would like to be addressed? For example, when you first introduce yourself to them
- How would you ask them what they would like to be called? For example, “Are you comfortable with me calling you mum or dad, or by your first names?”
- How could you support parents in feeling like members of their child’s healthcare team?

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