

## What's in a name? Identity, it turns out

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I was a nervous first-month surgical intern, walking the liminal line of wanting to learn at every moment while appreciating with each passing day how little I seemed to know.

"I'm sorry, I don't want to mispronounce your name. How do you say it, ma'am?" I inquired.

A woman in her 60s looked up at me and, with motherly kindness, enunciated her name for me, adding, "Not many doctors ask me that, so thank you. It means 'our pride' in my language, Xhosa."

After a brief pause, she elaborated: "My father named me. I was the first child [born] in our family."

Before I could respond, her eyes lit up, a smile radiating from behind her tight-fitting mask. "You know, it also happens to be the name of the place where my dad first met Mama," she continued, narrating the story of how when she was growing up in southern Africa, her name would draw adulation and curiosity.

As I thanked her for sharing the origin of her name, I felt moved to reciprocate with the story behind mine. Before I realized it, we had formed a unique bond as we reflected on the cultural significance of our names and even joked about how commonplace it seemed to try to abbreviate people's names, especially if they were "atypical," non-Western ones.

When I first came to the United States as an undergraduate student 11 years ago, my college roommate had endearingly called me "Div." Before I knew it, the name had gathered steam. Many in college and medical school, including faculty members, referred to me as Div, even when I introduced myself with my full name.

Now that I was a surgery resident, in an environment with a paucity of non-white surgeons, "Divyansh" had been automatically substituted by co-interns, co-residents, fellows, surgical attendings

and nursing staff alike with Div, Dave, Dev, Divy, Dhruv, David, Devesh, Viv, Divia and other sobriquets.

When I began my intern year by introducing myself as Divyansh, the response would inadvertently take the form of "I hear people call you Div," "What do you actually like to go by?," or "And so what do people call you?" As a surgery intern in a new workplace, I was confused about how to respond. In a hospital work environment where patient care is the main focus, constantly correcting others and diverting attention to how people refer to me felt self-centred, and a digression from our overall goal.

In instances where people kindly asked permission to use a nickname, I happily obliged. But, overwhelmingly, an alias was forced upon me.

"It's too hard to say" or "I'm bad with names" were the usual explanations.

Harder than the obscure diseases and surgical anatomic factoids that we can name at the drop of a hat?

This intentional disregard for cultural roots was both unprofessional and alienating. Yet, in my first few months of internship, I lacked the courage to correct anyone. The thought of doing so was accompanied by the fear of being judged as unaccommodating, churlish or hard to work with.

During January of my intern year, when the grey-white sky was showering its foam to cover the streets of Boston, I finally found my courage where I least expected it, while I was scrubbed in for a pancreaticoduodenectomy.

"Where does the word 'pancreas' come from?" the attending surgeon asked me, pointing toward "God's favourite organ."

We proceeded to discuss its Greek roots, and how the etymology informs other medical terms, such as "creatinine."

"I hear people calling you 'Div' or 'Divy.' Is that what people back home would call you?" He posed the question

as if almost to the gastroduodenal artery he had exquisitely dissected out and traced back to its origins at the common hepatic artery.

"My parents, friends and everyone I know in India call me Divyansh."

"Divyansh like *divinus*?"

"The root 'divya' does mean 'divine' in Sanskrit. Divyansh means 'a part of God, or God's divine light.'"

"Wonderful. Well, then, we should all call you Divyansh," he concluded, as he prepared to transect the pancreas.

The attending surgeon's respect for my name in the operating room instantly transformed how others referred to me that day.

The next day, the scrub technician and the operating room nursing staff referred to me as "Divyansh." My senior resident colleagues working on the pancreas surgery service also started using my complete name. The simultaneous feelings of self-confidence, being at home, and being trusted and respected enveloped me. Several weeks have passed since, but the liberation and tenacity that I felt in the operating room that day have stayed with me. I no longer give in to peer pressure; with a new-found belief, I state my name loud and clear, no matter the scenario.

Surgery, as a field, is particularly notable for memorializing the identities of great surgeons into our daily practice. The pancreaticoduodenectomy procedure itself is more commonly referred to as "The Whipple," after Alan Whipple, who advanced the operation in the US in the 1930s and 40s. From the instruments we use — the *Adson* forceps kept on the *Mayo* stand — to the clinical findings that guide us, such as *Reynolds* pentad, use of eponyms to honour the contributions of surgeons is engrained in the surgical culture. Therefore, it is baffling as to why we as a profession often fail to hold culturally unique names in similar regard.

To be clear, when people refer to me with a nickname as a sign of endearment or mispronounce my name unintentionally, I never take it as anything but an innocent error or my name being challenging to pronounce. But frequently, the use of an abbreviation seems to stem from mere convenience. More than once, for example, it has led to confidential patient-related information being directed to me when it was meant for a “Dave” in another department, or directed to a “Viv” when it was meant for me.

Perhaps things are beginning to change. Recent reports have shown that, in the surgical domain, respect for names engenders a stronger work ethic and builds trust.<sup>1-3</sup> For instance, surgical providers wearing scrub caps with their preferred names embroidered on them reported better intraoperative communication, an increase in the absolute number of times proper names were used during

commands and questions and, importantly, reduced frequency of missed communications.<sup>3,4</sup> Although one should feel empowered to stand up for one’s name, confronting the bias that drives the micro-aggressive practice of anglicizing names is an important step toward making medicine more welcoming to people from all walks of life.

As I reflect on my intern year, one important lesson stands out. The origin, meaning and context of our name is fundamental to who we are. Just as learning the proper way to pronounce our patients’ names can help us form a more meaningful bond with them, recognizing team members by their proper name and enunciating it correctly fosters mutual respect, trust and collegiality.

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