

# The White Coat Ceremony

RUTH M. ROTHSTEIN

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I HAVE SPOKEN TO A NUMBER OF DOCTORS about the meaning of the white coat ceremony, and all of them spoke with enthusiasm about what it meant for them, how excited they were, and that it was truly the beginning of their life as a doctor. The essential aim of the white coat ceremony is to underscore the need for personal duty and professionalism to accompany high academic standards, as medical students learn to become physicians. The ceremony attempts to codify the core values of altruism, duty and compassion that doctors must acquire and exhibit. The coat symbolizes the need for physicians to possess not only the knowledge and skills required to care for patients, but also the empathy and compassion to treat them as human beings.

Over the past few decades, during which we have witnessed a tremendous explosion of scientific information and technology, we have also seen a surge in the use of alternative medicines such as herbal therapy, acupuncture and massage therapy, in response to public demand and need. Medical schools are responding to this demand by introducing their students to these alternative treatment methods. For example, at one medical school, future doctors learn about the religious and spiritual aspects of illness and healing from chaplains.

At the University of Illinois in Chicago, second-year students take a course in managing HIV/AIDS patients with alternative medicines. Today, East is meeting West at the doctor's office. This new wave, called integrated medicine, is the practice of using biology-based treatments that rely on scientific research and alternative medicine together.

Two years ago, Cook County Hospital and Rush-Presbyterian-St. Luke's Medical Center opened a 760,000 square foot infectious disease facility that, at the urging of the community, in-

tegrated massage therapy, reflexology and stress reduction into the daily regimen of medical treatments provided to patients. For the physician, it means treating the whole person rather than the disease, a concept that is both exciting and important for every future doctor to embrace. Stated another way, every physician-to-be must avoid the pitfall of practicing medicine without a heart and a soul.

## The Symbolism of the White Coat

White was chosen with good reason as a symbol of the medical profession. It has very positive connotations. Traditionally, in Western culture, whiteness has symbolized such positive values as life, purity, innocence, and goodness. In medical terms it could be said to symbolize cleanliness, honor and selflessness. But, as Delese Wear, a professor of medical humanities, has pointed out, there is also a darker symbolism hidden behind the altruism, compassion and excellence (1): "Wearing the white coat . . . may actually promote an effect which is opposite of that which the coat is meant to symbolize." The white coat should never become a symbol of hierarchy, status, power, and negative separation. Doctors must not "become" the coat. They must never be insensitive to the way their patients respond to them. They must always remember that good medicine is predicated on mutual respect, honest communication, and shared humanity.

## The Oath

At the conclusion of the white coat ceremony, doctors-in-training recite an oath modeled in part on the Hippocratic Oath. By taking this oath, they become part of a 2000-year-old tradition of ethical and moral obligation.

Essentially, they are pledging, in the presence of their professors, colleagues, families and friends, that in all the years ahead, they will dedicate their lives and their talents to the alleviation of human suffering, and provide the highest level and quality of service to their community and to society. In short, the white coat ceremony reaffirms the very reasons why one wants to be a physician in the first place.

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Chief, Cook County Bureau of Health Services, Chicago, IL.

The following remarks were originally delivered to the Mount Sinai School of Medicine, New York, NY, Class of 2004 on the occasion of the White Coat Ceremony, September 13, 2000. They have been edited for publication.

Address correspondence to Ruth M. Rothstein, Chief, Cook County Bureau of Health Services, Suite 220, 1900 West Polk Street, Chicago, IL 60612.

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### Working with the Community

Let me offer some personal reflections stemming from 40-plus years of attempting to provide health care in the inner-city of Chicago — as president and CEO of Mount Sinai Hospital in Chicago, as director of Cook County Hospital, and today as chief of the third largest public health system in the country, the Cook County Bureau of Health Services.

At Mount Sinai of Chicago, there was a lack of understanding between the hospital personnel, the board of trustees and the community. The area surrounding the hospital, which had formerly been all Jewish, had changed. As the Jewish population moved away, African-Americans and Latinos replaced them.

Instead of getting to know the new residents of the community and determining what their health care needs might be, the hospital built a wall around itself, closing itself off. It took a lot of hard work on the part of many people to tear down those walls and build up a new spirit of cooperation and mutual trust and respect, a spirit of compassion and caring that still exists at Mount Sinai today.

What we learned, above all, is that health care is about empowering, involving and transforming communities. It is about caring for the health of all the people. It is about working for economic security, as well as delivering quality medical service. It is about creating an environment that fosters strong partnerships and mutual respect and cooperation among physicians, medical institutions and the people they both serve.

### Cook County Bureau of Health Services

When I left the private sector for the public sector, I found a larger version of these same problems. The six different institutions that make up our bureau had different and sometimes conflicting missions. There was little coordination of services. There was little effort to form partnerships between the institutions. One of my priorities was to begin a dialogue among all the bureau's member institutions — to open new channels of communication. Through these channels, we sought to identify the many social and economic factors that impact the health status of the people within the communities we serve. We also developed partnerships with private sector providers, so that we could cooperate in using resources and improving access to health care.

Keep in mind that, not only are the vast majority of the patients at Cook County's health care institutions underserved, but also 80 per-

cent of all the outpatients who come to Cook County are uninsured. Many new members of the medical profession will be working in such an environment. I hope you will. But regardless of the population you serve, it is imperative that you give them your best.

### Conclusion: A Series of Challenges

Tomorrow or the next day, you will be immersing yourselves in your studies, at a level of intensity that you have never experienced before in your life. Regardless of the difficulty, I am confident that you will master your material. But before you lose sight of this day and this important ceremony, let me offer you some different challenges.

- I challenge you to go outside the walls of the academic health center and into the community, to provide the service of your hands, your heads and, most of all, your hearts, to the uninsured, the underserved, the disenfranchised — the forgotten souls outside the system.
- In the same vein, I challenge you to be politically active — to take a stand against the inequities that permeate all aspects of the health care system and to take a stand on behalf of the 45 million uninsured Americans, by advocating that health care is a right, not a privilege.
- I challenge you to ask your professors and your mentors to share with you their personal struggles to maintain a balance between medicine as a career and their own lives.
- I challenge you to be lifelong learners not only of medical facts and figures, but also of all sources of wisdom, including the social sciences, the arts and the humanities. The more well-rounded you become, the better doctor you will be.
- I challenge you to embrace the highest moral, ethical and professional values, and never to compromise these beliefs.
- I challenge you to treat everyone you encounter in the practice of your profession — colleagues, nurses, allied health, residents, fellows, students, patients — with respect and dignity.
- Finally, I challenge you — even in a world gone cynical — to serve the rich and the poor, the high and the low, the mighty and the meek — with the flame of mercy and the light of compassion.

Members of the class of 2004, these are your challenges. I hope that you will meet them, for much of our future and the future of health care depend on you. Thank you.

### References

1. Wear D. On white coats and professional development: The formal and the hidden curricula. *Ann Intern Med* 1998; 129:734–737.