CENTER VALLEY – “Hiya, hun.” “How are ya, sweetie?” “Everything’s OK, doll.”

The language sounds innocent. The sentiment seems endearing. But conversations characterized by such informality are impersonal and can quickly become uncomfortable. When this is the opening to a health care relationship, true care may be jeopardized.

Recently, my 77 year-old mother was taken to a local emergency room. There she received expert medical treatment. Several nurses and aides attended to her, but no one called her by name.

Later, a physician came in who reminded me of Doogie Howser because of how young he appeared. I was taken aback when he opened the conversation with “How are you feeling, hun?” When the next three questions began with similar terms of endearment, I had had enough. “Her name is Edith,” I interjected.

Later, mom was admitted. Astonishingly, “hun” was also her roommate, or so it seemed by what the medical staff and the housekeepers had to say.

I’m sure that none of these competent professionals meant to be disrespectful or insensitive. References like these are usually uttered out of habit. Perhaps they learned to use this nomenclature as an attempt to demonstrate a positive bedside manner. Whatever the source, their language has become contagious!

Being chummy and cute is one thing among friends. Informality of this kind is another thing altogether between strangers. In the context of a potentially grave situation, it is not at all
appropriate. And in a very subtle, though unintended way, it may work against the care that is called for by being demeaning.

Our world is becoming increasingly less personal. Interactions that once took place face-to-face are now conducted through screen names. Caller IDs reduce the other to a number that we accept or reject. Transactions in the marketplace are driven not by one’s name but by an account.

But a person’s name is so much more than simply a point of reference or a means of identification. Our name gives us a place in society. Our name makes us unique, real, a part of history. Our name is who we are.

It used to be that names stood for something. Newborns receive the name of a parent or a close relative. Others may take on the name of a patron saint, a movie star, an athlete, or other meaningful persons. Even those whose birth certificate lists “ESPeN” as a first name have a particular point of reference, in as much as their parents are somehow enamored with SportsCenter. (Yes, there are young ones who must go through life with this moniker.)

Whatever the source, our names give us an individuality, a distinctiveness, a subjectivity all to ourselves. No matter what the circumstances of life, this name is uniquely ours. When life begins to fail us, it is the one thing that never leaves us.

Addressing people by name is a common courtesy. Adding a name to a passing “hello” gives our greeting a personal touch. It separates the passerby from the anonymous masses. It need not entail the development of a friendship. But it does acknowledge that I know who you are and that you are not just some face in a crowd.

Educators know this from experience. Calling the roll of the throng of students in a classroom, a teacher faces the daunting task of getting to know the name that goes along with each face in front of you. When that task is mastered, the classroom environment changes and the interactions become more worthwhile and beneficial. Students appreciate that you’ve come to know them, not just their ID number. As a result, they come to value more what you have to say to them because the communication is relational rather than just informational.

The same can be said of any profession. But nowhere is this more critical than in the medical profession. Here lives are at stake and one’s very existence may be in jeopardy. Conversations between healthcare practitioners and their patients are precious moments because of the importance of what is being communicated. But nothing can be more important than who a person is.

If ever we are to really care about people, and especially when it is our profession to care for people, knowing their name, and using it, is essential. Doctors and nurses can at least take a look at the chart before taking a medical history or striking up a conversation. And all of us would feel better if we add this personal touch to our daily exchanges.

*Deborah Booros, M.P.A. is Dean of Lifelong Learning at DeSales University in Center Valley, where she administers the ACCESS program of undergraduate education for non-traditional aged students.*