

THE EVOLUTION OF THE WHITE COAT

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"Your pain is the breaking of the shell that encloses your understanding. It is the bitter potion by which the physician within you heals your sick self. Therefore, trust the physician and drink his remedy in silence and tranquility."

-Khalil Gibran

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On a magnificent March morning almost three decades ago, as a houseman fresh out of medical school, I arrived for my first day at work. Those were the days when you were expected to hit the ground running in a white coat. A freshly ironed, crisp, brilliant white coat was any doctor's pride and honour. A stethoscope, a bag and a white coat were the key symbols of a physician and the first few desirable possessions for a newly qualified doctor. We had only heard the historical tales of black attired doctors as the last hope for the unwell during the epidemics like plague and influenza. Interestingly, they also wore a beak like mask. I must confess it is a relief that personal protective equipment (PPE) has moved on from that hideous superstitiously inclined fashion. Feeling confident, I reported to the senior registrar. In no uncertain terms, I was told to get to grips with the 22-bedded male ward in a busy teaching hospital. It was expected that I would report back by the mid-morning tea-break.

In some parts of the world, the white coat ceremony is a transformational life event. Expectations go through the roof for clever high school students with regard to being the saviours of the human race and healers of the sick. Little do they know that humility, creativity and hard work with a mixture of acquired knowledge will be their life-style as they wear that white coat. Prior to joining the noble profession, the white coat was an essential part of the kit to protect them from the chemicals used in high school laboratory experiments. For my friends, it was also a handy tool to umpire a cricket match while truanting from school in neighbourhood back alleys and public parks.

As a medical student, a stethoscope around the neck or tucked in the white coat pocket gave that confidence and assurance for the life ahead. The white coat was still handy whilst umpiring a cricket match on the college cricket green. Old habits die hard. Surgeons are identified by their scrubs. Likewise, psychiatrists were identified by their suits and neckties. Sigmund Freud and Jean-Martin Charcot have been depicted in various paintings dressed smartly wearing suits. As a junior doctor, it was drummed in, that a well-dressed doctor is a well-respected doctor. Soon, the realisation struck that nothing could have been further from the truth. The blood, sweat, sleepless nights, working on public holidays, prioritising patients over family, grabbing food on the go and using your annual leave time to work through endless exams, were only some ingredients needed to work with (on our own), as we

grew professionally. However, it was true that a patient's expectations were influenced by smart attire, yet they promptly accepted any advice from a youthful white coat wearing doctor, irrespective of the experience. The white coat came in handy many a time to hide a crumpled shirt which could not be ironed, while capitalising on every little moment to catch up on sleep. Many of us were dragged out of bed to get to the ward rounds. The same white coat, which we wore as a doctor, in a moment could be used as a sheet to cover oneself whilst napping on a duty room sofa. Despite this being a multi-purpose piece of doctor's uniform to this day; the white coat remains a symbol of reverence and veneration.

Going back to my first day as a doctor on a psychiatric ward, I met with the matron on the ward for her permission to review patients on her ward. Such was the respect and authority commanded by the ward sister that you dare not enter the ward without her searching and scrutinising gaze. A gaze that would make a junior doctor tremble in freshly polished shiny shoes. The white coat acted as an armour from that examining, dissecting and analysing contemplation. Even the most senior and feared of the nursing staff had a respect for the white coat. No wonder I felt confident and comfortable in the protection of my white coat. To be fair, she gave me protection and nurturing that helped me understand the dynamic relationship between a nurse and ward doctor. Such personalities see many junior doctors come and progress, whilst they look after patients after a doctor graces the ward and then disappears after writing a prescription.

On that morning, after introductions and a handing over, I was inducted to the ward where several seniors had treaded carefully. As part of the induction, a golden and unwritten rule was emphasised by a patient who did not know me as a person. Looking at my brand new, crisply ironed, sparkling white coat, he greeted me as a doctor. At the time, I was impressed that from my looks; he knew I was a doctor. Little did I realise it was not the looks but the white coat that he recognised. Such was the power of the white coat. Everyone knew a coat was to keep you protected and your clothes free from infections. With that feeling of superiority, I was introduced to a young man with pressure of speech and flight of ideas. Soon, it was evident that these would be important symptoms to explore for the rest of my career to diagnose mood disorders. His history suggested that he was admitted the night before from the regional



Emergency Unit. He had not slept for a few days. He was praying through the night. A few nights prior to admission, he had claimed of his strong powers. His family was concerned that this was unusual for him. The more he prayed, the more he perceived he had divine and special powers. This had reached a point that he started believing that he was a messenger of God. It did not take long for him to think and then claim that he was God himself.

