

Mutually Supportive Partners Dressed in White

By Liao Chia-Lin,

Attending surgeon of the Department of Neurosurgery, Hualien Tzu Chi Hospital



Frankly speaking, I don't like to wear my white doctor's coat. As a resident doctor, I frequently switched between casual attire and my short white coat. However, after becoming an attending physician, I had to start donning a white coat to ensure I would be recognized as a doctor by the patients and their family members. This perceptibly increased the burden on my shoulders, but it has also helped me assimilate into the hospital environment characterized by this all-white dress code. I firmly believe that the changing times have resulted in a gradual transformation of the traditional top-down relationship between doctors and nurses. This hierarchical relationship has been replaced with a more collegial style characterized by egalitarian collaboration in the field of patient care. Anyhow, from my perspective as a medical practitioner who received his whole practical training from the clerkship and internship period to the acquisition of the professional license at Hualien Tzu Chi Hospital, my interactions with RNs I am well acquainted with have given me a "sense of the times."



My mindset in my interactions with RNs dressed in white has evolved considerably during my transition from clerk to attending physician. I still have a fresh memory of my first encounter with a novice SICU RN in my first month as a clerk. Despite the fact that we were both newcomers (I was even a bit older than her), I asked for her help cheekily: “Big Sister, what should I do know?” “Don’t call me Big Sister!” she replied brusquely. I still frequently run into this nurse during my ward rounds. We have both turned into seasoned veterans, but that first encounter still pops up in my mind whenever I see her. I think she probably doesn’t remember this little incident, which is a good thing since it was really awkward and embarrassing.

It was only after I became an intern and later a PGY (Post-Graduate Year) Resident that I finally turned into a slightly useful colleague in the eyes of the experienced angels in white. During this period, I socialized and mingled with the RNs of all units. At lunch time, someone would always call to ask if I wanted a bento box. During night shift, we had to treat a staggering number of people and jointly restrain restless patients who were trying to pull out their nasogastric tubes and urinary catheters. During our errands, we always found time to exchange hellos and gradually developed a spirit of camaraderie. In hindsight, I think that this period closely approximates the daily work routine of nursing personnel except for arrogant and aloof staff members. The interactions of RNs at this stage also offer a glimpse on whether they will be attentive to their patients and their needs or whether they will be blacklisted by their colleagues in the future.

Later on, as a resident physician, I was up to my neck in work, and everyone became irritable and short-tempered. The physicians who continued treating their RNs nicely often turned into the Mr. Congenialities of their departments. Despite my gradually increasing competence, I would still blow my top when novice nurses did inexplicable things. For instance, making phone calls on duty to ask silly questions like “Doctor, the patient’s systolic pressure is at 106, does he still have to take his hypertension pill at 9:00 pm?”, when it was clearly specified on the physician order that drug administration was not necessary if systolic pressure fell below 110. However, I came to the conclusion that it was most important to explain to such newcomers who assisted me in taking care of the patients why such questions were absurd instead of blowing up at them no matter how upset I was. Physicians are not always right either. Maybe they scored higher on the SAT, but if they don’t apply themselves to their clinical training and patient care, they are looked down upon by their co-workers. I recall an older fellow student of mine being questioned by a senior RN, who still works at the hospital. Actually, she gave him a dressing down. I therefore always have great respect for these precious angels in white.

Now that I’m an attending physician, my perspective has changed again. This is embarrassing to admit, but when RNs see that my doctor’s coat is longer now, they seem to be showing me a bit more respect. That being said, that former feeling of camaraderie is gone, but maybe this is just part of the process. Now that I’m fully responsible for my patients, stress is mounting.

However, the RNs spend much more time with the patients than I do. Despite the fact that I make all the clinical decisions, the nurses resemble the axons and dendrites of neurons. Without their communication of instructions and feedback, I wouldn't be able to effectively care for my patients. Everything would be empty talk without their dedicated efforts. Every single RN on duty assists me in meeting my patients' care needs and expectations. Every





feedback can be a turning point in the patient's condition and clinical decision making (CDM), and a small act or explanation by a RN can shield a "white coat" from legal indictment.

My final observation is that in this age of name rectification, both "White Coats and Angels in White" pursue their own values. Regardless of who wears these white coats or uniforms, we ultimately need each other's support. Maybe we can't change certain stereotypes, but we are all assembled in this space for the sake of our patients, families, and livelihoods. Perhaps we can't all be friends, but we must become partners dressed in white.