It is time for a dress code in psychiatry

Richard Balon, MD
Departments of Psychiatry and Behavioral Neurosciences and Anesthesiology
Wayne State University
Detroit, Michigan, USA

Mary K. Morreale, MD
Departments of Psychiatry and Behavioral Neurosciences
Wayne State University
Detroit, Michigan, USA

CORRESPONDENCE
Richard Balon, MD
Department of Psychiatry and Behavioral Neurosciences and Anesthesiology
Tolan Park Building, 3rd floor
3901 Chrysler Service Drive
Detroit, MI 48201 USA
E-MAIL
rbalon@wayne.edu

The interaction between patients and psychiatrists (as well as other physicians) is a complex matter to which our profession pays much attention. We teach medical students and residents how to listen, communicate, and interpret the patient’s posture, gestures, facial expressions, and eye contact. As part of an assessment of our patients’ appearance, we note both their grooming and attire. However, we do not always talk about our own appearance and dress. Many professions and institutions have dress codes to address the appearance of their employees. Historically, physicians were expected to wear a white coat, but this is often no longer the case, especially for psychiatrists and physicians in outpatient clinics and private facilities. At times, we have seen resistance to the suggestion of a dress code among our colleagues and residents. We have heard physicians arguing that formal dress and/or a white coat can be a barrier between them and their patients, especially patients from a lower socioeconomic class. Should there be some type of dress code in psychiatry? Do we know whether a more formal attire truly creates a barrier between us and our patients?

A dress code, in general terms, is a set of written or spoken rules about what clothing one should wear in specific settings or situations. There are different dress codes for various institutions and businesses. Dress codes may reflect social class, culture (non-Western cultures have their own dress codes), tradition, religious affiliation, profession, allegiance to an institution, or appearance at a special occasion such as a wedding or funeral.

As noted by Gjerdingen et al,1 physician appearance has been of interest for centuries. Even Hippocrates, in his comments on physician behavior, noted that a physician should “be clean in person, well-dressed, and anointed with sweet-smelling unguents.”2 In the United States, a number of studies conducted over the last several decades have addressed physician appearance and both patient and physician preferences for physician dress. For example, in a study of 404 patients, residents, and staff physicians regarding attitudes toward various aspects of physician appearance,
Although the perception of appropriateness of physician attire is important to patients across all lines of population and geography, it is more important than attire. As we noted, there are certain variations in dress codes in different settings, such as not wearing a tie in the psychiatric emergency room. Nevertheless, we agree with Gjerdingen et al\(^4\) that “In the physician-patient interaction, the physician’s appearance is a key symbol that not only identifies the individual as a physician, but also defines certain characteristics of the physician. The clear, carefully dressed physician might give the message, ‘This is an important event, and I took time to prepare for it,’ while the unkempt, careless appearing physician can be perceived as unskilled and uncaring.” Although, as Petrilli et al\(^4\) remarked, physician attire cannot replace excellent clinical care, it may influence how patients perceive care, and how willing they are to trust their doctors. Similarly, Dunn et al\(^4\) felt that attire and etiquette are not substitutes for good clinical skills, although they play a role in the development of the physician–patient relationship.

One may wonder how physician attire is viewed within psychiatry, because the studies discussed above did not include the opinions of psychiatrists or patients seeking psychiatric care, and we were unable to locate any studies that specifically address this issue. We believe that psychiatry should follow the findings from other specialties, because our patients should not be treated differently and therefore stigmatized. The aforementioned hearsay argument about formal dress creating a barrier between psychiatrists and socioeconomically disadvantaged patients does not hold water unless proven in studies. We may counter that, through our own experience, the majority of patients, regardless of socioeconomic class, comment positively on the proper attire of their psychiatrists, including us (one of us wears a tie and jacket or suit). We agree with Brandt,\(^9\) who states that attire is important because everything in the physician–patient interaction is important. If we adhere to the Hippocratic Oath, why shouldn’t we follow Hippocrates’s suggestion regarding our appearance? As we pay increasing attention to professionalism, shouldn’t we also attend to professional dress?

Thus, we argue that a dress code should be sanctioned and reinforced in psychiatry—as is done in other specialties—especially in outpatient and consultation-liaison settings, and should also be required for residents during training.

In his commentary/review on the value of using an old dress code in the new millennium, Brandt\(^6\) concluded “It appears that the attire of the health care provider is important to patients across all lines of population and geography. A neat, clean appearance, however, is more important than attire.” As we noted, there are certain variations in dress codes in different settings, such as not wearing a tie in the psychiatric emergency room. Nevertheless, we agree with Gjerdingen et al\(^4\) that “In the physician-patient interaction, the physician’s appearance is a key symbol that not only identifies the individual as a physician, but also defines certain characteristics of the physician. The clear, carefully dressed physician might give the message, ‘This is an important event, and I took time to prepare for it,’ while the unkempt, careless appearing physician can be perceived as unskilled and uncaring.” Although, as Petrilli et al\(^4\) remarked, physician attire cannot replace excellent clinical care, it may influence how patients perceive care, and how willing they are to trust their doctors. Similarly, Dunn et al\(^4\) felt that attire and etiquette are not substitutes for good clinical skills, although they play a role in the development of the physician–patient relationship.

One may wonder how physician attire is viewed within psychiatry, because the studies discussed above did not include the opinions of psychiatrists or patients seeking psychiatric care, and we were unable to locate any studies that specifically address this issue. We believe that psychiatry should follow the findings from other specialties, because our patients should not be treated differently and therefore stigmatized. The aforementioned hearsay argument about formal dress creating a barrier between psychiatrists and socioeconomically disadvantaged patients does not hold water unless proven in studies. We may counter that, through our own experience, the majority of patients, regardless of socioeconomic class, comment positively on the proper attire of their psychiatrists, including us (one of us wears a tie and jacket or suit). We agree with Brandt,\(^9\) who states that attire is important because everything in the physician–patient interaction is important. If we adhere to the Hippocratic Oath, why shouldn’t we follow Hippocrates’s suggestion regarding our appearance? As we pay increasing attention to professionalism, shouldn’t we also attend to professional dress?

Thus, we argue that a dress code should be sanctioned and reinforced in psychiatry—as is done in other specialties—especially in outpatient and consultation-liaison settings, and should also be required for residents during training.
REFERENCES


