The white coat ceremony: a contemporary medical ritual
S J Huber

The white coat ceremony is a common practice at many American and European medical schools. Current justification for the ceremony is mainly based on the good will felt by participants and an assumed connection between the ceremony and encouraging humanistic values in medicine. Recent critiques of the ceremony faults its use of oaths, premature alignment of students and faculty, and the selective appropriation of meaning to the white coat itself. This paper responds to recent critiques by addressing their misconceptions and arguing that the white coat ceremony is a contemporary medical ritual with a key role for students and faculty in developing a professional identity.

Since its inception in 1993, the white coat ceremony (WCC) has become a national and international phenomenon. It is now practised at the beginning of the year at more than 100 American medical schools and is supported by foundation grants dedicated to endorsing and encouraging professional development and humanism in medicine. While some literature addresses the symbolism and history of the white coat itself, few sources consider the meaning of the WCC as a contemporary medical ritual that will felt by participants and an assumed connection between professional development and humanism in medicine.1 While personal morality. The implication is that students should reject any culturally based ‘‘medical ethic’’ that is not their own or of their choosing. He claims that the WCC asks students to abandon their own ‘‘religious, cultural, ethnic, and social principles’’ in favor of a new ‘‘professional ethic’’ that is not their own. Veatch suggests that the WCC asks for a student honour code instead. Because of the diversity of ethical traditions, ‘‘an oath to practise medicine according to one particular, idiosyncratic moral code … is not defensible’’.

In my judgment, Veatch’s argument is unsound for two reasons. First, he mistakes a medical oath for a complete moral code. An oath is a statement of intent, not a complete ethical stance, nor is the whole of medical ethics merely a code instead. Because of the diversity of ethical traditions, the pledge is to learn within the parameters of these values. At graduation, one may swear to embody those values as a physician, if one desires to live that way. The examination of the professional (and values of medicine (both the written codes and the professional values demonstrated by educators and practitioners) is part of the students’ process of professional development. The beginning of this process is marked by the WCC. Swearing to an honour code, as Veatch would have new students do, is not enough. There is more to being a medical student than being an honest academic. Promising to cooperate and not cheat doesn’t cover the responsibilities a student has as a clinician apprentice. Similarly, student generated codes are insufficient because they ask the students to decide what is important about the practice of medicine before they have ever experienced it and without the counsel of their mentors. Admittedly, there is difficulty in establishing who should be able to select or modify an oath, and disagreement over its wording and content. These problems are reduced if an oath is seen as an initiation and incomplete, and if the oath and WCC are part of a larger programme of professional development.

PERSONAL ETHICS
The second weakness in Veatch’s analysis is in assuming that a professional identity must derive exclusively from a personal morality. The implication is that students should reject any culturally based ‘‘medical ethic’’ that is not their own or of their choosing. He claims that the WCC asks students to abandon their own ‘‘religious, cultural, ethnic,
and national identities’, and to take on the stark, empty identity of contemporary medicine. He suggests that, instead, students strengthen their personal cultural identities and then ‘each subscribe to the medical ethic that is appropriate for that tradition’.

This intense individualism suggests that the title of physician is ethically empty and one of convenience that can be used to legitimate whatever personal ethic or tradition students bring with them to medical school. It says that you do not have to honour any distinctive values that are not demonstrated in medicine, but this need not be the end of formal professional development. It is a ritual of initiation, not one of graduation or completion. Like any good ritual, it has symbols, its own language, and an appeal to an idea larger than the individual. It begins the development of a particular type of identity: that of the medical professional. It should be a little exciting and a little terrifying because of the perceived gravity of the situation. The white coat emerges from the ritual as a symbol of professionalism and humanism, and remains a tacit reminder throughout medical school. It is often commented that one takes on a new identity as one dons the white coat. When viewed in this light, the WCC is a useful and important step in the professional development of a contemporary medical student. Furthermore, as an annual ritual, the WCC can serve to remind faculty of the importance of teaching and demonstrating humanistic and ethical practice.

As noted above, an essential feature of ritual is the creation and appropriation of meaning. Philip Russell, a final year medical student at the time he wrote his critique of the white coat ceremony, is disturbed by this aspect of the WCC. Russell argues that the WCC picks and chooses the meanings it appropriates to the white coat and therefore to medical students. This is precisely the point of a ritual. The creation of ritual meaning allows us to reclaim a symbol from its muddied or contradictory historical connotations. It is true that the ceremony is disingenuous if it proposes values that are not demonstrated in medicine, but this need not be the case with the WCC. The white coat has been taken to stand for virtue and excellence in medicine, but has also stood for paternalism, abuses of power, and austere separation between physician and patient. It is this multiplicity of meaning that the WCC ritual can seek to sort out.

