PERSPECTIVES

Desiderata or Dogma: What the Evidence Reveals About Physician Attire

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INTRODUCTION: Physician–patient interactions are complex and depend on multiple factors including common cultural definitions and evolving social norms. The once purely philosophical debate over what constitutes appropriate physician attire can benefit from a growing evidence base in the literature.

DISCUSSION: Although this literature is commonly regarded as supporting traditional attire, the data actually represent a more balanced distribution of opinions held by patients and by physicians. Perhaps interpretations favoring a conservative approach are expected given the history and tradition of the physician–patient relationship.

CONCLUSION: Nevertheless, in the age of evidence-based medicine, it is difficult to argue against scrutiny of the available literature. Evidence that challenges the importance of traditional physician attire is reviewed.

KEY WORDS: dress code; white coat; tradition.

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INTRODUCTION

Physician fashion continues to inspire colorful commentary in both clinical and literary contexts. This topic may be considered a subset of the general concept of professionalism, which spans ethics, values, humanism, and related topics.¹ Formal attire is generally regarded as important to patient care, and one can imagine multiple possible reasons: societal expectations; tradition; association of appearance with competence; identification of authority; avoidance of distracting appearances. Perhaps this tendency toward traditional dress stems from a combination of social factors that apply to “professionals” or “success” in

general and the deep historical linkage of attire with medical practice, in particular. However, even the most compelling arguments should be subjected whenever possible to the litmus test of empirical evidence. In the medical literature on physician appearance, this has taken the form of patient surveys. As with any medical topic, scrutiny of such data by the community is a continuous process that should guide the dynamic evolution of ideas into practice over time.

The main thrust of the debate involves the extent to which traditional attire is viewed by patients as important for establishing comfort, trust, and satisfaction. Despite the need for balance in approaching this question, studies often emphasize traditional or professional appearance in their conclusions whereas downplaying uncertainty in the data. For example, in 1 study, more than 60% of respondents indicated no preference for casual versus formal (scrubs and white coat) physician attire and reported no impact of attire on comfort level or confidence in the physician, yet the article concluded that patients do care about physician appearance.² Similarly, another study showed that 75% of patients indicated no preference for appearance when choosing doctors, although many patients did express traditional opinions in the forced choice aspect of the survey.³ This pattern of selective reinforcement of a certain position may compromise the evolution of new ways of thinking about the doctor–patient relationship.

TRADITIONAL PHYSICIAN APPEARANCE: WHAT ARE PATIENTS TELLING US?

One cannot help but see some irony in the title of a (nonsatire) physician opinion piece on physician attire entitled “You can’t judge a book by its cover, but we do!”.⁴ Recent reviews of the field concluding that patients prefer doctors with white coats and professional attire seem to be bona fide efforts to optimize patient care.^{5–7} However, little emphasis is placed on data that do not support this view, suggesting the possibility of bias shaping the argument. Brandt describes the evidence for and against the importance of formal attire, and although the conclusion is that attire is nearly universally important, personality and demeanor are even more important.⁵ There is at least 1 satire on the subject,⁸ although it targets the dress code debate itself whereas only hinting at opposition to traditional views. Some reports even cite Hippocrates himself as a proponent of fine dress,^{5,9} although neither the ancient nor the modern versions of the Oath addresses attire.¹⁰ Whereas the white coat is a relatively new feature of the

Literature was reviewed based on PubMed searches for terms such as attire, dress code, physician, survey, piercing, white coat, resident, appearance. Article citations and “related article” searches were also used.

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physician attire, it was enshrined in 1 commentary, because of the white color, as a symbol of "life, purity, innocence, superhuman power, goodness."¹¹ This sort of hyperbole is difficult to reconcile with the objectives of an evidence-based evaluation.

Closer scrutiny of the limited literature concerning physician attire reveals an interesting diversity of opinions from doctors and patients about appearance. For example, doctors generally endorse the importance of formal clothing more than patients,⁹ in contrast to the typical argument focusing on patient preference as the pertinent end point. Although various commentaries emphasize professionalism, respect, and other noble associations with certain attire, surveyed doctors often indicated more earthly reasons for resorting to the white coat: to hold books, protect clothes, and facilitate identification.^{12,13} Patients showed a similar sense of practicality in 1 study where 50% favored white coats for "easy identification," compared to only 20% who thought it "looked more professional."¹² In addition, recent data suggested that many doctors preferred to not wear a white coat at all,^{12,14} citing reasons ranging from "too hot," "infection risk," and "no one else wears one." Some even felt that white coats actually interfered with the doctor-patient relationship. Some patients agreed with this perception, indicating the primary reason they did not favor physician white coats was that they represented a barrier to communication.¹⁵ When appearance was directly compared to intangible personality qualities, physician demeanor and facial expression trumped wardrobe in 2 other survey studies.^{16,17} In a recent randomized trial of business, casual, or scrub attire in the obstetrics setting, there were no differences in patient satisfaction.¹⁸

One study investigating opinions of patients and physicians toward physician facial piercings concluded in its discussion that it is "easier for a physician to alter his/her attire than to change the other aspects of physician manner in order to gain trust and confidence."¹⁹ It is interesting to note that despite attitudes favoring formal appearance, 60–92% of patients surveyed stated they were not bothered by ER or primary care physicians sporting lip, nose, or ear piercings. The same tolerance was not found among physicians judging other physicians in this study.

