## First name, surname or number: how to call a patient in the waiting room?

In sexual health services the first interaction between providers and service users typically occurs when patients are called from the waiting area; getting the greeting right is thus important for the quality of the consultation.[1] Confidentiality is one of the key functions sexual and reproductive health patients expect from our service[2] and therefore some may choose to register under a pseudonym, rather than risk having their identity divulged. Calling patients by their first name could be perceived as unearned familiarity,[3] calling patients by their surname may disclose their identity and calling patients by a number may be impersonal. It is not clear for general[1 4] and sexual health services how best to address our service users and most services will have experienced complaints from patients about the way they have been called from the waiting room. This triggered us to undertake a needs assessment of our service users to determine their preferential way of being called from the waiting area.

We developed and handed out a questionnaire to 193 patients attending the Town Clinic sexual health service in Enfield, London, UK. Patients were made aware that participation was voluntary, anonymous and that the questionnaires would not be analysed for at least 2 weeks after the completion of the survey. Surveys were posted in a 'ballot box' as



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soon as they were completed and usually before the patients were called.

A total of 124 (64%) survey forms were returned; 91 were completed by women, 31 by men, while gender was not disclosed in three questionnaires. Six participants did not record their age, 11 (9%) recorded their age as under 18 years while 107 recorded their age as over 18 years. Just over half (70/124, 56%) attended for sexual health screening or treatment. Reasons for attendance were 27% contraception only, 56% genitourinary medicine and 16% combined.

Most patients (71/124, 57%) preferred to be called by their first name. Considerably fewer preferred to be called by their surname (19/124, 15%) or their number (15/124, 12%). A similar proportion did not mind how they were called (16/124, 13%) while only 2% (3/124) preferred a different option. Of the patients who stated their age as less than 18 years old 7/11 (63%) preferred to be called by their first name as compared to 63/107 (58%) who stated their age as 18 years or over. Women (60/91, 66%) were more likely to prefer being called by their first name than men (16/31, 51%). Using the Fisher exact test, the differences were not statistically significant. No patient objected strongly to being called by their first name.

To our knowledge no other published survey has addressed these questions for patients attending sexual health clinics. Like Gillette *et al*.[5] and Makoul *et al*.[1] in ambulatory care we found that most of our patients preferred to be called by their first name but that we were not able to predict this from their demographic data. This can create a situation where a patient is called using a non-preferred method, which could then negatively affect the consultation. Ideally we should therefore determine when a patient registers how he/she would like to be called in the waiting room and follow their wishes. However, for many patients completing even a simple registration form is complicated and every added question results in a delay and less satisfaction with the service.[1] In addition, if a patient who has clearly stated their preference is called in a different way (which is likely to happen sometimes) they are likely to be dissatisfied.

Calling patients by their first name from the waiting room was acceptable to all the patients participating in the survey. This does, however, not imply that patients want to be addressed by their first name during the consultation. Calling a patient by his/her first name while at the same time introducing oneself by surname can further impinge on the power imbalance that already exists in medical consultation. It is therefore our own personal practice to introduce ourselves as Dr Ulrike, Dr Saumini or Dr Rudi or to ask the patient their surname in the consultation room after having provided our full name and rank. Interestingly very few patients have ever called us by our first name. Little seems to have changed from a study carried out in general practice and published in 1990 in which "most patients did not want to call the doctor by his or her first name".[4]

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## References

1 **Makoul G**, Zick A, Green M. An evidence-based perspective on greetings in medical encounters. *Arch Intern Med* 2007;**167**:1172–1176.
2 **Hitchings S**, Allotey J, Pittrof R. What do patients want most from sexual health services? *Int J STD AIDS* 2009;**20**:719–722.
3 **Conant EB**. Addressing patients by their first names. *N Engl J Med* 1983;**308**:226.
4 **McKinstry B**. Should general practitioners call patients by their first names? *BMJ* 1990;**301**:795–796.
5 **Gillette RD**, Filak A, Thorne C. First name or last name: which do patients prefer? *J Am Board Fam Pract* 1992;**5**:517–522.



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