

## **The White Coat as a Symbol**

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## **Introduction**

Physicians and their white coats have been appearing in the news with ever greater frequency over the last several years, as healthcare and public health become increasingly important and divisive issues amongst Americans. Increasing numbers of doctors and medical students feel the need to champion not only specific patients, but social justice and public health as general principles; indeed, this author is among them.

While this may seem, on its face, like a change for the good, those of us in the medical community must take care not to exploit the power of our profession, or of the white coat, to promote personal or non-evidence-based causes. The white coat is a responsibility, a promise, to behave in ways consistent with professional ethics and conduct; only in doing so, can the medical community hope to retain the trust and respect of those we serve. Its role in political advocacy remains insufficiently considered, and increasingly overused. While this is a difficult argument for me (a politically active medical student who has proudly worn the white coat to politically charged events) to make, I feel my profession has reached a crossroads for the coat. We need to decide as a community what the white coat means and whether we want it to continue representing future generations of doctors.

## **Trust in healthcare**

Despite current challenges with the U.S. medical system, the last century has brought remarkable strides in patient care. Following World War II, expenditures on health care in America mushroomed, medical systems expanded dramatically, and physicians began increasing in specialization as science revealed exponentially more about human physiology [1]. Between 1935 and 2010 the age-adjusted risk of dying in the U.S. decreased by 60 percent [2], and confidence in the field of medicine increased accordingly. In 1966, 73% of Americans professed “great confidence” in leaders of the medical profession. “Professional dominance” was the rule during this Golden Age of Doctoring, when physicians had high public support, minimal regulation, and limited competition from non-physician caregivers (NCPs).

Unfortunately, the many failings and abuses of the Golden Era betrayed the trust of thousands, resulting in irreparable damage to public perception of the profession. Unethical medical experimentation, invariably conducted by physicians in white coats, led to distrust by many people of color [3]. Too-close associations with “Big Pharma” and the use of professional authority to promote certain products further degraded public opinion [4]. Combined with exploding costs, hypercomplex care systems, and an all-permeating air of impersonality, by 2012 confidence in healthcare leaders had plummeted to a mere 34% [1].

For younger generations, the doctor-patient relationship is shifting rapidly from doctors being an all-knowing authority to a much more consumerist view where

patients question doctors' judgements and shop around for care providers [12]. The past few decades has also seen the rise of alternative practitioners including registered nurse practitioners, physician assistants, and other, less legitimate, providers [6]. Although many of these changes will improve quality of care, they may also reveal increasingly negative views of more traditional health care professionals. As the societal role of the physician changes, it is unsurprising that societal associations and beliefs about medical care are also rapidly shifting. Somewhere, a crevasse has opened between physician and patient and swallowed up perhaps the most crucial aspect of their interactions: trust.

Trust is both intrinsically and instrumentally important in the therapeutic relationship. It is essential for building deeply meaningful human bonds between doctor and patient, and increases desirable patient behaviors including willingness to seek care, reveal important personal information, participate in research, and comply with treatment regimens [7]. Low trust is associated with poor individual subjective health, which is rising despite improvement in objective medical knowledge [8]. Those who distrust modern/Western medicine are less likely to seek care from a legitimate provider [9]. Once a patient is in the office, building trust takes time and energy not afforded in the typical rapid-fire outpatient clinic.

Trust, in its purest form, is a belief that the party in power cares about the weaker party; it is not an attempt to calculate good outcomes of treatment [7]. Being

sick creates a position of extreme vulnerability, as patients become dependent on physicians and the entire health care system. Every positive health care interaction relies on a bedrock belief that every physician's primary duty is to their patients. Historically, the white coat fostered this confidence, acting as a continual reminder of the doctor's deep commitment to knowledge and service.

Loss of confidence in the medical profession could prove catastrophic if it continues. While there are clearly many factors contributing to the decline in perceived physician credibility, the misuse of healthcare symbols has remained relatively unexamined. Ongoing misuse of the white coat, in particular, for personal or political promotion continues to degrade trust in an already struggling system, even as countless providers work to improve it from within. In the wake of America's healthcare crisis, there is no better time to reconsider the current and future role of the doctor's uniform: the white coat.

