

How Patients and Physicians Address Each Other in the Office

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Six hundred four patients in three primary care office settings were asked whether they preferred to be addressed by their physician by their first or last name and whether they preferred to address their physician by first or last name. Actual use of first vs last name by the physician addressing the patient and the patient addressing the physician was also recorded. Of the patients expressing a preference, 96 percent preferred that their physician address them by first name while 87 percent noted that this gesture actually occurred. Forty percent of the patients preferred to address the physician by first name while 14 percent actually did so. These findings suggest that physicians can feel comfortable addressing almost all of their patients by first name and that many of their patients may desire to address them by their first name. It is suggested that the physician at the time of the patient's first visit clarify the manner in which each addresses the other.

Addressing the patient is part of every office encounter. Although opinion and advice abound, the literature offers sparse data on personal preferences and practices as to the use of first vs last name, both by physicians in addressing patients and by patients addressing physicians. One might speculate that a patient's background, particularly age, sex, education, and familiarity with the physician all influence these preferences. Adelman^{1,2} felt that 99 percent of 3,000 family practice patients preferred to be called by either their first name or nickname by their physician. Observing 200 inpatients, Dunn et al³ noted that 40 percent preferred that physicians address them by their first name. A contrary opinion is expressed by Natkins,⁴ who contended quite adamantly that the use of the patient's first name by a physician served only to reduce the patient's dignity.

This study surveyed 604 patients in three family practice clinic settings during the fall of 1986 to determine physician and patient preferences and the actual use of first or last names during office visits.

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METHODS

The study surveyed consecutive patients, who were at least 16 years of age, seen in three clinical settings: a private family physician's office, a health maintenance organization (HMO) family practice office, and a university-hospital-associated family practice residency office. The private family physician's office included two male physicians in their mid- to late 30s. The HMO family practice office included one physician in his late 30s. The university-hospital-associated family practice residency office included numerous male and female physicians ranging in age from the mid-20s to early 60s.

A brief standard questionnaire was given each patient by the office staff before the visit and was collected by the end of that visit. Patients seen more than once during the study period were surveyed only once. The demographic data collected from each patient were sex, age, level of education, number of visits to the respective clinic during the past year, and number of years the patient had been with the particular practice. Each patient was asked whether he or she preferred to be addressed by his or her physician by first or last name and by which name he or she preferred to address the physician. The patient was also asked which names were actually used in these situations during this particular encounter. The reported data

for actual practice categories were dependent upon unverifiable patient recollection.

The questionnaire limited the patients' choice to either first or last name; no opportunity was provided to designate preference for nicknames or slang addresses (Doc, Sir, etc).

Results are based on data from respondents who noted either a first or last name preference or use in actual practice. The percentage of responses omitting such clarity (failed to respond, no preference noted, or unclear preference or practice) ranged from 3 to 7 percent on the two preference items and from 12 to 15 percent on the two actual practice items. Since patients in the three study sites provided generally similar responses to the survey, data are presented from all sites. The chi-square test was used throughout this study with a criterion for statistical significance of $\alpha = .05$.

RESULTS

A total of 604 questionnaires were completed by patients in the three practice sites—226 from the private office, 206 from the health maintenance organization, and 172 from the university residency clinic. The age and sex distribution of those surveyed in the combined practice sites is displayed in Table 1. Almost twice as many female as male patients participated, reflecting the ratio commonly seen in primary care office visit profiles. Seventy-three percent of patients had been in the practice for more than one year, and 75 percent had visited their particular clinic at least one other time in the previous 12 months (Table 2). The typical level of education for adult subjects reflected some college experience. Across the three practice sites the only statistically significant difference in patient characteristics was that the HMO patients had been visiting their clinic for a longer period than those of the private office, who in turn had longer practice tenure than did the patients visiting the university residency clinic.

Physician Addressing Patient

Overall, 96 percent of the patients expressing a preference indicated a desire for their physician to address them by their first name. Only 87 percent of those who recorded the use of either first or last name, however, reported that this actually occurred. Hence, 90 percent of those who wished to be addressed by their first name actually were addressed thusly, while 74 percent of the very small proportion of patients wishing to be addressed by last name (who represented only 4 percent of patients) were in fact so addressed. This strong preference for use of first name was uniformly present across all three practice sites and all of the demographic variables.

TABLE 1. AGE AND SEX OF PATIENTS IN STUDY (N = 604)

Age (years)	Sex	
	Male	Female
16-29	41	102
30-49	93	199
50+	68	101
Total	202	402

TABLE 2. CHARACTERISTICS OF PATIENTS IN STUDY (N = 604)

Characteristics	Percent
Years visiting practice	
<1	25
1-3	25
3-5	18
>5	30
Unknown	2
Total	100
Visits to practice in the past year	
1	19
2-5	47
>5	28
Unknown	6
Total	100
Years of education completed	
≤11	5
12	21
13-15	35
16 or >	39
Total	100

Patient Addressing Physician

Although 40 percent of patients who expressed a preference preferred to address the physician by first name, only 14 percent actually did so. While these rates of preference and practice were similar across all demographic variables, the university clinic site had significantly higher percentages of patients both desiring to address (49 percent) and actually addressing (18 percent) their physician by first name, while the HMO practice had significantly lower percentages—29 percent and 9 percent, respectively ($P < .05$).