TRUST AND POWER

Much like Veatch, Russell’s analysis mistakes a ritual of initiation for one of completion, which leads him to object to what he sees as an inappropriate conferral of unearned trust and status to medical students through the ceremony. The WCC is more like a bar mitzvah or confirmation than a ritual of completion. But this is precisely the point of a ritual. The creation of ritual meaning allows us to reclaim a symbol from its muddied or contradictory historical connotations. It is true that the ceremony is disingenuous if it proposes values that are not demonstrated in medicine, but this need not be the case with the WCC. The white coat has been taken to stand for virtue and excellence in medicine, but has also stood for paternalism, abuses of power, and austere separation between physician and patient. It is this multiplicity of meaning that the WCC ritual can seek to sort out.

KEEPING STUDENTS AND FACULTY SEPARATE

Veatch considers the bonding process that occurs between students and their faculty at the WCC to be detrimental to patients because it separates students from the ‘lay’ population, making them more like priests and disconnecting them from the needs of lay groups. I disagree. The bonding between the two groups at the WCC is a sign of the faculty’s confidence in the students more than a removal of the students’ character and culture. It is a statement that medical school is difficult, made by those who contribute to its rigour, and followed by a supportive gesture that says: ‘I believe you can do it’. Bonding and support should not be mistaken for isolation and detachment. Patient care and student caring is enhanced through the long standing tradition of physician student mentoring.

WHITE COAT CEREMONY AS CONTEMPORARY RITUAL

As noted by medical educator Delese Wear, the WCC should not be the end of formal professional development. In fact, because of the strong influence of the hidden or informal curriculum on students, the WCC is meaningless as a curricular event if the institution does not embody and demonstrate the values it professes at the public ceremony. Wear suggests getting rid of the WCC altogether because it imparts values such as social and economic entitlement rather than only compassion and humility. Instead, I would argue that it should remain as an important ritual in contemporary medical education precisely because of the varied meanings found in the white coat and the medical profession. The WCC is a ritual that appropriates meaning to the white coat and helps students cross the temporal and physical boundary from wherever they were before (college, a different career) into the world of thinking and learning about the practice of medicine. It is a ritual of initiation, not one of graduation or completion. Like any good ritual, it has symbols, its own language, and an appeal to an idea larger than the individual. It begins the development of a particular type of identity: that of the medical professional. It should be a little exciting and a little terrifying because of the perceived gravity of the situation. The white coat emerges from the ritual as a symbol of professionalism and humanism, and remains a tacit reminder throughout medical school. It is often commented that one takes on a new identity as one dons the white coat. When viewed in this light, the WCC is a useful and important step in the professional development of a contemporary medical student. Furthermore, as an annual ritual, the WCC can serve to remind faculty of the importance of teaching and demonstrating humanistic and ethical practice.
relationship with society at large. Any medical professional who thinks that patients are better off knowing less about their health, or that medical power is generated solely through the withholding or restricting of information is sorely mistaken. From public health education campaigns to relationship centred care, medicine has moved to increase patient autonomy and endorse the understanding of one’s own health and body. Medical power comes from relationships and the arts and sciences of healing, not from the sequestering of esoteric knowledge.

Anthropologically, the white coat, like medicine itself (and as a symbol of medicine) has had different meanings in recent history. On this point, Russell is correct. While he objects to the ritual because it explicitly creates meaning, viewing this as somehow corrupt, I have suggested that the appropriation of meaning is the explicit purpose of a WCC as ritual. Raanan Gillon, a physician, ethicist, and educator at the University of London, describes his experience as an observer at a WCC, and helps us understand why the WCC is important. He notes the similarity between student and physician commitments, and the utility of connecting students to the idea of humanistic competence and not just scientific or technical ability at the beginning of their careers. When viewed in light of the Gold Foundation’s goals, the WCC is a step in professional development that associates some of the best qualities we would like to see in physicians with the incoming students themselves. It can help to align medical students and medical faculty around worthy professional values.

CONCLUSION

The WCC is a well crafted ritual that appropriates meaning to a symbol and helps initiates a move through an exciting yet daunting time in their lives. It allows the faculty to set up a framework for understanding the education that is to come. Taking an oath of initiation and being supported by the community of physicians places the student at the beginning of the development of a professional identity. The content and expression of this identity will be more greatly influenced by the student’s experiences in the hidden curriculum and demonstrated values of the training institution. Nevertheless, the WCC is a useful first step in the professional development of a caring, humanistic physician. As a curricular event and a bookend ritual with graduation, it should be continued and encouraged as a practice in medical education.

DISCLAIMER

The views and opinions contained in this article are those of the author and should in no way be construed as representing official policies or positions of the American Medical Association.

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Correspondence to: S J Huber, Institute for Ethics, American Medical Association, 515 N State Street, Chicago, IL 60610, USA; S J Huber; shuber@urgrad.rochester.edu

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