### **History of the white coat**

For many years, the white coat has been a symbol of intelligence, compassion, and authority. In American society, it commands great respect and distinguishes the wearer as a person to be uniquely trusted with the intimacies of patients' lives and bodies. Such power influences the way practitioners of medicine, indeed the healthcare system as a whole, are viewed by the public. Both the practice and perception of

medical care have changed enormously in the past 150 years, and the white coat has played an important role in that progression [10]. With healthcare reform and rapidly changing cultural values, symbols like the coat will likely continue to have significant influence in shaping the role of doctors in the coming century.

Medicine itself was not a particularly admirable profession until the early 20<sup>th</sup> century. Untested folk remedies, “snake oils,” and excessive bloodletting ruled the day, and people were unlikely to visit a doctor or surgeon until they were gravely, desperately ill. Most doctors dressed formally, in black, as befitted their grim association with the end of life. Nuns in their black habits were the nurses of the poor, circulating in almshouses and hospices. It was not until the discovery of antiseptics and breakthroughs in sterilization techniques in the late 19<sup>th</sup> century that doctors and surgeons began adopting white coats and gowns as standard attire [11].

The purpose of this was twofold: to protect physicians and patients from contamination as well as to symbolize a shift towards more science-based, antiseptic practice. In the operating room, surgeons began to don white lab coats over their suits in an effort to keep out the contaminants of the world. Conveniently, this also offered the medic protection from patients’ bodily fluids. In the O.R., short coats rapidly grew into full gowns to provide maximum coverage, but the color white remained as a symbol of purity and cleanliness. The white coat had the added benefit of evoking the authority of research, as it reflected the laboratory coats worn by scientists. The concept

spread like wildfire through doctors who were struggling to add credibility to their field by borrowing the prestige of science [10].

Over the years, spurred by depictions in movies and popular media of brilliant, heroic physicians in white, the coat became a symbol of healing and benevolent authority rather than fear, death, and suffering. Nurses, in turn, traded their black habits for white aprons. A paternalistic, physician-centric model of practice ruled the day as patients became increasingly comfortable placing all their trust in care providers [12]. The “White Coat Ceremony,” originating in 1993 at Columbia University, is now a widely practiced ritual in which matriculating medical students receive their first (short) coat and recite the Hippocratic Oath. The coat has both followed and promoted the legitimization of medical practice as a science, and is generally considered the preeminent symbol of the physician [11].

Recently, however, many organizations and individuals have turned away from the white coat. In Great Britain, for example, this was a response to public concerns that the long sleeves were contributing to the spread of infection [13]. Though evidence that the coats were spreading, rather than simply harboring, contaminants remains inconclusive, white coats have fallen out of favor in the more cautious institutions [14,15]. Specific specialties, pediatricians and psychiatrists, in particular, commonly choose to not wear the coat because it serves as a status symbol which can make patients anxious [11]. “White coat hypertension,” or artificially high blood pressure, is

the frustrating diagnosis for some who find doctor's appointments stressful. Many, both inside and outside the profession, struggle to separate the coat from its history of sexism and racism [16]. In fact, several medical schools have transitioned to "Stethoscope Ceremonies," hoping to venerate something that connects doctors to patients rather than separates them [17]. Plenty of providers simply find the coat physically uncomfortable and are happier working free from its weight.

Some physicians still find the white coat useful, however. Most traditionally, it can be used to reinforce the hierarchy between providers. Faced with a problematic or uncooperative patient, some doctors use "whitecoating," or wearing the coat when they normally wouldn't, to invoke the historically based deference of "doctor knows best." There are times when patients should question their physicians, given that medical errors are common and knowledge is finite, but it is understandable that doctors fighting to gain patient trust over straightforward issues might want an assist now and again. Today, many NPCs have even taken up their own white coats, presumably intending closer association with the authority and knowledgeability of physicians. While this is a good sign that many still view the coat with respect, it has the unintended effect of creating patient confusion about provider roles. Since there are no restrictions about who can get a white coat and when it can be worn, this can be, indeed has been, taken advantage of by less legitimate practitioners (as discussed below).

