

# What should doctors wear to work?

Tweed, beautiful heels, Superman T shirts, or sensible shirts? Opinions vary on the most suitable attire for ward and clinic, finds **Abi Rimmer**



## “Appearances matter”

**Simon Fleming, immediate past president of British Orthopaedic Trainees’ Association**

“The question of what a doctor should wear has always been the start of a great argument. Should I wear a three piece suit, a white coat, or jeans? Should we cater to others’—patients’ or colleagues’—unconscious biases? Ignoring the sartorial implications, what I wear to work is evidence to many of my training, my tribe, and, one could argue, my clinical competency.

“Daniel Webster Cathell’s 1890 *Book on the Physician Himself* talks about how a doctor might demonstrate his competency. A lot of emphasis is placed on one’s appearance (a suit) and accoutrements (a walking stick with a silver head). I would suggest not much has changed in how we show our professional, and to an extent personal, identity at work.

“We know patients from Europe prefer a ‘formal’ look, and prefer their surgeons, emergency doctors, and intensivists to be in scrubs. We know we make snap, unconscious judgments based on their appearance. Saying that, when I worked at Great Ormond Street Hospital I would sometimes wear my Superman T shirt and the children loved it. When I worked in Australia, a polo shirt in clinic was just fine.

“To the doctor wondering what to wear, I would say, wear what you can afford, what makes you comfortable (inside and out), and what is appropriate to the job and patients. If I am in theatres all day, I go into work in jeans and a hoodie and get straight into scrubs; when I have clinic, it’s a shirt, tie, and some tweed. That works for me. You do you.”



## “Dress to inspire confidence”

**James S Thambyrajah, First5 lead GP for RCGP South West Thames Faculty**

“I remember in my fourth year at medical school, I first began thinking about what to wear as a professional. I had an immense feeling of pride on being let loose on the wards for the first time. My biggest sartorial influence was, and still is, my father, an ENT surgeon. He advised me to wear ‘sensible coloured shirts—blues, pinks, whites, and stripes.’ He vetoed ‘dark colours such as black, greys, and reds.’

“I adhere to the BMA dress code mantra of ‘dress in a manner which is likely to inspire public confidence.’ For me this means smart (and ironed) shirts and trousers.

“Patients are people at their most vulnerable, therefore I believe first impressions are important. They want doctors to dress professionally—to instil in them that vital confidence boost. It shows that you take seriously the job of looking after them. I also believe that job specifics define what you wear. Comfortable shoes are essential for long hospital shifts, for example. As a junior doctor doing paediatrics, I was told off by the night shift nurses for wearing leather shoes as I would make too much noise when walking or running onto the ward.

“When thinking about what to wear during my long days as a GP, I opt for comfortable, smart, and practical. My choice of socks is the one personal and fun item—I choose crazy multicoloured prints. To quote photographer Bill Cunningham, ‘Fashion is the armour to survive everyday life.’”



## “Be your smart self”

**Clare Kane, specialty trainee year 7 haematology, Leeds**

“My workday wardrobe has evolved over the years since I graduated. Together we have gone from cheap and cheerful Topshop tops and black trousers, via scrubs, black jeans (dark days indeed), to bright dresses, preferably with pockets.

“Now I choose clothes that are easy to clean, comfortable, and colourful: my patients are often in isolation rooms for weeks on end, so, hopefully, bright yellow flowers and butterflies brighten things up a little bit.

“I know there are dress codes out there, but I think the important thing is to be yourself—your smart self, and to wear something that you can do the work in. A dry-clean-only white skirt isn’t going to be very practical on a night shift and grey jeggings are less suitable for a clinic.

“Shoes are obviously an important part of workwear, with flat shoes for long days, buckle shoes or lace ups for running on call, and, personally, I keep a ridiculous collection of beautiful heels for clinic days, but that is strictly optional.

“Oh, and for those of us who like skirts and dresses—in winter, if you have a paucity of pockets, get some wide legged boots, and ta dah you have an extra place for your bleeps, handover, phone, and pens. Sorted.”



Olwen Williams, 59, is president of the British Association for Sexual Health and HIV and a consultant in genitourinary/HIV medicine at Betsi Cadwaladr University Health Board in north Wales. A noted networker and advocate, she is as media savvy as her role demands, communicating the message in Welsh if necessary, since she grew up speaking the language. She is a regular contributor to BBC Radio Wales and has made four health related television documentaries. She qualified at Liverpool in 1983 and has been heavily involved in the Royal College of Physicians' Future Hospital Programme, leading the development site at Betsi Cadwaladr.

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# Olwen Williams Eradicating the stigma

### What was your earliest ambition?

To succeed in a man's world. Having been told at age 9 that girls don't become doctors I was adamant that I was going to prove them wrong.

### What was your best career move?

Going against everyone's advice and becoming a genitourinary medicine physician. I saw the "emerging" AIDS epidemic as a societal and medical challenge that I wanted to be part of. It's been an amazing journey.

### What was the worst mistake in your career?

Failing to persuade anyone to get me dually accredited in genitourinary medicine/general medicine when I started specialist training in 1988.

### How is your work-life balance?

I adapt depending on which one needs priority, but work is my mistress.

### How do you keep fit and healthy?

Dog walking and gardening.

### What single change would you like to see made to the NHS?

Adequate funding. The austerity years must come to an end, but we also need to adopt the principles of value based care and realistic medicine.

### Do doctors get paid enough?

If you're a part time, single parent in training—then no.

### To whom would you most like to apologise?

My clinic staff, for eating all of the biscuits!

### What do you usually wear to work?

It depends on what I'm doing. It tends to be trendy and casual but never jeans—they're reserved for playtime.

### What is the worst job you have done?

Fish and chip shop assistant. I could never get rid of the smell.

### What unheralded change has made the most difference in your field?

HIV antiretroviral therapy gave hope when triple therapy was introduced in 1997; now, one can assume a normal life expectancy with no risk of onward transmission if the viral load is undetectable. A phenomenal achievement. Now we just need to eradicate the stigma.

### What new technology or development are you most looking forward to?

A cure for HIV in my lifetime.

### What book should every doctor read?

*Cancer Ward* by Aleksandr Solzhenitsyn. All of the doctors are female.

### What personal ambition do you still have?

To run my own farm. I keep rare breed poultry, but I'd like a flock of Badger sheep.

### Is the thought of retirement a dream or a nightmare?

Neither. It's another opportunity in life.

### If you weren't in your present position what would you be doing instead?

Sheep farming.

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