

# First Name Or Last Name: Which Do Patients Prefer?

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**Abstract: Background:** Opinions are frequently expressed in the medical literature whether patients should be addressed by their first or last names, but few supportive data are available. Our objective was to determine the preferences of a sample of ambulatory patients to guide physicians and other professionals in addressing their patients appropriately.

**Methods:** Three hundred seventy-five patients in a variety of ambulatory settings were asked how they wished to be addressed by physicians in various contexts.

**Results:** When meeting a physician for the first time, 45 percent of the respondents wanted to be called by their first names, 29 percent preferred last names, and 26 percent found either approach acceptable. When being addressed by a physician with whom they were already well acquainted, 78 percent favored given names, and only 6 percent chose surnames. Preferences varied little with age of the patient or with age or sex of the physician.

**Conclusions:** These data indicate that one cannot predict reliably how a new patient will prefer to be addressed but that the great majority of established patients will want to be called by their first names. (J Am Board Fam Pract 1992; 5:517-22.)

The importance of names and their use has been reflected in the English-speaking literature for centuries. Iago, in Shakespeare's play *Othello*, asserted that, "... he that filches from me my good name/ Robs me of that which not enriches him/ And makes me poor indeed."<sup>1</sup> More recently John Cowper Powys (1872-1963), in *The Meaning of Culture*, observed that, "Deep in the oldest traditions of the human race dwells the secret of the magical power of names."<sup>2</sup> The appropriate use of names has relevance for any physician who communicates with patients, especially in family practice and other primary care disciplines, where effective communication and mutual respect are essential tools in patient care. Addressing patients in a manner that indicates esteem, understanding, and caring is therefore important.

The opinion is frequently expressed in the medical literature that physicians and other health care workers should address patients by their family names.<sup>3-5</sup> For example, Natkins<sup>3</sup> asserted that, "Inferiors are called by their first name: children, menial workers, the elderly, and

women." The few published studies in which patient preferences were measured objectively, however, indicate that many prefer to be called by their first names.<sup>6-11</sup> These studies are dissimilar with regard to type of practice, geographic region, and patient demographics. Little information is available whether preferences vary with age or sex of the physician or with the duration of acquaintance between physician and patient. We found no reports in which respondents were asked whether they would want to be addressed differently by a physician they knew well than by one they were meeting for the first time.

## Methods

We hypothesized that the desire of patients to be called by first or last names in ambulatory care settings would be influenced by factors such as age, sex, race, educational level, geographic area, and whether the physician and patient were already acquainted. We also theorized that these preferences would not be consistent enough for errorless prediction in individual encounters. A series of 12 questions was devised to measure these and other variables. These questions were asked of convenience samples of patients aged 18 years and older in various ambulatory settings in the state of Ohio: three teaching family practices, a group of three university hospital subspecialty

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clinics, two suburban partnership family practices, and one site in an economically depressed rural area.

Two questionnaires were prepared, one to be completed by respondents in medical office waiting rooms (Appendix), and the other to be used in face-to-face interviews with patients waiting to be seen by their physicians. The first form was employed in the suburban and rural practices, and the second at the other sites. The two forms were identical except in the second form most questions were asked in a two-stage manner: respondents were first asked whether they had a preference and then (if one was expressed) whether it was moderate or strong. The first form was administered by receptionists in the waiting rooms of cooperating family practices. The second was administered by a psychologist or by medical students trained for the purpose. Analysis of responses showed no significant difference between the groups.

Sample sizes for the various practice sites varied from 43 to 89. Site-specific analysis showed some differences, but they were small enough that we chose to present only aggregate data ( $n = 375$ ). Group differences were tested using chi-square with a  $P = 0.05$  significance level. Approval for the study was obtained from the investigational review boards of the institutions concerned, and informed consent was obtained from the patients. Computer analysis was performed using SPSS/PC+.

