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University of Vermont College of Medicine White Coat Ceremony Keynote Address 2013

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Being asked to speak at your White Coat Ceremony has given me an opportunity to reflect on my own experience in medical school. It is now twenty years since I attended my White Coat Ceremony, a realization that gave me pause. There are a few events in medical school that I can remember so vividly that I am able to close my eyes and be right back there, and this ceremony is one of those events. I do remember this feeling of pride, because there is a lot of hard work to get to this place right now; but more strongly I remember a feeling of trepidation. And in putting on the white coat, I remember feeling a bit like an imposter. I hear that is normal.

It is notable that this isn't a ceremony that's done at the end of your medical school training. It's done at the beginning. The white coat represents specific attributes of a physician, some of which you have, and some of which you will develop. Studies about impact of physician attire on patient perceptions and preference have shown the presence of the white coat conveys a feeling of trustfulness and that patients are more likely to feel comfortable to disclose or discuss sensitive topics. Patients rate physicians as more highly hygienic for wearing a white coat, and note that they appear more professional, more authoritative, and more scientific.

These physician attributes that the white coat conveys are not skills one achieves competency in and that are mastered by the completion of medical school. These are skills and qualities of professionalism that you will be honing throughout your entire medical career, and that is what starts today. This represents a contract of trust, honor, respect and confidentiality between you and your patients, and being mindful of this meaning is how one maintains the integrity of the white coat.

So, alongside your medical education of learning a very deep understanding of the elements of health, and the elements of disease, you will also be learning to understand illness. Our understanding of a disease and how it affects an organ and the body is one level of competency. Understanding illness is appreciating the impact of that disease on a person and their family and loved ones.

During medical school you will have more time with your patients than most other members of the healthcare teams. Just by sitting there and listening, by being open and engaged to understand not just somebody's symptoms or the medical problems, but also to understand their experience with their illness, people will share with you very intimate thoughts and concerns. This conversation between a doctor and patient will be different from other conversations that you've had in your life, and you will develop a new language for this. You will want to understand your patients better and they will want you to understand them. In building this new language, fostering this new type of dialog, you will be searching for the words to further and deepen the conversation. I would like to offer a few practical pearls.

A technique being studied in Canada looked at tool to improve compassionate care. They studied just one question for its impact on improving the doctor/patient relationship and the patient's feeling that the physician understood them. And it's this question: "What do I need to know about you as a *person* to provide the best care possible?"

I started asking this question just in the last few weeks and then again this morning in preparation for this talk. And it's is so very interesting what people share in response. Sometimes the answer might be flippant, like this morning when a woman I am caring for replied, "Well, right now I'm worried more about my cat than I am myself." Most often the response is very poignant, and people appreciate the opportunity to share more about themselves to help you understand their personhood in facing an illness.

The first time I asked this question was in seeing a gentleman in the intensive care unit, who had multi-system organ failure. Some problems chronic and some new, and notably his liver and kidneys were failing. He was making decisions about dialysis and intensive care interventions. He was a bit on the mend, but still was very sick. He was pretty guarded and quiet. And in wanting to help him think about how he wants to navigate this final phase of his life I have numerous things I would like to know about him- What does he understand about his illness? Does he know he may be facing the end of his life soon? Does he understand the burdens of potential treatments and likely outcomes? And what outcomes are acceptable and what are unacceptable? But we were just meeting. One meets a lot of doctors in the hospital and it was an understatement to say he was not very interested to speak to another. We hit a standstill.

And then I thought to ask him "What do *you* think that we need to know about you as a *person* to give you the best care possible?" And he looked me straight in the eye and started telling me that he fought in Vietnam and never went on a mission with a survival estimate greater than one percent. And he spoke about his time as a prisoner of war and how it felt to eventually be brought home. He told many stories of overcoming adversity and truly he and his wife were survivors in many ways throughout their lives. And just this exchange, with me knowing these critical elements of who he is and what he has faced in his life, these elements that speak to both his experience with adversity and the dignity he had for how he faced these, fortified our relationship moving forward. He spoke of his illness as a fight. That first visit he was fighting to live longer, he was fighting to recover and he was willing to try even burden treatments to help him achieve that. I worked with him over the course of just a few weeks and two hospitalizations. As his disease worsened his fight changed. He later fought to minimize the impact of his illness on his life, which was largely defined by avoiding the hospital, being at home and being liberated from rules and health habit recommendations. Eventually he fought to be comfortable in his home and to allow death naturally, on his own terms. At each of these transitions in goals and priorities he never wavered. He maintained this incredible

clarity about his sense of self and the dignity these fights provided him as he adjusted to the changing condition of his body.

The second communication pearl I'll leave you with is to ask: "How so?" Be curious. Explore. So when someone tells you "I'm worried more about my cat than I am about myself" then ask "Hmm, how so?" Keep the conversations going.

So today, when you put on your white coat, remember that this coat represents the attributes of professionalism and compassionate care. You have earned this white coat and the honing of these qualities starts today. And I welcome you into this truly wonderful profession. Thank you.