Effect of Sex and Age

Patient sex and age were the only variables studied that were correlated with name preference. Male and female

TABLE 3. PERCENTAGE OF PATIENTS INDICATING PREFERENCE FOR FIRST NAME AND ACTUAL USE OF FIRST NAME BY SEX OF PATIENT

Use	Physician Addressing Patient by First Name Percent (n)	Patient Addressing Physician by First Name Percent (n)
Preference		
Male	93.1 (202)	49.5 (190)
Female	96.9 (386)	35.2 (369)
	} NS	} $P < .05$
Actual		
Male	84.4 (180)	20.7 (179)
Female	88.6 (343)	10.5 (352)
	} NS	} $P < .05$

n—total number in category selecting either first or last name
 NS—not statistically significant

TABLE 4. PERCENTAGE OF PATIENTS INDICATING PREFERENCE FOR FIRST NAME AND ACTUAL USE OF FIRST NAME BY AGE

	Age (years)	Physician Addressing Patient by First Name Percent (n)	Patient Addressing Physician by First Name Percent (n)
Preference			
	16-29	97.1 (139)	34.1 (135)
	30-49	96.5 (284)	47.7 (266)
	50+	92.7 (165)	32.3 (158)
		} NS	} $P < .05$
Actual			
	16-29	89.8 (128)	8.5 (129)
	30-49	90.0 (249)	15.9 (252)
	50+	80.1 (146)	15.3 (150)
		} $P < .05$	} NS

n—total number in category selecting either first or last name
 NS—not statistically significant

patients were almost equally likely to desire to be addressed and actually be addressed by their first name (Table 3). Men, however, were significantly more likely than women to prefer to address their physician by first name and to do so in actual practice.

More than 92 percent of patients in all age groups preferred to be addressed by their first name (Table 4). In actual practice patients younger than 50 years of age were significantly more likely than older patients to be addressed by their first name, though the difference was not great. The 30- to 49-year age group was more likely to prefer to address the physician by first name than either its junior or senior counterpart ($P < .05$). In actual practice patients under 30 years of age were less likely to address their physician by first name than older patients, but the difference was not statistically significant.

DISCUSSION

The style of physicians addressing patients has been little studied in the past, although a recent editorial by King⁵ presented this issue from an historical perspective. Contemporary patient preferences for first or last name use as well as actual practice have been considered in this study. Only a few of the many conceivable variables that influence name use in the office have been studied here, and one cannot ignore the effects of simple formal tradition as well as physician training. In particular, it might also be expected that the physician's age and sex, compared with those of the patient, would play a role in actual practice name use. Indeed, one limitation of this study is that more than 80 percent of the patients studied were receiving care from young male physicians. How would name preferences and practices be influenced had most of the physicians in the study been women?

Other limitations of this study include the use of only three practice sites, all of which are primary care offices and all of which are located in the same geographic region. Providing the questionnaires at consecutive office visits also biased the study to patients having greater familiarity with their physician and vice versa. The number of patients failing to indicate clear preferences was minimal (3 to 7 percent). Thus, even if these patients were considered as having no preference or preferring last name, the overwhelming preferences found for first name use would not have been substantially affected.

It is clear that a large majority of patients prefer to be addressed by their first name and that a significant percentage of patients might be grateful if the physician made them feel comfortable addressing them by first name. The greater preference for use of first name than occurs in actual practice perhaps portends an even greater use of first name in the future. While there are some patients who wish to be addressed by their last name, most of those reporting that the physician addressed them by their last name actually preferred to be addressed by their first name. Hence the physician should feel comfortable addressing almost all patients by first name. This choice will usually be the correct one.

This study of the patients of young, predominantly male physicians revealed a slightly decreased likelihood of use of first names in addressing older patients. This decrease in use of first names might be because physicians assume a more traditional, respectful relationship with those of greater age. The tendency for men to be more likely than women to prefer to address the physician by first name and to actually do so may reflect a greater comfort between patients and physician of the same sex or more fundamental differences in the personalities of male and female patients.

The literature is sparse in demonstrating that medical practices place significant importance on this presumably fundamental aspect of establishing patient comfort, rapport, and confidence. It seems it would behoove the physician to ask of each patient the manner in which he or she wished to be addressed in the office, note in the medical record the few (less than 5 percent) who prefer last name use, and abide by the patient's choice until updated. The manner in which the patient addresses the physician could also be raised early in the establishment of the professional relationship.

References

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