

Narrative Medicine

Tattoos in Medicine

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Abstract

Description

I am a second-year family medicine resident with a rather large arm-sleeve tattoo. As you can probably deduce by reading the title of this editorial, it will focus on how tattoos in healthcare may be perceived by others. My goal is to illustrate some of my perspectives, opinions, and experiences regarding making my tattoos visible in the clinical setting.

Keywords

tattoos; social sciences; humanities; patients/psychology; perception; physician-patient relations; tattooing/psychology; attitude

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Introduction

I am a second-year family medicine resident with a rather large tattoo on my forearm, also known as a sleeve. As you can probably deduce by reading the title of this editorial, I will be focusing on how tattoos in healthcare may be perceived by others. My goal is to illustrate some of my perspectives, opinions, and experiences regarding whether or not I should allow my tattoos to be visible in the clinical setting.

Before starting my residency, I was quite hesitant and anxious about allowing my tattoos to be visible to my patients and more so to my superiors. Despite the growing cultural acceptance regarding the connotations associated with tattoos, I was still nervous. However, I could not quite put a finger on the source of my anxiety. I was not embarrassed or ashamed by my tattoos, and I most certainly did not regret getting them. Only after some introspection was able to conclude that I was nervous because of my chosen vocation. I was concerned about how my peers, colleagues, and superiors would view me. In what is largely considered to be a prestigious and relatively conservative occupation, I surmised that visible tattoos did not fit into the typical dress code. I suppose it is difficult to stifle the urge

to instinctively judge someone who presents you with such a bold visible statement on their body. I knew my tattoos would be judged in some way, shape, or form and that it could often be negative. Though the judgment likely encompasses a range of reactions from colleagues, superiors, and patients, I suppose my anxiety lies in knowing that positive or negative, judgment by others will be evoked.

Background

Historically speaking, tattoos have been widely viewed as the tasteless markings of criminals and unsavory characters. This may simply be a regional perspective in some parts of the United States, but people from other regions such as Africa or New Zealand have long celebrated the use of markings as part of their identity and culture. Fortunately, today's "renegades" are not as tortured by the ghosts of past opinions regarding this form of artistic expression. We have increasingly witnessed the ubiquitous infiltration and acceptance of tattoos into the workplace and society in general. There has also been an increase in the percentage of the population that has at least one tattoo and even an increase in people having more than one. A 2006 survey-based study done by the *Journal of the American Academy of Dermatol-*

ogy found that 24% of Americans between 18 and 50 years old are tattooed. The survey also showed that about 36% of Americans between the ages of 18-29 years old have at least one tattoo.¹

It has been a slow process; however, my hope is that we have arrived at a time and place where preconceptions surrounding an individual with visible tattoos do not necessarily influence how they will be judged as a human being. This shift appears to have resulted in a transformation in the way people may think about visible tattoos in the workplace. Over 70% of people still believe that having tattoos hurts your chances of employment.² This is apparently no longer an accurate belief when it comes to most companies. That's because 76% of people say that they would hire people who have tattoos, reports STAPAW (Support Tattoos and Piercings at Work), a group that fights discrimination based on tattoos and piercings.³

The Patients

Once the obstacle of literally being okay in my own skin around my colleagues and superiors was overcome. The next Herculean task presented itself. What will my patients think? Largely based on education and training, doctors are commonly portrayed by the media as intelligent and professional. In the past, the image of a doctor was likely clean-cut, conservative, and perpetually on the straight and

narrow. This of course is a broad generalization based on my own experiences and based on our American culture from which my viewpoints emanate. My observation is that some patients, especially younger patients, do not seem to care much about their doctors having visible tattoos. There is a level of logic that can be applied here as well. The aptitude of a physician should have nothing to do with the artwork on their skin. More conservative patients may feel uncomfortable with their doctor displaying tattoos. The evidence on this is mixed. Johnson et al.⁴ reported that volunteers rated tattooed practitioners with lower confidence ratings when compared with non-tattooed practitioners. In another later study by Cohen et al.,⁵ patients did not perceive a difference in physician competence, professionalism, caring, approachability, trustworthiness, or reliability in the setting of exposed body art.

There is, I also feel, an inherent or intrinsic human bias within us all that is very difficult to quell when it comes to visible tattoos. It is one thing for patients to move past the fact that his or her doctor has a tattoo and move on. It is a completely different conversation for patients when the visible tattoos are of pictures, sayings, or symbols with which they do not agree with or are offended by. I think it is reasonable to assume that a visible tattoo of a doctor's favorite quote, or a portrait of their spouse could be viewed in a positive and relatively innocent light even by patients



who are generally opposed to tattoos. If the tattoos were largely seen as obscene, vulgar, and/or otherwise distasteful...I can see how patients could associate those seemingly foul tattoos with a sense that their doctor has poor judgment or lacks good character. "If he or she is willing to permanently put that garbage on their bodies, then clearly they are not smart enough to be my doctor." Again, the content of the tattoos logically speaking should have no bearing on the talent, skill, or knowledge of the physician. Regardless, I can definitely understand how the patients could view certain tattoos in a positive manner and others with pure disdain. At the end of the day, what is art? It is subjective, it is open for interpretation, it evokes an emotion, and one of the most powerful consequences of art is that it stimulates debate. To provide you with a more tangible example of how art can be a catalyst for discussion amongst people of all walks of life. I have one question for you: is the Mona Lisa happy or sad?

Evolutionary Predispositions

What I do know is that the speed in making a judgment or arriving at a premature impression of someone can occur very rapidly. In Malcolm Gladwell's book *Blink*, he discussed the ability of humans to make snap judgments and decisions about a wide range of stimuli, including sizing up a fellow human being.⁶ This innate ability may have been wildly advantageous evolutionarily speaking. For example, coming into contact with a strange face from another tribe with unusual markings on their bodies 1000 years ago could prove to be a life-threatening ordeal. The ability to quickly make decisions and act on them may have been a lifesaving skill against a potential threat or hostile intruder. In today's relatively less threatening arena, those hasty judgments may need to be tempered for a more productive and trusting relationship with your doctor. I surmised that discovering that your doctor has tattoos is more of a shock to the patient's preconceptions and sensibilities rather than a referendum on that doctor's character.

Conclusion

My hope for you, the reader, is to glean some insights regarding the experiences and opin-

ions of a single physician who happens to have tattoos. Casting aspersions on an individual's character based on appearance has long been established as poor social practice. As physicians, we are taught never to assume or make impulsive judgments about our patients, yet I do recognize that first impressions biases exist. It is incumbent on all of us to do what we can as a society to consciously take action to temper these biases and aim towards overall inclusion. Evolutionary biology will always play a role in our behavior, but our central objective as a species is to ultimately evolve. My hope is that these vital practices to include and evolve are applied more generally within society, including within the professional medical arena.

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Conflicts of Interest

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