

Who Is the White Coat For?

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Although I began medical school in August, we were given loaner white coats for our induction ceremony. I didn't receive my own white coat until the following February. It had taken several months to iron out logistical snafus, and the promised white coat wasn't ready for pickup until the dead of winter. I extracted it from its plastic wrapping. It was stiff. I put it on, and the sleeves barely fell past my elbows. As a nearly six-foot-tall Asian woman, I find that few things are made for my frame, but this was worse than most.

I nonetheless removed my white coat from its hanger early before my first day in clinic. We were told to bring our white coats to look "professional," and I was not going to be the medical student who forgot hers. But as I stepped through the clinic doors, I found that I was one of few people wearing a white coat at all. My cheeks burned as I walked through the halls and I swore that patient and provider gawked as I strutted by—another clueless medical student, ostentatiously overdressed. A few medical students, residents, physician assistants, and nurse practitioners rushed past me in the halls, their white coats whirling around them like capes. Women, especially women of color, shielded themselves in starched white armor, while often, the white coats of male providers collected dust in their offices.

White coats are a powerful professional symbol of the trust that patients and society place in doctors. In medical school, I have learned that medical professionalism encompasses important values including competence, integrity, and confidentiality. However, I have also found that medical professionalism often reflects a biased view of what a professional should physically look like. I wondered if that was why tall, confident providers who "look like doctors," didn't wear their white coats as often. And perhaps that was why providers whose identities did not align with those traditional views wore white coats—to avoid being mistaken for nonphysician members of the care team.

"I was in the hospital the other day," began one of my classmates who identifies as a woman of color, "and a patient's family member asked if I could change the bedpan." My friend told the family member that she would grab the nurse. "No worries," replied the family member, "in that case, could I place a food order with you?" My peer laughed as she recounted this, remarking, "first he mistook me for a nurse, and then the lunch lady!" If my classmate had worn her white coat, maybe this encounter would have gone down differently. Meanwhile, my male classmates are often assumed to be the attending physician when they enter a room alongside a female preceptor. They don't need to wear a white coat to engender respect.

I imagine that providers wear white coats for many reasons, as a symbol of belonging, an antidote for impostor syndrome, or just to keep warm. But perhaps for some, wearing a white coat is no fashion choice, but rather an intentional act to counter prejudice and indicate their role as a provider to those who might assume otherwise.

The white coat is not the only attire that providers use to distinguish themselves as professionals and clinicians. Dressing in business casual and conforming to hospital dress codes are also commonplace in health care. While the original intent of dress codes was to increase patient trust and represent shared values, they can threaten to reinforce ideas mired in a history that is White, Western, and socioeconomically elite, and often regulate forms of self-expression that go beyond clothing. I first saw evidence of this when speaking to my peers about my university hospital's dress code, which stipulates that excessive tattoos must be covered.

"That includes my tribal tattoos," an American Indian classmate told me. As I thought about my classmate's ability to express his identity at work, I realized that our dress code

was enforcing a status quo that reaffirmed the importance of traditional professionalism at the expense of cultural diversity. Knowing that diverse providers have higher trust and satisfaction ratings in diverse communities, I wondered what this meant for patient care. If diverse patients are more likely to trust providers who share their identities, what happens when we prevent providers from expressing their cultural diversity? Is it possible that adhering to these traditional standards of professionalism could affect our ability to care for patients?

During my time in medical school, I have found that changing professionalism to increase patient trust isn't as straightforward as increasing diversity. Despite knowing that diverse patients receive better care from diverse providers, I have also seen that many patients retain a preference for traditional medical professionalism. Indeed, studies suggest that patients find providers who wear white coats more trustworthy, and that White providers often receive higher ratings from patients than providers of color. I wonder if these patient preferences reflect a societal inclination to view those with majority identities as more likely to hold positions of power. I understand the inclination to buy into our current professionalism standards to increase patient trust in the short term. But in the long term, I wonder if this would perpetuate the idea that doctors should look a certain way or have certain identities. I have found myself asking—*how can we move toward a culture that can imagine people of all identities as professional?* Maybe we can change what patients view as professional by promoting diversity in our professional communities. That way, providers who don't "look like doctors" won't need to rely so heavily on the white coat to counteract assumptions.

Though white coats and dress codes can serve as useful tools to gain trust from patients, they are symbols of a medical professionalism that can wield power and prejudice to its advantage. However, doing away with them entirely could place a disproportionate burden on the already disadvantaged providers who employ the white coat symbolism to preempt stereotypes. As I prepare to leave medical school and enter residency, I've been wondering what my responsibility is to reshape the status quo. Maybe one day I'll be in a position to think big and encourage diversity through recruiting minoritized students, make space for cultural expression, and change policy and pedagogy to better serve marginalized providers. But for now, in smaller ways, I'll try to contribute to a culture where the white coat is neither a shield for the marginalized nor a symbol of prestige, but just the same stiff, white, ill-fitting accessory for us all.

I haven't really worn my white coat since that first week in clinic; it never quite suited me. But the real challenge isn't fitting the garment to me, it's reshaping the fabric of medical professionalism to better fit us all.

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