

Doctors and white coats

Jun 10, 2016 | 0



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In the very first episode of *House, M.D.* Dr Wilson asks House why he isn't wearing a white coat like everyone else. House simply replies, "I don't want them to think I'm a doctor."

House doesn't want to be recognised as a doctor, perhaps not wanting the responsibility that comes with the role, or the perception that comes with wearing a white coat. Does what we wear really impact on the way our patients perceive us? Does what we wear really matter?

While the white coat may have gone out of favour in Australia, many doctors in the US and elsewhere still wear them.

What about the white coat as a way of picking a doctor out in a crowd? In the same way scrubs tend to be colour coded by profession, white coats are an easy way to identify doctors.

Why do we need to be easily identifiable? I am sure many of my colleagues will have had the experience of spending 10 minutes with a patient before being stopped and asked who they are. We tend to assume that it is obvious that we are doctors. Is it a good thing to assume that everyone we meet knows who we are and what role we play? Not always so.

What about the white coat as a status symbol ? As we walk through the wards in white, won't patients be impressed that there is a doctor in the house? This is an aspect of the white coat that doesn't sit well with most doctors, including myself. What we wear should never distract us from our primary responsibility - the care of our patients.

What about our patients? Do they have a preference? Do they care what we wear?

Some studies have addressed this very question. In 2015, the British Medical Journal published a systematic review of the literature on the topic, "*Understanding the role of physician attire on patient perceptions*" .

The authors reviewed 30 studies of 11, 533 patients across 14 different countries, covering settings from emergency departments, to hospital wards, to outpatient clinics. The review found that formal attire, with or without white coats, or white coats with other attire not specified was preferred in the majority of the studies. The review also showed that clinical context and patient age had a part to play. Older patients tended to prefer more formal attire. Patients in clinics expected a more formal dress code than those encountering a doctor in a critical care setting. Additionally, the review found that when shown images of doctors in different attire, those in suits and white coats were associated with a greater perception of trust. Though this kind of research has its limitations and patient perception is complex. We all harbour both conscious and unconscious bias when it comes to perception of dress. One could just as easily argue that wearing a white coat creates a barrier between patient and doctor, hindering the development of a therapeutic relationship - psychiatrists and paediatricians were some of the first groups of doctors to stop wearing the coat .

The HSJ has reported that patients with dementia and trust. If what we wear makes it easier to build that relationship then we should take care in how we

Professionalism is important, and what we wear is part of this, but explaining who you are rather than relying on a white coat to do the talking may just build the confidence and trust that makes what we do so rewarding.

References

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