Patients, in general, still appreciate when physician's wear the coat. However, this tends to be a preference characteristic of older generations, those who lived through the "golden era" of medicine; younger patients frequently prefer scrubs, business casual, or have no preference. Preference also varies somewhat depending on the geographical location, treating department, and physician personal qualities such as seniority or gender [14,18]. While the coming decade will undoubtedly usher in unprecedented advances in medical technology, it remains to be seen what role the white coat will, or should, play

### **The Significance of symbols**

The white coat has become a uniform, particularly in Western society, with the power to invoke extreme authority. However, what people do in uniform necessarily reflects on the affiliated organization, in this case the entire medical profession. As a result, many codes of conduct lay down rules for when and how a uniform is to be worn. The U.S. Army, for example, published a 60-page document to detail the responsibilities of when, where, and how a soldier should wear their uniform. Specifically, it states, "Wearing Army uniforms is prohibited in the following situations: (1) In connection with the furtherance of any political or commercial interests... (2) When participating in public speeches, interviews, picket lines, marches, rallies, or public demonstrations, except as authorized... (3) When attending any meeting or event that is a function of, or is sponsored by, an extremist organization. (4) When wearing

the uniform would bring discredit upon the Army” [19]. If we accept that the white coat is the doctor’s uniform, it follows that medical professionals should have a similar code.

Such regulations exist not simply for the sake of exclusivity, but because uniforms are powerful symbols, easily abused and corrupted. Some doctors have taken advantage of this for financial gain; Dr. Oz in scrubs, promoting products while surrounded by people wearing white lab coats, is a prime example. From outside the profession, deception lurks in commercial breaks, as paid actors don the coat to sell diet pills and workout regimens. Numerous self-proclaimed health authorities wear it in their ads, regardless of whether they’ve actually been to medical school [16]. One high schooler was even able to wander freely through a hospital for a full month simply because he wore a white coat [20]. Much as the coat originally borrowed legitimacy from scientists, now predatory companies and individuals actively use its symbolic power to manipulate patients. Such activities re-associated medicine with the bunk science and quackery it has for so many years struggled to escape

Wearing the white coat to imply legitimacy for a non-medical political opinion is as much a betrayal of patient trust as is using it for financial gain. When a doctor takes stance on a non-medical issue, is it a representation primarily of that individual; when a position is taken in and under the authority of the white coat, it is a reflection of the entire profession. Since the white coat has become so representative of physicians in

general, associating it with politicized causes has a substantial risk of creating a perceived conflict of interest for the entire field.

In America, the most significant distrust is held for the healthcare system as a whole; despite plummeting confidence in leaders of the field, people generally maintain positive, trustful relationships with individual providers. The feeling, then, is that while most doctors care about their patients as people, the system in which they necessarily operate does not [8]. This contradiction places physicians in the precarious position of needing to continually bridge the gap between patient care and bureaucratic reality.

The more patients fear providers have a hidden agenda, the worse their opinion of the system and the less likely they will be to seek care in the future. While advocacy is an important component of the profession, it is not the primary purpose of the craft. To protest as an individual or member of a small organization may be to risk the trust of one's own patients; to protest as a representative of the entire medical population is to risk the trust of millions.

Using the coat for political gain erodes the necessary foundational belief that the health care system exists for the benefit of patients, not providers. As this trust withers, the profession regresses and more people turn to alternative or mystical therapies which are typically not well researched or regulated. This would be a fall back to a pre-white coat history that the medical community does not want to repeat.

## **The White coat gets political**

Medical practitioners are, first and foremost, professionals. Reliance on integrity, scientific knowledge, and deep dedication to the profession have been paramount in propelling doctors to a place of prestige; those same qualities remain crucial to maintaining that lofty position in the modern medical climate. To this end, most medical organizations enforce a code of professional ethics. The World Medical Association (WMA) writes in its Statement on Physicians and Public Health, "Working with the responsible public authorities to create healthy public policy and supportive environments in which healthy behavioural choices are the easy choices" and, "In areas or jurisdictions in which basic public health services are not being provided adequately, medical associations must work with other health agencies and groups to establish priorities for advocacy and action" [21]. Numerous professional medical organizations have similar policies.

