

# Keren Landman: Doctors, take off those dirty white coats

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Replacing the traditional white coats with scrubs can help prevent the spread of infectious diseases

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Dr. Michael Edmond vividly remembers the first time he ever thought about losing his white coat. The boyish-looking infection-control specialist was sitting at his desk in Richmond, Va., when he read that Britain's National Health Service had ordered all health-care workers to wear short sleeves under a program called "Bare Below the Elbow."

"This makes perfect sense," he thought. From that day onward, he replaced his white coat with scrubs whenever he was seeing patients. Others followed his example, which became an infection-control guideline at Virginia Commonwealth University Hospital, where Edmond was an epidemiologist. Today, 80 per cent of the hospital's physicians are bare below the elbows.

The argument for shedding long sleeves is built on common sense, rather than a strong base of evidence. Studies have demonstrated that microorganisms are easily transferred from many surfaces on to fabric and from fabric on to skin. We know that between 10 and 80 per cent of white coats in use are contaminated with pathogenic bacteria. And worse, most physicians don't wash their white coats very often: In a 2014 study, 57 per cent of doctors admitted washing their white coats once a month, if at all.

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"I don't think we're ever going to get better data than that," said Edmond, citing the logistical difficulties in establishing a chain of transmission. However, he and other experts say that most infection-control practices are similarly grounded in logic rather than data.

Dr. Michael Gardam, director of infection prevention and control at Toronto's University Health Network, says even such widely accepted infection-control practices as hand washing have a limited evidence base. But absence of evidence, he and others argue, isn't the same as evidence of absence.

Edmond's advocacy continues in his current role as chief quality officer at the University of Iowa Hospitals and Clinics, where he expects a bare-below-the-elbows recommendation to take effect in January 2016. But throughout the United States, his arguments face substantial resistance from physicians themselves.

In a widely attended panel at an October 2015 meeting of the Infectious Diseases Society of America, Edmond debated the issue with Dr. Neil Fishman, an infection preventionist who is now associate chief medical officer at the University of Pennsylvania Health System and a vocal proponent of keeping white coats on doctors. A cornerstone of Fishman's argument was professionalism: patients don't like seeing doctors in short sleeves.

And indeed, although some studies have demonstrated a patient preference for doctors wearing white coats, that preference is far from unanimous and is often changed with infection-control education. Furthermore, most patients rank appearance as the least important component of their doctor's

professionalism and, for most, satisfaction with their care is unrelated to their assessment of their doctor's appearance.

Although doctors have other arguments for not wanting to give up their white coats (storage, warmth, uniformity), one of the most important arguments is around identification — what the garment signifies that its wearer is or is not.

At “white coat ceremonies” held early in the first year at most American medical schools, students receive short, hip-length coats in the same hour that they first recite the Hippocratic oath. “Oftentimes, as a medical student, you feel a little bit fraudulent,” said Stuart Malcolm, a fourth-year medical student at Emory University in Atlanta, Ga. The white coat, he said, “gave me protection — (it said) that I was allowed to enter a patient's room.”

I remember that feeling very well myself, as well as the pride I felt when I transitioned from the short student coat to the longer, mid-thigh-length coat of a degreed physician. But problems start to emerge when that pride takes on shades of elitism and privilege — when it results in a structure that discourages challenging the doctor.

“Flattening the hierarchy is how they brought about better safety in the airline industry,” said Gardam. The medical establishment should learn from this experience. Although having distinct roles and leadership positions are still critical to the function of a medical team, improving the approachability of team leaders — usually doctors — demonstrably improves patient safety.

It's still hard to convince doctors to lose their white coats: they — like most people — hate change, enjoy having status and are already burdened with plenty of rules. “There are so many hills you need to die on (each day) in the world of infection control,” said Gardam. “I need to choose which stupid, arbitrary infection control rules I'm going to push.”

He thinks Canadian physicians cling to their white coats somewhat less feverishly than Americans, and although he knows of no provincial or national bare-below-the-elbows guideline, he says he favours (and follows) the practice. More doctors should.

***Keren Landman is a physician specializing in infectious diseases and public health. She is a Fellow in Global Journalism at the University of Toronto's Munk School of Global Affairs.***