

Rant: what's in a name?

'Now Bob, have you had your bowels open since you came in?' The speaker was a pleasant young nurse on the coronary care unit in the hospital where I work as a radiologist. I was suffering from atrial fibrillation – the irregular heart rhythm that led to Tony Blair's much-publicised admission a few years ago. Mine resolved spontaneously, and the cause was identified as the injudicious amount of beer consumed with colleagues in a conference hotel bar 24 hours previously (a condition known in the USA as 'holiday heart syndrome'). So why am I telling you this? – well, it's the use by the nurse of the familiar 'Bob'.

Sometime during the last ten years, nurses began calling patients by their first name. I suspect it's another manifestation of the faux-mateyness that led Blair to tell us he was just a regular guy, and I don't like it: not from Blair, and not from NHS staff who have never met me before. It's not good manners, and more importantly, it's not professional. Of course, I would only dare to use the 'P' word in a forum like the Oldie, whose readers will know what it means, and won't accuse me of the elitist suggestion that some jobs are better than others – but that's another rant altogether. Not that I wasn't consulted. Proponents of the new familiarity will point out that patients are given the choice: on admission I was asked if I wanted to be called 'Robert'. I didn't, because the last person to call me that was my mum, fifty years ago, and then only when referring to me in the third person in the presence of respected figures such as my teacher or GP – since then, I've been Bob. So what were my choices, and how real were they? I could just have gritted my teeth and settled for Robert, or I could have insisted on 'Dr Bury' and looked like a pompous consultant standing on his dignity, and dignity is not easy to muster when someone is asking you about the state of your bowels. So I said 'Call me Bob'.

OK, I was a doctor in my own hospital, but it's just the same for non-medical patients of my age. They will be given the same choice as me, and not wanting to appear unfriendly, they will give the same answer (well, not 'Bob' obviously, unless.....oh, you know what I mean) and they will be left feeling equally uncomfortable when they are addressed as 'Phyllis' or 'Albert' by someone young enough to be their grandchild. I suppose the justification for all this is that anxious patients will feel more at home if their first name is used. Well, by and large they don't, and it's perfectly possible to be respectful without appearing unfriendly or threatening. The only scenario I can imagine where I might enjoy this degree of informality would be if I was forty years younger and single, and the nurse was young and pretty, and inducing that sort of frisson is hardly professional either, is it? And while we're on the subject, I'm not particularly comfortable calling the nursing staff by their first names. If I collapse pulseless in the middle of the ward, it's Staff Nurse Johnson I want to see looming over me with the defibrillator paddles in the seconds before darkness closes in, not Wayne or Sharon. It's a confidence thing.

If patients want their first name to be used, they'll say so – forcing a choice puts them in a false position, and the default should be to address them by their surname. And it's not just NHS staff – every week cold-callers ask if they can call me Robert. There of course, the answer is easy: they won't need to call me anything, because I'm not going to talk to them.