### Results

The demographic characteristics of the study population are presented in Table 1. The age distribution was close to that of the US population, and women were significantly over-represented,<sup>12</sup> as would be expected in a sample of ambulatory patients. Twenty-four percent of the respondents were black. Fewer than 2 percent of the respondents specified other racial or ethnic origin; these persons were dropped from the study.

Respondents preferred to be addressed by given names more often by physicians they knew well than by those they were meeting for the first time ( $P < 0.0001$ ). The preferences (moderate or strong) for first names rose from 45 percent with new physicians to 78 percent with established physician-patient relationships. This

Table 1. Characteristics of Respondents.

Demographic Characteristics	Number	Percent
Age (years)		
18-39	183	48.8
40-59	112	29.9
60 or older	77	20.5
Not recorded	3	0.8
Sex		
Men	114	30.4
Women	257	68.5
Not recorded	4	1.1
Race		
White	276	73.6
Black	90	24.0
Not recorded (Other groups not analyzed)	9	2.4
Education		
Full-time student	52	13.9
Not high-school graduate	96	25.6
High-school graduate	136	36.2
College graduate	52	13.9
Postgraduate study	34	9.1
Not recorded	5	1.3

trend persisted at all levels of educational attainment (Table 2).

Other statistically significant relations were found, although they did not reliably predict how individual respondents would wish to be addressed. Black patients preferred to be addressed by their last names (with title) more often than did white patients (16.4 percent versus 6.3 percent,  $P = 0.03$  for established relationships). Women wanted to be called by family names more often than men did (11.2 percent versus 2.7 percent,  $P = 0.05$  for established relationships). The number of "no preference" responses decreased sharply with increasing educational attainment (Table 2). Variations by patient age reached statistical significance but were small in magnitude and inconsistent in direction.

More than 80 percent of the respondents wanted to be addressed by nurses, clerks, and medical technicians in the same styles as by their physicians. Preferences changed little in relation to age or sex of the physician. Only 17.4 percent of respondents said they would like to address a new physician by his or her first name. This figure increased slightly to 19.4 percent with long-established physician-patient relationships.

### Discussion

Our results appear concordant with those of other published reports if allowance is made for varia-

**Table 2. Patients' Preferences for Mode of Address, by Level of Education (Percent).**

Preference	Full-Time Student	< High-School Graduate	High-School Graduate	College Graduate	Postgraduate Study	Total
<i>At initial physician-patient encounter (P &lt; 0.0001)</i>						
First name (strong)	22.0	17.6	22.2	17.6	29.4	21.1
First name (moderate)	8.0	20.9	31.9	17.6	11.8	23.5
No preference	38.0	41.8	17.8	21.6	8.8	26.3
Last name (moderate)	16.0	15.4	14.1	21.6	20.6	16.3
Last name (strong)	16.0	4.4	14.1	9.8	29.4	12.7
<i>With established physician-patient relationships (P &lt; 0.0001)</i>						
First name (strong)	44.2	40.7	48.9	51.9	57.6	47.4
First name (moderate)	21.2	35.3	40.7	35.6	30.3	30.9
No preference	21.2	30.8	4.4	17.3	6.1	15.4
Last name (moderate)	9.6	2.2	3.0	1.9	6.1	3.9
Last name (strong)	3.8	1.1	3.0	3.8	0	2.5

tions in type of practice, the exact wording of the questions, and local customs in different geographic locations. Bergman, et al.<sup>6</sup> studied patients in three primary care office settings in Seattle and found that 96 percent of the respondents who expressed a preference wanted their physicians to address them by their first names. Seventy-five percent were established patients in the practice in which they were interviewed. Adelman<sup>7</sup> reported on a personal series of 3000 family practice patients, of whom 63 percent wished to be addressed by first names, 36 percent preferred a shortened first name or nickname, and fewer than 1 percent wanted to be called by their last names. Through subsequent personal communication it has been determined that the setting was a solo practice in a community of 50,000 persons in Wisconsin, with mostly established patients. Some self-selection of patients could have occurred, because the author reports that he eschews white coats and introduces himself to patients as "Rich Adelman." Only in this study did we find the investigator(s) going beyond the first-last name dichotomy and asking about the use of nicknames.

