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Names Matter: The Importance of Using the Patient's Name

Janet Farrell Leontiou, Ph.D. June 13, 2019 A friend texted me to say that his grandmother, who had been admitted to the hospital is no longer referred to by her name but instead as "window number 5." This practice is not shocking to either of us because he is the illustrator of my book [...]

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A friend texted me to say that his grandmother, who had been admitted to the hospital is no longer referred to by her name but instead as "window number 5." This practice is not shocking to either of us because he is the illustrator of my book depicted my own less-than-positive experiences within healthcare. In a medical system, I am "mom." One day upon calling a doctor's office to schedule an appointment, I was referred to as "mom" seven times. The practice begins from the time a woman gives birth within a hospital and continues throughout the child's life.

Some, I expect, would not mind being called “mom” by those other than their children but the practice unnerves me everytime I hear it. I understand that it is meant to sound friendly and familiar but it has the opposite effect on me. If my name is not used, something essential about my identity is taken away. I then become a generic “mom” like all others in the category. I cannot imagine using this type of language within any other setting. Within the classroom, for instance, I use my students names and they use mine because doing so invites us to see that we are people with histories and stories.

Calling me “mom” is one thing but the generalizations extend to my son. Within a medical setting, he becomes “buddy.” The use of this language tells me that the healthcare practitioner does not see Andreas but instead one more child with disabilities. This seemingly innocuous practice effects my healthcare decision making process. If the professional does not see Andreas in all his particularity, I tend to not trust his or her healthcare advice. In some cases, the professional literally has not seen him because the doctor’s eyes are more focused on a screen than on my son.

My experience with being called “mom” and Andreas being called “buddy” is nowhere as bad as “window number 5.” My friend’s grandmother is older, sick, and may be dying. This dehumanizing language only makes her situation worse. This language reflects that she is not seen as a person. I do not think that healthcare professionals are aware of the harmful effects of this kind of language.

In addition to harming the patient and the patient’s family, this dehumanizing language has a harmful effect on the healthcare practitioner. Most people who enter the healthcare field do so because they wish to care for people. This language removes the person from their work and therefore, I imagine some of the satisfaction that comes from easing a person’s pain and suffering. It is important to keep in mind that words affect the speaker as well as the spoken to or the person spoken about. The common practice of dehumanizing language within healthcare serves no one. Words are powerful and words carry with them an energy. Dehumanizing words have a deadening effect on the patient, the

patient's family, and the healthcare practitioners.

The writer is associate professor of communication at Nassau Community College and the author of three books on communication: *What Do the Doctors Say? How Doctors Create a World through Their Words* (2010), *Communicating with Integrity* (2013), and *The Doctor Still Knows Best: How Medical Culture is Still Paternalistic In Spite of Attempts to Overturn It* (unpublished).

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