Given that nearly everyone will be a patient at some point, this can be an imposing responsibility, even more so because physicians are expected to simultaneously prioritize and advocate for their current patients. Inevitably, many patients will have different cultural perspectives or moral conclusions than their physicians. This is especially true for issues which have been politicized or recently inflamed by media attention. The more politicized a symbol becomes, the more people it will alienate. These people are then vulnerable to modern-era snake oil salesmen and

anti-intellectual pseudoscience, as they avoid recommendations from legitimate healthcare authorities. What to do when a community is against a movement or policy their doctor believes to be in the best interest of the country? Of the patients themselves?

Many physicians embrace their roles as community leaders, enthusiastically organizing, lobbying, and advocating for public health issues such as vaccinations. While it is unsurprising that there is also substantial investment in social issues that ultimately impact health outcomes, which issues to take up and precisely how to show support remains a controversial and divisive subject. The White Coats for Black Lives movement, for example, was started in 2014 after hundreds of medical students performed a “die-in” in their coats to protest several high-profile police killings of young black men [22]. Concern for people of all backgrounds is a clear value in medicine, yet pointing out inequalities still suffered by people of color is an increasingly contentious political act which subsequently risks isolating other populations.

Unfortunately, there remain numerous public health and science issues that have become politically contentious; taking public stands on too many issues may gradually erode the trust of patients who disagree on any particular subject, especially if it is not obviously relevant to medical science. They may think physicians have a personal agenda to push or be unable to relate because of political differences. They may fear doctors abusing their power for personal benefit or misrepresenting the best interests of

society. When a group of doctors came to support a speech about Obama's Affordable Care Act, White House aides actually passed out spare white coats to those who forgot their own. Conservatives were neither convinced nor impressed with what they perceived as little more than a manipulative stunt [23]. Individuals wearing white coats in any political matter necessarily risk putting up barriers between themselves and patients who disagree.

For example, a Vanderbilt resident was reprimanded for posting a photo of himself, in hospital garb, taking a knee in support of Colin Kaepernick's protest against racial discrimination and police brutality after a pediatric patient's mother saw it and demanded he be removed from their care team [24]. Regardless of one's opinion of this movement, the resident's behavior, or the mother's decision making, this form of political activism clearly impacted patient care. Fortunately, in this case there were plenty of other doctors to replace him, but in areas with limited access this could have been a major setback. If the mom had chosen to have her child transferred to another hospital, they may have received inferior care or experienced unnecessary delays. That entire family may now have diminished views of the medical profession.

Of the many doctors who run for office, most do not wear their coats for advertising even if they leverage their education as evidence of political competence. A contrast to this was a recent ad released by Dr. Jason Westin. In it, he and his white coat work a cancer patient through a tough diagnosis and treatment, making an analogy to

the “cancer” in Washington [25]. The rhetoric is undeniably compelling, but consider how a cancer patient might feel who does support the current administration. Again, regardless of one’s personal opinions about these politicians, their party, and their beliefs, ads like this will undoubtedly be in the back of people’s minds next time they go to the doctor.

Large medical organizations, like the AMA, are necessarily political entities. They hire lobbyists, publish statements on various political issues, and occasionally endorse candidates for office. When a professional group takes a stand on a political issue, that opinion is generally taken very seriously. In affairs of public health, this can have major effects for the greater good, particularly when statements are nuanced and evidence-based. However, there are also a number of supposedly non-partisan groups which nonetheless have a clear political agenda. The Association of American Physicians and Surgeons, for example, is well known for its profoundly conservative and often unscientific positions. Their website contains numerous articles questioning Hillary Clinton’s health during the 2016 election, directly below a banner with a series of doctors adorned with white coats and stethoscopes [26]. Additionally, they produce a journal of dubious scientific quality which often serves as a platform for dissemination of misinformation about abortion, vaccination, and HIV/AIDS [27].

Of course, the behavior of an individual is necessarily perceived differently than that of an organization. But organizations are made up of members, and the more

doctors who joining contributing to heavily political, pseudo-medical groups, the more trouble patients will have trusting the profession in general. This increasingly polarized environment risks not only driving people away from medicine, but may also directly exacerbate America's current difficulty participating in nuanced discussion and compromise.

