

### COAT OF CONVENIENCE

University hospitals in the United States are awash with seas of white coats. Doctors are readily identifiable, their name and clinical service clearly embroidered on their breast pockets. Students are also part of this white brigade, albeit in shorter coats. When asked why they persist with the white coat, long abandoned by their colleagues elsewhere in the world, their justification includes instant recognition by patient and public alike, ease of maintenance, and the white coat's value as an integral part of the tradition and practice of medicine.

But it seems there are other more practical reasons. White coats are convenient for carrying all sorts of bibs and bobs. Ten years ago, a survey of what US doctors and students carried in their white coat pockets was a revelation. Top of the list were the customary "tools of the trade" — stethoscopes, reflex hammers, penlights, work notes, "to do" lists and pocket clinical manuals. Today, some of these items have been replaced by personal digital assistants (PDAs) and mobile phones. More affluent doctors also carry the indispensable Blackberry. But still more lurks in pockets: photocopies of journal articles, lecture and conference handouts, photographs of family and friends, and even the occasional Starbucks thermos mug and high-energy food bar.

In Australian teaching hospitals, the contrast could not be more stark. There is not a white coat to be seen. Ever resourceful, residents have reduced their tools to a stethoscope, a biro, and a "to do" list. They clip pagers and mobile phones onto belts and stuff PDAs and other paraphernalia into bulging trouser pockets or carry-bags.

Misplacing items is a work hazard.

Without the "coat of convenience", perhaps it's time we introduced bum bags into our hospitals — preferably white.



Martin B Van Der Weyden

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