

relationships, hope and empowerment, and aim to be a productive member of the community.

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### Doctor, I presume?

I routinely ask my new patients how they want me to address them and *vice versa*.<sup>1</sup> I have not kept records so my data are approximate.

Nearly all my patients want me to call them by their first name. About a third to a half say they wish to call me by my first name, although not all consistently do so; one expressed a preference to call me 'Doc'.

I routinely ask my new trainees the same questions. So far all have expressed a preference for me to call them by their first name, and about 95% wish to call me by my first name, usually doing so.

Mental health review tribunals usually ask patients how they wish to be addressed, but do not ask staff this nor indicate how they themselves wish to be addressed (I personally take my cue from patients' legal representatives and call them Sir or Ma'am). All patients I can remember have expressed a preference to be called by their first name; all tribunals I have attended address the professionals by title and surname, thus creating disparities.

It is now usual for consultant colleagues to call each other by their first names (when on talking terms!). However, I have

a consultant colleague who is younger than me (although now senior in medical management terms) who calls me by title and surname, although I have asked him to address me by forename; he considers that calling me by my forename would be disrespectful. I now rarely hear the surname alone, which used to be commonplace; a few colleagues have accepted abbreviations or other appellations.

I am aware that nursing colleagues mostly find it hard to call me by my first name, even when I have requested this, and some of them have commented on the difficulty they experience. I personally find it offensive to be routinely addressed in impersonal terms by a nurse I have worked closely with for over a year – this is usually Doctor but occasionally a random endearment such as 'sweetheart' that some nurses habitually use with patients and colleagues.

The situation is complicated by the third person. Nurses routinely call me Dr Dodwell to patients, even when I am on first-name terms with both nurse and patient in one-to-one situations, and I notice that patients pick up on this and call me Dr Dodwell in front of the nurse. This occurs even when I have explicitly asked the nurse not to use this form of address. When I am with patients, I often call medical colleagues – consultant and junior – by Dr plus surname, and do so inconsistently with colleagues.

1 Allen JC. Another greetings survey? (letter) *Psychiatrist* 2009; **34**: 36.

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