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## Of Suits and Scrubs

As she left for work, Michelle Sims, a cataract surgeon in our practice, asked her 13-year-old son how he liked the color of her new scrubs. He complained, “Mom. You look like a prisoner, not an eye surgeon.” The scrubs were bright orange.

Michelle’s partners had a good laugh that day, because she hadn’t thought of the implication of orange attire—she merely ordered the latest fashionable FIGS color. Michelle, like many ophthalmologists, wore business attire before the pandemic and switched to scrubs during the shutdown. She’s not going back.

Does it matter what we wear at work? The attorneys for Johnny Depp and Amber Heard certainly thought that clothing has the power to communicate. As the headline of a *New York Times* article put it, “In Court, Johnny Depp and Amber Heard Dress to Suggest.”<sup>1</sup> And a *Minnesota Law Review* article on courtroom dress stated that “As a society, we are hard-wired to judge people based on their appearances; the same holds true in the courtroom.”<sup>2</sup> But do these observations on the power of clothing hold true in the exam room? What does our attire communicate to our patients?

Traditionally, physicians have tended to dress for a role. Before the pandemic, many—perhaps most—ophthalmologists dressed to present as capable, experienced professionals. Famously, Mayo Clinic physicians wore suits, creating an aura of respectability, authority, and expertise. Most of my own senior partners wore a dress shirt and tie along with either a suit or a white coat. The mid-career women wore dress slacks and jackets or dresses. It’s long been assumed that our older patients appreciate seeing a physician in nice clothes.

But, like many other cultural changes accelerated by the pandemic, there’s a shift away from business attire in medical settings. When ophthalmologists gradually returned to work after the shutdown, nearly all of us switched to wearing scrubs in the clinic. We could easily remove them before rejoining our families, throwing them into the wash for disinfecting. More importantly, wearing scrubs and comfortable sport shoes just felt right. We were working under conditions of uncertainty, fear, and exhaustion, and our offices seemed to have the ambience of a pressured emergency room.

Today, even as clinics have returned to mostly normal,

many of us are continuing to wear scrubs and sneakers (although Mayo doctors and most of my senior partners have returned to suits). Jesse Berry, an ocular oncologist in Southern California, described the shift: “Before the pandemic, I wore a dress and heels every day because it portrayed professionalism.

As a small youngish female, I felt it commanded a certain respect.” However, she continued, “I think expectations around professional medical wear have changed. I used to really get on my residents to dress professionally—and now here I am advocating scrubs.” And Jesse has plenty of company: in 114 comments about postpandemic attire in a thread on Facebook, several young ophthalmologists reported that fewer patients comment on their youth when they wear scrubs than when they wear dress clothes. Many have their name and degree embroidered on their scrubs.

I recently took a screenshot of a nonmedical job advertisement that illustrates this trend. (Ophthalmologists aren’t the only ones trying to recruit employees.) The headline stated, “No Suits Required,” and the text went on to say, “It’s not about the clothes . . . it’s about the person in them.” The evolving culture of medicine seems to agree. My colleague Michelle is a highly regarded cataract surgeon, and her patients and referring physicians know of her skill and expertise. She oozes competence and knowledge even when her orange scrubs evoke “Orange Is the New Black.”

Maybe the “relaxed Friday” culture has arrived in medicine. Or maybe the clothes matter less than we thought because the skill and expertise are so obvious.

P.S. I went back to dress clothes.



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1 Friedman V. *The New York Times*. Published online May 19, 2022.

2 Levinson L. *Minn Law Rev*. 2008;92:573-633.