Socially such blasphemous thoughts, even though delusional, could be perilous. Not long ago, someone was taken into police custody for such a false yet firm claim, contrary to his background. He languished in a police cell for some time before a psychiatrist rescued him. Fortunately, the family convinced my patient to seek help. He was animated and playful in his remarks, and dismissive of the respect the white coat had so far commanded from everyone else on my first day at work. For my psychiatric career, he was the first but not the last person, whose delusion underpinned his claim to be a prophet or a god. As the novelty of such claims wore off, after about a dozen such patients, I decided to stop counting such claims for the assumed celebrity status. Such delusional grandiosity, imposition and assumed superiority in a disturbed mental state of patients can be very educational, deceptive but very disturbing for people looking after them. Learning this lesson early on in a career as a mental health professional is important for developing humility alongwith the necessity of helping a patient. His grandiosity and pompousness were such that he dismissed my perceived confidence injected through wearing a white coat. He ordered me to fetch him a cup of tea to wash down his breakfast. He was very precise in how he liked his tea, well-brewed, with a touch of milk and three heaped spoonfuls of sugar.

I thought this must not be good for his health, but surely will taste super sweet. The kitchen staff showed respect for the white coat, that I was rapidly getting used to, and they made sure that I did not carry that cup of tea to the patient's bedside. Equipped with the confidence of satisfying his needs and commanding authority of providing a cup of tea for him, I settled in a chair next to him to complete the psychiatric history. Anyone who can take a good psychiatric history can take a good medical history. This essential process teaches patience, perseverance and the ability to communicate. Attention to detail to describe a symptom should be the hallmark of any good doctor, not just a psychiatrist. Mental and physical well-being have a symbiotic relationship. Taking a good history not only provides an opportunity to obtain information, it also builds the all essential trust and bond between the doctor, the patient and the family. Above all, slothfulness in taking a good history is a sin all doctors must avoid. As I started ruling out the all-important symptoms of hallucinations and delusions by putting a structure around the

information for recently memorised first Rank Symptoms of Schizophrenia, I felt I was building the prescribed confidence and therapeutic relationship with my first patient as a psychiatric doctor.

In the eagerness to impress my senior registrar at the traditional mid-morning tea break, I might have gone a bit overboard in my questioning and missed the building irritability in this gentleman. Surely, now I know when to retreat or seek help and when not to invest in a zealous focus. It's a fine line to tread between inquisitiveness and attempting to take a good comprehensive history in one go. I was told that the professor of the unit will be there for mid-morning tea break with an expectation of meeting the new trainees. The Ward sister's matronly advice was to make sure to leave a good first impression on the team in general, and professor in particular. Hence, I aspired to complete a comprehensive history with a complete mental state examination of the patient who was claiming to be god.

Splash! All of a sudden, I had a hot cup of tea on my face and splattering over my fresh, new, crisp white coat! What happened next is a daze as I was rescued by the matron of the ward. Thank fully, the nursing staff was very resourceful, and provided me with a freshly ironed and starched white coat. Not only this save my reputation on the first day, but it left a good impression on the team and the professor. It was only a few days later, that I had the courage to confess to my first day shenanigans and the taste of the sweet cup of tea. Thankfully, it was the last such cup of tea I ever tasted trickling from my face.

Over the years, for various reasons, the white coat has disappeared from hospitals in general, and psychiatry in particular. As I progressed up the ladder, suits and neck ties became a norm. Comments on how psychiatrists dressed up compared to other doctors are well known and documented. Some professors, physicians and surgeons also wear bow ties as a sign of distinction and authority. Wearing jeans and a leather jacket, I once attended an acutely unwell patient at the emergency unit in the early hours of the morning. I was told I looked like a surgeon rather than a psychiatrist. To this day, I am not sure if I took that as a compliment or otherwise. More recently, as a liaison psychiatrist, working in a general hospital, my team and I have taken to wearing scrubs. This might be a forced change because of the Covid19 pandemic. Is it going back to the black attire of doctors with a beak during the plague pandemic? Thankfully, no beaks are needed, but the face shields and N-95 masks are readily available. There have been infrequent and a handful of incidents when delirious or confused, aggressive patients have pinned me behind a door or ambushed me while shouting expletives. Those are the times when the protection and respect provided by the white coat has been missed. Such has been the evolution of the white coat.