One unique study showed that parents (of pediatric patients) who held university degrees cared less about attire and its relationship to physician competence.²⁰ The implication that higher education focuses attention on substance over appearance does not seem to easily extrapolate to medical school.

The distinction between perception and reality was highlighted in 1 study focusing on the importance of a necktie in male doctors working in an emergency department. Of discharged patients surveyed, 30% to 50% incorrectly recalled whether or not their male doctor was even wearing a tie. It is interesting to note that patient satisfaction responses actually correlated with the mere impression of the presence of a tie, independent of objective reality,²¹ reminding one of the famous sociological dictum of W.I. Thomas who asserted, "If persons believe a situation to be real it is real in its consequences."

A somewhat stereotypical observation about gender perceptions emerged from another study, which reported that wearing a white coat was viewed as barely more important than lipstick and nylons as preferred attire for female doctors.^{9,22} Perhaps more concerning in an age of increased awareness of eating disorders, being overweight (defined in the survey as being "by more than 20 pounds") ranked among the most undesirable

physician qualities. The focus on appearance was common to both doctors and patients who held similar views.

DISCUSSION

It is admittedly difficult to tease apart the confounding and complex impact of tradition and social norms in forging one's opinion (whether patient or doctor) on the question of appropriate physician attire. For example, individual patient preference may be influenced by the way one's own doctor dresses.²³ Notably, however, when surveys force a choice between wardrobe and physician disposition, the latter seems to trump the former.^{16,17} There are many arguments in the literature for and against physicians wearing formal attire and white coats. Many are based on anecdote, some are based on misperception and misremembering; few are empirically based.

From a review of the literature that does exist, it is clear that what is considered formal, traditional, and appropriate is an elusive target and is subject to change over time. Among the earliest and simplest lessons of life is the idea that one should not judge a book by its cover—"and yet we do."⁴ Rather than viewing the debate over what constitutes appropriate attire as a threat to tradition, perhaps the community could focus on how to empower patients to evaluate physicians based on attributes more meaningful than their wardrobe and to optimize the healing potential in every relationship.

I have had the good fortune to encounter a wide and rich spectrum of opinions from patients, friends, and colleagues on the matter of proper physician attire, perhaps encouraged by my absent white coat, absent necktie, shaved head, bilateral black hoop earrings, and tattoos covering approximately 17% of my skin (according to the Lund-Browder burn chart). With only one exception (a mildly demented elderly man in heart failure), every one of the uncommon suggestions to upgrade my appearance for the sake of patient care has come from a physician colleague. In contrast, there have been countless moments of connection with patients who confided that some aspect of my appearance made them feel *more* comfortable. I may never know exactly which facet of positive doctor-patient interactions helped replace anxiety or doubt with trust and confidence. Personal anecdote is admittedly a poor foundation for generalizing about the intricacies of human relationships, especially in an article that claims to be evidence-based. Surely there are some physicians who feel more comfortable in formal attire, and some patients who feel more comfortable seeing a long white coat covering a three-piece suit. Percentages from surveys provide a gestalt of patient preference that does not translate easily to my individual situation and encounters.

Professionalism encompasses multiple facets of our role as physicians, and the complexity of our duties makes a one-size-fits-all approach to any aspect of professionalism difficult to envision. We certainly gauge the terrain of our interactions (using humor, being serious, offering compassion) based on how we sense the social and emotional needs of our patients. The challenge with appearance is that, unlike our behavior, we cannot easily change it on the fly to adapt to an unfolding conversation (nor can we, doppelgänger-like, simultaneously appear differently to different family members standing at the bedside, each with distinct expectations of physician appearance). Developing an overarching approach to physician attire requires a balance of

personal freedom, respect for our patients' wishes (which may be different from what we think they are), and avoidance of possible obstacles to forming productive relationships.⁷ There are many opinions held by patients and physicians about what constitutes appropriate dress. The existing evidence suggests that patients are more flexible about what they consider "professional dress" than the professionals who are setting standards. One can only hope that each doctor-patient interaction affords the participants the chance to transcend the cursory impressions of attire and engage the "real" work of medicine, the alleviation of suffering and the healing potential of a positive, productive relationship.

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