

## **Should Medical Schools Have a Say in How Medical Students Dress?**

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I am writing this on a plane, flying over the mountains of New Zealand. The captain walked to the plane in a smart dark suit and cap. On the speaker phone, his voice was soothing and self-assured. My life, and that of the dozens of passengers on board, are in his hands. His appearance, his short walk to the plane, the tone of his voice, the words he uttered – they all inspired confidence. I doubt I would have stepped off the plane had he been wearing torn jeans and a T-shirt, stumbled on his way to the cockpit and spoken with a meek and trembling voice, but I would be anxiously reading the safety instruction card rather than composing this article.

The truth is that I don't know the first thing about flying an airplane. I therefore make judgements about the pilot based on external factors. Similarly, most patients know little about medicine and thus form an opinion of their clinician based on appearance, demeanour, reputation, speech, gestures, and other qualities and actions. The brevity of most doctor-patient interactions also calls for quick judgments on the competence and likeability of a doctor (and, of course, doctors also make rapid assessments of their patients). Most of the time, there simply isn't time for each party to get to know each other.

Since patients probably evaluate clinicians within the first few seconds of the interaction and since most encounters last only a short time, it seems sensible to identify the elements that affect patient evaluation and, if these can be changed with little cost and effort, to adjust them in ways that would put patients at ease. Sick patients have enough to worry about without wondering if their clinician is competent and trustworthy.

The way we dress reveals a lot about ourselves. That is why we are so picky when we buy clothes and why buying clothes for others is a delicate business. It also explains why 'how to' interview guides recommend dressing smartly to job interviews. Even before a word is spoken, a well-dressed candidate suggests he or she is meticulous, respectful and serious about your job. This close relationship between self and dress is translated, in the patient faced with the odd or scruffy-looking medic, into something like this: "how can this medical student take care of me if he/she can't take care of him/herself?".

Professionalism requires acting in certain ways, and since many patients are sensitive to attire, this includes wearing appropriate clothing. Sporting baggy jeans and a baseball cap at a clinic may be expressing your true self, but it is a failure of professionalism. Professionalism and individualism might clash, yet this is not necessarily bad. Professionalism can entail suppression of self, rather than a celebration of individuality; a call for uniformity rather than heterogeneity. This is perhaps most evident among professional military personnel, where stepping out of line can result in the death of colleagues, but it also applies to medics; for example, an exasperated doctor may want to tell a non-adherent patient to “bloody well get a grip” but professionalism requires a more composed and less overtly judgemental approach. Allowing medics to ‘be themselves’ through dress and behaviour, while more liberating and comfortable for some, may adversely affect the perception of their patients, and more generally the way the public view the medical profession.

While the scope for sartorial individuality is reduced by dress codes, it is rarely eliminated. Even if I have to wear jacket and tie, I can still choose which jacket and tie to wear, for example. There remains some degree of freedom. The imposition of certain rules of dress is hardly a costly sacrifice (unless it clashes with deeply held religious convictions). It is, for those who like to dress informally, at worst a nuisance. Such is the cost of professionalism. Outside working hours, medics, pilots, lawyers, and other professionals can wear anything they want or indeed nothing at all.

Aside from a possible reduction in public trust in medics, what are the harms of socially inappropriate attire for medical students? Most obviously, there is the potential distress for some patients, especially older or more traditional ones, who may be taken aback by a ghostly white figure walking towards them dressed in black from head to toe (a ‘Goth’ student) or by a doctor with a constellation of glittering piercings on his eyebrows, tongue, lips and ears. It is unlikely to cause huge anguish, but it is unsettling nonetheless and if, in the words of the General Medical Council, you should ‘make the care of your patient your first concern’, then perhaps we should put limits on what medics can wear.

This obligation would fall under the general principle of non-maleficence, or not causing harm to patients. Indeed, the experience may be so off-putting for patients that, to avoid examination by this particular medical student, the worried patients diplomatically decline to have *any* student participate in their care. The student’s training will be affected by this refusal, but importantly so will the training of his or her peers, who will be denied an opportunity to learn. The harms thus extend beyond the

individual to colleagues on that firm and, ultimately, to the profession as a whole. The harmful consequences of a liberal position on the clothing issue is not a solely individual matter, but has knock-on effects on others too. This is a powerful argument against the abolition or relaxing of dress codes.

The captain has just announced we are landing in Rotorua. All electronic equipment must be switched off. I shall do as he says – he's an awfully good pilot.

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