Infection control has been a hot topic in the medical and lay press for some time now. While current control methods within the United States have generally consisted of protocols involving room isolation, gowns, and hand washing to reduce the spread of MRSA, the United Kingdom took things a step further. The Department of Health’s “Uniform and Worker Guidance” report recommended that health care professionals no longer wear long sleeves, neckties, watches, or jewelry — bare below the elbows, so to speak.

While this initially created quite a discussion about the validity of such measures, results have been interesting, to say the least. The most recent quarterly figures from overseas show a reduction in MRSA infections by 57 percent. Keep in mind that their program for tackling infection incorporates more than just changes in clothing standards; they also applied strict standards in hand hygiene and improved patient screening and facility cleaning. Overall, these elements have come together nicely, and look to be the new standard for their health system.

Neckties for men and white coats have long been the cornerstone of a physician’s professional appearance. While some argue that the tie is a purely decorative and completely functionless item of clothing, studies have shown that of all the possible clothing options, patients prefer their physicians to look like, well, physicians. While studies have shown mixed results, it is most often concluded that a link exists between a physician’s appearance and how patients perceive his competence. A bare neck and rolled-up sleeves will always look casual.

It is these professional aspects of our clothing that seem the most at risk for acting as vectors for infection. One recent study showed that 17.5 percent of health care workers who had contact with infected patients acquired organisms on their gloves and gowns while providing care. (Infect Control Hosp Epidemiol 2008;29[7]:583.) Think about how your tie and white coat come in contact with patients as you lean against the bed to examine them. Considering how often the coat and tie brush up against objects in the hospital, it’s not difficult to believe these numbers. Coats are made of woven fabric, which is known to harbor pathogens easily. (J Hosp Infect 2000 May;45[1]:65.) Most ties require dry cleaning, which is costly and rarely done.

Proposed solutions are still up for discussion, but one answer is to find an outfit that expresses professionalism and reduces pathogen transmission. A possible option is uniforms that are maintained to cleanliness standards by hospitals. When properly laundered, scrubs can be the perfect solution, but how do we treat our scrubs? Most hospitals do not have or enforce rules about wearing scrubs to and from work, which make them excellent vectors for spreading pathogens. Didn’t remember to bring some fresh scrubs home with you the night before? Well, the pair you wore yesterday didn’t get any blood on them and look pretty clean, so you can probably just put those back on, right?

Here’s where we get into trouble, when standards of cleanliness are not maintained for our uniforms. While it would be great if hospitals could provide clothes and shoes for all staff, the cost would be considerable. The final caveat for a standard uniform is that we would need to be able to express some sort of seniority for the physicians. When a physician wearing scrubs sees patients, he can throw on a white coat and still maintain that air of professionalism. If we get rid of the coats, what’s to separate the physician from the scrub-wearing custodian? Where’s the hierarchy when we all look the same?

Beyond new wardrobe measures, we still have to get our personal hygiene in order. Some studies put compliance with hand washing at less than 40 percent, which seems rather ridiculous considering how basic this measure of infection control is. I recently heard about a company that is marketing a video surveillance system to increased compliance with hand washing rules. Has it really gotten to the point that we as professionals need to be monitored by others in order to do...
the right thing? While the early testing numbers from this company have been reported at up to 90 percent after incorporating video surveillance, the measure is still rather insulting. I won’t argue with the numbers; if we can’t trust ourselves to behave, then perhaps this is what it takes.

With Medicare and many private insurers planning to stop paying for the treatment of preventable infections, the health care sector has been doing everything possible to improve its infection rates. Whether we change our wardrobe or institute stricter surveillance, something has to be done soon so institutions have time to adapt before reimbursement becomes a problem. This discussion is far from over, and I’d love to hear what you think about this issue. Write to me at EMN@lww.com.

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