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It's what's inside the white coat that counts

Editor's note: The following address was given July 6, 2004, at the ceremony welcoming to the profession of medicine the first class of students in the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University.

YOU LOOK GREAT in your white coats! I'm reminded of the words my father would say to me when, as a teenager, I had put on my best clothes for an evening out: "If you act as good as you look, you'll be all right." I understood that he was advising me about the importance of consistency between behavior and appearances—that it's what's inside the clothes that counts.

If the white coat of a doctor is supposed to signify something about what is inside the coat, then the behavior of the wearer is the heart of the matter. If, on the other hand, the white coat is really a cover-up or hypocrisy, then the behavior of the wearer doesn't matter.

Framed in this way, the question for both of us becomes this: "As I continue on in doctoring and you begin the journey of becoming doctors, what should be in our white coats?"

■ CHARACTER

A doctor must be truthful. For a doctor, truth-telling is a foundational activity. It plays a part in every aspect of a doctor's life and work.

Truthfulness means keeping commitments—to colleagues, patients, and society. If I tell a fellow doctor I'll cover for you while you are away, I do it. If I tell a patient that I'll

review your lab tests and call you with the results, I do it. Truthfulness means being honest with our patients about our recommended treatments and diagnostic testing, not exaggerating, not misleading. Truthfulness means being honest about our research results—we actually did the experiment, no dry labs, fudged data! It is actually our work and we did not plagiarize. Truthfulness means admitting our ignorance when we don't know and the determination to find answers.

A doctor must be compassionate. Someone has humorously said: "I love the world, it's people I can't stand."

But doctoring is about people—in all their myriad colors, shapes, personalities, sicknesses, anxieties, joys, and, yes, even smells. The doctor is called to feel for and identify with her or his patient such that their counsel, treatment, conversation, and listening is individualized and personal—felt by the patient to be particularly for them.

A doctor must be dedicated to duty. Doctoring is not easily done by the time clock or the hour. Our patients get sick at the most inconvenient times. During a planned 15-minute office visit, our patient may present us with the most perplexing challenges or questions. I recall once a lady coming for a routine 15-minute follow-up visit. She quickly told me about some new symptoms, and after a pause, asked this question: "Doctor, do you think that this could be a spiritual problem?" I quickly realized this was no longer a 15-minute visit. The week before going on vacation, trying to get all my charts done and patient letters written, it seems that suddenly all of my patients get sick and need to come in immediately!

**On character,
learning,
teaching, and
professionalism**



■ A PASSIONATE LEARNER AND TEACHER

The learning a doctor must acquire is a different kind of learning. This is not learning simply to pass a test or get a grade. This is learning in order to provide competent care for a person—a person with a name and face and family and dreams—your mother, my sister, me! Not a trivial pursuit.

This also is the kind of learning needed to carefully plan and execute research, using the best methods and rigorous standards, in order that the results will be as trustworthy as possible. This learning is driven by the enjoyment of discovering answers for our ignorance.

But the doctor is not only a passionate student. The doctor is a teacher, not necessarily lecturing to a room full of students, but one on one with a patient—explaining his or her disease, or its treatment, or discussing in understandable language what is the prognosis for the condition, or what you will do if his or her condition worsens.

Doctors also teach one another, not to impress as superiors, but to share in the responsibility of each of us doctors becoming the best we can be. Teaching is collaborative work: I know this, you know that, but together our knowledge and skill multiply and are more than either of us has alone. That kind of collaboration makes for the best patient care and research.

■ A PROFESSIONAL

The word “professional” has fallen on hard times. Its current use is often applied to peo-

ple with skills said to be greater than those of an amateur, who often command enormous salaries and have egos the same size. So we have professional baseball players, wrestlers, and race-car drivers, where stardom and fame are necessary to qualify for being a top professional.

But the doctor who is professional seeks to wed truthfulness, compassion, and dedication with passionate learning and teaching in the service of others. Such professionals are not defined by salary or fame but by a commitment to care for people and understand their diseases.

Michael LaCombe,¹ an internist in Norway, Maine, wrote this about a doctor he knew: “I knew a doctor once who was honest, but gentle with his honesty, and was loving, but careful with his love, who was disciplined without being rigid, and right without the stain of arrogance, who was self-questioning without self-doubt, introspective and reflective and in the same moment, decisive, who was strong, hard, adamant, but all these things laced with tenderness and understanding, a doctor who worshipped his calling without worshipping himself, who was busy beyond belief, but who had time—time to smile, to chat, to touch the shoulder and take the hand, and who had time enough for Death as well as Life.

Now *there* was a professional.”



■ REFERENCES

1. LaCombe MA. On professionalism. *Am J Med* 1993; 94:329.

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