



Reflections

Don't call me Doctor

Roger Suss MD CCFP(EM) FCFP

Many years ago, as a young family doctor, I recall being hesitant about how best to introduce myself to new patients. Do I call myself Dr Suss (pronounced like Dr Seuss, which adds a little humour), Roger Suss, or Dr Roger Suss? Should I address patients formally using Mr or Mrs? Should I call all females Ms? Should I use patients' full names or just their first names?

I started by introducing myself as Roger Suss and confirming my patient's full name by reading it off the chart. This usually worked well. I believed that not using formal titles suggested we were equal partners in their health care. Plus it gave patients some choices about what to call me.

Those choices themselves could be revealing. Some would choose Dr Suss, which suggested to me a preference for a "traditional" doctor-patient relationship. Others would call me Roger, suggesting a desire for a less hierarchical relationship on a more equal footing. The most telling were those who not only called me by my first name, but also missed no opportunity to fit it into our conversation. It took a few months for me to recognize what this meant. It was usually a sign that they hoped to use our "friendship" as a reason to ask for special favours. (No, not those kind of favours! I mean special tests, extra appointments, etc.)

More problematic were the patients who looked at my acne-prone face blankly. The look said, "It is all very well that you are Roger Suss, and I am pleased to meet you and all, but I am waiting for the doctor." Even if they already knew that I was the doctor,

my reluctance to openly call myself one apparently suggested to them that maybe I was not quite ready for the job. After all, a physician has big shoes to fill. To be "the doctor" means that you fill a role that is bigger than yourself. You are "the healer." My patients reminded me what an overwhelmingly responsible role that can be. At the same time, their faith in me taught me how to have faith in my own ability. And often their faith healed them even when I could not.

Deciding what to call patients was just as difficult. Continuing to use their full name all the time was too awkward. Calling them by their first name seemed, to me, somewhat presumptuous, particularly if they called me Dr Suss, or

if they were older than I was. So I addressed them by title. A few of them took exception to this. One Mr Brown (not his real name in case any of the privacy police are reading this) told me Mr Brown was his father. He was Jim. And I was Dr Suss.

Now that I have a few gray hairs, I usually begin an appointment with a new patient by introducing myself as Dr Suss, and with using the patient's full name if younger than I am and Mr or Ms if older. I capitalize on the Dr Seuss line for an icebreaker and take it from there. One way or another, my patients need my respect, and they need me to play doctor whether I feel ready or not. ❁

Dr Suss is an Assistant Professor in the Department of Family Medicine at the University of Manitoba in Winnipeg.

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