

Defrocking the doctor

Professor Shima Gyoh is unhappy at the prospect that the European trend towards discarding the doctor's white coat might spread to his home patch



How would you react when a shabbily dressed man climbed into the cockpit of the aircraft and you were told he was the captain that was going to fly you? Even if he were a well-experienced first-class pilot, he would not inspire the confidence that a well-dressed uniformed student pilot might. A well-dressed policeman in uniform carrying a gun does not instil the fear that one doing so out of uniform does. Professionals who turn out in smart uniforms tend to inspire confidence in their seriousness and competence.

The gleaming, spotless, well-starched white coat has, over the years inspired confidence in patients as the trademark of professional excellence, and quite a few patients begin to feel better, even before the doctor touches them. It is part of the psychological armour of the medical practitioner and has been next to the stethoscope as the evidence medical qualification and professionalism. Affixation of the label bearing the name and designation of the wearer has been a good introduction to the patient and assisted in distinguishing the doctor from other white coat-wearing workers that invade the ward for paramedical duties.

Many children are terrified of doctors because of injections or other painful examinations, or treatment they received from doctors in white coats, and would not let anyone wearing such apparel touch them. Consequently, many paediatricians stopped wearing it, and this is understandable.

The world is presently gripped by the fear of antibiotic resistance that may bring back the dreadful days before their discovery. Control of their use will include tightening up measures to avoid transmission of infections. Should the white coat be regarded a fomite?

I came across a report on page 22 of the British Daily Telegraph newspaper of 9th June 2014 that a most eminent and respected brain surgeon was quitting his job because of the 'ludicrous rules and regulations that now dominate hospital life'. The turning point for him came when he was banned from wearing a wristwatch. This instruction was part of a 22-page dress-code policy he received that also ruled out ties and long sleeves. He has articulated the frustration that many hospital doctors feel.

The 'bare below the elbows' policy began to be implemented in NHS hospitals several years ago as part of an attempt to reduce infection rates. The policy states

that doctors and nurses are not allowed on to a ward if they are wearing a coat or outer garment, and that they must have their shirtsleeves rolled up to their elbows, with no watches or other jewellery (except wedding rings, for some strange reason, as though bugs respect the sanctity of marriage).

'There is good evidence to support regular hand-washing in combating the spread of infections in hospitals, yet there is no proof that the policy of bare-below-the-elbows reduces the spread of infection.'

This is the whole point. Doctors do not let the cuffs of their white coats get wet, and they are far less likely to carry bacteria than bare hands. While staff scrubbing up for action in the operating theatre always remove wrist watches and rings on their fingers, it is difficult to see how wearing of watches and jewellery can transmit infection - on the ward!

But the bare-below-the-elbows policy serves another function. Increasingly, the dress code is used by managers as a way of forcing doctors - the traditional figures of authority in hospitals, who are often seen as a threat because of their knowledge and skills - to observe the rules. It is a stick with which to beat clinicians, a way for managers to flex their muscles. And it has had unintended consequences.

Many argue that they have lost their 'presence' in hospitals, and patients can no longer identify them. While it is true that white coats can harbour infectious organisms, in Hong Kong, where they are still standard uniform, the rates of hospital-acquired infection are considerably lower than in British hospitals, as they are in other European countries.

Who are these managers that seem to know more about hospital infection than doctors? If they are non-medical, they have no business dictating to doctors on clinical matters.

Any policy that makes it difficult for patients to identify who is a doctor and who is not creates a dreadful environment that would not promote doctor-patient relationships, which are so important in the healing process. It would give a free hand to many impostors in health institutions to commit all sorts of unapproved acts on patients under the impression that they were doctors. Many patients feel intimidated and helpless in the hospital environment. The requirement for doctors to wear nametags on their white coats may assist only a few bold patients to challenge strangers that approach them but it tends to deter impostors. In the absence of scientific evidence, there is nothing to recommend the idea of doctors in shirtsleeves on the ward.

Prof Shima Gyoh has held many posts ranging from village doctor to DG of Nigeria's Federal Ministry of Health and Chair of the Medical and Dental Council of Nigeria.