

REFLECTIONS IN FAMILY MEDICINE

You Can Call Me “Doctor” and “Friend”

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Despite interacting with a number of other people, doctors are at risk of social isolation. The author shares from his experiences how the use of professional titles may unintentionally hinder the development of meaningful relationships at and away from work. This may increase the risk for physicians to experience isolation, loneliness and burnout. (J Am Board Fam Med 2022;35:443–444.)

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One might think that isolation for a physician would be uncommon when they frequently interact with others. But loneliness may still result when they lack meaningful relationships despite the numerous patients and coworkers they engage with.¹ Compartmentalization of hospital-only or outpatient-only practice models may reduce the opportunities for professional relationships.² The demands of electronic documentation may restrict the time to enjoy patient interaction, and busy colleagues seem to linger less at the office coffee pot and instead retreat to their offices and computers. One survey showed over half of responding sometimes or often had feelings of loneliness or isolation.¹ Along with long work hours and the inherent stress of providing medical care, this has increased the potential risk of burnout.

I too struggle with feelings of isolation and this has been magnified during the COVID-19 pandemic with a shift toward telehealth, masks and Zoom meetings. As I reflect on my own experience, I have considered factors that may have further contributed to loneliness at and away from work, including the use of professional titles such as “Doctor.” I confess that I generally enjoy being recognized as a physician and the respect that often goes along with the profession, but this is not without cost. While being recognized

by title at work seems appropriate, many people who are neither my patients nor coworkers use my professional title even in social settings and many seem to be reluctant to consider the doctor they respect as their friend. When I am addressed as “Doctor” away from work, I often respond in pleasant tones with, “Are you sick? You can call me by my first name!”

I have found this to be true in both the rural area where I first practiced full spectrum family medicine as well as the small city in which I now live and work as a faculty physician. Some of my former students and residents have now become my colleagues and even when requested to struggle to address me by my first name. At the workplace, unspoken hierarchies often exist between physicians, nurses and other staff that keep things “professional” but distant, and though a few of my nonphysician coworkers can shift easily between title and first name with changing contexts, most find this challenging. Even in a building full of coworkers with whom I could build friendships, I can still struggle to feel connected.

As I further consider my own experiences away from work, I have sometimes found that barriers arise if new acquaintances discover I am a physician. Therefore, I often delay revealing my profession and if asked, “What do you do?” I typically respond with “I teach at the university” or “I help train new doctors.” Both are true statements but do not reveal my title. On finding out I am a doctor, some will stereotype me according to their prior negative experiences. Others with more favorable perceptions put up a wall of polite respect. With time and open conversation, I can sometimes overcome both types of barriers and build mutual relationships. Once, I was shared a meal at a social function with a couple I had recently met, the woman commented, “For a doctor,

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you are kind of normal.” I still get such comments on occasion and generally reply with the quip, “I was a regular person before I became a doctor!”

Socioeconomic differences may contribute to this tension between name and title. Early in my career as a small-town physician, I delivered the baby of a younger couple of limited means. We discovered that we had mutual interests and over time, my wife and I grew closer to them in friendship. Eventually, the new mother suggested to her husband that they should invite us over for dinner. She later reported that he had replied with alarm, “We cannot! He is a doctor!” Fortunately, she prevailed, and we all had a delightful evening in their modest home—the first of many shared meals. Age differences can potentially be a factor, but I do not find this universally true. Some of my younger faculty colleagues call me by name without hesitation, whereas some find it uncomfortable to address me other than by title. Younger and older patients seem to vary in their comfort of addressing me by title or name.

Despite my attempts to be free of the isolation that titles may bring, I still find myself uneasy when

patients, learners and staff members address me by my name. But I must move away from this ingrained preference for titles if I wish to avoid the risk of self-inflicted loneliness. I struggle to evolve as I experiment with various introductions, digital signatures and even if I should wear a white coat. Though I have long felt comfortable with who I am as a physician, I still struggle with how I wish to be addressed. As I seek to find balance in all this, I must strive to reveal my personhood from behind the mask of my profession or continue to find myself isolated and at risk of burnout. Besides, I really am just a regular person who happens to be a doctor.

To see this article online, please go to: <http://jabfm.org/content/35/2/443.full>.

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