

Is there a bachelor in the house?

In a recent editorial entitled *If nurses nurse, why don't doctors doctor?*, Derek Sellman observed that 'it is a curious feature of the English language that permits nurses to engage in nursing but is disinclined to allow doctors to engage in doctoring'. He further pondered the curious fact that the verb 'to nurse' describes concisely what nurses do and is therefore a 'limiting feature' on their ambitions and aspirations, whereas 'to doctor' has a quite unrelated and somewhat derogatory meaning which frees up doctors to describe themselves as physicians, surgeons, paediatricians, etc., almost *ad infinitum*. At one point, Sellman muses that 'perhaps this language feature is no accident after all'. I wish to suggest that, in an organic and constantly developing language such as English, very few language features are accidental, in the same way that (say) very few of the features of a mature tree are accidental. Rather, language features are records and reminders of past developments that can provide insights into present usage. In fact, Sellman's question of why nurses nurse but doctors don't doctor can be answered quite simply once we begin to examine the roots of the relevant words.

The verb 'to nurse' originates in the Latin *nutrire*, to suckle or to nourish. A nurse is a person who nurtures, fosters, or encourages growth (hence the title 'Matron', from the Latin *matrona*, mother), who, as Virginia Henderson put it, assists the patient in those activities contributing to health and its recovery that he or she is currently unable to perform unaided. Henderson's definition, first formulated in 1955, arguably encapsulates the essence (or at least the foundation) of all nursing, which is why it is perhaps a truism that 'nurses practice nursing'. Of course, many nurses do many other things besides simply nurturing the reestablishment of health, and it is a much contested point as to whether these so-called 'extended roles' are advances of the nursing role or non-nursing additions to it. But if nurses, by definition, practise nursing, why do doctors not practice doctoring? The first thing that we notice when we begin to probe the etymology of the word is that 'doctor' and 'doctoring' is completely unrelated to anything to do with medicine, surgery, or any other branch of the healing professions. The word originates

from the Latin *docere*, to teach, and was originally given as a courtesy title in recognition of the fact that most physicians were (and hopefully still are) knowledgeable and educated people. In fact, the title 'doctor' has in the past been applied to learned people (almost always men) from a range of professions including law and theology. The reason that we continue to afford physicians the courtesy of addressing them as 'doctor', and that the medical profession, at least in the UK, continues to resist a similar courtesy being offered to other learned health professionals such as dentists, veterinary surgeons, and, if I may suggest, nurses, perhaps says more about the professional power of doctors than it does about any lack of learning and wisdom in the members of those other professions.

Put very simply, then, the reason why it appears odd to us that doctors do not doctor is because the word is an honorary title that has latterly become confused with a job description. The exception to this rule, as Sellman alludes, is surgeons, who at a certain point in their careers renounce the title of doctor. Sellman wonders why the mundane title of Mr, Mrs, Miss, or Ms should be regarded as 'a badge of honour or status' for surgeons, and the answer can be found once again in etymology. Whereas the word 'doctor' implies knowledge and wisdom, 'surgeon' derives from the Greek *cheirourgia*, working with the hands. Surgeons are therefore quite literally manual workers, prized for their skills and dexterity rather than for their knowledge. Surgery was originally practised alongside shaving and hairdressing as part of the role of the barber, and it was only comparatively recently that the Guild of Barber Surgeons split into its component parts. It is likely, then, that the title of Mr accorded to surgeons relates back to a time when they were skilled but not necessarily learned or educated practitioners whose work was overseen by a 'doctor' with an academic knowledge of anatomy and physiology. If this is the case, the title Mr, etc., is hardly a badge of honour so much as an acknowledgement of the surgeon's humble roots in the beauty industry.

Sellman also ponders the rather counter-intuitive observation that one meaning of the verb 'to doctor' implies corruption, suggesting that this negative con-

notation has had the unexpected positive effect of freeing doctors from any association with doctoring and thus allowing them to describe their practice in other, more expansive words. While 'doctoring' has certainly acquired a negative interpretation in recent years, the origins of the verb are similar to those of the noun; that is to say, to doctor is to enhance through knowledgeable actions. However, the fact that certain things such as research data, patient records, and 'the books' are best left undoctored does not detract from the fact that 'doctoring' in the form of enhancing health through knowledgeable actions remains a good thing to do, in the same way that cooking is not brought into disrepute by the fact that 'the books' can be cooked as well as doctored.

The other application of the title 'Doctor' is only briefly mentioned by Sellman, but is nevertheless of relevance to the question at hand. As we have already seen, the word doctor has the literal meaning of teacher and is the title given to academics in recognition of the award of Doctor of Philosophy (PhD) and other 'professional' doctorates. The degree of PhD is the highest of the three levels of awards bestowed by universities, the other two being the Bachelor's degree and the Master's degree. The Bachelor's degree denotes, as the title suggests, a young and inexperienced man, and was traditionally considered as nothing more than the affordance of an opportunity for further study towards a career as a full-fledged professional. It was only on completion of a Master's degree that the bachelor came of age as an autonomous practitioner, as someone who had mastered his/her craft. After practising for some years, the Master might take on pupils or apprentices of his/her own, and might eventually become a Doctor, that is, a Master practitioner who is qualified to teach.

Having made the point that the English language is a living and constantly developing organism, let us end by imagining a world where words tell it like it currently is rather than like it was several centuries ago. In such a world, nurses would still be nurses, reflecting their role as nurturers of the body and spirit, and surgeons would still be surgeons, skilled workers with their hands. However, doctors would need to change their name to something more descriptive of what they do; physician or medic, or perhaps their original title of

leech (from the Old English *laece*, an enchanter, one who speaks magic words, a healer).

The term 'doctor' would revert to its original meaning, and could be used in one of three ways. Firstly, it could be given as an honorary title for a learned person, in which case medics and physicians would be addressed as 'doctor', but so, too, would most professionals, including degree-educated nurses. Under this scenario, surgeons could, if they wished, continue with the archaic practice of referring to themselves as Mr, etc., in recognition of their humble roots as barbers, but it would be more accurate to refer to them also as doctors. Secondly, its use could be restricted to an academic title for someone with a doctoral degree, in which case there would probably be more nurses than medics and surgeons who were also doctors, at least in the UK where the basic medical degree is at Bachelor's level. If this method of addressing healthcare professionals according to their level of academic qualification was adopted, then many medics whom we currently address as Doctor would take on the title of Bachelor or Master. Thirdly, it could be used as a job description for someone with a significant teaching component in his/her role, in which case there would again be as many or more nurses as medics who were also doctors. In the former two cases, 'Doctor' would be a title rather than a role description, and it is only in the latter instance that the term would describe what the person actually did.

There would, of course, be some serious implications of this change in terminology. No longer would we hear the plea 'Is there a doctor in the house?' at theatres across the world. Instead, the cry would go out: 'Is there a bachelor in the house?'; or if the situation was serious: 'Is there a master in the house?', which would be as likely to elicit a response from a nurse as it would a medic. Instead of doctoring the books, accountants might aspire to mastering them, an altogether more reputable undertaking, and surgeons who persisted in using the title 'Mr' might be expected to provide a light trim along with an appendectomy. As Shakespeare had Juliet ask: 'What's in a name?'. In the case of doctors and nurses, quite a lot, it would seem.

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