TITLING AT TITLES

The call “Is there a doctor on board?” is unambiguous. There may be doctors of philosophy, science or literature “on board”, but there is no confusion as to what sort of doctor is needed.

In the United Kingdom, and less so in Australia, medicine’s titles include Doctor, Mister and Miss. The appellation, Mister (Master), follows a tradition reaching back to the 16th century, when Henry VIII granted a royal charter to the Company of Barber-Surgeons. The demarcation was clear — physicians were university graduates and surgeons were apprentices of Barber-Surgeons.

Two centuries later, surgeons split from the Company, but clung to their distinctive title. Now it seems that the days of Mister or Miss are numbered.

With the increasing involvement of non-medically qualified professionals (many with PhDs) in health care, patients are confused about who, of the Doctor, Mister or Miss, is actually their doctor. The late Hugh Phillips, past president of the Royal College of Surgeons of England, labelled the use of Mister as old tribalism and anachronistic. He argued for surgeons to return to the title of Doctor, noting: “There has been concern recently about who people are in the health service — who is actually treating you? It is not always absolutely clear to the patient, I suspect, and it is not even clear as to whether someone is a doctor.” Whether UK surgeons will heed this advice has yet to be resolved.

In Australia, surgeons who persist in using Mister are in the minority. But given Australia’s egalitarianism and low tolerance of titles, should we not trash titles altogether? Should we not stress expertise and competence, and move to: “Hello. I’m Jean Smith. I am a urologist and together we will confront your prostate problem”? This would put patients firmly in the picture.

Martin B Van Der Weyden

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