Scrubs: What you don't see is what you get

I hung the stethoscope around my neck, tucked the reflex hammer into my scrub pocket and clipped the pager onto my shirt. It was my first night on-call as a medical student on the general surgery service. My first page was to attend to a patient with chest pain; it was heartburn. My pager went off again: a patient with a possible case of appendicitis. And so the evening passed, until 1 am. I decided to grab a late dinner at a nearby restaurant.

On my way back, it suddenly struck me that I had worn my scrubs in the restaurant after being around sick patients all day — that I could have transferred hospital superbugs to the cashier with whom I had exchanged money or to the person who would later sit at my table. I have since then been very careful about not wearing my scrubs in public. I also became more aware of others who do so at malls, in grocery stores and crowded buses. This observation pushed me to investigate whether official policies existed regarding this practice.

I found no information on the website of the hospital where I trained. Ditto for the Royal College of Physicians and Surgeons of Canada and the Canadian Medical Association. Perhaps the dearth of policy reflects the fact that enforcement would be nearly impossible. Or maybe there is a concerted silence on this because people are uncomfortable with lecturing hard-working, well-meaning hospital staff about infection control.

Then again, up until a few years ago, hand washing among health workers was one such “unenforceable” situation. However, a dramatic shift in attitude has resulted in the creation of hand-washing campaigns that have significantly decreased the spread of infections within hospitals. The recent move by the Ontario Ministry of Health to publish rates of hospital-acquired infections at all Ontario hos-

pitals, thereby promoting public awareness of the problem, is another step in the right direction.¹

While we in Canada have made tremendous progress in preventing the spread of nosocomial infections in myriad ways, we are behind our counterparts in other countries with respect to hospital clothing practices. In 2007, the United Kingdom's National Health System (NHS) recommended a “bare below the elbows” dress code to dis-

courage health care workers from wearing long-sleeved shirts, neckties, and the ubiquitous white coat.² At least 7 experimental and clinical studies show that uniforms and white coats become progressively more contaminated during clinical care.³ In addition, the new NHS policy advises staff not to wear hospital attire outside of work. Closer to home, the wearing of scrubs on the streets is at the risk of professional disciplining by the public health department of New York State. And medical students at Columbia University in New York City are warned that they may have to repeat their surgical rotation if found wearing scrubs outside of

the hospital.⁴ At a time when hospital-acquired infection is the fourth leading killer of patients in North American hospitals, such drastic measures seem hardly out of place.⁵

Just the other day, I was in my car with my dad. The roads were especially busy, and being a father, he kept reminding me about the importance of checking my blind spot each time I made a lane change. “Remember, son, it's what you can't see that can hurt you and others around you,” he said. Nothing could be closer to the truth regarding hospital infections as well. As for me, I'm still checking my blind spot — both on the road and in the hospital.

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