during a patient-initiated episode, places us under an even greater than usual obligation to ensure that the patient has access to the most appropriate care.

These must be problems which are being considered in other districts, and the Cervical Cytology Steering Committee here in Huntingdon would be most interested and grateful to hear what expert opinion is on them.

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What doctors should call their patients

SIR

Lavin (1) argues that unreciprocated informality towards patients inhibits their ability to make adult choices. He was referring to the patient-doctor relationship, but the remark is equally applicable to the relationship between patients and other members of staff.

In some British hospitals health care professionals present themselves with titles and surnames, for example, 'Nurse Brown', while addressing their patients informally as 'Jill' or 'John'. When challenged, the staff will often claim that patients like to be addressed in this manner. Perhaps some do; it is also possible that some pretend to like it since, in their vulnerable state as patients, they will tend to present a view in line with current practice.

If we look for a parallel of unreciprocated first-naming, we can find it in the school-room where John calls his teacher 'Miss' and she calls him 'John'. The unequal relationship is explicit as it is between employer and employee.

Situations involving adult strangers of potentially equal standing however, require modes of address that are reciprocal as witnessed between lawyer and client. There seems no reason why the medical scene should warrant a different approach in this respect.

Since the school-room example is concerned with establishing authority, we are left wondering whether the same principle is being applied in the hospital setting, ie, that unreciprocated first-naming of patients is a conscious or unconscious attempt to place them in a subordinate role.

There seems to be no case for unreciprocated first-naming. The more fashionable reciprocated first-naming is however, an alternative of questionable value: an elderly person being attended by a young nurse may be surprised to find him or herself in a first-naming situation since in no other social setting would immediate familiarity be likely to occur. Far from making the patient feel welcome, this approach might be inclined to make the patient bristle. Since many people enter hospital with an already high blood pressure, anything which tends to raise it further would seem to be counter-productive.

Come to think of it, what was wrong with reciprocated *form*ality?

Reference

(1) Lavin M. What doctors should call their patients. *Journal of medical ethics* 1988; 14:129–131.

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