Colt and Solot<sup>8</sup> found, in a survey of 190 emergency department patients in a community hospital, that 43 percent preferred given names and 26 percent wanted to be called by surnames (the remainder expressed no preference). Heller<sup>9</sup> asked 145 obstetric outpatients about their preferences for mode of address and found that 78 percent wished to be called by their first names

while only 2 percent specified family names. Of 200 inpatients on general medical services of teaching hospitals in Boston and San Francisco, Dunn, et al.<sup>10</sup> reported that 40 percent preferred first names and 18 percent wanted last names. Of 209 inpatients surveyed by Elizabeth<sup>11</sup> in a district general hospital in Cheshire, England, 44 percent indicated preference for given names and 7 percent for surnames.

Our finding of a relatively weak association between name preference and demographic variables is consistent with the report by Colt and Solot,<sup>8</sup> who found no significant variation by age, sex, income, and education, and that of Elizabeth,<sup>11</sup> who found no association with the age of his respondents. Our data show only modest differences by educational level for being addressed by first or last names, but the number of "no preference" responses drops sharply with increasing educational attainment. This finding is consistent with the observation that writers in medical publications, who presumably are highly educated, have expressed strong opinions on both sides of the mode of address issue.

Responses from a small number of Catholic nuns in our sample reminded us that members of certain occupational groups, such as the clergy and the military, may have special preferences. The nuns we interviewed preferred to be called "Sister" followed by their first name or simply "Sister."

Some writers have advocated symmetry of mode of address in the physician-patient relation-

ship: if one is to be addressed informally, so is the other.<sup>13,14</sup> This view found little support among our respondents, with fewer than 20 percent wanting to call their physicians by first names, even in long-established relationships. Similar results were reported by Dunn, et al.,<sup>10</sup> who reported that only 10 percent of the 200 medical inpatients they surveyed wanted to address their physicians by given names. On the other hand, 40 percent of the primary care patients surveyed by Bergman, et al.<sup>6</sup> preferred to call their physicians by first names, although only 14 percent reported that they actually did so.

Most of our respondents expressed preference for being called by their first names at the initial encounter with a physician, but the percentage was not high enough to justify addressing all patients in this way. We agree with Bergman, et al.<sup>6</sup> and Rosenfeld<sup>15</sup> that the best approach is to ask patients how they wish to be called (this time is also good to ascertain that the name is being pronounced correctly). Alternatively, caregivers can introduce themselves and then listen to the words the patient uses for self-introduction. When in doubt, one can follow the social tradition of starting with last names and moving to a less formal style as the parties become better acquainted.<sup>16</sup> Consideration should be given to the possibility that the mode of address issue could be, to a large degree, a surrogate for broader, less-quantifiable issues, such as the wish of patients to be respected, understood, and accepted as valued human beings by physicians and other caregivers.

## References

1. Shakespeare W. Othello, Act III, Scene 3. In: The complete works of William Shakespeare. Feltham, Middlesex, England: Spring Books, 1958:996.
2. Beck EM, editor. Bartlett's familiar quotations. 15th ed. Boston: Little, Brown, 1980:443.
3. Conant EB. Addressing patients by their first names [letter]. *N Engl J Med* 1983; 308:226.
4. Furlow TW Jr. Clinical etiquette: a critical primer. *JAMA* 1988; 260:2558-9.
5. Natkins LG. "Hi, Lucille, this is Dr. Gold." *JAMA* 1982; 247:2415.
6. Bergman JJ, Eggertsen SC, Phillips WR, Cherkin DC, Schultz JK. How patients and doctors address each other in the office. *J Fam Pract* 1988; 27: 399-402.
7. Adelman RD. Patients and the habits of house officers [letter]. *JAMA* 1987; 257:2031-2.
8. Colt HG, Solot JA. Attitudes of patients and physicians regarding physician dress and demeanor in the emergency department. *Ann Emerg Med* 1989; 18:145-51.
9. Heller ME. Addressing patients by their first names [letter]. *N Engl J Med* 1983; 308:1107.
10. Dunn JJ, Lee TH, Percelay JM, Fitz JG, Goldman L. Patient and house officer attitudes on physician attire and etiquette. *JAMA* 1987; 257:65-8.
11. Elizabeth JE. Form of address: an addition to history taking? [letter]. *BMJ* 1989; 298:257.
12. The World almanac and book of facts 1986. New York: Newspaper Enterprise Association, Inc., 1986:784.
13. King LS. "Hey, you!" and other forms of address. *JAMA* 1985; 254:266-7.
14. Lavin M. What doctors should call their patients. *J Med Ethics* 1988; 14:129-31.
15. Rosenfeld II. "... and could be I'm Irwin, but to less than 5%" [letter]. *JAMA* 1985; 254:2558-9.
16. Deisher JB. Use of first name [letter]. *J Fam Pract* 1989; 28:388.

