

# Medical Practice Should Not Require the Stripping Away of One's Self

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As a hijab-observing Muslim, I devote myself to living modestly, a practice requiring constant diligent attention to approach this ideal. My attire is the most visible manifestation of this commitment as I cover my head and body when around people outside my family (*non-mahrams*). The *awrah*—required areas of coverage—are more extensive for *non-mahram* males. I never go out in public without covering my arms.

As an undergraduate premedical student, I shadowed a female surgeon leading an all-female team. Before the surgery, we all scrubbed in together in a private space near the operating room. The ritual was comfortable. From my perch in the corner, I watched her skillfully maneuver around the patient's viscera while excising several tumors. In awe of her surgical prowess, I imagined I could one day be like her.

Not until years later, at another institution, did I first confront the reality of how surgical practices for maintaining sterility could interfere with my commitment to modesty. As an eager first-year medical student, I arrived at the hospital, excited to participate in a surgical skills workshop in which I would gain hands-on experience with various machines, tools, and techniques used in the operating room.

Anticipating potential issues with my dress, I had carefully studied surgical department policies before the workshop. A regulation stating scrub jackets were permissible as long as the wearer did not enter the sterile surgical field caught my attention. In the locker room, I changed into short-sleeved scrubs and donned a jacket to cover the rest of my arms.

Immediately upon meeting my preceptor, a senior male surgeon, he told me to remove the jacket. "It violates departmental policy," he said. I knew that wasn't so, or thought I did. In a flash, my preparations were rendered useless. Surely this senior surgeon with his decades of experience must know more than I did. "I must have misread the protocol," I thought.

But that didn't solve the problem. My mind caromed back and forth between his request and what I could recall from the policy. The cognitive dissonance left me paralyzed. So long as there was no educational or medical need for me to disrobe, I felt my identity being attacked. I felt unwelcome.

The preceptor repeated his request, only now it sounded more like a demand. "Will you *please* remove your scrub jacket and hang it on the coat rack?"

I continued the conversation with myself: "Surely I can wear this jacket. I have done so in another hospital. Why would they put scrub jackets in the locker room if it were against protocol? Maybe this preceptor has never actually worked with a *hijabi*. Maybe he doesn't appreciate the gravity of what he is asking me to do."

I panicked, questions flooding my mind. What stance should I take? Should I act the know-it-all, quoting the specific words of the policy? Should I bare my soul to a stranger about my religious beliefs? Or should I desecrate my body and heart and suffer in silence as I heeded his request?

The power differential glared. What right did a first year medical student have to call out a senior surgeon? I had no obvious allies on the team. I was the only woman, only Muslim, and only person of color in the group.

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Suddenly, I had a flash of inspiration. You're wearing a long-sleeved thermal under your scrub top! Just take off the jacket, and hang it on the coat rack! I did so, but when I joined the team, I felt compelled to apologize for the thermal. The preceptor raised his eyebrows, but said nothing more.

I then asked the preceptor what personal protective equipment (PPE) was available as an alternative to the pitiful bouffant that at best covered half my *hijab* and represented my most egregious break of sterility protocol. The preceptor appeared to draw a blank, neither able to name what PPE I could use or where I could locate it. In that instant, I realized I would be leaving the workshop with insufficient knowledge about how to participate in the operating room, let alone *exist* there.

Eventually the time came to practice scrubbing in, the procedure in which exposing my arms was unavoidable. The preceptor led me and my fellow student, male, to a sink, but not just any sink: a sink in a public hallway where I would be baring myself not only to these two men but also to anyone passing by. When I realized what was about to happen, I started panicking again. For the first time since committing to observe *hijab* more than eight years earlier, I would be forced to break it.

My throat grew dry. I felt tears welling up behind my eyes. My lips quivered behind my mask. I mustered what energy I could to repress my horror and ward off an emotional meltdown. I began to question my own judgment. "Surely you should have known what they were going to expect you to do today." I rolled up my sleeves.

As we waited to gown up for the procedure, I stood there, soul stripped, vitality and optimism draining away more and more with each minute. I numbed my mind to prevent further emotional degradation. A workshop meant to show me the beauty and intricacy of surgery was showing me only ostracization. At the

end, hands trembling as I fought off tears, I was unsure if I could ever willingly enter an operating room again. I concluded that maybe surgery was not meant for people like me.

My story highlights how many American training institutions still have far to go in accommodating the increasing diversity of students who will become the staff of tomorrow. The challenges I faced undoubtedly exist in other medical communities. In most cases, hospitals already possess PPE adaptable to meeting everyone's needs.

Regardless, it should not have been necessary for the least empowered member of the surgical team to assert her right to remain true to her cultural and spiritual values. Everyone on surgical teams—especially their leaders—should attune themselves to the diverse needs of all members and assist them in adapting surgical garb to meet those needs. Through formally established education describing the location and proper use of these resources, everyone can be made to feel like they belong.

My story has a happy ending. Thankfully, I connected with a *hijabi* surgeon in my institution who taught me how to meet expectations of both antisepsis and modesty. With the support of her and other mentors, a fellow *hijabi* student and I published a multicultural surgery guide focused on solutions that honor both varied cultural practices and surgical necessities.<sup>1</sup> Relevant national organizations have taken notice. The Association of Peri-Operative Registered Nurses has drawn upon our article to update its guidelines on the wear of religious head coverings in operating rooms.<sup>2</sup> Through engaging in constructive criticism of current limitations of medical practice, we have sought to foster mentorship and build solidarity for diverse trainees entering the mainstream of American medicine. Trainees like me should not have to feel like we have to strip away our identities to pursue a medical career.

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