“Doctor, Please Leave The White Coat Outside My Room”

Long white coats have long been a symbol for physicians. It now should be a symbol of an unnecessary source of hospital-acquired infections.

CONCORD, CA, USA, January 9, 2014 /EINPresswire.com/ -- During my third year in medical school it was require for students to wear a short white coat on the floors of their hospital and at graduation it was well known that we have earned the right to wear the distinguished long white coat. This traditionally continues today despite the fact that it has been well known since 1991; the same year I was a third year medical student, that white coats are a significant source of contamination. In fact this study indicated that the level of contamination does not vary significantly between those who wash their coat weekly, every other week, every four weeks, or longer periods that that. Coats that were judged dirty by appearance by eye had no difference in concentration of bacteria than the clean appearing. The highest concentration of bacteria was at the cuff and pocket compared to the back of the coat.

Fast-forward twenty years. Now as a society we are burdened with multi-drug resistant organism including MRSA, drug resistant C-diff, and multi-drug resistant gram-negative organisms. These infections cause unnecessary death, unnecessary suffering, and a profound economic burden on both the individual as well as society. Infection control departments of hospitals must use all avenues to prevent these unnecessary infections.

John Hopkins has taken the lead on protocols for preventing hospital-acquired infections. In the case of multi-drug resistant acinetobacter, a difficult to treat organism, patients will be confined to their rooms throughout their hospital stays. Doctors and therapist are required to see these patients at the end of the day to prevent cross-contamination with other patients during the course of the day. Any wheel chair and stretcher is ‘terminally cleaned’ prior to reuse. Any drape used will be assumed to be contaminated and be discarded. Hospital rooms must be cleaned twice over a 48-hour period to rid the contamination prior to further use. Once a patient is found to have a multi-drug resistant acinetobacter they will be assumed to have this organism for life and will be readmitted to isolation on subsequent hospitalizations. Nurses and respiratory therapist will not be assigned to other patients during their shift.

Multi-drug resistant acinetobacter outbreaks have caused ICUs across the country to be closed because of an outbreak. Hospitals have protocols and procedures in place with other community hospitals to provide for patient diversion incase of an outbreak. In Japan there were

criminal charges against physicians of a hospital when it was perceived that the hospital did not act in a reasonable fashion when confronted with an outbreak that cause several deaths.

A study indicated the over half of patients prefer their doctors to wear white coats. It is time to value their education, their bedside manner, and their clinical skills over their nice 'professional appearance' in a white coat. The risk of infection is there and can easily be decreased. Simply leave the white coat at home.

Article provided by Greg Vigna, MD, JD of Life Care Solutions Group.

Greg Vigna, MD, JD
Life Care 123 LLC
888.990.9410
email us here
