Name-Calling

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Once while rotating on the vascular service, I called to return a page.

"Hi, this is Andrae, returning a page for Vascular Surgery."

"Oh. Hi. Wait, are *you* Vascular?"

"No, my name is Andrae. I'm rotating on Vascular.

Whom am I speaking with please?"

"Oh, I'm just covering for the nurse. Listen, are you taking care of 1312?"

"1312?"

"The fem-pop?"

"You mean, Mr. Ramirez, our post-op patient in 1312, who underwent a fem-pop bypass yesterday?"

Yes, I am taking care of him. Wait, is this James?"

"Oh, no, it's not James. Hey, I'm glad I found you.

Listen, Respiratory has a question for you."

Call me old-fashioned, but what happened to using names? Some of our parents have spent a considerable amount of time coming up with them. In the hospital, it sometimes seems that weeks pass without using them. Many trainees know the following conversation. On rounds, the attending suggests calling a subspecialty consult:

"Do you think we should call Pulm?"

"I dunno, maybe. If we do call, should we call Pulm or Rheum?"

"I dunno, we usually call Pulm for this."

"Ok, let's call Pulm. Hmm, should I have the student call?"

"Oh, I'd ask the intern to call this one. It's important."

Nervously, the intern sends the page.

Either one of two things can happen next. The Pulmonary fellow answers, "This is Pulm, returning your call" or the intern will ask "Is this Pulm?" From the perspective of the intern, it is easier to think of the phone call as placing an order and to avoid asking for a name. After all, the hospital is a busy place, and learning names could potentially prolong not only this task, but many other conversations as well. From the perspective of the fellow, a name might render him or her identifiable, maybe as an old friend. This would make it exceedingly difficult to argue the appropriateness of the consult request.

Sometimes, we do a bit better. Although sometimes it seems as though no one calls me by my name, at least my service

may be named after someone. Many institutions name their inpatient services for bygone, but beloved clinicians who dedicated their careers to that one hospital. This time, sitting at the nurses' station, a stranger approaches me.

"Are you Klatskin?"

"No, my name is Andrae. I'm rotating on the Klatskin service."

This usually elicits a blank stare.

"And you are Jennifer?" I ask, reading her badge, and extending my hand.

"Oh, right, yes. I'm Nutrition."

Without using actual names, we can even avoid directly addressing people altogether. When I was a medical student rotating on a surgical service, I participated in a relatively straightforward port-a-cath placement. This requires a radiology technician in the operating room to intermittently image the course of the catheter as it is inserted into the subclavian vein. This is otherwise known as fluoroscopy. When this particular technician, Sarah, came to the O.R., she introduced herself to everyone in the room including the attending surgeon. It was surprising then to Sarah and I that whenever an image was needed; the attending would, in a singsong voice, call out for "Fluoooooro!"

The idea that names have great meaning is not new. The Old Testament tells the story of Jacob, up all night in prayer and supplication seeking redemption and reconciliation with his brother Esau, who wrestles a man presumed to be an angel. At the end of the struggle, Jacob is renamed Israel: "What is thy name? And he said, 'Jacob'. And he said, Thy name shall be called no more Jacob but Israel: for as a prince hast thou power with God and with men, and hast prevailed"(Genesis 32:22–28).¹ The Brothers Grimm tell the tale of Rumpelstiltskin, who gives an indebted princess three opportunities to guess his name, so that she would not have to relinquish her first-born son.² Thus, we see how a name may give insight into one's character and serve as a kind of shibboleth.

Professionalism in medicine is a hot topic, but how we address one another goes far beyond professionalism. This concerns the matter of our individual humanity. The former

concept is born out of a profession's specific obligations, but the latter is universal and transmittable to all those around us.^{3,4}

I don't doubt that most of us have been taught the basic skills of how to introduce oneself and meaningfully exchange information. Meanwhile, in our modern hospitals, we struggle with high patient volume, work hour restrictions and documentation that would seem to limit the amount of time a medical professional should spend in a fundamental interaction with a colleague. Nevertheless, asking or giving an actual name does not require much time, and pays for itself Manifold.

Interest in professionalism was strengthened by seminal studies showing a link between professionalism and board disciplinary action.^{5,6} Unfortunately, unlike professionalism, the case for adopting a practice of actually knowing the individual with whom you are speaking lacks outcomes data. I won't even propose that it should be studied. What I will submit is that if we cannot view and treat one another as human beings in our day-to-day interactions as medical professionals, how then, can we hope to do so for our patients?

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