The responsibilities of medical students, residents, and physicians wearing white coats as representatives of a legitimate medical association, such as when the Iowa Medical Society hosts their annual "Physician Day on the Hill," are less clear. There are a wide variety of organizations for medical doctors and students which span the political spectrum and take stances on one or more controversial issues. The concern in this case is less that such groups exist, assuming they are not spreading misinformation, rather that when they wear white coats to promote very specific agendas they appear to represent the entire profession. Groups that manage to remain non- or bi-partisan will be significantly more likely to use the coat appropriately.

Issues related to physical or mental health which are supported by clear data and agreed upon by a majority of the medical community are generally safe to support as a professional. This includes non-controversial or minimally controversial topics such as promoting hand washing and access to clean water. It can also be applied to subjects like vaccinations, which have such clear scientific backing that it would be irresponsible

for physicians to remain silent. In cases like this, the *how* of activism becomes even more important than the *what*, in hopes of minimizing alienation of potential patients.

Public comments by any professional should be clearly based only on facts while shying away from rhetoric and judgmental language. Wearing white coats to public events is certainly impactful, but can be profoundly problematic if the sponsoring group is politically polarizing. Those considering expressing any personal opinion (i.e. any stance not widely endorsed by the medical community) should utilize the white coat with extreme hesitancy, even if that person believes their stance to be evidence-based. Physicians turned politician should not wear the coat or brandish their degree for campaigning or similar self-promotion.

Even in issues directly related to public health, the white coat and other professional symbols must be worn with caution in politically charged situations. The most apparently benign subject can become divisive in the tumultuous, heavily polarized climate of modern America. Hot button issues like abortion should be considered very carefully before taking a public stand as a medical professional, even more so if one plans on using the symbols of the profession. In this example, it would be appropriate for a doctor or medical organization to distribute pamphlets asserting the evidence-based position that voluntary abortion is known to have very low physical and psychological risks. It would be less appropriate, by these standards, for a white-coated doctor to attend a protest with a sign reading something like: A fetus is not a

baby. The former is simply the dissemination of scientific knowledge about a controversial issue, whereas the latter is equating a personal opinion to a professional stance.

Poverty and racism, regulations on abortions, concerns about pollution, war, and the criminal justice system, all of these are among the most important topics in modern public health, and this paper is not meant to dissuade doctors from being politically active. Indeed, I personally believe in a moral imperative for doctors to educate themselves and their communities about such issues. But certain types of activism have a tendency to promote backlash and may cause more harm than good in the long term. It is important in such cases to “choose your battles,” choosing methods which maximize impact while minimizing political fallout and risk to reputation of the profession. Individuals with so much power must always remember that their diploma is not a map of moral superiority and the coat is not their personal prop.

### **The Future of the white coat**

Since its introduction at the end of the 19<sup>th</sup> century, the white coat has thrived as a symbol of power, trustworthiness, and compassion. The status of “medical doctor” conveys deep learnedness and insight which lay people often assume transfers into unrelated realms of expertise. Receiving a white coat is a rite of passage into that status, a moment of great pride for most medical students. It is a physical representation of all

the work we have done, its weight a reminder of all we have left to do. Wearing it should signal to patients that we are knowledgeable and compassionate, that we truly embody all the things we have promised to be. It is a visual contract used to enrich the doctor-patient relationship, but it can only work if patient and physician both hold it in high esteem.

Many Americans, however, view it with understandable fear and trepidation, as it has proven to be eminently abusable by true doctors as well as frauds. With each offense, the already wavering faith in the medical community slips just a bit more. And all the time, the line between morally justifiable advocacy and manipulative abuse remains constantly in motion. Perhaps the most important consideration when considering whether to wear the coat to an event is, "How would I feel if my political opponents were using their white coats in this way?" If our profession hopes to preserve the integrity of the white coat, this is the first step.

Most professionals seem willing to abandon the white coat if it becomes a problem for their patients, but many of those patients still appreciate that confidence it inspires during their darkest times. Certainly, there remain plenty of providers who would prefer to rebuild the favorable associations rather than discard a rich, if troubled, history. If the medical community can restore associations with compassion, patient advocacy, and wisdom, perhaps the white coat has a place as a ceremonial uniform going forward. If we find it to be too closely intertwined with the sins of those

practitioners who came before us; if it's message is becoming too muddled, too divisive; if those who aim to manipulate and exploit are allowed to further exploit it; if it is irrevocably tainted, then it may be time to let go.

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