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ACUTE PERSPECTIVE

David Oliver: Should doctors be on first name terms?

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I work in an 800 bed hospital employing over 4000 people, yet everyone knows the chief executive and the chief operating officer as “Steve” and “Dom.” Earlier in my career, you’d often hear nurses addressed as “Nurse/Sister/Matron” and their surname, but I haven’t heard that for years. Many NHS doctors, by contrast, still seem keen on using professional titles among ourselves or with patients.

We’re perhaps no longer wedded to it and moving towards informality: I know that some doctors in general practice or outpatient clinics are on first name terms with familiar patients. In my own hospital, first names (plus roles for that day) are used for group handovers in acute areas and are common in emergency medicine, as well as anaesthetics and intensive care. This is part of a wider focus on patient safety and a human factors culture.

Of course, professional roles and hierarchies remain important in healthcare. Different people have different training or experience, and it’s important to have clear team leadership and responsibilities, especially in emergency care. But first names are part of a push to build strong team working, flatten hierarchies, and improve patient safety by making it easier for less senior team members or different clinical professionals to question senior doctors and “stop the line” before avoidable harm occurs.

After all, team members are adults with professional qualifications, postgraduate training, and great responsibility. Medicine isn’t the police or armed forces. And we doctors rarely use titles when addressing non-doctor colleagues. Moving on from professional prefixes and surnames is seen commonly in safety checklists or initiatives such as the “theatre cap challenge,” where medical teams write their first names on their headgear.

Yet the results of a recent survey¹ reporting responses from 410 junior doctors in 57 specialties showed that, at least in England, doctors in training grades (often referred to as “junior” doctors) still tended to use titles and surnames for more senior doctors—especially consultants. The consultants who welcomed use of their first name were seen as more approachable. There were also big differences between specialties, as anaesthetists were more likely to use first names for consultants than for surgeons. The more junior the grade, the less likely doctors were to use first names for senior doctors.

The authors didn’t break down findings by sex, age, ethnicity, or country of origin or graduation. However, there was a lively thread on Twitter the day after publication.² Some consultants were real enthusiasts for dropping titles, saying that seniors

had a responsibility to drive the agenda until juniors moved to first names.

But I wonder whether this is compelling. New orthodoxies and dogma in medicine are often as unhelpful as old ones. On that same thread, female doctors (especially in traditionally male dominated specialties) embraced the formality and respect inherent in their professional titles: patients or staff often made assumptions denying them their hard earned professional status and role. Previous studies have shown that female doctors are more likely to be addressed by their first name, whether or not they welcome this, and that they can feel undermined by it.^{3 4} Using titles, especially in front of patients, was an important counter by making their role and qualifications clear. I always try to make a point of this when introducing junior doctors or other members of the clinical team.

Similar issues might affect ethnic minority doctors or those who look young. And, as respondents online pointed out, in some cultures respect for seniors (in terms of age, professional position, or qualifications) is ingrained in upbringing and socialisation. Informality might feel countercultural and uncomfortable.

Several doctors on the thread said that they wanted to use titles as a mark of respect for hard earned seniority or that they valued their use in recognition of their own years spent acquiring qualifications.

Personally, I set great store by being human and approachable and would never insist on using titles: “David” is fine. But, if we’re all about flat structures, I don’t think we should force people to use first names any more than we should insist on our titles. There are more important hills to die on.

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- 3 Friedrich P. What’s in a title? When it comes to “Doctor,” more than you might think. *Conversation* 2019 Dec 5. <https://theconversation.com/whats-in-a-title-when-it-comes-to-doctor-more-than-you-might-think-127979>.
- 4 Ziv S. Women in medicine: female physicians get called “doctor” less than their male colleagues. *Newsweek* 2017 May 24. <https://www.newsweek.com/women-medicine-female-physicians-called-doctor-less-male-colleagues-615023>.