tive skills centres will ensure their continued success in the Australian healthcare system.

Competing interests
Ross Horley is the Director of Medic Vision Ltd, a specialist audiovisual engineering company.

References

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letter

A “multilemma” for doctors

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To THE EDITOR: Are we doctors, physicians, MDs, MBs or what?

In the past 50 years or so, the address form “doctor” seems to have lost much of its meaning. Of course, academics holding non-medical doctorates in Australia have long nursed a grievance that graduates in medicine have no rightful claim to the title. Perhaps so, but, like it or not, it was thrust upon us at graduation as a courtesy title, and there is no doubt that in the 50s it was of value to patients in establishing the status of their medical advisers.

The rightfulness of the use of the title “doctor” by medicos is supported by antiquity, although divinity, law and music might claim precedence over medicine in using the title. The ancient word “doctore” can be translated simply as “teacher”, and the title, or its equivalent, was so used in Roman and ancient Greek times. There is a reference to the term in its medical sense in a quote from Chaucer (c 1386) in the Oxford English Dictionary: “Wiþ vs Þere was a Doctur of Phesike”.1

At present in Australia we have dentists, veterinary surgeons and others who identify themselves as “doctors”. And then there are legions of PhDs in such diverse disciplines as demography, political science, nursing, economics, leisure industries, and so on. In Australia, where we have inherited much of our general medical culture from the United Kingdom, surgeons are often addressed as “Mr” (a legacy of the days of the barber-surgeons) within their hospitals, but “Dr” by their patients. In North America, where medicos acquire the letters “MD” on graduation, “physician” seems to be the generic term in professional circles, while for journalists, “a doctor” or “an MD” are interchangeable identifiers. We could anticipate that any trend away from “doctor” to “physician” in Australian medical literature to follow the US example would meet with strong opposition from internists protecting the integrity of their “physician” status conferred by the Royal College. Understandable opposition to the adoption of “MD” as a generic identifier could be expected from holders of Australian MDs gained by thesis.

So is it time for a title change?

Change would not be unprecedented. The University of Sydney changed the qualifying degrees from MB, ChB (1882) to MB, ChM (the by-laws being altered in 1884 so that the latter degree was conferred on those who elected to receive it). The first degree in surgery was changed again to BS in 1922 but remained optional until 1974.2 Several Australian universities have recently made radical changes to the content and duration of medical-school courses. Perhaps the indefinite term “an MB” could be adopted as a surrogate for the popular US term “an MD”. Perhaps a new, uniform Australian medical identifier will evolve. Or perhaps we will just muddle on, letting sleeping dogs lie and confusion continue. This seems to be the probable outcome, as good reason rarely prevails in the minds and hearts of men.