## APPENDIX

### Survey Instrument

#### Questions

1. We are interested in learning whether most people want doctors to call them by their first names or their last names — for example, whether someone might want to be addressed as "John" or as "Mr. Jones." If you were talking with a doctor whom you had not met before, would you want him or her to call you by your first name, or by your last name, or would you have no preference?

#### Response Choices

- Strong preference for first name
- Moderate preference for first name
- Don't care
- Moderate preference for last name
- Strong preference for last name
- No opinion

2. If you had been seeing the same doctor for a long time, would you want this physician to call you by your first name or by your last?
3. What about nurses, clerks, and medical technicians? Would you want them to address you by your first name or your last name?
4. Suppose that you were talking with a doctor who is many years older than you. Would this influence your preference for being called by your first or last name, and if so how?
5. If you were talking with a doctor who is many years younger than you, would this influence your preference for being called by your first or last name, and if so how?
6. Looking at the question from the other side, do you think it would be better for a doctor whom you had not met before to introduce himself by his first or last name? For example, would you prefer a doctor to say, "Hello, I'm Fred Jones," or would you prefer, "Hello, I'm Dr. Jones"?
7. Now, suppose that you have been seeing the same doctor for a long time. Would you prefer to address this doctor by his first name or by his last name?
8. Would the sex of the physician make a difference? Specifically, what effect would the doctor being male have on your preference?
9. Similarly, what effect would the doctor being female have on your preference?
10. We would be interested in any additional comments you may have on this subject. (space provided for comments; few received, with no consistent patterns observed)
11. Is your age —
- Strong preference for first name  
 Moderate preference for first name  
 Don't care  
 Moderate preference for last name  
 Strong preference for last name  
 No opinion
- Strong preference for first name  
 Moderate preference for first name  
 Don't care  
 Moderate preference for last name  
 Strong preference for last name  
 No opinion
- More likely to want to be called by first name  
 More likely to want to be called by last name  
 Wouldn't make a difference  
 Not applicable (few or no doctors older than I am)  
 No opinion
- More likely to want to be called by first name  
 More likely to want to be called by last name  
 Wouldn't make a difference  
 Not applicable (few or no doctors younger than I am)  
 No opinion
- Strong preference for first name  
 Moderate preference for first name  
 Don't care  
 Moderate preference for last name  
 Strong preference for last name  
 No opinion
- Strong preference for first name  
 Moderate preference for first name  
 Don't care  
 Moderate preference for last name  
 Strong preference for last name  
 No opinion
- More likely to want to be called by first name  
 More likely to want to be called by last name  
 Wouldn't make a difference  
 No opinion
- More likely to want to be called by first name  
 More likely to want to be called by last name  
 Wouldn't make a difference  
 No opinion
- Younger than 18 (ineligible for this study)  
 18-39  
 40-59  
 60+

12. Of what racial group are you a member?

- White
- Black
- Other

13. Your level of education —

- 39 years old or younger and a full-time student
- Not a high-school graduate
- High-school but not college graduate
- College graduate
- Have done postgraduate study

14. Your sex —

- Male
- Female

Thank you very much for your help!